

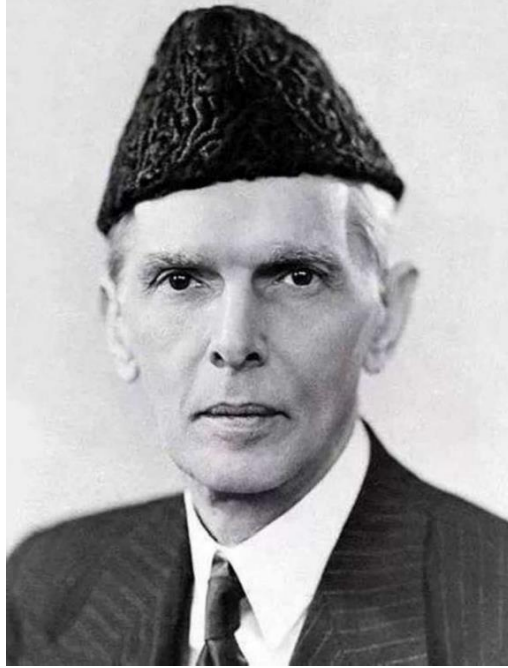


# COMPASS-M

## Curriculum for Midwifery

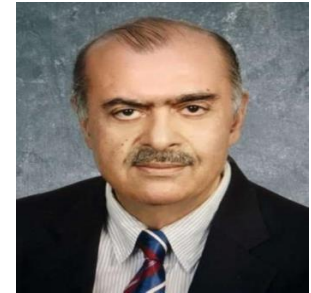
VERSION 1|2025

University of Health  
Sciences Lahore



Without education it is complete darkness and with education it is light. Education is a matter of life and death to our nation. The world is moving so fast that if you do not educate yourselves, you will be not only completely left behind, but will be finished up.

**Quaid e Azam Muhammad Ali Jinnah**  
Islamia College Lahore 1945



## Vice Chancellor

The launch of the COMPASS-M (Competency-Based, Outcome-Driven Midwifery Program for Patient Safety, Accountability, Skills, and Respectful Maternity Care) marks a transformative step in advancing maternal and neonatal health education in Pakistan. This curriculum embodies the vision of UHS to prepare a new generation of midwives who are not only clinically competent but also compassionate, ethical, and responsive to the needs of mothers and newborns.

Developed in alignment with global standards and the institutional philosophy of COMPASS-Competency-Oriented Medical, Pharmacy, Allied, and Nursing Systems for Sustainability-this program emphasizes patient safety, accountability, teamwork, and respectful care as its core values. It reflects our commitment to ensuring that every graduate contributes to safer deliveries, dignified maternity experiences, and improved public-health outcomes across communities.

I congratulate the Department of Nursing and Midwifery, the Department of Medical Education, and all faculty members involved in developing and implementing this curriculum. Their dedication has resulted in a framework that integrates science, skill, and empathy-hallmarks of modern midwifery education.

May this initiative serve as a beacon of excellence, empowering midwives to uphold the highest standards of care and reaffirming UHS's leading role in shaping the future of healthcare education in Pakistan.

**Prof. Ahsan Waheed Rathore**

Vice Chancellor  
University of Health Sciences Lahore



## Pro-Vice Chancellor

The University of Health Sciences (UHS) is committed to delivering standardized, structured, and globally accredited quality education across all its affiliated institutions. In line with this vision, the launch of the **COMPASS-M Curriculum** (Competency-Based, Outcome-Driven Midwifery Program for Patient Safety, Accountability, Skills, and Respectful Maternity Care) marks a significant milestone in our ongoing efforts to strengthen maternal and newborn health through excellence in midwifery education.

Rooted in international best practices and aligned with national health priorities, the COMPASS-M curriculum emphasizes clinical proficiency, ethical responsibility, and respectful, woman-centered maternity care. It reflects our dedication to cultivating a workforce capable of delivering safe, compassionate, and evidence-based care to women and families across our communities.

I extend my heartfelt appreciation to the Department of Nursing and Midwifery, the Department of Medical Education, the curriculum development team, faculty members, academic collaborators, and all stakeholders whose expertise and unwavering commitment made this initiative possible.

The finalized COMPASS-M curriculum is now officially available on the institutional academic portal. All relevant departments are requested to notify faculty and students accordingly and initiate implementation planning without delay.

Together, let us ensure that our midwifery graduates are not only clinically competent but also champions of respectful and quality maternal care.

**Prof. Nadia Naseem**  
Pro-Vice Chancellor  
University of Health Sciences Lahore



## **Director Medical Education**

The COMPASS-M Curriculum represents UHS's commitment to delivering standardized, competency-based, and globally aligned midwifery education. Designed around the principles of patient safety, accountability, clinical excellence, and respectful, woman-centered care, this curriculum strengthens our mission to improve maternal and newborn health across Pakistan.

I extend my sincere appreciation to the Vice Chancellor, Pro Vice chancellor, The Department of Nursing and Midwifery, and all faculty and collaborators whose dedication made this achievement possible. The finalized curriculum is now available for implementation across affiliated institutions.

Together, we move forward toward preparing midwifery graduates who are not only clinically competent but also champions of safe and respectful maternity care.

### **Dr. Lamia Yusuf**

Director, Medical Education  
Team Lead, COMPASS-M Curriculum  
University of Health Sciences Lahore



## **Vision Statement**

UHS is a leading University aiming to keep its graduates apt with the ever emerging global health challenges evolving educational methodologies and emerging technological advancements to maintain its distinguishable position as a Medical University.

## **Mission Statement**

UHS shall continue to strive for producing a human resource par at excellence to cater for the health needs of the people of Punjab and Pakistan.

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# **BS-MIDWIFERY CURRICULUM**

(BSM) 2025

## **COMPASS-M**

## Preamble

The **Bachelor of Science in Midwifery (BSM)** is a four-year undergraduate program developed to address Pakistan's critical maternal and neonatal health needs in line with international standards. Midwifery is recognized as a distinct profession with its own defined scope of practice, philosophy, ethical code, and competencies. Competent, qualified midwives play a pivotal role in improving maternal and neonatal health outcomes by reducing mortality and morbidity rates in mothers and infants. The BSM curriculum has been designed to produce skilled midwives who can provide quality care to women and newborns throughout the maternity cycle, thereby directly contributing to safer pregnancies and childbirth in the country. This program is aligned with national priorities and the **International Confederation of Midwives (ICM)** global standards, ensuring that graduates meet **international best practices** in midwifery care. By grounding the curriculum in evidence-based practice and ICM competencies, the program aspires to excellence in midwifery practice, education, and leadership. It is envisioned that the BSM program will not only elevate the standard of midwifery education in Pakistan but also serve as an exemplar in the region, ultimately advancing maternal and neonatal health outcomes nationally.

## Definition of Midwife and Midwifery

Midwifery is the profession of midwives and has a unique body of knowledge, skills and professional attitudes drawn from disciplines shared by other health professions such as science and sociology but practiced by midwives within a professional framework of autonomy, partnership, ethics, and accountability. Midwifery care is provided by an autonomous midwife. Midwifery competencies (knowledge, skills, and attitudes) are held and practiced by midwives, educated through a pre-service/pre-registration. Midwifery is an approach to care of women and their newborn infants whereby midwives:

Optimize the normal biological, physiological, psychological, social, and cultural processes of childbirth and early life of the newborn. Work in partnership with women,

- Respecting the individual circumstances and views of each woman.
- Promote women's personal capabilities to care for themselves and their families.
- Collaborate with midwives and other health professionals as necessary to provide holistic care that meets each woman's individual needs<sup>1</sup>.

In Pakistan, all the graduates will be titled as 'MIDWIFE' after successful completion of the undergraduate midwifery degree program. This program and title both are approved by Pakistan Nursing and Midwifery Council (PNMC).

### **Scope of Practice**

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care, and advice during pregnancy, labour, and the postpartum period, and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work involves antenatal, intranatal and postnatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including home, community-based health units/ clinics, hospitals, or basic health units (BHUs)/ Rural Health Centers/ Taluqa and/or District hospitals.”<sup>2</sup>

### **Philosophy of Midwifery Care<sup>1</sup>**

Midwifery is a distinct profession than nursing in its own rights i.e., definition of title, scope of practice, philosophy, code of ethics, education, competencies, and services.

Learning is a life-long process in which knowledge is pursued in an atmosphere of support, guidance, free inquiry, and expression. The Midwifery faculty is committed to facilitate students in developing knowledge, skills and attitude for women and newborn care through partnering with women and their families to design appropriate midwifery interventions in response to present and emerging needs of the midwifery profession and raising the standard of midwifery practice.

Midwives collaborate with other relevant healthcare professions to provide best evidence-based care to women and newborn. They will enhance their knowledge and skills through continuous education.

# BASIC LAYOUT FOR COMPASS-M BS MIDWIFERY 4 YEAR PROGRAM

## PROGRAM DESCRIPTION

Midwifery is an important component of women's health care. Midwives' expertise in the care of normal pregnancy and childbirth arises from their understanding of childbearing as a social, cultural, physiological, and biological process and from their ability to competently exercise clinical skills and decision-making.

The four-year program, which spans eight semesters, includes courses from basic sciences, social sciences, health sciences and electives (i. maternal health and ii. newborn health), in addition to clinical courses. Teaching methods include lecture format, small group tutorials, self-directed activities and practical learning experiences in both skills, laboratory, and clinical practice settings.

## COMPASS-M

The proposed 4-year BSc Midwifery curriculum **COMPASS –M** represents the philosophy of UHS depicted in the COMPASS nursing curriculum and extends it to midwifery COMPASS –M curriculum. Emphasizes safe navigation in maternity care, a strong institutional identity, and direction for promoting competency and respect. It represents A strong institutional identity, and direction for promoting competency and respect.

**COMPASS M (Competency-based, Outcome-driven, Midwifery Program for Patient safety, Accountability, Skills & Respectful Maternity care)** is a comprehensive plan to educate midwives who will champion excellence in maternal and newborn care. Through a well-structured course plan, progressive clinical training, robust assessment methods, and integration of modern pedagogies, the curriculum ensures graduates are not only clinically competent but also **culturally competent, ethical, and ready to lead**. It emphasizes patient safety at every step, from teaching infection control early to drilling emergency responsiveness, thereby ingraining a safety mindset. It nurtures professionalism and ethics, so that graduates uphold the highest standards of conduct and decision-making. Most importantly, it centers on outcomes – meaning it is judged by the competencies the midwife can demonstrate, aligned with international benchmarks, which ultimately translates to better care for mothers and infants in Pakistan and beyond

## KEY HIGHLIGHTS

- Shift from traditional system to block based system
- Three (3) days per week of interactive classroom learning (basic sciences, social sciences, health sciences and electives (i. maternal health and ii. newborn health))
- Three (3) days per week of immersive clinical exposure across shifts in accredited hospitals
- Integration of around essential clinical skills using simulation and real-world experience
- Capstone project
- Mandatory skill-based workshops in emergency and life-saving care
- Electives

## OBJECTIVES OF THE PROGRAM

Upon successful completion of the BSM program, **graduates will demonstrate the following competencies** (aligned with the HEC and ICM defined outcomes for midwifery education):

- **Clinical Proficiency:** Ability to **provide competent midwifery care** to women and children (from newborn up to five years old) across the entire continuum of care.
- **Collaborative Practice:** Capacity to **collaborate effectively** with other midwives and healthcare professionals at primary, secondary, and tertiary care levels, ensuring women and children receive all necessary care, and to **refer** or escalate cases appropriately when complications arise.
- **Critical Intervention Skills:** Competence in **managing obstetric and neonatal emergencies** and complications and promptly referring to specialized facilities or professionals as needed.
- **Evidence-Based Practice:** Proficiency in applying **evidence-based practices** in all aspects of maternity and newborn care, staying informed by the latest research to improve care quality.
- **Communication and Counseling:** Strong **interpersonal and communication skills** for working with women, families, and interdisciplinary health teams.

- **Ethical and Legal Practice:** Ability to practice midwifery within the legal, ethical, and religious frameworks of Pakistan. Graduates will understand and uphold relevant laws, professional standards, and ethical codes (as defined by PNMC and other regulators) in all clinical decisions and patient interactions.

## **PROGRAM LEARNING OUT COMES**

- Demonstrate competent midwifery care for women and children up to five years across the continuum of care.
- Promote and facilitate the physiological processes of pregnancy, labor, birth, and the postpartum period.
- Collaborate with midwives and other healthcare professionals across primary, secondary, and tertiary healthcare levels to provide necessary care to women and children.
- Manage complications in mother and/or baby and refer as necessary to other health professionals/ facilities.
- Provide emergency obstetric and newborn care and refer appropriately.
- Recognize social and cultural influences on women's lives and health and promote social equity in improving women's health outcomes.
- Apply evidence-based practices across the continuum of maternity and newborn care.
- Demonstrate effective interpersonal and interprofessional communication skills with women and families, healthcare teams, and the community.
- Provide respectful maternity care to women and family throughout the birthing processes and care.
- Practice midwifery profession and provide maternity care within the realm of legal, religious, and ethical tenants of Pakistan

## **CLINICAL COURSES:**

Starting from the first semester, these courses include both practical and theoretical components, along with weekly problem-based tutorials. Students are assigned to midwifery practice as well as inter-professional placements, such as nursing, neonatal intensive care nursery, and obstetrical practices. Throughout the programme, students will be placed in multiple midwifery practices across different levels of care. In clinical settings, students will work with dedicated tutors specifically recruited for teaching in the

programme. Additionally, students will gain clinical experience with obstetricians, neonatologists, pediatricians, staff nurses, and midwives.

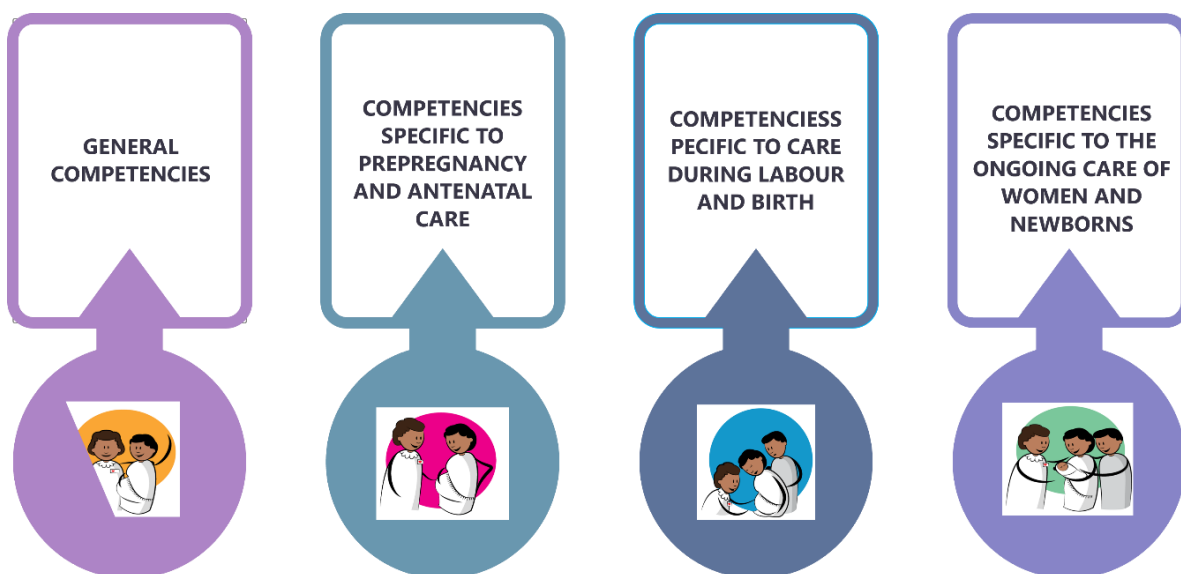
- a) Manage complications in mother and/or baby and refer as necessary to other health professionals/ facilities.
- b) Provide emergency obstetric and newborn care and refer appropriately.
- c) Recognize social and cultural influences on women's lives and health and promote social equity in improving women's health outcomes.
- d) Apply evidence-based practices across the continuum of maternity and newborn care.
- e) Demonstrate effective interpersonal and interprofessional communication skills with women and families, healthcare teams, and the community.
- f) Provide respectful maternity care to women and family throughout the birthing processes and care.
- g) Practice midwifery profession and provide maternity care within the realm of legal, religious, and ethical tenants of Pakistan.

## Global Standards for Midwifery Education



(Adapted from ICM Global Standards for Midwifery Education, 2013)

## Essential Core Competencies Framework



The competencies are organised into four inter-related categories as outlined below



### 1. GENERAL COMPETENCIES

Competencies in this category are about the midwife's autonomy and accountabilities as a health professional, the relationships with women and other care providers and care activities that apply to all aspects of midwifery practice. All General Competencies are intended to be used during any aspect of midwifery care whereas competencies in categories 2, 3, and 4 are each specific to a part of the reproductive process and must be viewed as subsets of the General Competencies, not stand-alone subsets. Educational and/or training providers should ensure that the General competencies are interwoven in any curriculum. Assessment of the competencies in categories 2, 3, and 4 must include assessment of the competencies in category 1.



### 2. COMPETENCIES SPECIFIC TO PRE-PREGNANCY AND ANTENATAL CARE

Competencies in this category are about health assessment of the woman and fetus, promotion of health and well-being, detection of complications during pregnancy and care of women with an unintended pregnancy.



### 3. COMPETENCIES SPECIFIC TO CARE DURING LABOUR AND BIRTH

Competencies in this category are about assessment and care of women during labour that facilitates physiological processes and a safe birth, the immediate care of the newborn infant, and detection and management of complications in mother or infant.



### 4. COMPETENCIES SPECIFIC TO THE ONGOING CARE OF WOMEN AND NEWBORNS

Competencies in this category address the continuing health assessment of mother and infant, health education, support for breast feeding, detection of complications, and provision of family planning services.

(Adapted from ICM Essential Core Competencies, 2019)

## Program Details

- Total numbers of credit hours: ---- 171.5 (56.5+115)
- Duration: 4 years
- Semester duration: 16-18 weeks
- Semesters: 8
- Number of courses per semester: 7-8
- Clinical course 56.5 CH

### MANDATORY WORKSHOPS:

- Cardiac first response / Basic life support
- Immediate trauma care
- Emergency neonatal care/Neonatal Resuscitation
- Immediate cardiac care/Advance life support cardiac
- Emergency obstetrics & neonatal care
- Emergency triage Assessment and Treatment

All the students must complete these workshops up to the final exam

### CLINICAL PORTFOLIO REQUIREMENTS (E.G., LOG BOOKS)

LOG book is designed with check lists.

### ASSESSMENT (FORMATIVE AND SUMMATIVE)

The scheme of assessment shall be as under:

Sr. No.	Assessments	Weightage
i.	Mid-semester Examination	15%
ii.	Class Performance (quiz/class test/presentations/ assignments)	5%
iii.	Final Examination	80%

**a. INTERNAL ASSESSMENT:**

- i. The internal assessment shall be done by the institution/department.
- ii. The internal assessment for each semester in each subject shall be assessed through;

Sr. No.	Internal assessment method	Number per semester	Maximum marks	Total Marks
1	Quizzes/class tests	02	5 per Quiz/class test	10
2	Assignments	02	5 per assignment	10
3	Presentation	01	5 per presentation	5

- iii. The Institution/Department shall ensure that cognitive and psychomotor domains are assessed through internal assessment.

**b. MID- SEMESTER EXAMINATION:**

- i. The mid-semester examination shall be held in the 9-10th week of the semester.
- ii. The schedule/date sheet for the mid-semester examination shall be notified by the department two weeks before the examination commences, in accordance with the notified academic calendar.
- iii. The Question Paper of mid-semester examination shall be prepared by the relevant faculty member .
- iv. The mid-semester examination shall be conducted by the relevant academic department.
- v. Result of mid-term examination shall be a mandatory requirement for appearance in the final term examination. The candidates shall be required to pass the mid-term examination by scoring at least 50% marks.
- vi. The result of mid-term examination shall be declared within 07 days after conclusion of the examination and it shall be submitted to the University same day in case of departments/institutions located in Lahore and within 24 hours in case of departments/institutions located outside the Lahore.
- vii. The answer books of mid-semester examination shall be shown to the students and taken back immediately. The answer books shall only be shown to the students on the

announced day failing which the student cannot claim to be shown the answer book.

- viii. The Answer Books shall be kept as a record for two years in the concerned Department. The University reserves the right to seek submission of solved answer books/record of mid-term examination as and when required.

**c. FINAL EXAMINATION**

- i. The schedule/date sheet of final examination shall be notified by the UHS Examination Department in accordance with the notified Academic Calendar.
- ii. The Examination Department of the University shall hold the final examination.

**d. FORMAT OF MID-SEMESTER & FINAL EXAMINATION**

- i. Mid-Semester Examination shall comprise of only Theory Examination.
- ii. Final Examination of Semester shall consist of Theory and Practical Examinations in subjects where Cognitive and Psychomotor domains are to be assessed whereas only Theory Examination will be given in subjects where Cognitive domain is to be assessed in isolation.
- iii. The student shall be required to submit a Research Project in the Final Semester of the Program. The Research Project shall be allocated by the Head of Department. The Research Project can be allocated to a group of students. The group shall comprise a maximum of 5 students.
- iv. The research project shall be evaluated by an External Examiner and each student shall appear before the External Examiner for taking the Viva Voce examination based on Research Project.

**e. GRADING:**

- i. The subject wise grading system will be followed for the grading of the students.
- ii. Minimum qualifying CGPA required for the completion of undergraduate degree shall be 2.

**f. INDISCIPLINE / USE OF UNFAIR MEANS IN EXAMINATIONS:**

- i. Any candidate found guilty of using unfair means in the Examinations shall be dealt under the Regulations for Examinations pertaining to Use of Unfair Means.

**g. ADMISSION OF STUDENT TO SEMESTER EXAMINATION:**

A student shall be allowed to take the final examination of each semester provided;

- i. Her admission has been sent by the Head of Department/Institution on the prescribed form/medium within due date
- ii. The Head of Department/Institution has certified that she has attained 80%

attendance in the course to be examined. The attendance for each course is to be submitted specifically and separately.

- iii. The Head of Department/Institution has submitted certified result of Mid- Term Examination.
- iv. The Head of Department/Institution has submitted the Internal Assessment Score.
- v. The evidence for payment of prescribed fee to take examination has been attached / furnished.

#### **1. TABLE OF SPECIFICATIONS (TOS)**

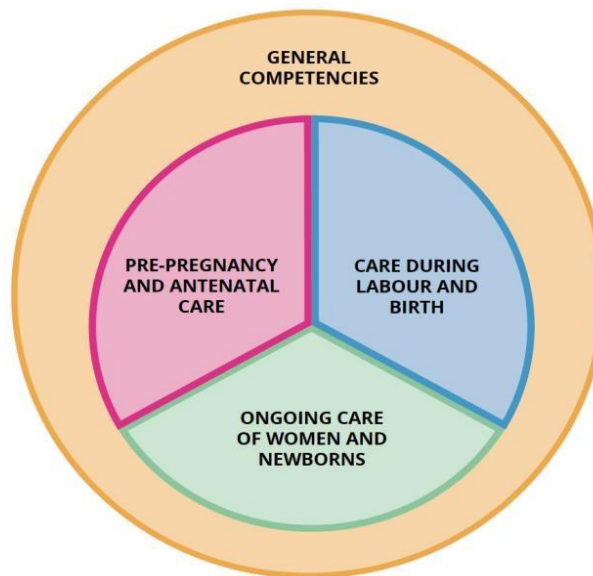
TOS of each subject theory and practical are available in details with each subject according to subject credits.

# PROGRAM STRUCTURE

## Midwifery Education Framework

### Framework Structure

The diagram below provides a visual representation of the framework structure.



#### 1.1 General Competencies

- a. Assume responsibility and accountability for own decisions and actions as an autonomous practitioner.
- b. Assume responsibility for self-care and self-development as a midwife.
- c. Appropriately delegate aspects of care and provide supervision.
- d. Use research to inform practice.
- e. Uphold fundamental human rights of individuals when providing midwifery care.
- f. Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice.
- g. Facilitate women to make individual choices about care.
- h. Demonstrate effective interpersonal communication with women and families, health care teams, and community groups.
- i. Facilitate normal birth processes in institutional and community

settings, including women homes.

- j. Assess the health status, screen for health risks, and promote general health and well-being of women and infants.
- k. Prevent and treat common health problems related to reproduction and early life.
- l. Recognise conditions outside midwifery scope of practice and refer appropriately.
- m. Care for women who experience physical and sexual violence and abuse.

### **1.2 Pre-pregnancy and Ante-natal**

- a. Provide pre-pregnancy care.
- b. Determine health status of woman.
- c. Assess maternal and fetal well-being.
- d. Monitor the progression of pregnancy.
- e. Detect early complications in pregnancy.
- f. Administer vaccination related to pregnancy.
- g. Promote and support health behaviors that improve wellbeing.
- h. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family.
- i. Detect, stabilize, manage, and refer women with complicated pregnancies.
- j. Assist the woman and her family to plan for an appropriate place of birth.
- k. Provide care to women with unintended or mistimed pregnancy.

### **1.3 Care during Labour and Birth**

- a. Promote physiologic labour and birth.
- b. Manage a safe spontaneous vaginal birth; prevent, detect, and stabilize complications.
- c. Provide care of the newborn immediately after birth.

### **1.4 Ongoing Care of Women and Newborns**

- a. Provide postnatal care for the healthy woman.
- b. Provide care to healthy newborn infant.
- c. Promote and support breastfeeding.
- d. Detect, treat, and stabilize postnatal complications in woman and refer as necessary.
- e. Provide family planning services.

## 1. Core Competencies and Associated Courses

Sr. No	Core Competencies	Courses focusing on competencies
i.	Understanding of Human body and Mind	Microbiology, Biochemistry, A & P I & II Pharmacology I & II Applied Psychology
ii.	Professional, Ethical practice and legal practice	Foundations of Midwifery Midwifery Ethics and Law Islamic Studies/Ethics
iii.	Provision of care (Quality management/ improvement)	Fundamental Skills for Midwifery Health Assessment for Midwives Sexual and Reproductive Health Peri-Natal Mental Health Nutrition throughout life cycle Pharmacology for Midwives I & II Breastfeeding and Lactation Management Care for Pregnancy (Pre-conception & Antenatal) I & II Care for Labor and Birth – I & II Post-Partum care for mothers and newborn – I & II
iv.	Critical thinking	Quantitative Reasoning, I & II Principles of Teaching and Learning Leadership and Management Clinical practicum
v.	Evidence - based Midwifery Practice	Basics of Biostatistics (QR I) Reproductive Epidemiology and Research (QR II) Infectious Diseases Clinical practicum
vi.	Communication Skill	Information and Communication Technology Fundamentals of Midwifery Functional English Community Pediatrics

Sr. No	Core Competencies	Courses focusing on competencies
vii.	Health Promotion	Primary Healthcare for Midwives Cultural Diversity & Family Care QR II Public health for Midwives Integrated Management of Childhood Illness & Immunization Pakistan studies
viii.	Professional Development	Role Transition and Entrepreneurship for midwives Professional Trends and Issues in Midwifery Expository writing Functional English

**STANDARDIZED FORMAT**  
**(BS (4-YEAR) IN MIDWIFERY)**

<b>Sr. No</b>	<b>Categories</b>	<b>No. of Courses</b>	<b>Credits</b>
i.	General Education Cluster	<b>12</b>	<b>30</b>
ii.	Major courses (including electives within Majors)	<b>23</b>	<b>73</b>
iii.	Interdisciplinary / Allied courses	<b>07</b>	<b>15</b>
iv.	Capstone (Midwifery Practicum)/clinical training	<b>04</b>	<b>56.5</b>
Total		<b>46</b>	

## 2. Framework for BS in Midwifery (General Education Cluster)

Compulsory Requirement	
<b>Courses</b>	12
<b>Credit Hours</b>	30
<b>Subject</b>	Cr. hrs.
Ideology and Constitution of Pakistan	02
Islamic Studies/Ethics	02
Functional English	03
Expository Writing	03
Applications of Information and Communication Technologies (ICT)	03 (2+1)
Role Transition and Entrepreneurship for Mid-wives	02
Basics of Biostatistics (QR I)	03
Cultural Diversity & Family Care (Civics and Community Engagement)	02
Reproductive Epidemiology and Research (QR II)	03
Microbiology (Natural Sciences)	03 (2+1)
Communication in HealthCare (Arts and Humanities)	02
Midwifery Ethics and Law (Social Sciences)	02

<b>Interdisciplinary Courses</b>	
<b>Courses</b>	<b>7</b>
<b>Credit Hours</b>	<b>15</b>
<b>Subject</b>	<b>Cr. hr.</b>
Health Education and Counseling	01
Nutrition throughout Life Cycle	02
Respectful Maternity Care	02
Cultural Diversity & Family Care (AH)	03
Applied Psychology	03
Infectious Disease	02
Fundamental Skills for Midwives (ID)	02
<b>Major Courses</b>	
<b>Courses</b>	<b>21</b>
<b>Credit Hours</b>	<b>67</b>
<b>Subject</b>	<b>Cr. hr.</b>
Anatomy and Physiology – I	03
Anatomy and Physiology – II	03
Pharmacology for Midwives – I	03
Pharmacology for Midwives – II	03
Integrated Management of Childhood Illness & Immunization	03
Care for Pregnancy (Pre-conception & Antenatal) – I	06
	03.5
Care for Labor and Birth – I	04.5
Care for Labor and Birth – II	03.5
Post-Partum care for Mothers and Newborn – I	04.5
Post-Partum care for Mothers and Newborn – II	03.5
Primary Healthcare for Midwives	03.5
Sexual & Reproductive Health	03
Perinatal Mental Health	03.5

Early Childhood Development	03
Breast Feeding and Lactation Management	03.5
Public Health for Midwives	03
Health Assessment for Midwives	4.5
Biochemistry for Midwives	03
Foundation of Midwifery Care	03
Family Planning & Post Abortion Care	04
<b>Midwifery Practicum</b>	
<b>Courses</b>	<b>04</b>
<b>Credit hours</b>	<b>12</b>
Midwifery practicum – I	04
Midwifery practicum – II	04
Midwifery practicum – III	04
Midwifery practicum – IV	04
<b>Elective Courses</b>	
<b>Courses</b>	<b>05 (Min - 02)</b>
<b>Credit Hours</b>	<b>06</b>
<b>Subject</b>	<b>Cr. hr.</b>
Professional Trends and Issues in Midwifery	03
Alternative and Complimentary Therapies in Midwifery	03
SRH in Humanitarian Crisis	03
Community Pediatrics	03
Population Dynamics	03
PERLS 08CH	
ENGLISH PROFICENCY COURSE 06CH	
SIX ESSENTIAL CLINICAL WORKSHOPS	

### 3. Eligibility Criteria

HSSC/A-levels or equivalence (12 years of schooling) in Pre-Medical with minimum 50 % marks. **Gender: Female only.** Admitting university may conduct entry test through its own testing body or other as per its own approved screening/admission criteria.



# **SCHEME OF STUDIES**

Semester 1						
Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1.	Foundation of Midwifery care	Major	03	03-	-	06
2.	Ideology and constitution of Pakistan	GE	02	-	-	02
3.	Anatomy and Physiology – I	Major	02	-	01	03
4.	Fundamental Skills for Midwives	ID	01	02-	01	04
5.	Biochemistry for Midwives	Major	02	-	01	03
6.	Functional English	GE	03	-	-	03
7.	PERLS		01			01
<b>Total – 22</b>						

Semester 2						
Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1.	Applications of Information and Communication Technologies (ICT)	GE	02	-	01	03
2.	Communication in Healthcare (Arts and Humanities)	GE	02	-	-	02
3.	Expository Writing	GE	03	-	-	03
4.	Health assessment for Midwives	Major	1.5	<b>0.5+2=2.5</b>	01	5
5.	Anatomy and Physiology – II	Major	02	-	01	03
6.	Islamic Studies/ Ethics	GE	02	-	-	02
7.	Fundamental Skills for Midwives	ID	01	02-		03
8.	PERLS	Major	01			01
<b>Total – 22</b>						

**Semester 3**

Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1.	Role Transition and Entrepreneurship for midwives	GE	02	-	-	02
2.	Pharmacology for Midwives – I	Major	02	-	01	03
3.	Primary Healthcare for Midwives	Major	01	02+0.5	-	3.5
4.	Health Education & Counselling	ID	1.5	0.5+0.5	-	2.5
5.	Basics of Biostatistics (QR - I)	GE	03	-	-	03
6.	Cultural Diversity & Family Care (Civics and Community Engagement)	GE	02	01	-	3.0
7.	PERLS	major		<b>01</b>		<b>01</b>
8.	<b>EPC</b>	Major		<b>02</b>		<b>02</b>
				<b>4.5</b>		
<b>Total – 20</b>						

**Semester 4**

Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1.	Care for Pregnancy (Pre-conception & Antenatal) – I	Major	02	01+2	01	06
2.	Nutrition throughout life cycle	ID	02	-	-	02

Semester 4						
Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
3.	Midwifery Ethics and Law	GE(SS)	02	-	-	02
4.	Sexual & Reproductive Health	Major	03	-	-	03
5.	Microbiology (Natural Sciences)	GE	02	-	01	03
6.	Reproductive Epidemiology and Research (QR - II)	GE	02	-	01	03
7.	PERLS		01			01
8.	EPC		02			02
				3		
<b>Total – 22</b>						

Semester 5						
Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1	Respectful Maternity Care	ID	1.5	0.5	-	02
2	Care for Pregnancy (Pre-conception & Antenatal) – II	Major	02	01+0.5	-	3.5
3	Care for Labor and Birth – I	Major	02	1.5+0.5	0.5	04.5
4	Post-Partum Care for Mothers and Newborn – I	Major	02	01+0.5	01	04.5
5	Cultural Diversity & Family Care (AH)	ID	02	-	-	02
6	Midwifery Practicum – I	Capstone	-	03+1	-	04

7	PERLS		01			01
8	EPC		02			02
				9.5		
<b>Total – 22.5</b>						

Semester 6						
Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1.	Care for Labor and Birth – II	Major	1.5	1.5+0.5	-	03.5
2.	Breast Feeding and Lactation Management	Major	1.5	1.5+0.5	-	03.5
3.	Pharmacology for Midwives – II	Major	02	-	01	03
4.	Applied Psychology	ID	03	-1	-	03
5.	Midwifery Practicum – II	Capstone	-	03+1	-	04
6.	PERLS		01			01
7.	EPC		02			02
				08		
<b>Total – 20</b>						

Semester 7						
Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1.	Post-Partum Care for Mothers and Newborn – II	Major	2	1.5+.5	0.5	04.5
2.	Public Health for Midwives	Major	02	-	01	03
3.	Perinatal Mental Health	Major	1.5	1.5+.5	-	03.5
4.	Infectious Disease	ID	01	-	01	02
5.	Elective – I	Major	02	01	-	03

6.	Midwifery Practicum – III	Capstone	-	03+	-	03+
7.	PERLS		01			01
8.	EPC		02			02
				8		
<b>Total – 22</b>						

Semester 8						
Sr. No	Course Title	Category	Theory	Clinical	Skills/Lab	Total Credit
1.	Early Childhood Development	Major	1.5	01+0.5	0.5	03.5
2.	Family Planning & Post Abortion Care	Major	01	-01	02	04
3.	Integrated Management of Childhood Illness & Immunization	Major	1.5	01+0.5	0.5	03.5
4.	Elective – II	Major	02	01	-	03
5.	Midwifery Practicum – IV	Capstone	-	03+1	-	04
6.	PERLS	01				01
7.	EPC	02				02
				8		
<b>Total – 21</b>						

#### **INTERNSHIP:**

One year of paid internship after the completion of all the credits requirements of the BSM degree. Placement for internship is the responsibility of the institution offering the program.



**GENERAL COURSES**

## IDEOLOGY AND CONSTITUTION OF PAKISTAN

**Credit Hours: 02 (02+0)**

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Demonstrate enhanced knowledge of the basis of the ideology of Pakistan with special reference to the contributions of the founding fathers of Pakistan.
2. Demonstrate fundamental knowledge about the Constitution of Pakistan 1973 and its evolution with special reference to state structure.
3. Explain about the guiding principles on rights and responsibilities of Pakistani citizens as enshrined in the Constitution of Pakistan 1973.

Course Content:	MCQs	SEQs
<b>Unit I: Introduction to the Ideology of Pakistan:</b> <ol style="list-style-type: none"> <li>1. Definition and significance of ideology.</li> <li>2. Historical context of the creation of Pakistan (with emphasis on socio-political, religious, and cultural dynamics of British India between 1857 till 1947).</li> <li>3. Contributions of founding fathers of Pakistan in the freedom movement including but not limited to Allama Muhammad Iqbal, Muhammad Ali Jinnah., etc.</li> <li>4. Contributions of women and students in the freedom movement for separate homeland for Muslims of British India.</li> </ol>	05	01
<b>Unit II: Two-Nation Theory:</b> <ol style="list-style-type: none"> <li>1. Evolution of the Two-Nation Theory (Urdu-Hindi controversy, Partition of Bengal, Simla Deputation 1906, Allama Iqbal's Presidential Address 1930, Congress Ministries 1937 Lahore Resolution 1940).</li> <li>2. Role of communalism and religious differences.</li> </ol>	05	01
<b>Unit III: Introduction to the Constitution of Pakistan:</b> <ol style="list-style-type: none"> <li>1. Definition and importance of a constitution.</li> <li>2. Ideological factors that shaped the Constitution(s) of Pakista (Objectives Resolution 1949).</li> <li>3. Overview of constitutional developments in Pakistan.</li> </ol>	05	01

<b>Course Content:</b>	<b>MCQs</b>	<b>SEQs</b>
<b>Unit IV: Constitution and State Structure:</b> 1. Structure of Government (executive, legislature, and judiciary). 2. Distribution of powers between federal and provincial governments. 3. 18th Amendment and its impact on federalism.	05	01
<b>Unit V: Fundamental Rights, Principles of Policy and Responsibilities:</b> 1. Overview of fundamental rights guaranteed to citizens by the Constitution of Pakistan 1973 (Articles 8-28). 2. Overview of Principles of Policy (Articles 29-40). Responsibilities of the Pakistani citizens (Article 5).	05	01
<b>Unit VI: Constitutional Amendments:</b> 1. Procedures for amending the Constitution.	05	01
2. Notable constitutional amendments and their implications.		

### **Recommended Books / READING MATERIALS**

1. "The Struggle for Pakistan" by I.H. Qureshi.
2. "Pakistan the Formative Phase" by Khalid Bin Sayeed, 2<sup>nd</sup> Edition, Oxford University Press, 1991.
3. "Ideology of Pakistan" by Sharif-ul-Mujahid.
4. "Constitutional and Political Development of Pakistan" by Hamid Khan.

### **Supplementary Books**

1. "The Making of Pakistan: A Study in Nationalism" by K.K. Aziz, Sang- E-Meel Publication, 2002.
2. "The. Constitution of Pakistan 1973". Original.
3. "The Struggle for Pakistan: A Muslim Homeland and Global Politics" by Ayesha Jalal, Belknap Press: An Imprint of Harvard University Press; Bilingual edition, 2017.
4. "The Idea of Pakistan" by Stephen P. Cohen, 2<sup>nd</sup> Edition, Brookings Institution Press, 2006.

## ISLAMIC STUDIES

**Credit Hours: 02 (02+0)**

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Demonstrate enhanced knowledge of Islamic foundational beliefs, practices, historical development, spiritual values, and ethical principles.
2. Describe basic sources of Islamic law and their application in daily life.
3. Identify and discuss contemporary issues being faced by the Muslim world including social challenges, gender roles and interfaith interactions.

Course Content:	MCQs	SEQs
<b>Unit I: Introduction to Islam:</b> <ol style="list-style-type: none"> <li>1. Definition of Islam and its core beliefs.</li> <li>2. The Holy Quran (introduction, revelation, and compilation).</li> <li>3. Hadith and Sunnah (compilation, classification, and significance).</li> <li>4. Key theological concepts and themes (Tawhid, Prophet hood, Akhirah etc.)</li> </ol>	05	1
<b>Unit II: Sirah of the Holy Prophet (Peace Be Upon Him) as Uswa-i-Hasana:</b> <ol style="list-style-type: none"> <li>1. Life and legacy of the Holy Prophet PBUH.</li> <li>2. Diverse roles of the Holy Prophet PBUH (as an individual, educator, peace maker, leader etc.)</li> </ol>	05	1
<b>Unit III: Islamic History and Civilization:</b> <ol style="list-style-type: none"> <li>1. World before Islam.</li> <li>2. The Rashidun Caliphate and expansion of Islamic rule.</li> <li>3. Contribution of Muslim scientists and philosophers in shaping world civilization.</li> </ol>	05	1
<b>Unit IV: Islamic Jurisprudence (Fiqh):</b> <ol style="list-style-type: none"> <li>1. Fundamental sources of Islamic jurisprudence.</li> <li>2. Pillars of Islam and their significance.</li> <li>3. Major schools of Islamic Jurisprudence.</li> <li>4. Significance and principles of ijihad.</li> </ol>	05	1
<b>Unit V: Family and Society in Islam:</b> <ol style="list-style-type: none"> <li>1. Status and rights of women in Islamic teachings.</li> <li>2. Marriage, family, and gender roles in Muslim society.</li> <li>3. Family structure and values in Muslims society.</li> </ol>	05	1
<b>Unit VI: Islam and the Modern World:</b> <ol style="list-style-type: none"> <li>1. Relevance of Islam in the modern world (globalization, challenges, and prospects).</li> <li>2. Islamophobia, interfaith dialogue, and multiculturalism.</li> <li>3. Islamic viewpoint towards socio-cultural and technological changes.</li> </ol>	05	1

### **References / Reading Materials:**

1. "The Five Pillars of Islam: A Journey Through the Divine Acts of Worship" by Muhammad Mustafa Al-Azarni.
2. "The Five Pillars of Islam: A framework for Islamic Values and Character Building" by Musharraf Hussain.
3. "Towards Understanding Islam" by Abul A' la Mawdudi.
4. "Islami Nazria e Hayat" by Khurshid Ahmad.
5. "An Introduction to Islamic Theology" by John Renard.
6. "Islamic Civilization Foundations Belief & Principles" by Abu1 A' la Mawdudi.
7. "Women and Social Justice: An Islamic Paradigm" by Dr. Anis Ahmad.
8. "Islam: Its Meaning and Message" by Khurshid Ahmad.

## FUNCTIONAL ENGLISH

Credit Hours: 03 (03+0)

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Apply enhanced English communication skills through effective use of word choices, grammar, and sentence structure.
2. Comprehend a variety of literary / non-literary written and spoken texts in English.
3. Effectively express information, ideas, and opinions in written and spoken English.
4. Recognize inter-cultural variations in the use of English language and to effectively adapt their communication style and content based on diverse cultural and social contexts.

Course Content:	MCQs	SEQs
<p><b>Unit I: Foundations of Functional English:</b></p> <ol style="list-style-type: none"> <li>1. Vocabulary building (contextual visage, synonyms, antonyms, and idiomatic expressions).</li> <li>2. Communicative grammar (subject-verb-agreement, verb tenses, fragments, run-ons, modifiers, articles, word classes, etc.).</li> <li>3. Word formation (affixation, compounding, clipping, back formation, etc.).</li> <li>4. Sentence structure (simple, compound, complex and compound- complex).</li> <li>5. Sound production and pronunciation.</li> </ol>	15	03
<p><b>Unit II: Comprehension and Analysis:</b></p> <ol style="list-style-type: none"> <li>1. Understanding purpose, audience, and context</li> <li>2. Contextual interpretation (tones, biases, stereotypes, assumptions, inferences, etc.)</li> <li>3. Reading strategies (skimming, scanning, SQ4R, critical reading, etc.)</li> <li>4. Active listening (overcoming listening barriers, focused listening, etc.)</li> </ol>	15	03

Course Content:	MCQs	SEQs
<p><b>Unit III: Effective Communication:</b></p> <ol style="list-style-type: none"> <li>1. Principles of communication (clarity, coherence, conciseness, courteousness, correctness, etc.)</li> <li>2. Structuring documents (introduction, body, conclusion, and formatting)</li> <li>3. Inclusivity in communication (gender-neutral language, stereotypes, cross-cultural communication, etc.)</li> <li>4. Public speaking (overcoming stage fright, voice modulation and body language)</li> <li>5. Presentation skills (organization content, visual aids and engaging the audience)</li> <li>6. Informal communication (small talk, networking, and conversational skills)</li> <li>7. Professional writing (business e-mails, memos, reports, formal letters, etc.)</li> </ol>	15	03

**Recommended Books / Reading Materials:**

1. "High School English Grammar and Composition" by H. Martin & P.C. Wren.  
 Technical Communication: Principles and Practice (3rd Edition) by Meenakshi Raman and Sangeeta Sharma. Oxford University Press
2. The Art and Science of Business Communication (4th Edition) by P.D Chaturvedi and Mukesh Chaturvedi. Pearson.
3. College Writing Skills with Readings by John Langan (8th Edition) McGraw Hill.
4. Patterns for College Writing: A Rhetorical Reader and Guide (12th edition) by Laurie G. Kirszner and Stephen R. Mandell. Bedford/St. Martin's

**Additional Reading:**

1. "Understanding and Using English Grammar" by Betty Schramper Azar.
2. "English Grammar in Use" by Raymond Murphy.
3. Style: Lessons in Clarity and Grace by Joseph M. Williams and Joseph Bizup
4. "The Blue Book of Grammar and Punctuation" by Jane Straus.

**EXPOSITORY WRITING**

Credit Hours: 03 (03+0)

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Understand the essentials of the writing process integrating pre-writing, drafting, editing and proof reading to produce well-structured essays.
2. Demonstrate mastery of diverse expository types to address different purposes and audiences.
3. Uphold ethical practices to maintain originality in expository writing.

Course Content:	MCQs	SEQs
<b>Unit I: Introduction to Expository Writing:</b> 1. Understanding expository writing (definition, types, purpose, and applications). 2. Characteristics of effective expository writing (clarity, coherence, and organization). 3. Introduction to paragraph writing.	05	1
<b>Unit II: The Writing Process:</b> 1. Pre-writing techniques (brainstorming, free-writing, mind-mapping, listing, questioning, and outlining etc.). 2. Drafting (three stage process of drafting techniques). 3. Revising and editing (ensuring correct grammar, clarity, coherence, conciseness etc.). 4. Proof reading (fine-tuning of the draft). 5. Peer review and feedback (providing and receiving critique).	05	1
<b>Unit III: Essay Organization and Structure:</b> 1. Introduction and hook (engaging readers and introducing the topic) 2. Thesis statement (crafting a clear and focused central idea) 3. Body Paragraphs (topic sentences, supporting evidence and transitional devices) 4. Conclusion (types of concluding paragraphs and leaving an impact) 5. Ensuring cohesion and coherence (creating seamless connections between paragraphs)	05	1
<b>Unit IV: Different Types of Expository Writing:</b> 1. Description 2. Illustration 3. Classification 4. Cause and effect (exploring causal relationships and outcomes) 5. Process analysis (explaining step-by-step procedures) 6. Comparative analysis (analyzing similarities and differences)	10	2

<b>Course Content:</b>	<b>MCQs</b>	<b>SEQs</b>
<b>Unit V: Writing for Specific Purposes and Audiences:</b> 1. Different types of purposes (to inform, to analyze, to persuade, to entertain etc.). 2. Writing for academic audiences (formality, objectivity, and academic conventions). 3. Writing for public audiences (engaging, informative and persuasive language). 4. Different tones and styles for specific purposes and audiences.	<b>10</b>	<b>2</b>
<b>Unit VI: Ethical Considerations:</b> 1. Ensuring original writing (finding credible sources, evaluating information etc.). 2. Proper citation and referencing (American Psychological Association (APA), Modern Language Association (MLA), or other citation styles). 3. Integrating quotes and evidence (quoting, paraphrasing, and summarizing). 4. Avoiding plagiarism (ethical considerations and best practices).	10	2

**Recommended Books / Reading Materials:**

- 1.** "The Norton Field Guide to Writing" by Richard Bullock, Maureen Daly Goggin, and Francine Weinberg
- 2.** "American Psychological Association". Manual of the American Psychological Association (7th edition).
- 3.** "The Art and Science of Business Communication" (4th Edition) by P.D Chaturvedi and Mukesh Chaturvedi. Pearson.
- 4.** "College Writing Skills with Readings" by John Langan (8th Edition) McGraw Hill.
- 5.** "Patterns for College Writing: A Rhetorical Reader and Guide" (12th edition) by Laurie G. Kirszner and Stephen R. Mandell. Bedford/St. Martin's

**Additional Reading:**

- 1.** "The St. Martin's Guide to Writing" by Rise B. Axelrod and Charles R. Cooper.
- 2.** "Style: Lessons in Clarity and Grace" by Joseph M. Williams and Joseph Bizup.
- 3.** "Good Reasons with Contemporary Arguments" by Lester Faigley

and Jack Selzer.

4. "Writing Today by Richard Johnson-Sheehan and Charles Paine

## APPLICATIONS OF INFORMATION AND COMMUNICATION TECHNOLOGIES (ICT)

Credit Hours: 03 (02+01)

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Explain the fundamental concepts, components, and scope of Information and Communication Technologies (ICT).
2. Identify uses of various ICT platforms and tools for different purposes.
3. Apply ICT platforms and tools for different purposes to address basic needs in different domains of daily, academic, and professional life.
4. Understand the ethical and legal considerations in use of ICT platforms and tools.

Course Content:	MCQs	SEQs
<b>Unit I: Introduction to Information and Communication Technologies:</b> <ol style="list-style-type: none"> <li>1. Components of Information and Communication Technologies (basics of hardware, software, ICT platforms, networks, local and cloud data storage etc.).</li> <li>2. Scope of Information and Communication Technologies (use of ICT in education, business, governance, healthcare, digital media and entertainment, etc.).</li> <li>3. Emerging technologies and future trends.</li> </ol>	05	01
<b>Unit II: Basic ICT Productivity Tools:</b> <ol style="list-style-type: none"> <li>1. Effective use of popular search engines (e.g., Google, Bing, etc.) to explore World Wide Web.</li> <li>2. Formal communication tools and etiquettes (Gmail, Microsoft Outlook, etc.).</li> <li>3. Microsoft Office Suites (Word, Excel, PowerPoint).</li> <li>4. Google Workspace (Google Docs, Sheets, Slides).</li> <li>5. Dropbox (Cloud storage and file sharing), Google Drive (Cloud storage with Google Docs integration) and Microsoft OneDrive (Cloud storage with Microsoft Office integration).</li> <li>6. Evernote (Note-taking and organization applications) and OneNote (Microsoft's digital notebook for capturing and organizing ideas).</li> </ol>	10	02

Course Content:	MCQs	SEQs
<p>7. Video conferencing (Google Meet, Microsoft Teams, Zoom, etc.).</p> <p>8. Social media applications (LinkedIn, Facebook, Instagram, etc.).</p>		
<p><b>Unit III: ICT in Education:</b></p> <p>1. Working with learning management systems (Moodle, Canvas, Google Classrooms, etc.).</p> <p>2. Sources of online education courses (Coursera, edX, Udemy, Khan Academy, etc.).</p> <p>3. Interactive multimedia and virtual classrooms.</p> <p><b>Unit IV: ICT in Health and Well-being:</b></p> <p>1. Health and fitness tracking devices and applications (Google Fit, Samsung Health, Apple Health, Xiaomi Mi Band, Run keeper, etc.).</p> <p>2. Telemedicine and on-line health consultations (OLADOC, Sehat Kahani, Marham, etc.).</p>	05	01
<p><b>Unit V: ICT in Personal Finance and Shopping:</b></p> <p>1. Online banking and financial management tools (jazz Cash, Easy paisa, Zong, Pay May, 1LINK and MNET, Keenu Wallet, etc.).</p> <p>2. E-commerce platforms (Daraz.pk, Telemart, Shop hive, etc.)</p> <p><b>Unit VI: Digital Citizenship and Online Etiquette:</b></p> <p>1. Digital identity and online reputation.</p> <p>2. Netiquette and respectful online communication.</p> <p>3. Cyber bullying and online harassment.</p>	05	01
<p><b>Unit VII: Ethical Considerations in Use of ICT Platforms and Tools:</b></p> <p>1. Intellectual property and copyright issues.</p> <p>2. Ensuring originality in content creation by avoiding plagiarism and unauthorized use of information sources.</p> <p>3. Content accuracy and integrity (ensuring that the content shared through ICT platforms is free from misinformation, fake news, and manipulation).</p>	05	01

Practical Requirements	OSPE/ Performances
<p>As part of the overall learning requirements, the course will include:</p> <ol style="list-style-type: none"> <li><b>1.</b> Guided tutorials and exercises to ensure that students are proficient in commonly used software applications such as word processing software (e.g., Microsoft Word), presentation software (e.g., Microsoft PowerPoint), spread sheet software (e.g., Microsoft Excel) among such other tools. Students may be assigned practical tasks that require them to create documents, presentations, and spread sheets etc.</li> <li><b>2.</b> Assigning of tasks that involve creating, managing, and organizing files and folders on both local and cloud storage systems. Students will practice file naming conventions, creating directories, and using cloud storage solutions (e.g., Google Drive, OneDrive).</li> <li><b>3.</b> The use of online learning management systems (LMS) where students can access course materials, submit assignments, participate in discussion forums, and take quizzes or tests. This will provide students with the practical experience with online platforms commonly used in education and the workplace.</li> </ol>	03

### Recommended Books / Reading Materials

- 1.** "Discovering Computers" by Vermaat, Shaffer, and Freund, 17<sup>th</sup> Edition, Cengage Learning, 2022.
- 2.** "GO! with Microsoft Office" Series by Gaskin, Vargas, and McLellan, 2<sup>nd</sup> Edition, Pearson, 2012.
- 3.** "Exploring Microsoft Office" Series by Grauer and Poatsy, 1st Edition, Pearson, 2016.
- 4.** "Computing Essentials" by Morley and Parker, 16<sup>th</sup> Edition, Cengage Learning, 2016.
- 5.** "Technology in Action" by Evans, Martin, and Poatsy, 14<sup>th</sup> Edition, Pearson, 2017.

## BASICS OF BIOSTATISTICS

**Credit Hours: 3 (Theory: 3; Clinical: 0).**

**Learning Objectives:** Students will be able to:

- Define the scope and fundamental concepts of biostatistics and their applications in health sciences.
- Identify data types, sources, and appropriate methods for data collection and presentation.
- Explain basic probability theories and population distributions, and their relevance to health data.
- Define common statistical test metrics and apply them to analyze public health datasets.
- Acquire practical skills for data analysis and interpretation of statistical results.

Topic	MCQs	SEQs
1. Define biostatistics and explain its importance in midwifery and health sciences. 2. Identify qualitative and quantitative data; compute and interpret measures of central tendency and dispersion. 3. Explain basic probability rules and recognize different probability distributions applicable to health data. 4. Explain the concept of hypothesis testing, null and alternative hypotheses, significance level, and interpretation of p-values. 5. Describe assumptions, applications, and interpretation of these tests in public health and maternal care research. 6. Demonstrate ability to present data visually and interpret trends. 7. Draw logical conclusions and make evidence-based recommendations from analyzed data. 8. Probability and distributions – normal, binomial, etc. 9. Inferential statistics – hypothesis testing and p-values. 10. Common statistical tests – t-test, chi-square, ANOVA. 11. Data presentation – tables, charts, and graphs. 12. Data interpretation – making conclusions from health data	45	9

## CIVICS AND COMMUNITY ENGAGEMENT

**Credit Hours: 02 (02+0)**

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Demonstrate fundamental understanding of civics, government, citizenship and civil society.
2. Understand the concept of community and recognize the significance of community engagement for individuals and groups.
3. Recognize the importance of diversity and inclusivity for societal harmony and peaceful co-existence.

Course Content:	MCQs	SEQs
<b>Unit I: Civics and Citizenship:</b> <ol style="list-style-type: none"> <li>1. Concepts of civics, citizenship, and civic engagement.</li> <li>2. Foundations of modern society and citizenship.</li> <li>3. Types of citizenship: active, participatory, digital, etc</li> </ol> <b>Unit II: State, Government and Civil Society:</b> <ol style="list-style-type: none"> <li>1. Structure and functions of government in Pakistan.</li> <li>2. The relationship between democracy and civil society.</li> <li>3. Right to vote and importance of political participation and representation.</li> </ol>	05	01
<b>Unit III: Rights and Responsibilities:</b> <ol style="list-style-type: none"> <li>1. Overview of fundamental rights and liberties of citizens under Constitution of Pakistan 1973.</li> <li>2. Civic responsibilities and duties.</li> <li>3. Ethical considerations in civic engagement (accountability, non-violence, peaceful dialogue, civility, etc.)</li> </ol>	05	01
<b>Unit IV: Community Engagement:</b> <ol style="list-style-type: none"> <li>1. Concept, nature and characteristics of community.</li> <li>2. Community development and social cohesion.</li> <li>3. Approaches to effective community engagement.</li> <li>4. Case studies of successful community driven initiatives.</li> </ol>	05	01
<b>Unit V: Advocacy and Activism:</b> <ol style="list-style-type: none"> <li>1. Public discourse and public opinion.</li> <li>2. Role of advocacy in addressing social issues.</li> <li>3. Social action movements.</li> </ol>	05	01
<b>Unit VI: Digital Citizenship and Technology:</b> <ol style="list-style-type: none"> <li>1. The use of digital platforms for civic engagement.</li> <li>2. Cyber ethics and responsible use of social media.</li> <li>3. Digital divides and disparities (access, usage, socioeconomic, geographic, etc.) and their impacts on citizenship.</li> </ol>	05	01

Course Content:	MCQs	SEQs
<b>Unit VII: Diversity, Inclusion and Social Justice:</b> <b>1.</b> Understanding diversity in society (ethnic, cultural, economic, political etc.). <b>2.</b> Youth, women and minorities' engagement in social development. <b>3.</b> Addressing social inequalities and injustices in Pakistan.	05	01
<b>4.</b> Promoting inclusive citizenship and equal rights for societal harmony and peaceful co-existence.		

### Recommended Books/ Reading Materials

1. "Civics Today: Citizenship, Economics, & You" by McGraw-Hill Education, McGraw-Hill Education, 6<sup>th</sup> Edition, 2009.
2. "Citizenship in Diverse Societies" by Will Kymlicka and Wayne Norman, 1<sup>st</sup> Edition, Oxford University Press, 2000.
3. "Engaging Youth in Civic Life" by James Youniss and Peter Levine, Vanderbilt University Press, 2009.
4. "Digital Citizenship in Action: Empowering Students to Engage in Online Communities" by Kristen Mattson, 2017.
5. "Globalization and Citizenship: In the Pursuit of a Cosmopolitan Education" by Graham Pike and David Selby.
6. "Community Engagement: Principles, Strategies, and Practices" by Becky J. Feldpausch and Susan M. Omilian.
7. "Creating Social Change: A Blueprint for a Better World" by Matthew Clarke and Marie-Monique Steckel

## COURSE TITLE: REPRODUCTIVE EPIDEMIOLOGY AND RESEARCH

**Credits**

Total = 03 | Theory = 02| Skill/Clinical = 01

By the end of the course, the students will be able to:

1. Describe the basic concepts in reproductive epidemiology.
2. Describe the key reproductive health indicators including mortality and morbidity.
3. Discuss the sources and methodologies used to collect data, its analysis on reproductive health topics.
4. Apply the basic concepts of epidemiology and surveillance to reproductive health problems.
5. Discuss the epidemiology of perinatal problems for e.g., preterm, still birth, neonatal deaths, maternal death, small for gestational age, low birth weight in the light of evidence-based practice.
6. Discuss the evidence based global health issues in reproductive health especially in the developing world.

Course Content & Learning objectives	MCQs	SEQs
<b>Unit I: Introduction to Reproductive Epidemiology</b> <ul style="list-style-type: none"> <li>• Definition, scope, and importance of reproductive epidemiology; core concepts: incidence, prevalence, rates, and ratios; application to maternal and neonatal health.</li> <li>• Describe key terms, define reproductive epidemiology, and relate it to midwifery practice</li> </ul>	6	1
<b>Unit II: Reproductive Health Indicators</b> <ul style="list-style-type: none"> <li>• Fertility rates, maternal mortality ratio (MMR), neonatal and perinatal mortality,</li> <li>• morbidity rates, DALYs, QALY,</li> <li>• interpretation of statistical indicators.</li> <li>• Explain and interpret major reproductive health indicators and trends in Pakistan and globally</li> </ul>	6	2
<b>Unit III: Data Collection and Analysis in Reproductive Health</b> <ul style="list-style-type: none"> <li>• Sources of data: surveys (DHS, MICS), registries, hospital data; bias and error; basics of data presentation.</li> <li>• Identify and evaluate various data sources; discuss validity and reliability</li> </ul>	6	1

Course Content & Learning objectives	MCQs	SEQs
<b>Unit IV: Epidemiology of Perinatal Problems</b> <ul style="list-style-type: none"> <li>Epidemiology of preterm birth, stillbirth, low birth weight, maternal death, small for gestational age; risk factors, causes, and prevention.</li> <li>Apply epidemiological principles to analyze perinatal health problems using evidence-based data. productive health research.</li> </ul>	6	1
<b>Unit V: Global Health and Reproductive Health Issues</b> <ul style="list-style-type: none"> <li>Overview of global reproductive and maternal health; SDGs and WHO initiatives; health inequities; current global challenges.</li> <li>Discuss major global reproductive health issues and international initiatives</li> <li>addressing them.</li> </ul>	6	1

Skills	OSPE
<b>Epidemiological Data Skills</b> <ul style="list-style-type: none"> <li>Practice calculating MMR, IMR, perinatal mortality, fertility rates from given data sets.</li> <li>Calculate and interpret core reproductive health indicators.</li> </ul> <b>Data Interpretation Exercises</b> <ul style="list-style-type: none"> <li>Analyze tables, graphs, and summary statistics from PDHS and WHO data</li> <li>Demonstrate ability to interpret epidemiological data and summarize findings.</li> </ul> <b>Surveillance and Case Study Analysis</b> <ul style="list-style-type: none"> <li>Conduct mini case-study on maternal death surveillance or perinatal audit.</li> <li>Apply surveillance concepts to evaluate real-world reproductive health cases.</li> </ul> <b>Evidence-Based Practice Application</b> <ul style="list-style-type: none"> <li>Review one global reproductive health issue (e.g., preterm birth, maternal mortality) and propose evidence-based solutions.</li> <li>Apply epidemiological thinking to propose community-based interventions.</li> </ul>	3

## COURSE TITLE: MICROBIOLOGY (NATURAL SCIENCES)

**Credits**

Total = 03 | Theory = 02| Skill/Clinical = 01

Upon the completion of the theoretical course, students will be able to

1. Demonstrate an understanding of the structural similarities and differences among microbes and the unique structure/function relationships of prokaryotic cells.
2. Comprehend the fundamentals of molecular microbiology.
3. Appreciate the diversity of microorganisms and microbial communities and recognize how microorganisms solve the fundamental problems their environments present.
4. Recognize how the underlying principles of epidemiology of disease and pathogenicity of specific microbes affect human health.

Course Content	MCQs	SEQs
<b>Unit I: Introduction to Microbiology</b> <b>1.</b> Define microbiology. <b>2.</b> Explain the importance of microbiology in nursing practice <b>3.</b> Distinguish between eukaryotic and prokaryotic cell. <b>4.</b> List some basic properties of virus <b>5.</b> List basic nutritional requirements of microorganisms <b>6.</b> Classify bacteria on the bases of their nutritional requirement and <b>7.</b> Morphology	6	1
<b>Unit II: Control of Microorganisms</b> <b>1.</b> Explain importance of the control of microbial growth. <b>2.</b> Describe some physical and chemical methods to control microbial growth <b>3.</b> Define the terms i.e. sterilization, antiseptic, asepsis, aseptic, macrobiotic, microbiocidal, antibiotic etc. <b>4.</b> Differentiate between broad spectrum and narrow spectrum antibiotics.	4	1
<b>Unit III: Defense Mechanisms of the body</b> <b>1.</b> Explain the role of good health in protection against the microbial infection. <b>2.</b> Define resistance and susceptibility. <b>3.</b> Define nonspecific resistance. <b>4.</b> Describe the role of the skin and mucous membrane in nonspecific resistance. <b>5.</b> Explain the process of phagocytosis.	10	2

Course Content	MCQs	SEQs
<b>6.</b> Define the specific resistance, innate resistance and immunity. <b>7.</b> Explain four types of acquired immunity. <b>8.</b> Differentiate between humoral and cell mediated immunity. <b>9.</b> Define antigens, happen and antibodies. <b>10.</b> List the five classes of antibodies and their functions. <b>11.</b> Explain the role of memory, tolerance and specificity in immunity. <b>12.</b> Distinguish between primary and secondary immune response. <b>13.</b> Define Hypersensitivity. <b>14.</b> Differentiate between i.e. delayed and immediate Hypersensitivity.		
<b>Unit IV: Human and Microbial Interaction</b> <b>1.</b> Define normal flora of the body. <b>2.</b> Differentiate between resident and transient normal flora. <b>3.</b> List at least three beneficial roles of normal flora. <b>4.</b> Define nosocomial infections. <b>5.</b> List at least three measures to control nosocomial infections. <b>6.</b> Describe some pathogenic microbes and diseases i.e. tetanus, typhoid, <b>7.</b> Cholera, diphtheria, tuberculosis, pertussis, mumps, measles, polio, <b>8.</b> Influenza ascariasis, taeniasis and dermatomycosis.	7	1
<b>Unit V: Microbiology in Every Day Life</b> <b>1.</b> Describe how microorganisms affect environment i.e. air, water and food. <b>2.</b> List some safety measures to control water and food borne diseases. <b>3.</b> Differentiate between food infection and food poisoning.	3	1
Total	<b>20</b>	<b>3</b>

Skills	OSPE
<b>Clinical Outcomes</b> Upon the completion of the practical course, students will be able to <ol style="list-style-type: none"> <li>1. Demonstrate the proper use of a microscope to observe microorganisms and report observed characteristics.</li> <li>2. Practice and apply calculations related to the preparation of media, stock/working solutions, and culture dilutions.</li> <li>3. Apply their knowledge of microbial structure, growth, and metabolism to the identification of an unknown microorganism.</li> <li>4. Demonstrate aseptic technique and perform routine culture handling tasks safely and effectively.</li> <li>5. Apply scientific method to collect, interpret, and present scientific data in microbiology and related fields</li> </ol>	3

**Recommended Instructional / Reading Materials:**

1. Warren E. Lavinson (2023) Medical Microbiology and Immunology (17<sup>th</sup>).  
Lange publishers

**COURSE TITLE: COMMUNICATION IN HEALTH CARE (ARTS AND HUMANITIES)**

**Credits**

Total = 02 | Theory = 02| Skill/Clinical = 00

Upon completion of the course, the student will be able to:

1. Apply effective communication skills with clients, colleagues, families, and the community.
2. Develop and maintain effective and positive interpersonal relationships with clients, colleagues, families, and the community at large.
3. Deliver effective oral communication of professional material to a group.
4. Demonstrate beginning communication skills appropriate for interactions with women, families, and wider community.
5. Demonstrate an understanding of the principles of community engagement as related to reflective practice and the common good.
6. Participate in and conduct a professional meeting.

**Practical Outcomes**

Upon completion of the practical course, the student will be able to:

1. Observe the health care providers interaction with the clients in in-patient or out-patient setting.
2. Initiate basic interaction with the clients including history taking.
3. Appraise her own communication skills through process recording and verbatim analysis.
4. Apply effective communication skills while interacting with clients, and families.
5. Develop and maintain effective and positive interpersonal relationships with clients, colleagues, families.

Course Content	MCQs	SEQs
<p><b>Unit I: Communication in Health Care</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Define Communication, elements of the communication process, ways of communication.</li> <li><b>2.</b> Identify the characteristics of the effective verbal communication.</li> <li><b>3.</b> Describe factors that's facilitates and interfere with the effective communication</li> <li><b>4.</b> Discuss techniques that facilitate and interfere with effective communication.</li> <li><b>5.</b> Define ways to respond therapeutically</li> <li><b>6.</b> Identify non therapeutically respond</li> <li><b>7.</b> Discuss the legal aspects of documentations.</li> </ol>	20	4

Course Content	MCQs	SEQs
<p><b>Unit II: Illness and healthcare professional relationship:</b></p> <ol style="list-style-type: none"> <li><b>1.</b> Medical Communication (Medical interview, non-pharmacological interventions, Breaking bad news, Crisis intervention)</li> <li><b>2.</b> Coping with the disability (Coping, Stress, Anxiety, Self-help groups, Pain management, Psychosocial aspects of disability)</li> <li><b>3.</b> Doctor patient relationships (Psychological reactions, Models of doctor pt. relationship, Treatment adherence, Psycho-trauma &amp; Post Traumatic Stress Disorder)</li> <li><b>4.</b> Psychosocial aspects of disease and illness (Various medical conditions, Disability including intellectual disability)</li> </ol>	10	02

### Recommended Books/ Reading Materials

1. Psychology and sociology applied to medicine: An illustrated color text, 3<sup>rd</sup> ed. by Beth alder
2. Behavioral Science in Medicine, 2<sup>nd</sup> Ed. Barbara Fadem
3. Handbook of Behavioral sciences, 2<sup>nd</sup> Ed. MH Rana
4. Integrating Behavioral sciences in healthcare, 2<sup>nd</sup> Ed. Asma Humayun and Michel Herber

## COURSE TITLE: ROLE TRANSITION AND ENTREPRENEURSHIP FOR MIDWIVES

**Credits**

Total = 02 | Theory = 02| Skill/Clinical = 00

By the end of the course, the students will be able to:

1. Discuss the professional dimensions of midwifery involved in development and maintenance of midwifery image.
2. Apply ethical decision-making principles in professional practice.
3. Explore and adapt current trends influencing midwifery practice, education, and research in Pakistan and globally.

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Knowledge of fundamental entrepreneurial 2 concepts, skills and process.
2. Understanding on different personal, social and financial aspects associated with entrepreneurial activities.
3. Basic understanding of regulatory requirements to set up an enterprise in Pakistan, with special emphasis on export businesses;
4. Ability to apply knowledge, skills and competencies acquired in the course to develop a feasible business plan.

Course Content:	MCQs	SEQs
<b>Unit I: Introduction to Entrepreneurship:</b> <b>1.</b> Definition and concept of entrepreneurship. <b>2.</b> Why to become an entrepreneur? <b>3.</b> Entrepreneurial process. <b>4.</b> Role of entrepreneurship in economic development.	04	01
<b>Unit II: Entrepreneurial Skills:</b> <b>1.</b> Characteristics and qualities of successful entrepreneurs (including stories of successes and failures). <b>2.</b> Areas of essential entrepreneurial skill and ability such as creative and critical thinking. innovation and risk-taking abilities etc.	03	01
<b>Unit III: Opportunity Recognition and Idea Generation:</b> <b>1.</b> Opportunity identification, evaluation and exploitation, <b>2.</b> Innovative idea generation techniques for entrepreneurial ventures.	02	01

<b>Course Content:</b>	<b>MCQs</b>	<b>SEQs</b>
<b>Unit IV: Marketing and Sales</b> <b>1.</b> Target market identification and segmentation; <b>2.</b> Four P's of Marketing <b>3.</b> Developing a marketing strategy. <b>4.</b> Branding	05	01
<b>Unit V: Financial Literacy</b> <b>1.</b> Basic concepts of income, savings and investments <b>2.</b> Basic concepts of assets, liabilities and equity <b>3.</b> Basics of revenue and expenses <b>4.</b> Overview of cash-flows <b>5.</b> Overview of banking products including Islamic modes of financing <b>6.</b> Sources of funding for startups (angel financing, debt financing, equity financing etc.)	06	01
<b>Unit VI: Team Building for Startups:</b> <b>1.</b> Characteristics Of effective teams <b>2.</b> features of effective teams <b>3.</b> Team building for startups <b>4.</b> effective leadership for startups	04	01
<b>Unit VII: Regulatory Requirements to Establish Enterprises in Pakistan:</b> <b>1.</b> Types of enterprises (e.g., sole proprietorship, partnerships private limited companies etc.). <b>2.</b> Intellectual property rights and protection <b>3.</b> Regulatory requirements to register an enterprise in Pakistan, with special emphasis on sport firms <b>4.</b> Taxation and financial reporting obligation	05	01

### **Recommended Books/Reading Materials**

1. "Entrepreneurship: Successfully Launching New Ventures" by Bruce R. Barringer and R. Duane Ireland, 6<sup>th</sup> Edition, Pearson, 2018.
2. "Entrepreneurship: Theory, Process, and Practice" by Donald F. Kuratko, 12<sup>th</sup> Edition, Cengage Learning, 2023.
3. "New Venture Creation: Entrepreneurship for the 21st Century" by Jeffry A.

- Timmons, Stephen Spinelli Jr., and Rob Adams, 9<sup>th</sup> Edition, McGraw-Hill, 2011.
4. "Entrepreneurship: A Real-World Approach" by Rhonda Abrams, 2012.
  5. "The Lean Startup: How Today's Entrepreneurs Use Continuous Innovation to Create Radically Successful Businesses" by Eric Ries, Crown Currency, 2011.
  6. "Effectual Entrepreneurship" by Stuart Read, Saras Sarasvathy, Nick Dew, Robert Wiltbank, and Anne-Valérie Ohlsson, 1<sup>st</sup> Edition, Routledge

## MIDWIFERY ETHICS & LAW (CREDITS: 2)

Credit Hours: 2 (Theory: 2; Clinical: 0).

Learning Objectives: Students will be able to:

- Describe ethical principles and values that govern good professional practice (e.g., autonomy, beneficence).
- Maintain ethical standards (confidentiality, informed consent) and avoid conflicts of interest.
- Apply ethical frameworks to real midwifery cases involving women and families.
- Identify relevant country laws impacting midwifery practice (e.g., maternal health laws).
- Discuss how midwives comply with these laws in practice.
- Explain how the PNMC (Pakistan Nursing & Midwifery Council) standards and codes inform professional behavior.

Course Content	MCQs	SEQs
<b>Unit I; Ethical Foundations – Principles and Moral Reasoning in Healthcare</b> <ul style="list-style-type: none"><li>• Define ethics, values, and moral reasoning in healthcare.</li><li>• Describe major ethical principles: autonomy, beneficence, non-maleficence, justice, and fidelity.</li><li>• Discuss the importance of integrity, respect, and compassion in midwifery practice.</li><li>• Explain how ethical decision-making frameworks are applied in clinical situations.</li></ul>	05	01
<b>Unit II: Patient Rights – Confidentiality, Consent, and Privacy</b> <ul style="list-style-type: none"><li>• Explain the principles of confidentiality, informed consent, and privacy in maternity care. Demonstrate how to obtain informed consent in clinical and community settings.</li><li>• Identify scenarios where confidentiality may be ethically breached (e.g., child abuse, public health reporting).</li><li>• Discuss the midwife’s responsibility to respect patient dignity and autonomy.</li></ul>	05	01

Course Content	MCQs	SEQs
<p><b>Unit III: Legal Aspects – Key Laws/Regulations Affecting Maternity Care</b></p> <ul style="list-style-type: none"> <li>• Identify national and provincial laws relevant to midwifery (e.g., Reproductive Health Act, Maternal and Child Health Acts).</li> <li>• Describe PNMC regulations and scope of practice for midwives.</li> <li>• Explain concepts of liability, negligence, and malpractice in healthcare.</li> <li>• Discuss patient rights and legal protection mechanisms in Pakistan.</li> </ul>	05	01
<p><b>Unit IV Case Studies – Applying Ethics to Childbirth Scenarios</b></p> <ul style="list-style-type: none"> <li>• Analyze ethical dilemmas commonly faced in midwifery (e.g., refusal of care, consent in emergencies, allocation of scarce resources).</li> <li>• Apply ethical reasoning to case-based discussions.</li> <li>• Demonstrate the ability to justify decisions based on ethical frameworks and professional codes.</li> </ul>	05	01
<p><b>Unit V: Professional Standards – PNMC Code of Conduct</b></p> <ul style="list-style-type: none"> <li>• Explain the PNMC Code of Conduct and professional accountability standards.</li> <li>• Discuss the relationship between professional behavior, public trust, and patient safety.</li> <li>• Recognize unprofessional practices and their consequences.</li> <li>• Reflect on personal values and their influence on professional decisions.</li> </ul>	05	01
<p><b>Unit VI: Reporting and Accountability – Dealing with Errors and Malpractice</b></p> <ul style="list-style-type: none"> <li>• Describe reporting mechanisms for clinical errors and misconduct.</li> <li>• Explain ethical responses to adverse events and near misses.</li> <li>• Discuss whistleblowing, documentation, and accountability systems in health institutions.</li> <li>• Demonstrate understanding of professional responsibility to ensure patient safety and uphold institutional reputation.</li> </ul>	05	01

Beauchamp, T. L., & Childress, J. F. (2019). Principles of Biomedical Ethics (8th ed.). Oxford University Press.



# **INTER DISCIPLINARY COURSES**

## COURSE TITLE: HEALTH EDUCATION & COUNSELLING

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**Credits** Total = 02 | Theory = 1.5| Skill/Clinical=1

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At the completion of this unit, students will be able to:

1. Explain the concepts related to Behavior Change Communication, Health Promotion, health education & teaching & learning.
2. Explain the purpose and principal goal of health education.
3. Integrate different models of health promotion, such as the Health Belief model and the Trans-theoretical model of behavioral change.
4. Describe various strategies and methods for individual and group health education.
5. Develop a teaching plan and conduct health education session based on needs assessment of the client in hospital or community-based setting.

### Clinical Objectives

At the completion of the clinical course, students will be able to:

1. Apply the concepts and theories related to Behavior Change Communication, Health Promotion, health education & teaching & learning in clinical setting.
2. Develop a teaching plan and conduct health education session based on needs assessment of the client in hospital or community-based setting.
3. Apply various strategies and methods for individual and group health education

Course Content	MCQs	SEQs
<b>Unit 1: Introduction to Health Education and Promotion</b> <ul style="list-style-type: none"> <li>• Concepts of health education, health promotion, and behaviour change communication (BCC);</li> <li>• Purpose and goals of health education;</li> <li>• Role of the midwife as a health educator and counsellor;</li> <li>• Ethical and cultural considerations in counselling</li> </ul>	03	01
<b>Unit 2: Models and Theories of Health Promotion</b> Health Belief Model (HBM); Trans-theoretical Model (Stages of Change); PRECEDE–PROCEED Model; Empowerment and community participation approaches	03	01
<b>Unit 3: Communication in Health Education</b> <ul style="list-style-type: none"> <li>• Principles and process of effective communication;</li> <li>• Barriers to communication and strategies to overcome them;</li> <li>• Verbal and non-verbal communication;</li> </ul>	03	

Course Content	MCQs	SEQs
<ul style="list-style-type: none"> <li>Culturally sensitive communication in midwifery care</li> </ul>		
<b>Unit 4: Methods and Media in Health Education</b> <ul style="list-style-type: none"> <li>Individual and group teaching methods (lecture, discussion, role-play, demonstration, counselling);</li> <li>Audio-visual aids and IEC (Information, Education, Communication) materials;</li> <li>Designing culturally appropriate messages</li> </ul>	03	01
<b>Unit 5: Planning and Conducting Health Education Sessions</b> <ul style="list-style-type: none"> <li>Needs assessment and prioritization;</li> <li>Setting goals and objectives;</li> <li>Developing a teaching plan;</li> <li>Implementation and evaluation of health education sessions</li> </ul>	04	01
<b>Unit 6: Counselling in Midwifery Practice</b> <ul style="list-style-type: none"> <li>Types of counselling (individual, family, group);</li> <li>Counselling for antenatal care, nutrition, breastfeeding, postpartum family planning, and STI prevention;</li> <li>Ethical and psychological aspects of counselling</li> </ul>	03	01
<b>Unit 7: Monitoring and Evaluation of Health Education Activities</b> <ul style="list-style-type: none"> <li>Tools for assessing learning outcomes and behaviour change;</li> <li>Feedback and reporting systems;</li> <li>Documentation in clinical/community settings</li> </ul>	03	01

Clinical skills	OSPE
<ol style="list-style-type: none"> <li>Conduct a comprehensive needs assessment to identify health education and counselling requirements of clients or community groups using appropriate assessment tools and participatory methods.</li> <li>Apply relevant counselling and health education models (e.g., Health</li> </ol>	03

Clinical skills	OSPE
<p>Belief Model, Trans-theoretical Model) in hospital and community-based settings to address maternal, neonatal, and reproductive health needs.</p> <p>3. Design, implement, and evaluate a teaching plan using evidence-based methods, appropriate media, and culturally sensitive materials tailored to the learning needs of individuals or groups.</p> <p>4. Demonstrate effective communication and interpersonal skills by establishing rapport, showing empathy, and facilitating client understanding during individual and group counselling sessions.</p> <p>5. Document and evaluate health education and counselling activities accurately in client records, reports, or community logs, reflecting the outcomes and impact of the educational intervention.</p>	

### Reading Materials

**Bastable, S. B. (2023).** *Nurse as Educator: Principles of Teaching and Learning for Nursing Practice* (6th ed.). Jones & Bartlett Learning.

→ Comprehensive text on health education principles, adult learning theories, and instructional design for nurses and midwives.

**Ewles, L., & Simnett, I. (2021).** *Promoting Health: A Practical Guide* (8th ed.). Elsevier Health Sciences.

→ Covers models of health promotion, planning health education sessions, and evaluating behavioral change.

**Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2015).** *Health Behavior: Theory, Research, and Practice* (5th ed.). Jossey-Bass.

→ Essential reference for the Health Belief Model, Social Cognitive Theory, and the Transtheoretical Model.

**Naidoo, J., & Wills, J. (2022).** *Foundations for Health Promotion* (5th ed.). Elsevier.

→ Useful for integrating public health, behavior change, and communication strategies in community midwifery.

## COURSE TITLE: NUTRITION THROUGHOUT LIFE CYCLE

**Credits**

Total = 02 | Theory = 02| Skill/Clinical = 00

After completion of the course, the student is expected to:

1. Describe the relationship between nutrition and health, its effects on growth and development and the physiological basis of nutritional requirements throughout the life span.
2. Describe nutritional needs critical for development throughout pregnancy and lactation, infancy, childhood, teens, adulthood, and later years.
3. Identify eating patterns, nutritional problems and selected chronic diseases characteristic of age groups throughout the life span.
4. Recognize the health consequences of under or excess nutrient intake at critical life stages.
5. Examine commonly prevalent nutritional health-related disorders.

Course content	MCQs	SEQs
<b>Unit I: Maternal Nutrition</b> <b>1.</b> Nutritional need in pregnancy and Lactation. <b>2.</b> Pre-pregnancy diet. <b>3.</b> Pregnancy and adolescents <b>4.</b> Nutritional risk factor of pregnancy <b>5.</b> Concerns during pregnancy / weight gain/feeding twins/Diabetes Mellitus (DM) in pregnancy. <b>6.</b> Prevalence of Iron deficiency anemia in Pakistani women. <b>7.</b> Management Iron deficiency anemia <b>8.</b> Counseling about role of diet in iron deficiency anemia	08	02
<b>Unit II: Nutritional Considerations in infancy and preschool years</b> <b>1.</b> Identify the best feeding options for infants in different circumstances in Pakistan. <b>2.</b> Identify the major nutritional risk factors and strategies to prevent or manage them in the first years of life and during the pre-school years. <b>3.</b> Weaning, Pre lacteal feeds, food introduce with quantity and type. <b>4.</b> Counsel mothers regarding nutritional care of the children.	04	01

<b>Course content</b>	<b>MCQs</b>	<b>SEQs</b>
<b>Unit III: Weight management</b> <b>1.</b> Explain the concept of appropriate body weight. <b>2.</b> Discuss the relationship of excess body weight to the development of chronic disease. <b>3.</b> Explain body mass index calculations. <b>4.</b> Explain the role of diet in weight management. <b>5.</b> Identify factors in the Pakistani diet that are particularly conducive to weight gain <b>6.</b> Explain the role of exercise in weight management <b>7.</b> Explain the role of behavior modification techniques in weight management. <b>8.</b> Counsel patient regarding weight management.	8	01
<b>Unit IV: nutrition in various ages and diseases</b> <b>1.</b> Recognize common nutritional issues in various age groups <b>2.</b> Discuss dietary management of hypertension and patient with hyperlipidemia. <b>3.</b> Counsel patients on the dietary prevention of coronary artery disease <b>4.</b> .Discuss dietary management of hypertension and patient with hyperlipidemia <b>5.</b> Discuss role of diet in liver diseases . <b>6.</b> Discuss role of diet in diabetes mellitus <b>7.</b> Discuss role of diet in renal diseases <b>8.</b> Discuss current beliefs and practices about diet in the community <b>9.</b> Counseling of patients regarding various conditions and role of food and diet	10	02
<b>TOTAL</b>	<b>30</b>	<b>06</b>

### Reading Materials

1. Whitney E. N. and Rolfes S. R. 2008. Understanding Nutrition, Thomson Higher Education.
2. Mahan, L. K., Escott-Stump, S., & Raymond, J. (2022). Krause's Food & the Nutrition Care Process (16th ed.). Elsevier.

## COURSE TITLE: RESPECTFUL MATERNITY CARE

**Credits**

Total = 02 | Theory =1.5| Skill/Clinical =0.5

Upon completion of this course, students will be able to:

1. Appreciate interpersonal aspects of care received by women seeking maternity services.
2. Recognize the need for a woman's relationship with maternity care providers and the maternity care system during the perinatal period.
3. Discuss evidence-based guidelines to promote respectful maternity care.
4. Review internationally adopted United Nations and other multinational declarations, conventions, and covenants.
5. Demonstrate respectful maternity care throughout the perinatal period.

### Clinical Objectives

Upon completion of the clinical course, students will be able to:

1. Implement respectful maternity care practices consistently, ensuring women's dignity is prioritized across the entire perinatal spectrum.
2. Apply evidence-based care strategies throughout the maternity cycle, emphasizing practices that align with and promote respect.
3. Evaluate and critique the maternity care experiences of women in diverse settings, emphasizing the importance of respect in the analysis.
4. Foster a culture of respectful maternity care by actively engaging in collaborative discussions and activities that promote dignity and compassion.
5. Advocate for the integration of respectful maternity care principles into broader healthcare systems, promoting a holistic approach that prioritizes the well-being and autonomy of women during the perinatal period.

Course Content	MCQs	SEQs
<b>Unit 1: Introduction to Respectful Maternity Care</b> <ul style="list-style-type: none"><li>• Definition and principles of RMC<ul style="list-style-type: none"><li>- Human rights-based approach to maternity care</li><li>- WHO RMC Charter: Seven Universal Rights</li></ul></li><li>• Explain the key principles and human rights foundations of RMC</li></ul>	2	

Course Content	MCQs	SEQs
<b>Unit 2: Forms of Disrespect and Abuse</b> <ul style="list-style-type: none"> <li>Types: physical, verbal, non-consensual care, neglect, discrimination</li> <li>Underlying causes and consequences</li> <li>Case studies from local context</li> <li>Identify and analyze examples of disrespect and abuse in maternity care.</li> </ul>	4	
<b>Unit 3: Legal, Ethical &amp; Cultural Contexts</b> <ul style="list-style-type: none"> <li>PNMC code of ethics</li> <li>National reproductive health policies</li> <li>Gender sensitivity and cultural competence in Pakistan</li> <li>Integrate ethical, cultural, and legal principles in practice</li> </ul>	3	1
<b>Unit 4: Communication and Empathy in Maternity Care</b> <ul style="list-style-type: none"> <li>Therapeutic communication</li> <li>Informed consent and confidentiality</li> <li>Managing stress, fear, and pain through empathy</li> <li>Demonstrate empathetic communication and consent-taking skills.</li> </ul>	4	1
<b>Unit 5: Promoting Woman-Centered Care</b> <ul style="list-style-type: none"> <li>Shared decision-making</li> <li>Continuity of care</li> <li>Partner/family involvement</li> <li>Apply strategies to ensure woman-centered, family-inclusive maternity care</li> </ul>	4	1
<b>Unit 6: RMC in Different Maternity Settings</b> <ul style="list-style-type: none"> <li>RMC during antenatal, intrapartum, postnatal, and newborn care</li> <li>Handling complications respectfully</li> </ul>	3	1
<b>Unit 7: Advocacy and Leadership for RMC</b> <ul style="list-style-type: none"> <li>Midwife as an advocate for women's rights</li> <li>Leadership and teamwork in promoting RMC</li> <li>Addressing institutional barriers</li> </ul>	3	1

Sr. No	List of Skills	OSCE/OSPE
1.	Listening actively, maintaining privacy, giving reassurance and privacy during all procedures.	03
2.	Obtain informed consent and ensure understanding before examinations or interventions.	

3.	Provide woman-centered, culturally sensitive care across antenatal, intrapartum, and postnatal periods.
4.	Identify and prevent disrespectful practices or abuse in maternity care settings.
5.	Communicate effectively with women and families using empathetic and supportive language.
6.	Advocate for respectful maternity care within healthcare teams and communities.
7.	Reflect on personal behavior and bias in clinical encounters to ensure continuous improvement.

### Reading Materials

- Kamanzi, J. et al. *Perspectives of midwives on respectful maternity care. BMC Pregnancy Childbirth.* (2023) – Study identifying empathy, good communication and trust as key to respectful care [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/41111111/)
- World Health Organization (WHO). *New WHO evidence on mistreatment of women during childbirth.* (2019) – WHO emphasizes that all women have a right to dignified, respectful care and highlights guidelines for a positive childbirth experience [who.int/who.int](https://www.who.int/news-room/fact-sheets/detail/mistreatment-or-abuse-during-childbirth).
- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN). *Respectful Maternity Care Framework and Guideline Quick Reference.* (2022) – Recommends practices like active listening, shared decision-making, and bias awareness to promote respectful maternity care [mihp.utah.gov](https://www.mihp.utah.gov/mihp-utah.gov)
- White Ribbon Alliance. *Respectful Maternity Care Charter: Universal Rights of Women and Newborns (Updated 2019).* – Aligns RMC with internationally recognized human rights (e.g. freedom from harm, informed consent, privacy, equality) and calls for accountability to global conventions [healthynewbornnetwork.org](https://www.healthynewbornnetwork.org/healthynewbornnetwork.org)
- Centers for Disease Control and Prevention (CDC). *“Every Mother Deserves Respectful Care” – Vital Signs Report.* (2023) – Defines respectful maternity care and reports on mistreatment, noting that respectful, patient-centered care (maintaining dignity, privacy, freedom from harm, and shared decision-making) should be ensured for all mothers

COURSE TITLE: CULTURAL DIVERSITY & FAMILY CARE

**Credits** Total = 02 | Theory = 02| Skill/Clinical = 01

On successful completion of the course students will be able to:

1. Compare and contrast maternity care available in rural and urban areas of Pakistan as well as with the region and developed countries.
2. Examine culturally diverse approaches to childbirth.
3. Critically analyze the impact of place of birth and critique maternity care strategies for rural and urban women including issues of cultural safety and culturally competent, women-centered maternity care.
4. Examine the political and cultural context of childbearing among women of vulnerable groups: refugees, immigrants, minorities, IDPs etc.
5. Critically reflect on the midwife's role as a public health advocate in creating and maintaining a positive workplace culture to ensure zero tolerance of violence, and discrimination as it applies to gender, sexual orientation, race, and religion.
6. Synthesize knowledge on the effect of different forms of media on childbearing families, its role in the social construction of childbearing and parenthood, and the implications for midwifery practice.

Course Content	MCQs	SEQs
<b>Unit I ;Cultural Competence in Midwifery</b> <ul style="list-style-type: none"> <li>• Concepts of culture and cultural safety</li> <li>• Respecting traditions and beliefs</li> <li>• Understanding Cultural Norms in Pregnancy and Childbirth.</li> </ul>	3	1
<b>Unit II Social Determinants of Maternal Health</b> <ul style="list-style-type: none"> <li>• Poverty, education, access to care, gender equity, environmental and community factors influencing health outcomes.</li> </ul>	5	01
<b>Unit III Family Structures and Decision-Making</b> <ul style="list-style-type: none"> <li>• Role of family elders, spousal consent, community influence on women’s health decisions.</li> </ul>	4	01
<b>UNIT IV Cultural Safety in Practice</b> <ul style="list-style-type: none"> <li>• Recognizing implicit bias, communication barriers, language translation, respectful maternity care..</li> </ul>	4	01

Course Content	MCQs	SEQs
<b>UNIT V Vulnerable Populations</b> <ul style="list-style-type: none"> <li>Maternal care challenges among refugees, minorities, migrants, and internally displaced persons (IDPs).</li> </ul>	5	01
<b>Unit VI Midwife as Advocate</b> <ul style="list-style-type: none"> <li>Role in promoting equitable care, community engagement, and cultural humility.</li> </ul>	6	01
<b>UNIT VII Media and Maternity</b> <ul style="list-style-type: none"> <li>Media influence on childbirth perceptions, social media trends, misinformation, and its implications.</li> </ul>	03	01

CLINICAL SKILLS	OSCE
<ul style="list-style-type: none"> <li>Demonstrate culturally sensitive communication with women and families during antenatal, intrapartum, and postnatal care.</li> <li>Apply cultural safety principles in clinical encounters, ensuring privacy, dignity, and respect for traditional beliefs.</li> <li>Assess maternal and newborn care practices among women from different cultural backgrounds using reflective tools.</li> <li>Identify and document barriers to culturally appropriate care in local healthcare facilities.</li> <li>Provide culturally appropriate counseling regarding nutrition, breastfeeding, and newborn care.</li> <li>Engage with community elders or traditional birth attendants to understand cultural childbirth practices.</li> <li>Reflect on their own cultural assumptions and biases in providing care through journal writing or group discussion.</li> <li>Advocate for equitable access and respectful maternity care for marginalized women in community settings.</li> </ul>	03-04

## Reading Materials

- Acello, B. (2001). Controlling pain: Breaking down cultural barriers. *Nursing*, 31 (2), 26.
- Ameling, A. (2000). Prayer: An ancient health practice becomes new again. *Holistic Nurse Practitioner*, 14(3), 40-48.
- Andrews, M. M. (1999). *Transcultural concepts in nursing care* (2nd ed.). Philadelphia: Lippincott.
- Broad, L. M., & Allison, D. M. (2002). Nurse practitioners and traditional healers: An alliance of mutual respect in the art and science of health practices. *Holistic Nurse Practitioners*, 16(12), 50-57.
- Chatarjee, M. (2004). *Feminism & women's human rights*. Jaipur: Avaiskar Publisher. 199
- Chaudhry, M. I. (2004). *General sociology*. Lahore: Aziz Publisher.
- Farooq, Z. S. A. (2005). *The art of sociological*. London: Mc-Graw Hill.
- Hughes, M. (2002). *Sociology the core*. New York: McGraw Hill.
- Horton, P. B., & Hunt. C. L. (1984). *Sociology*. (6th ed.). New York: McGraw-Hill.
- Leininger, M. (1984). Transcultural Nursing: An overview. *Nursing Outlook*, 32 (2), 72-73.
- Magill, F. N. (2003). *International encyclopedia of sociology*. New Dehli: Bhavan Books.
- McGee, P. (2000). Health, illness and culture. *Nursing Standard*, 14 (45), 33-34.
- Merrell, J. (2001). Social support for victims of domestic violence. *Journal of Psychosocial Nursing*, 39(11), 30-35.
- Miller, M. A. (1995). Culture, spirituality and women's health. *Journal of Obstetrics and Gynecological Neonatal Nursing*, 24 (3), 257-263.
- Montbriand, M. M. (2000). Alternative therapies: Health professionals' attitudes. *Canadian Nurse*, March 22-26.
- Narayanasamy, A. (2003). Transcultural nursing: How do nurses respond to cultural needs? *British Journal of Nursing*, 12 (3), 185-194.
- Perry, P. (2006). *Contemporary society: An introduction to society*. New Delhi: Academic Publishers.

- Pfeffer, N. (1998). Theories of race, ethnicity and culture. British Medical Journal, 317 (14), 1381-1384.
- Prasad, B. K. (2004). Ngo's and development. New Delhi: Anmol Publications.
- Zoucha, R. (2000). Understanding the significance of culture in nursing. American Journal of Nursing, 100 (2), 124GG-124

## APPLIED PSYCOLOGY

### Applied Psychology for Midwifery Practice (Theory & Clinical)

**Credit Hours: 04 (Theory: 03 | Clinical: 01)**

#### Course Description

This course introduces midwifery students to fundamental and applied concepts of psychology with direct relevance to maternal and neonatal health. It focuses on understanding human behavior, emotions, cognition, motivation, and communication to enhance patient-centered, culturally sensitive, and empathetic care. The course integrates theory with practical applications in clinical and community settings, enabling midwives to promote holistic maternal wellbeing.

#### Course Objectives

- Explain key psychological principles underlying behavior, cognition, emotion, and learning in healthcare.
- Analyze the influence of psychological factors on women's health, pregnancy, childbirth, and recovery.
- Apply psychological theories to enhance communication, empathy, and patient-centered midwifery care.
- Utilize motivation and emotional regulation strategies to improve maternal health outcomes.
- Reflect on self-awareness and professional conduct to foster holistic and respectful care

Course Content	MCQs	SEQs
<b>UNIT 1 Introduction to Psychology in Health &amp; Midwifery</b> <ul style="list-style-type: none"> <li>• Definition, scope, and relevance of psychology in health care.</li> <li>• Role of psychology in maternal and neonatal well-being.</li> <li>• Psychological aspects of pregnancy, childbirth, and postpartum adaptation</li> </ul>	6	1

Course Content	MCQs	SEQs
<b>UNIT 2 Principles of Learning and Behavior</b> <ul style="list-style-type: none"> <li>Theories of learning: classical, operant, and observational.</li> <li>Reinforcement and motivation in patient education.</li> <li>Behavior modification for health promotion.</li> </ul>	7	1
<b>UNIT 3 Cognitive Psychology: Perception, Memory, and Thinking</b> <ul style="list-style-type: none"> <li>Perception and clinical judgment.</li> <li>Stages of memory: encoding, storage, retrieval.</li> <li>Critical thinking and problem-solving in clinical care.</li> <li>Metacognition and reflective practice.</li> </ul>	8	2
<b>UNIT 4 Emotions and Motivation in Maternal Care</b> <ul style="list-style-type: none"> <li>Emotional intelligence and empathy.</li> <li>Theories of motivation (Maslow, Herzberg, self-determination).</li> <li>Motivation and adherence in antenatal and postnatal care.</li> <li>Stress and emotional regulation in clinical practice.</li> </ul>	8	2
<b>UNIT 5 Personality and Individual Differences</b> <ul style="list-style-type: none"> <li>Emotional intelligence and empathy.</li> <li>Theories of motivation (Maslow, Herzberg, self-determination).</li> <li>Motivation and adherence in antenatal and postnatal care.</li> <li>Stress and emotional regulation in clinical practice.</li> </ul>	8	2
<b>UNIT 6 Neurobiological and Behavioral Aspects</b> <ul style="list-style-type: none"> <li>Brain–behavior relationships.</li> <li>Sleep physiology and its psychological significance.</li> <li>Impact of fatigue, stress, and sleep deprivation on maternal care.</li> </ul>	8	1

Skill	OSCE
<ul style="list-style-type: none"> <li>Demonstrate therapeutic communication, empathy, and active listening in antenatal and intrapartum settings.</li> </ul>	<b>03</b>
<ul style="list-style-type: none"> <li>Manage stress and emotional responses during obstetric emergencies.</li> </ul>	
<ul style="list-style-type: none"> <li>Apply motivational interviewing to improve maternal adherence to care and lifestyle modification.</li> </ul>	
<ul style="list-style-type: none"> <li>Demonstrate respect for cultural and psychological diversity in maternity care.</li> </ul>	

<ul style="list-style-type: none"><li>• Identify early signs of postpartum depression and refer appropriately.</li></ul>	
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**References**

1. Rana MH. Handbook of Behavioral Sciences. 3rd ed.
2. Humayun A., Herbert M.H. Integrating Behavioral Sciences in Health Care. 1st ed.
3. Atkinson R.L. et al. Introduction to Psychology.
4. Goleman D. Emotional Intelligence: Why It Can Matter More Than IQ.
5. WHO. Mental Health in Maternal and Child Care. 2023.
6. UNICEF. Respectful Maternity Care: Global Guidelines. 2024.

## Course Title: Infectious Disease

**Credits**

Total = 02 | Theory = 02| Skill/Clinical = 0.5

On completion of this course, students will be able to:

1. Integrate the Principles of teaching and learning in planning teaching session.
2. Analyze various adult learning theories and the characteristics of adult learners.
3. Differentiate in the cognitive, affective, and psychomotor domains of learning based on Bloom's taxonomy for writing objectives of teaching sessions.
4. Compare and contrast different teaching learning strategies for small and large group teachings.
5. Analyze the complexity of conditions that impact on learning.
6. Critically reflect on one's own learning.
7. Utilize appropriate health teaching strategies for diverse settings.
8. Plan patient and family education session by utilizing the steps of patient education.

Course Content	MCQs	SEQs
<p><b>Unit I</b></p> <ul style="list-style-type: none"> <li>• Introduction to infectious diseases in maternity care; epidemiology; standard precautions; vertical vs. horizontal transmission; screening overview.</li> <li>• HIV/AIDS in pregnancy: MTCT routes, antenatal screening, ART (Option B+), safe delivery, infant prophylaxis, breastfeeding guidance, stigma reduction.</li> <li>• Viral hepatitis B &amp; C: perinatal transmission, HBsAg screening, HBV birth dose + HBIG, tenofovir in high viral load HBV; HCV risks and postpartum treatment.</li> <li>• Tuberculosis (TB) in pregnancy: burden, maternal/fetal risks, screening (symptoms, chest X-ray with shield, GeneXpert), 1st-line therapy safety, infection control.</li> <li>• STIs: syphilis (congenital risks, screening, penicillin), gonorrhea &amp; chlamydia (maternal &amp; neonatal risks). Newborn eye prophylaxis; partner notification.</li> <li>• Puerperal sepsis &amp; postpartum infections: causes, signs, prevention (asepsis, 6 cleans), early recognition and management; antibiotic prophylaxis indications.</li> <li>• UTIs in pregnancy: ASB screening, pyelonephritis risks</li> </ul>	30	06

Course Content	MCQs	SEQs
<p>(preterm birth)</p> <ul style="list-style-type: none"> <li>• , safe antibiotics, prevention and education.</li> <li>• respiratory infections: maternal risks, vaccination, labor/delivery precautions, neonatal care; influenza, rubella (preconception vaccine) COVID-19.</li> <li>• emerging infections; TORCH overview; vector control; outbreak response and public health roles for midwives.</li> <li>• Malaria in pregnancy: maternal anemia, placental malaria, fetal risks; IPTp with SP; ITNs; diagnosis and treatment (ACTs, IV artesunate for severe cases).</li> <li>• Integrated midwifery management: complex case reviews (HIV/TB, intrapartum fever, postpartum infections); antibiotic stewardship; advocacy.</li> <li>• Maternal immunization &amp; prevention: tetanus, influenza, COVID-19, Tdap; prophylaxis (IPTp, cotrimoxazole); AMR awareness; hospital IPC</li> </ul>		

Clinical Skills	OSPE
<ul style="list-style-type: none"> <li>• Hand hygiene per WHO protocol; appropriate use of hand rub.</li> <li>• Donning and doffing PPE (gloves, mask, gown, eye protection) without self-contamination.</li> <li>• Maintain sterile field during delivery/invasive procedures (sterile gloving, instrument handling).</li> <li>• Safe injection technique; sharps disposal in puncture-proof container.</li> <li>• Rapid diagnostic testing (e.g., HIV/syphilis) with pre/post-test counseling.</li> </ul>	03

### Reading Materials

1. Chuhan, D., (2021). *Nutrition for BSc. and post Basic Nursing Students*. (2<sup>nd</sup> ed.). Lotus Pulishers. India.
2. Dudek, S. G. (2022). *Nutrition essentials for nursing practice* (9th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins

## Course Title: Fundamental Skills for Midwives (ID)

**Credits**

Total = 03 | Theory = 01 | Skill/Clinical = 02

Upon completion of the course, students will be able to:

1. Apply knowledge of human anatomy and physiology as they relate to health assessment and care in midwifery practice.
2. Apply knowledge of the nervous, cardiovascular, and respiratory systems in the assessment, escalation, and documentation of vital signs.
3. Demonstrate satisfactory performance of fundamental midwifery skills, including the accurate assessment of vital signs.
4. Outline the principles of pharmacology, pharmacodynamics, and pharmacokinetics necessary for safe medication administration.
5. Apply the principles of accountable documentation to the recording of systematic health assessment data.
6. Demonstrate readiness for clinical placement and future professional midwifery practice.

Course Content	MCQs	SEQs
<b>Fundamental Skills for Midwives</b> <ol style="list-style-type: none"> <li>1. Advanced health assessment – vital signs, inspection, palpation techniques.</li> <li>2. Principles of safe medication use – dosage calculations, pharmacology basics.</li> <li>3. Clinical procedures – administering injections, aseptic techniques.</li> <li>4. Documentation and reporting – maintaining accurate health records.</li> <li>5. Simulation lab – practicing skills in a controlled setting.</li> </ol>	30	06

## Clinical Skills

Sr No.	Clinical Skills	OSPE
1.	Hand washing (6 steps)	06
2.	Use of PPE	
3.	Vital signs measurement	
4.	Aseptic technique in wound care	
5.	Female catheterization	
6.	Administration of oral drugs	
7.	Intake/output charting	
8.	BLS and CPR practice	
9.	Bandages	
10.	Dressings	

## Reading Materials

Fundamentals of Midwifery: A Textbook for Students, 1e (1st Edition); Author Name: Lewis; Speciality: NURSING; No of Pages :451; Publication Year :2015.



## **MAJOR COURSES**

**COURSE TITLE: ANATOMY AND PHYSIOLOGY - I**

**Credits**

Total = 03 | Theory = 02| Skill/Clinical = 01

On completion of this course, students will be able to:

1. Describe basic structural and functional features of the major organ systems within the human body.
2. Define basic biological processes essential for maintenance of homeostasis.
3. Describe key physiological processes as they relate to health assessment and care in midwifery practice.
4. Relate the basic anatomy & physiology concepts to the midwifery care of clients.
5. Correlate specific structural features of human cells, tissues, organs, and systems of the human body with their normal functions, and identify the changes that occur during human development, ageing and disease.

Course Content	MCQs	SEQs
<p><b>Unit I: Introduction to the Body as a Whole</b></p> <ul style="list-style-type: none"> <li>• At the completion of this unit, learners will be able to:</li> <li>• Define the term Anatomy &amp; Physiology (A&amp;P)</li> <li>• Understand the relationship between A&amp;P</li> <li>• Define level of organization of the body</li> <li>• Define anatomical position</li> <li>• Describe the various body planes.</li> <li>• Define the body cavities.</li> <li>• Discuss body cavities and list the organs lying within each cavity</li> <li>• Identify abdominal pelvic region &amp; quadrant</li> <li>• Identify the organs present in Nine (9) abdomino pelvic regions.</li> <li>• Briefly discuss the importance of abdomino pelvic quadrants and regions.</li> </ul>	3	1
<p><b>Unit II: Homeostasis &amp; Adaptation</b></p> <ul style="list-style-type: none"> <li>• At the completion of this unit, learners will be able to:</li> <li>• Define the term homeostasis</li> <li>• Discuss the factors which effect homeostasis</li> <li>• Define feedback mechanism and its components.</li> <li>• Discuss the role of feedback mechanisms in maintenance of homeostasis with examples</li> </ul>	2	1

Course Content	MCQs	SEQs
<p><b>Unit III: Cell, Tissues &amp; Membrane</b></p> <p>At the completion of this unit, learners will be able to:</p> <ol style="list-style-type: none"> <li>Describe the structure and functions of a cell</li> <li>Discuss the process of cell division i.e. mitosis and meiosis.</li> <li>Briefly discuss the importance of mitosis &amp; meiosis.</li> <li>Classify the tissues of the body on the basis of structure, location and function into the following four major types. <ul style="list-style-type: none"> <li>Epithelial tissue</li> <li>Connective tissue</li> <li>Muscle tissue</li> <li>Nervous tissue</li> </ul> </li> </ol>	02	01
<p><b>Unit IV: The Skeletal System</b></p> <p>At the completion of this unit, learners will be able to:</p> <ol style="list-style-type: none"> <li>Define skeletal system</li> <li>Discuss the structure, types and functions of bone</li> <li>List the functions of the skeletal system</li> <li>Identify the bones of axial &amp; appendicular skeleton</li> <li>Describe the various markings on the surface of bones</li> <li>Describe the bones of: <ul style="list-style-type: none"> <li>The skull <ul style="list-style-type: none"> <li>Vertebral column</li> <li>The rib cage or chest</li> <li>Pectoral girdle and upper extremity</li> <li>Pelvic girdle and lower extremity</li> </ul> </li> <li>Briefly discuss the difference between male &amp; female pelvis</li> </ul> </li> </ol>	05	02
<p><b>Unit V: The Joints</b></p> <ol style="list-style-type: none"> <li>At the completion of this unit, learners will be able to:</li> <li>Define the term joint.</li> <li>List three types of joints i.e. <ul style="list-style-type: none"> <li>Fibrous</li> </ul> </li> </ol>	02	01

Course Content	MCQs	SEQs
<ul style="list-style-type: none"> <li>• Cartilaginous</li> <li>• Synovial</li> </ul> <ol style="list-style-type: none"> <li>4. Describe the common characteristic features of a synovial joint.</li> <li>5. List the types of synovial joints.</li> <li>6. Discuss the types of movements possible at synovial joints.</li> </ol>		
<p><b>Unit VI: The Muscular System</b></p> <p>At the completion of this unit, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Define <ul style="list-style-type: none"> <li>the</li> <li>following</li> <li>terms</li> <li>fascia,</li> <li>epimysium</li> <li>perimysium, endomysium, tendons and aponeurosis</li> </ul> </li> <li>2. Describe the location and function of major muscles of: <ul style="list-style-type: none"> <li>• The neck</li> <li>• The face</li> <li>• The back</li> <li>• The arms</li> <li>• The legs</li> </ul> </li> </ol>	4	1

Course Content	MCQs	SEQs
<p><b>Unit VII: Integumentary System (Skin, Nail &amp; Hair)</b>            At the completion of this unit, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe the structure of two layers of skin               <ul style="list-style-type: none"> <li>• Epidermis</li> <li>• Dermis</li> </ul> </li> <li>2. Briefly discuss the structure &amp; function of skin derivatives.               <ul style="list-style-type: none"> <li>• Sweat gland</li> <li>• Sebaceous gland</li> <li>• Hair</li> <li>• Nail</li> </ul> </li> <li>3. Discuss the following functions of skin               <ul style="list-style-type: none"> <li>• Protection</li> <li>• Regulation of body temperature</li> <li>• Sensation</li> <li>• Absorption</li> <li>• Excretion</li> </ul> </li> </ol>	02	
<p><b>Unit VIII: The Cardiovascular System</b>            At the completion of this unit, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Define blood and list its functions</li> <li>2. Describe the composition, sites of production and functions of cellular parts of blood and plasma</li> <li>3. Briefly explain the ABO blood groups &amp; Rh factor.</li> <li>4. Explain the structure and function of:               <ul style="list-style-type: none"> <li>• Arteries</li> <li>• Veins &amp; Capillaries</li> </ul> </li> <li>5. Describe the location, structure and functions of the heart and its great blood vessels.</li> <li>6. Discuss the blood flow through the heart</li> <li>7. Describe the structure and functional features of the conducting system of the heart.</li> <li>8. Describe the principle events of a cardiac cycle.</li> <li>9. Describe the following types of blood circulation:               <ul style="list-style-type: none"> <li>• Pulmonary circulation</li> <li>• Systemic circulation (coronary &amp; hepatic portal circulation).</li> </ul> </li> </ol>	05	02
<p><b>Unit IX: The Lymphatic System</b>            At the completion of this unit, learners will be able to:</p> <ol style="list-style-type: none"> <li>1. Define lymph &amp; the lymphatic system</li> <li>2. Identify the organs of lymphatic system</li> <li>3. Describe the general functions of the lymphatic system</li> </ol>	01	1

Course Content	MCQs	SEQs
4. Describe how lymph is formed 5. Describe the lymph vessels & how lymph is returned to the blood vessels 6. Describe the structure and functions of the lymph nodes, nodules, spleen and the thymus glands		
<b>Unit X: The Digestive System</b> At the completion of this unit, learners will be able to: <ol style="list-style-type: none"> <li>1. define the digestive system and list its functions</li> <li>2. Identify the various organs of digestive system</li> <li>3. Describe the anatomy &amp; physiology of digestive organs</li> <li>4. Discuss the role of accessory organs in digestion</li> <li>5. Discuss digestion of food with in               <ul style="list-style-type: none"> <li>• Mouth</li> <li>• Stomach</li> <li>• Small intestines</li> <li>• Large intestines</li> </ul> </li> <li>6. Discuss the absorption of nutrients in the digestive system</li> <li>7. Discuss the process of defecation</li> </ol>	04	1
<b>TOTAL</b>	30	06

**Recommended Instructional / Reading Materials:**

1. Snell, Richard S. (2018). Clinical anatomy by regions (10th). Baltimore, MD: Wolters Kluwer/Lippincott Williams & Wilkins
2. Laiq Hussain (2023) Medical Histology Text and Atlas (8th Ed)
3. Agur, M.R. and F.D. Arthur. (2020). Grant's Atlas of Anatomy; (15<sup>th</sup>). Lippincott Williams and Wilkins, New York, U.S.A.
4. Waugh, Anne, Grant, Allison. (2023). *Ross and Wilson anatomy and physiology in health and illness* (14<sup>th</sup>). Toronto: Churchill Livingstone/Elsevier.

## COURSE TITLE: ANATOMY AND PHYSIOLOGY - II

**Credits**

Total = 03 | Theory = 02| Skill/Clinical = 01

This course is a continuation of Anatomy & Physiology I. this introduces learners to the structures and functions of the human body. Knowledge of Anatomy & Physiology will provide a better understanding and integration to theoretical & clinical practice in nursing care situation.

On completion of this course, students will be able to:

1. Describe the major anatomical components of each human body system studied, briefly describe their anatomical locations and general structures, and explain their physiological functions at both the organ and cellular levels.
2. Discuss the role of homeostasis in maintaining normal body functioning.
3. Describe the regulation of the human body and explain how body systems studied are integrated.
4. Relate the basic anatomy & physiology concepts to the midwifery and nursing care of clients.

Course Content:	MCQs	SEQs
<b>Unit I: Skeletal and Muscular Systems:</b> Bone physiology, muscle physiology, contraction, posture Describe structure and function of bones and muscles; explain muscle physiology and posture control.	1	1
<b>Unit II: Cardiovascular System:</b> Blood, cardiac cycle, blood pressure, circulation  Explain heart function, cardiac conduction, and physiological mechanisms of circulation.	2	1
<b>Unit III: Respiratory System:</b> At the end of this unit learners will be able to: <ol style="list-style-type: none"> <li>1. Define respiratory system.</li> <li>2. Define respiration.</li> <li>3. Describe the structure and the function of following                             <ul style="list-style-type: none"> <li>The upper respiratory tract (Nose, Pharynx, Larynx)</li> <li>□ The lower respiratory tract (Trachea, Bronchial tree, lungs)</li> </ul> </li> <li>4. Discuss the physiology of respiration by explaining the</li> </ol>	6	1

Course Content:	MCQs	SEQs
mechanism of <ul style="list-style-type: none"> <li>□ Pulmonary Ventilation</li> <li>□ External Respiration</li> <li>□ Internal Respiration</li> </ul> 5. Discuss nervous control of respiration 6. Briefly discuss the lung volumes & capacities		
<b>Unit IV: Digestive System:</b> Digestion, absorption, metabolism  Describe physiological processes in digestion and nutrient absorption.	2	1
<b>Unit V: Urinary System:</b> At the end of this unit learners will be able to: <ol style="list-style-type: none"> <li>1. Define the Urinary System.</li> <li>2. List the organs of Urinary system</li> <li>3. Discuss the location of the kidney.</li> <li>4. Discuss kidneys in terms of external anatomy, gross structure &amp; microscopic structure.</li> <li>5. Describe the role of each component of nephron in terms of filtration, selective reabsorption &amp; secretion involved in the formation of urine.</li> <li>6. Briefly discuss the role of kidney in maintaining water and electrolyte balance.</li> <li>7. Discuss the structure and functions of               <ul style="list-style-type: none"> <li>□ Ureters</li> <li>□ Urinary bladder</li> <li>□ Urethra</li> </ul> </li> <li>8. Briefly explain the process of micturition</li> </ol>	4	1
<b>Unit VI: Reproductive System</b> At the end of this unit learners will be able to: <ol style="list-style-type: none"> <li>1. Define Reproduction</li> <li>2. Define Reproductive System.</li> <li>3. List the function of male &amp; female reproductive system</li> <li>4. Categorize the Female Reproductive organs into:               <ul style="list-style-type: none"> <li>□ Essential organs</li> <li>□ Accessory organs</li> </ul> </li> <li>5. Discuss the location and structure of Female External Genitalia (VULVA).</li> <li>6. Describe the location, Structure &amp; function of</li> </ol>	8	1

Course Content:	MCQs	SEQs
<p>Female</p> <p>Internal Genitalia</p> <p>7. Discuss the Female Reproductive Cycles (ovarian and menstrual cycles)</p> <p>8. Categorize the male reproductive organs into</p> <ul style="list-style-type: none"> <li>• Essential organs</li> <li>• Accessory organs</li> </ul> <p>9. Location and structures involved in the male reproductive system.</p> <p>10. Describe the structure and function of testis and accessory organs.</p>		
<p><b>Unit VII: Endocrine System:</b></p> <p>1. Define Endocrine system</p> <p>2. Identify Endocrine glands and Endocrine tissues present in the body</p> <p>3. Discuss types of Hormones, target cells, target organ</p> <p>4. Briefly discuss Mechanism of Action of Hormone (protein and steroids)</p> <p>5. Discuss the location and structure of pituitary gland.</p> <p>6. Discuss the role of hypothalamic hormones in the regulation of pituitary gland secretions.</p> <p>7. Discuss the function of the hormones secreted by anterior and posterior pituitary gland.</p> <p>8. Briefly discuss the structure, function &amp; hormones of the following glands</p> <ul style="list-style-type: none"> <li>• Thyroid</li> <li>• Para Thyroid</li> <li>• Pineal</li> <li>• Adrenal</li> <li>• Pancreas</li> </ul>	4	1
<p><b>Unit VIII: Nervous System:</b></p> <p>At the end of this unit learners will be able to:</p> <p>1. Define Nervous system.</p> <p>2. Briefly discuss organization of Nervous system.</p> <p>3. Describe the structure and function of Neuron and neuroglia.</p> <p>4. Define nerve &amp; its types.</p> <p>5. Identify the principle parts of the brain i.e. Hind brain, Mid brain &amp; Fore brain.</p>	2	1

<b>Course Content:</b>	<b>MCQ S</b>	<b>SEQ S</b>
<ol style="list-style-type: none"> <li>6. Describe the three meninges covering the brain &amp; spinal cord.</li> <li>7. Identify the ventricles of the brain.</li> <li>8. Briefly explain the formation, circulation, reabsorption &amp; functions of cerebrospinal fluid (CSF).</li> <li>9. Describe the structure of cerebrum in terms of: <ul style="list-style-type: none"> <li>• Lobes (sulci and gyrus)</li> <li>• Functional areas</li> </ul> </li> <li>10. Discuss the structure &amp; function of: <ul style="list-style-type: none"> <li>• Brain stem (Mid brain, pons &amp; medulla oblongata)</li> <li>• Cerebellum</li> </ul> </li> <li>11. Discuss the general &amp; gross sectional structure of the spinal cord.</li> <li>12. Describe reflex arc.</li> <li>13. Discuss the distribution of the spinal nerves and spinal plexus.</li> <li>14. Discuss the cranial nerves in terms of: <ul style="list-style-type: none"> <li>• Central connection</li> <li>• Peripheral connection</li> <li>• Functions</li> </ul> </li> <li>15. Define Autonomic Nervous System</li> <li>16. Discuss the sympathetic and Para sympathetic Nervous system.</li> </ol>		

<b>SKILLS</b>	<b>OSCE</b>
<ul style="list-style-type: none"> <li>• Demonstration of muscle contraction on models.</li> <li>• Study of pulse and blood pressure measurement.</li> <li>• Observation of respiratory rate and lung capacity using models.</li> <li>• Study of reflexes and sensory responses.</li> <li>• Case-based discussion on endocrine and reproductive physiology</li> <li>• Basic anatomy &amp; physiology concepts to the midwifery and nursing care of clients</li> </ul>	3-4

**Recommended Instructional / Reading Materials:**

1. Snell, Richard S. (2018). Clinical anatomy by regions (10th). Baltimore, MD: Wolters

Kluwer/Lippincott Williams & Wilkins

2. Laiq Hussain (2023) *Medical Histology Text and Atlas* (8th Ed)
3. Agur, M.R. and F.D. Arthur. (2020). *Grant's Atlas of Anatomy*; (15<sup>th</sup>). Lippincott Williams and Wilkins, New York, U.S.A.
4. Waugh, Anne, Grant, Allison. (2023). *Ross and Wilson anatomy and physiology in health and illness* (14<sup>th</sup>). Toronto: Churchill Livingstone/Elsevier.
5. Hall, J. E. (2020). *Guyton and Hall textbook of medical physiology* (14<sup>th</sup>). Elsevier.

## Course Title: Biochemistry for Midwives

Credits

Total = 03 | Theory = 02 | Skill/Clinical = 01

At the end of the course students will be able to:

1. Describe the basics of organic chemistry with emphasis on the biomolecules and reactions encountered in the biochemistry of proteins, carbohydrates, lipids, enzymes, and hormones.
2. Perform experiments to study the chemical & physical properties of biomolecules.
3. Relate the basic knowledge of biochemistry for a better understanding of the physiological functions of the human body.

**Learning Outcomes/Objectives:** By the end of this course, students will be able to:

1. Students will be able to apply chemical principals to biological phenomena.
2. They will develop knowledge of the structure and function of the major classes of biological molecules and their role in cellular structure, function and bioenergetics.
3. They will know the clinical outcomes of any change in the structure and functions of these biological molecules.

Course Content:	MCQs	SEQs
<p><b>Unit I: Basic concepts of Chemistry</b> Discuss the importance of chemistry in Midwifery. Also review the concepts that would help in better understanding of the following units <b>Basic concepts of Organic Chemistry</b> Explain how organic chemistry is important in daily life &amp; in midwifery practice. After the completion of this unit students will be able to:</p> <ol style="list-style-type: none"><li>1. Recognize the importance of organic compounds.</li><li>2. Discuss properties of organic and inorganic compounds.</li><li>3. Describe the classification of organic compounds.</li><li>4. Differentiate the type of hydrocarbons.<ul style="list-style-type: none"><li>○ Saturated</li><li>○ Unsaturated</li></ul></li><li>5. Describe the molecular composition of:<ul style="list-style-type: none"><li>○ Carbohydrates</li><li>○ Fats</li><li>○ Proteins</li><li>○ Nucleic acid</li></ul></li><li>6. List the functional groups that is alcohol, ethers</li></ol>	02	01

<b>Course Content:</b>	<b>MCQs</b>	<b>SEQs</b>
aldehydes, ketones, acids, esters, amines, amino acids, and amides. 7. Write equations for the formations of alkene, alkanes, aldehydes, ketones, acids, esters, amines and amides. 8. Discuss the biologic importance of various aldehydes, ketones, acids, esters, amines, amides. 9. Distinguish between primary, secondary and tertiary amines. 10. Explain the structure of amino acid ( $\alpha$ -amino acid ). 11. Discuss isomerism with at least two examples.		
<b>Course Content:</b>	<b>MCQs</b>	<b>SEQs</b>
<b>Unit II: Chemistry of Carbohydrates</b> Describe the structure, properties & functions of Carbohydrates After the completion of this unit students will be able to: <ol style="list-style-type: none"> <li>1. Define carbohydrates.</li> <li>2. Describe the general structure of carbohydrates.</li> <li>3. Explain the classification of carbohydrate.</li> <li>4. Compare the three major classes of carbohydrates that is mono saccharide, disaccharide and polysaccharide.</li> <li>5. Discuss the biological significance of carbohydrates</li> </ol>	<b>3</b>	<b>1</b>
<b>Course Content:</b>	<b>MCQs</b>	<b>SEQs</b>
<b>Unit III: Chemistry of Lipids</b> Describe the functions & structure of lipids .After the completion of this unit students will be able to: <ol style="list-style-type: none"> <li>1. Describes the structure and general properties of lipids and fatty acids.</li> <li>2. Discuss the classification of lipids that is simple, compound &amp; derived lipids.</li> <li>3. Distinguish between saturated and unsaturated fats</li> <li>4. Distinguish between soap and detergents.</li> <li>5. Explain briefly the role of phospholipids in cell membranes.</li> <li>6. Role of steroids (cholesterol )</li> </ol>	<b>3</b>	<b>1</b>
<b>Unit IV: Chemistry of Proteins</b> Describe the structure, functions & properties of proteins. After the completion of this unit students will be able to: <ol style="list-style-type: none"> <li>1. Discuss the general structure of amino acids.</li> <li>2. Discuss the following               <ol style="list-style-type: none"> <li>a. Essential and non essential amino acid.</li> <li>b. Polar and non polar amino acid</li> <li>c. Zwitter ion</li> </ol> </li> </ol>	<b>5</b>	<b>1</b>

Course Content:	MCQs	SEQs
3. Describe classification of proteins according to solubility, composition, function and shape. 4. Explain the significance of protein denaturation. 5. Discuss the structure of dipeptides and tripeptides. 6. Describe the primary, secondary, tertiary and quaternary structure of protein. 7. Amino acids, structure of proteins 8. Globular proteins, hemoglobin, myoglobin, Hemoglobinopathies, xenobiotic		
<b>Unit V: Carbohydrate metabolism</b> 1. Glycolysis, TCA (Tricarboxylic acid cycle) 2. Gluconeogenesis, Glycogen metabolism, metabolism of monosaccharide and disaccharides, Pentose phosphate shunt, 3. Glycosaminoglycan and Glycoproteins 4. . Discuss the overall scheme of carbohydrate metabolism 5. Carbohydrate metabolism disorders	02	01
<b>Unit VI: Dietary lipid metabolism</b> Explains the metabolism of lipids & fats. After the completion of this unit students will be able to 1. Fatty acid triacylglycerol metabolism 2. Complex lipid metabolism 3. Cholesterol and sterol metabolism. 4. Lipid metabolism disorders	02	01
<b>Unit VII: Protein Metabolism</b> 1. Disposal of nitrogen, amino acid degradation and synthesis, 2. conversion of amino acids to specialized product and amino acid metabolism disorders 3. Review the digestion and absorption of Proteins Nitrogen balance General pathway of Protein metabolism De-amination	02	01
<b>Unit VIII: Vitamins, nutrition, obesity and diabetes mellitus</b>	03	01
<b>Unit IX: Enzymes</b> 1. Classifications, functions, 2. Regulation and diagnostic significance, 3. Michaelis Menten equation. 4. Discuss the mode function of steroid & peptides hormones. 5. To become familiar with the cardiac, pineal and	03	01

<b>Course Content:</b>	<b>MCQs</b>	<b>SEQs</b>
gastrointestinal hormones. <b>Unit X: Fibrous proteins</b> 1. Collagen and elastin synthesis and their disorders, Hormones.		
<b>Unit XI: Cell</b> 1. Cell structure, 2. Cell to cell signaling and cytoskeleton, 3. Receptors 4. Water and PH balance, 5. The feed/fast cycle, 6. Metabolic effects of insulin and glucagon. 7. Nucleotide metabolism	02	01
<b>Unit XII: DNA and RNA</b> 1. DNA structure, replication and repair, 2. RNA structure synthesis and processing, 3. Protein synthesis, 4. Regulation of gene expression, 5. Biotechnology and human disease	03	01

**Recommended Books / Reading Materials:**

1. Ferrier, Denise R. (2021). Lippincott Illustrated Reviews: Biochemistry (8<sup>th</sup>) Philadelphia, PA: Wolters Kluwer Health. Chicago Style.
2. Rodwell, Victor W, Bender, David A, Botham, Kathleen M, Kennelly, Peter J, Weil, Anthony P. (2022). *Harper's Illustrated Biochemistry* (32nd). New Delhi: Mc Graw Hill

**Course Title: Pharmacology for Midwives - I**

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**Credits** Total = 03 | Theory = 02| Skill/Clinical = 01

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Upon completion of this course, the student will be able to:

1. Apply pharmacotherapeutic management principles in the context of midwifery primary care.
2. Describe the mechanism of action of the drugs commonly used by women during pregnancy, labour, birth, and the postnatal period.
3. Apply knowledge of the quality use of medicines issues associated with midwifery

practice, including prescribing.

4. Demonstrate the ability to make informed and autonomous decisions about therapeutic responses and interventions that are based on clinical judgment, scientific evidence, and safety of the childbearing woman and/or neonate within the context of the Prescribing Competencies Framework.
5. Describe the pharmacokinetic and pharmacodynamic changes to women in pregnancy, labour, birth, and the postnatal period.
6. Demonstrate woman-centred communication skills about medication used across the midwifery continuum to ensure informed decision making by the childbearing woman.

Course Content	MCQs	SEQs
<b>Unit I: Introduction to Pharmacology</b> <ol style="list-style-type: none"> <li>1. Discuss the terminologies related to pharmacology</li> <li>2. Discuss the history of pharmacology briefly</li> <li>3. Identify the purposes of medication</li> <li>4. Identify the source of medication</li> <li>5. Discuss the classification of drugs</li> <li>6. Describe the three types of drug supply system.</li> <li>7. Discuss the drugs standards and legislation.</li> <li>8. Identify resource to collect and utilize drug information.</li> <li>9. Learn to prepare drugs cards</li> </ol>	05	1
<b>Unit II: Drugs used to prevent and treat infection</b> <ol style="list-style-type: none"> <li>1. Define the most used drug category that is used to prevent and treat infections including antibiotics, antifungal, antiphlastic, antimalarial and antiviral drugs.</li> <li>2. Briefly discuss action and effects of selected drug category.</li> <li>3. List some of the most commonly used drugs for each drug category.</li> <li>4. Discuss the nursing measures/patient education which can be taken if patient is using to treat and prevent infections.</li> </ol>	02	0
<b>UNIT III: Drugs Affecting the Gastrointestinal System</b> <ol style="list-style-type: none"> <li>1. Discuss common symptoms / disorders for which gastrointestinal drugs are used</li> <li>2. . Describe uses and effects of gastrointestinal drugs</li> <li>3. Describe the classification and action of drugs on the body</li> <li>4. . Identify the expected and adverse reactions of gastrointestinal drugs</li> </ol>	06	1

Course Content	MCQs	SEQs
5. . Discuss the nursing responsibility related to gastrointestinal drugs 6. Calculate the drugs dosage accurately.		
<b>Unit III:</b> Drugs used in pregnancy – analgesics, antibiotics, tocolytics,	4	1
<b>Unit IV:</b> Drugs used in labor and postpartum – oxytocics, analgesia.	4	1
<b>Unit V:</b> Pharmacokinetics in pregnancy – absorption, distribution changes.	3	1
<b>Unit VI:</b> Safe prescribing – interactions, contraindications in pregnancy.	3	1
<b>Unit VI:</b> Patient counseling – explaining medications to women.	3	0

### Reading Materials

Whalen. K., (2022). Lippincott Illustrated Reviews: Pharmacology (8th). Philadelphia: Lippincott

Katzung, Bertram G., (2018). Basic & clinical pharmacology (14th). New York: McGraw-Hill

Top 100 Drugs in Midwifery & Women's Health First Edition Heidi Collins Fantasia, PhD, WHNP-BC, RN ISBN:9781284182538 © 2021 298 pages

## Course Title: Pharmacology for Midwives - II

**Credits**

Total = 03 | Theory = 02 | Skill/Clinical = 01

Upon completion of this course, the student will be able to:

1. Demonstrate understanding of Drug Safety and classify drugs based on safety for pregnancy, lactation and comprehend their implications.
2. Apply pharmacokinetic principles and explain the pharmacokinetics of drugs administered to pregnant and lactating women, along with newborns.
3. Analyse effects of various drugs, assess the impact of prescribed medications, street drugs, traditional medicines, and over-the-counter drugs on pregnant women, lactating women, and foetuses.
4. Proficiently use lifesaving drugs and identify when to use critical life-saving drugs like antibiotics, anticonvulsants, antimalarials, and antiretrovirals.
5. Identify commonly used medications in obstetric, midwifery, and newborn care, understanding their applications and associated risks.
6. Understand mechanisms of medications, explain the effects, and metabolic excretion of medications commonly used in obstetric, midwifery, and newborn care.
7. Identify the legal requirements and limitations of the midwifery license regarding the use of medications and IV administration in Pakistan.

Course Content	MCQs	SEQs
<ol style="list-style-type: none"><li>1. Define and classify drugs according to their safety profiles during pregnancy and lactation.</li><li>2. Describe the pharmacokinetic changes in pregnant and lactating women, and the implications for drug absorption, distribution, metabolism, and excretion.</li><li>3. Explain the mechanisms of action, indications, and potential risks of commonly used medications in obstetric, midwifery, and newborn care.</li><li>4. Apply pharmacokinetic principles to determine appropriate dosing and selection of medications for pregnant women, lactating mothers, and neonates.</li><li>5. Identify and select appropriate drugs for critical maternal and neonatal emergencies, including antibiotics, anticonvulsants, antimalarials, and antiretroviral</li><li>6. Critically appraise the risks versus benefits of drug use in specific clinical scenarios involving pregnant and lactating patients.</li></ol>	30	6

Course Content	MCQs	SEQs
7. Evaluate the legal and ethical considerations regarding drug prescription and IV administration by midwives within the regulatory framework of Pakistan. 8. Formulate evidence-based medication plans for maternal and neonatal care that integrate safety classifications, pharmacokinetic principles, and legal guidelines. 9. Legislation – PNMC rules on midwives and medications 10. Counseling on drug use – guidance for pregnant women		

### Reading Materials

Whalen. K., (2022). Lippincott Illustrated Reviews: Pharmacology (8th). Philadelphia: Lippincott

Katzung, Bertram G., (2018). Basic & clinical pharmacology (14th). New York: McGraw-Hill

Top 100 Drugs in Midwifery & Women's Health First Edition Heidi Collins Fantasia, PhD, WHNP-BC, RN ISBN:9781284182538 © 2021 298 pages

**COURSE TITLE: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS & IMMUNIZATION**

**Credits**

Total = 03|Theory=1.5|Skill/Clinical=0.5/1.5

Upon completion of this course, the student will be able to:

1. Accurately diagnose common childhood illnesses using integrated assessment methods, considering clinical symptoms and diagnostic tools.
2. Apply evidence-based practices for the integrated management of childhood illnesses, including medical, nutritional, and psychosocial interventions.
3. Administer and manage immunization programs following established protocols and schedules to ensure the safety and efficacy of vaccines.
4. Communicate effectively to educate parents and caregivers on the importance of childhood immunization, illness prevention, and early symptom recognition.
5. Work collaboratively within healthcare teams to ensure integrated care for children, considering broader health determinants.
6. Develop strategies to engage communities in understanding and participating in childhood immunization programs, fostering proactive community health approaches.

Topic Detail	MCQs	SE Qs
<ol style="list-style-type: none"> <li>1. Define the key concepts, principles, and components of the IMCI strategy as recommended by WHO/UNICEF.</li> <li>2. Describe the national immunization schedule, cold chain system, and standard immunization protocols in Pakistan.</li> <li>3. Explain the clinical features, diagnostic criteria, and classification of common childhood illnesses.</li> <li>4. Discuss the importance of early diagnosis, appropriate case management, and immunization in reducing child morbidity and mortality.</li> <li>5. Apply IMCI guidelines to assess, classify, and manage common childhood illnesses.</li> <li>6. Demonstrate correct procedures for vaccine preparation, administration, and safe injection practices according to EPI standards.</li> <li>7. Utilize growth charts, immunization cards, and case recording tools effectively in clinical decision-making.</li> <li>8. Analyze clinical findings, caregiver reports, and contextual factors to differentiate between mild, moderate, and severe</li> </ol>	15	03

Topic Detail	MCQs	SE Qs
<p>childhood illnesses.</p> <ol style="list-style-type: none"> <li>9. Identify barriers to immunization coverage, including caregiver misconceptions, logistical challenges, and systemic gaps.</li> <li>10. Evaluate the effectiveness of IMCI and immunization interventions through follow-up assessments and community health indicators.</li> <li>11. Assess caregiver knowledge, attitudes, and practices regarding childhood illness prevention and immunization, and provide targeted feedback.</li> <li>12. Develop integrated care plans for sick children, combining medical management with nutritional, psychosocial, and preventive interventions.</li> <li>13. Design community engagement and health education strategies to improve immunization uptake and early illness recognition.</li> <li>14. Collaborate with multidisciplinary teams to coordinate referral, follow-up, and preventive services for child health at primary care and community levels.</li> </ol>		
<p><b>Unit II: Immunization</b></p> <ol style="list-style-type: none"> <li>1. Introduction to Expanded Program For Immunization (EPI)</li> <li>2. Review Types of immunity</li> <li>3. Define Tropical and communicable diseases</li> <li>4. Vaccine preventable diseases</li> <li>5. Types of vaccines</li> <li>6. Preparation and administration of vaccines</li> <li>7. Vaccine Schedule</li> <li>8. Contra indications and side effects of vaccines</li> <li>9. Preparation for an immunization session</li> <li>10. Storage of vaccine</li> <li>11. Role of a midwife in maintaining of Cold Chain</li> <li>12. Motivation for immunization in the community</li> <li>13. Health education in an immunization program</li> <li>14. Post vaccination teaching and Health education in an immunization program</li> </ol>	08	02

**Reading Materials**

**COURSE TITLE: HEALTH ASSESSMENT FOR MIDWIVES**

**Credits**

Total = 03|Theory=1.5|Skill/Clinical=01/0.5

By end of the course, students will be able to

1. Demonstrate competence in history taking and consultation skills.
2. Demonstrate competence in techniques of inspection, palpation, percussion, and auscultation as part of physical assessment.
3. Demonstrate a comprehensive health assessment of the patient/client's physical, psychological, and social needs.
4. Differentiate normal physiological alterations from pathological findings.
5. Collect and accurately record the patients'/client's current health status and document effectively.

Course Content	MCQs	SEQs
<p><b>Unit I: Introduction to Health Assessment Concepts</b></p> <ol style="list-style-type: none"> <li>1. Discuss the need for health assessment in Midwifery program</li> <li>2. Explain the concepts of health, assessment, data collection, and diagnosis.</li> <li>3. Identify types of health assessments</li> <li>4. Document health assessment data using a problem-oriented approach.</li> </ol>	2	0
<p><b>Unit II: Interviewing Skills and Health History</b></p> <ol style="list-style-type: none"> <li>1. Explain the purpose, process &amp; principles of interviewing.</li> <li>2. Describe the content and format used to obtain a health history.</li> <li>3. Discuss the process of investigating positive findings during the health history.</li> <li>4. Practice obtaining and recording a client health history.</li> <li>5. Practice utilizing therapeutic skills with a learner's partner.</li> <li>6. Identify strengths and weaknesses via observation of a videotaped interaction and self/peer analysis.</li> <li>7. Interview patient in clinical and collect feedback from colleagues and faculty about use of therapeutic communication</li> </ol>	3	1

Course Content	MCQs	SEQs
<p><b>Unit III: Introduction to Physical Examination (PE) and the General Survey</b></p> <ol style="list-style-type: none"> <li>1. Identify the general principles of conducting an examination.</li> <li>2. Identify the equipment needed to perform a physical examination.</li> <li>3. Describe the appropriate use &amp; technique of inspection, palpation, percussion &amp; auscultation.</li> <li>4. Discuss the procedure &amp; sequence for performing a general assessment of a client.</li> <li>5. Discuss the guidelines for documenting physical examination.</li> <li>6. Document the PE findings of patients in PE documentation sheet on an ongoing basis.</li> </ol>	4	1
<p><b>Unit IV: Assessment of the Skin, Head &amp; Neck</b></p> <ol style="list-style-type: none"> <li>1. Describe the component of health history that should be elicited during the assessment of skin, head &amp; neck.</li> </ol>	3	0
<p><b>Assessment of Respiratory system</b></p> <ol style="list-style-type: none"> <li>1. Describe the components of health history that should be elicited during assessment of respiratory system.</li> <li>2. Describe the following: <ol style="list-style-type: none"> <li>a. Chest contour and symmetry</li> <li>b. Respiratory rate and pattern</li> <li>c. Tactile fremitus</li> <li>d. Chest expansion</li> <li>e. Density of lung fields</li> <li>f. Diaphragmatic excursion</li> </ol> </li> <li>3. Auscultated lung sounds</li> <li>4. Assess the respiratory system including inspection, palpation, percussion and auscultation.</li> <li>5. Document findings.</li> </ol> <p>List the changes in respiratory system that are characteristics of aging process.</p>	3	
<p><b>Unit V: Assessment of the Eyes, &amp; Ears</b></p> <ol style="list-style-type: none"> <li>1. Identify the component of health history necessary for the examination of eye &amp; ear.</li> <li>2. Describe the following: <ol style="list-style-type: none"> <li>a. Eye structure and position</li> <li>b. Upper and lower eyelids</li> <li>c. Gross visual perception</li> <li>d. Characteristics of the cornea, sclera, pupil, and lens fundi.</li> <li>e. Peripheral fields</li> </ol> </li> </ol>	4	0

Course Content	MCQs	SEQs
f. Color, shape, and location of auricle g. External ear canal and tympanic membrane h. Gross hearing 3. Perform the examination of eye and ear of a healthy patient. 4. Document findings. 5. List the changes in eye and ear that are characteristics of aging process.		
<b>Unit VI: Assessment of an Elderly Client</b> 1. Describe the variations in history taking for an elderly client. 2. Differentiate health assessment variations for elderly clients. 3. Identify any differing examination techniques or skills for elderly client	2	01
<b>Unit VII: Assessment of Pediatric Client</b> 1. Describe the component of a thorough pediatric history, including differences for developmental levels. 2. Differentiate health assessment norms for infants, and children. 3. Identify common examination techniques/skills for pediatric health assessment	2	1
<b>Total Marks</b>	<b>23</b>	<b>04</b>

Sr. No	List of Skills	OSCE/OSPE
1	Health History taking and interview skills	<b>03</b>
2	Assessment of pregnant woman	
3	Assessment of Nose, Mouth & Pharynx	
4	Assessment of Abdomen, Anus & Rectum	
5	Assessment of Breast, axilla & Genitalia	
6	Assessment of elderly person	

### Reading Materials

- Bicklay, L. S. (1999). Bates' guide to physical examination and History taking (7th ed). Philadelphia: J. B. Lippincott.
- Cox, C. H. (1997). Clinical applications of nursing diagnosis (3rd ed). DeGowin, R. L., & Brown, D. D. (2000). Degowin's diagnostic examination (7th ed.). New York:

McGraw-Hill.

- Fuller, J. & Schaller Ayers, J. (2000). Health Assessment: A Nursing approach. (3<sup>rd</sup> ed.). Philadelphia: J. B. Lippincott.
- Jarvis, C. (1996). Physical examination & health assessment (2nd ed).Philadelphia: Saunders.
- McFarland, G. K, et. al. (1997). Nursing diagnosis and intervention planning for patient care chapter 1 & 2 (3rd ed).
- Munro, J. F., & Campbell, I. W. (2000). Macleod's clinical examination (10th ed). Edinburgh: Churchill Livingstone.
- Thompson, B. (1991). Clinical manual of health assessment. (4th ed).St. Louis: Mosby. 112 9.
- Weber, J. R. (2001). Nurses' handbook of health assessment (4th ed). Philadelphia: Lippincott.
- Wilson, S. F; Giddens J. F. (2001). Health assessment for nursing practice (2nd ed).St. Louis: Mosby

## CARE FOR PREGNANCY (PRE-CONCEPTION & ANTENATAL) – I

**Credit Hours:** 4 (Theory: 2; Clinical: 2).

**Learning Objectives:** Students will be able to:

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### Credits

Total = 04 | Theory=02|Skill/Clinical=03

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By end of the course, students will be able to

1. Demonstrate clinical expertise in the management of pre-pregnancy, antenatal and postnatal care with low levels of complexity.
2. Demonstrate clinical expertise in consultation with a specialist in the management of all levels of intrapartum care and in pre-pregnancy, antenatal, and postnatal care with moderate levels of complexity.
3. Demonstrate clinical expertise in the management of early gynaecological cancer diagnosis/screening, early pregnancy complications with appropriate consultation with a specialist.
4. Demonstrate self-learning in women's health and other relevant areas of medical practice, including recognition of limits of their own knowledge and abilities.
5. Understand and explain underlying physiology and pathology, and the available assessment and management options to provide safe and effective care.

Topic Detail	MCQs	SEQs
<ol style="list-style-type: none"> <li>1. <b>Demonstrate clinical expertise</b> in managing pre-pregnancy, antenatal, and postnatal care for low-complexity cases in accordance with evidence-based midwifery protocols.</li> <li>2. <b>Consult appropriately with specialists</b> and participate in the management of moderate-complexity pregnancy and postpartum cases, ensuring timely referral and continuity of care.</li> <li>3. <b>Recognize and manage early gynecological cancers and early pregnancy complications</b>, including appropriate screening, initial diagnosis, and referral to specialists.</li> <li>4. <b>Explain the relevant physiology and pathology</b> underlying normal and complicated pregnancies, and apply this knowledge to clinical decision-making and safe care delivery.</li> <li>5. <b>Engage in self-directed learning</b> to update knowledge and skills in women's health, and recognize personal limitations to seek guidance where necessary.</li> </ol>	30	06

Topic Detail	MCQ S	SEQ S
<p>6. <b>Communicate effectively and empathetically</b> with pregnant women and their families, ensuring informed decision-making, shared care planning, and respectful maternity care</p> <p>7. <b>Conduct comprehensive antenatal examinations and counseling</b> sessions following midwifery protocols and national guidelines.</p> <p>8. <b>Perform health assessments safely and skillfully</b>, minimizing discomfort and ensuring accuracy of findings.</p> <p>9. <b>Confirm and monitor pregnancy progression</b> through all trimesters using history, examination, and recommended investigations.</p> <p>10. <b>Assess and track fetal growth and development</b> accurately using appropriate clinical tools and interpretation of investigations.</p> <p>11. <b>Identify, address, and document pregnant women's concerns</b>, developing individualized, culturally sensitive care plans collaboratively with the woman and the healthcare team.</p>		

Sr. No	List of Skills	OSCE/OSPE
1.	Obstetric history taking skills	<b>09</b>
2.	Examination of the Abdomen of pregnant lady	
3.	GPE of Pregnant Lady	
4.	Pregnancy test	
5.	Urine test for albumin & sugar	
6.	Schedule of tetanus toxiod immunization for pregnant lady	
7.	Antenatal record keeping	
8.	Preparation of pregnant lady for OGTT	
9.	Assessment of preeclampsia, Eclampsia	
10.	Immunization (EPI) Schedule	
11.	Cervical Cancer Screening Counselling	

#### **Reading material**

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>

**Course Title: Care for Pregnancy (Pre-conception & Antenatal) - II**

**Credits**

Total = 03 | Theory = 02| Skill/Clinical = 1.5

.On completion of this course, the students will be able to:

1. Integrate concepts of basic sciences and health assessment while providing care to women and baby during intrapartum period.
2. Provide high quality, culturally appropriate care during labor, incorporating principles of respectful maternity care.
3. Apply evidence-based knowledge and skills for diagnosis, interventions, and evaluation of clients during all stages of intrapartum period.
4. Identify criteria and mechanisms of referral as per facility’s policy and appraise role of midwife and other health team members during referral.

**Clinical Objectives**

1. Recognize signs of labor and address associated risk factors.
2. Prepare women effectively for a normal birthing experience.
3. Conduct comprehensive assessments of maternal and fetal well-being throughout labor, utilizing history, clinical findings, diagnostic investigations, and procedures.
4. Identify and promptly address the health needs of women during labor.
5. Apply various pain management techniques to support women in coping with labor pains.
6. Accurately document assessments and actions in the partograph as per policy.
7. Participate in admission and discharge processes, maintaining Management Information Systems (MIS) collaboratively with the healthcare team.

Course Content	MCQs	SEQs
1. Correlate physiological and anatomical changes occurring during labor and birth with clinical manifestations in women.		
2. Utilize knowledge of maternal and fetal physiology to conduct accurate assessments during different stages of labor.		
3. Interpret assessment findings to make appropriate clinical judgments and provide individualized, evidence-based care.	30	06
4. Demonstrate understanding of cultural beliefs and practices related to childbirth and integrate them appropriately into the care plan.		

Course Content	MCQs	SEQs
<ol style="list-style-type: none"> <li>5. Ensure privacy, dignity, informed choice, and active participation of women during the intrapartum period.</li> <li>6. Exhibit effective communication and empathetic interpersonal skills with women, families, and the healthcare team to foster trust and support.</li> <li>7. Identify and manage the different stages and phases of labor using updated evidence-based guidelines and protocols.</li> <li>8. Perform appropriate clinical examinations and investigations to diagnose labor, assess progress, and detect complications early.</li> <li>9. Implement timely and appropriate midwifery interventions for labor support, maternal and fetal monitoring, and management of deviations from normal.</li> <li>10. Evaluate outcomes of interventions and adjust care plans accordingly to ensure maternal and fetal safety.</li> <li>11. Recognise clinical and contextual indicators for referral in both normal and abnormal labour situations, in accordance with institutional and national policies.</li> <li>12. Understand the structure, function, and referral mechanisms within different levels of the healthcare system.</li> <li>13. Appraise and articulate the role of the midwife within the multidisciplinary team, demonstrating leadership, advocacy, and accountability in the referral process.</li> <li>14. Document and communicate referral decisions accurately, ensuring continuity and quality of care across levels of the health system.</li> <li>15. Adhere to legal, ethical, and professional standards in all aspects of intrapartum care.</li> <li>16. Practice within the scope of midwifery, recognizing limits of competence and seeking consultation when needed.</li> <li>17. Promote safe, non-interventionist, physiological birthing practices while being prepared to identify and manage complications effectively.</li> <li>18. Engage in reflective practice and continuous professional development to improve quality of care.</li> </ol>		

Sr. No	List of Skills	OSCE/OS PE
1	<ol style="list-style-type: none"> <li>1. Obstetric history taking</li> <li>2. general physical examination of pregnant woman.</li> </ol>	06

Sr. No	List of Skills	OSCE/OSPE
	3. breast examination. 4. Per abdominal examination of pregnant woman 5. foetal heart test 6. pregnancy test 7. testing urine for albumin ( by Heat Coagulation test and Biuret method) 8. Unine for reducing sugar ( by Benedict solution method) 9. Oral glucose tolerance test (OGTT) 10. Schedule of Tetanus Toxoid immunization for pregnant lady.	

### Reading material

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>

## Course Title: Care for Labor and Birth – I

**Credits**

Total=04|Theory=02| Skill/Clinical=02

On completion of this course, the students will be able to:

1. Integrate concepts of basic sciences and health assessment while providing care to women and baby during intrapartum period.
2. Provide high quality, culturally appropriate care during labor, incorporating principles of respectful maternity care.
3. Apply evidence-based knowledge and skills for diagnosis, interventions, and evaluation of clients during all stages of intrapartum period.
4. Identify criteria and mechanisms of referral as per facility's policy and appraise role of midwife and other health team members during referral.

### Clinical Objectives

Upon completion of the clinical course, the students will be able to

1. Recognize signs of labor and address associated risk factors.
2. Prepare women effectively for a normal birthing experience.
3. Conduct comprehensive assessments of maternal and fetal well-being throughout labor, utilizing history, clinical findings, diagnostic investigations, and procedures.
4. Identify and promptly address the health needs of women during labor.
5. Apply various pain management techniques to support women in coping with labor pains.
6. Accurately document assessments and actions in the partograph as per policy.
7. Participate in admission and discharge processes, maintaining Management Information Systems (MIS) collaboratively with the healthcare team.

Course Content	MCQs	SEQs
1. Explain the physiology and stages of normal labor and birth, including maternal and fetal adaptations.	30	06
2. Describe the anatomical and physiological changes during labor that influence clinical decision-making.		
3. Relate the principles of infection prevention and control, asepsis, and respectful maternity care to labor and birth practices.		

Course Content	MCQs	SEQs
<ol style="list-style-type: none"> <li>4. Interpret relevant diagnostic investigations (e.g., fetal heart monitoring, partograph) and clinical findings to guide care during labor.</li> <li>5. Demonstrate effective communication and empathetic interaction with laboring women and their families, considering cultural, social, and emotional needs.</li> <li>6. Uphold principles of Respectful Maternity Care (RMC) including privacy, informed consent, and non-discrimination.</li> <li>7. Apply ethical and legal considerations in decision-making during intrapartum care</li> <li>8. Demonstrate the use of current evidence-based guidelines for monitoring, interventions, and supportive care during each stage of labor.</li> <li>9. Implement appropriate interventions for the management of normal labor, including positioning, pain relief options, and fluid/nutritional support.</li> <li>10. Identify deviations from normal labor and initiate timely interventions or referrals as per facility protocols.</li> <li>11. Identify maternal and fetal risk factors or complications that necessitate referral (e.g., prolonged labor, abnormal fetal heart rate, postpartum hemorrhage).</li> <li>12. Follow facility referral mechanisms and document referrals clearly and accurately.</li> <li>13. Explain the roles of the midwife and other members of the interdisciplinary team during referral and collaborative care.</li> <li>14. Recognize and interpret signs and onset of labor (true vs. false labor).</li> <li>15. Identify and manage common risk factors associated with labor and birth through comprehensive initial assessment.</li> <li>16. Prepare the birthing environment ensuring cleanliness, safety, and privacy.</li> <li>17. Prepare the woman physically and emotionally for a normal birthing experience, including counseling and support.</li> <li>18. Arrange necessary equipment and materials according to facility protocols.</li> <li>19. Conduct thorough maternal assessments, including vital signs, abdominal palpation, vaginal examination (as per protocol), and fluid status.</li> <li>20. Assess fetal well-being using intermittent auscultation, fetal heart monitoring, and observation of fetal movements.</li> </ol>		

Course Content	MCQs	SEQs
21. Monitor labor progress using the partograph, recognizing normal vs. abnormal patterns. 22. Apply non-pharmacological and pharmacological pain management techniques appropriately. 23. Support the woman in adopting positions of comfort, mobility, and breathing techniques during labor. 24. Assist in safe and clean delivery of the baby, maintaining aseptic technique throughout the procedure. 25. Accurately document maternal and fetal assessments, interventions, and outcomes in the partograph and clinical records. 26. Communicate clearly with the healthcare team, providing accurate handovers and escalating concerns promptly. 27. Identify conditions that require urgent referral or transfer (e.g., obstructed labor, fetal distress, maternal complications). 28. Participate in the referral process and provide appropriate stabilization prior to referral.		

Sr. No	List of Skills	OSCE/OSPE
1	1. instruments/equipment for P/V, P/S tray 2. P/S/P/V examination 3. Partogram (Labour Care Guide). 4. birth (WHO)(1 <sup>st</sup> stage of labour) 5. labour (2 <sup>nd</sup> stage of labour) 6. controlled cord traction ( 3 <sup>rd</sup> stage of labour) 7. Episiotomy instruments set. 8. episiotomy and repair of minor tears. 9. APGAR score. 10. examination of new born ( head to toe) 11. resuscitation of new born.	06

### Reading material

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>
3. **Fundamentals of Midwifery: A Textbook for Students, 1e** (1st Edition) ; Author Name: Lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015

## Course Title: Care for Labor and Birth – II

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**Credits**

Total =03 | Theory = 1.5|Skill/Clinical =1.5

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Upon completion of this course, students will be able to:

1. Integrate evidence-based knowledge to manage common obstetric emergencies during labor and childbirth.
2. Practice obstetric first aid, basic and comprehensive obstetric care.
3. Demonstrate ability to act appropriately in complex emergency care situations.
4. Demonstrate effective communication and counselling skills with women, their families and other health team members.
5. Practice collaboratively in multidisciplinary team and discuss patient's plan of care.
6. Integrate ethical and legal considerations effectively while caring for women and her families during labor and childbirth.

### **Clinical Objectives**

Upon completion of the clinical course, the students will be able to

1. Develop proficiency in identifying early signs and symptoms of complications during labor and birth, enabling timely and accurate assessment.
2. Acquire the skills to implement emergency obstetric interventions, including recognizing and responding to complications such as fetal distress, cord prolapse, and malpositioning.
3. Demonstrate advanced critical thinking skills in managing complex situations during labor and birth, making sound clinical decisions in time-sensitive and high-stress scenarios.
4. Work collaboratively within multidisciplinary healthcare teams to address complications, ensuring effective communication and coordination in the provision of emergency obstetric care.
5. Master the use of advanced monitoring techniques, such as electronic fetal monitoring and maternal-fetal assessment, to detect and respond to complications during labor promptly.
6. Advocate for patient-centered care during labor and birth, considering the physical and emotional well-being of the birthing person and their preferences while managing complications.

Course Content	MCQs	SEQs
<p>1. Integrate Evidence-Based Knowledge in Obstetric Emergencies:</p> <ul style="list-style-type: none"> <li>• Explain the pathophysiology, clinical presentation, and management principles of common obstetric emergencies such as postpartum hemorrhage, shoulder dystocia, eclampsia, cord prolapse, obstructed labor, and fetal distress.</li> <li>• Apply national and international guidelines (e.g., WHO, ICM, national protocols) in managing emergency obstetric situations.</li> <li>• Recognize early warning signs and prioritize interventions to stabilize the woman and fetus.</li> </ul> <p>2. Practice Obstetric First Aid and Emergency Care:</p> <ul style="list-style-type: none"> <li>• Demonstrate proficiency in performing key emergency obstetric interventions such as controlled cord traction, bimanual compression, neonatal resuscitation, and manual removal of placenta under supervision.</li> <li>• Implement evidence-based protocols for basic and comprehensive emergency obstetric care (BEmONC &amp; CEmONC).</li> <li>• Manage emergencies with prompt decision-making while ensuring patient safety and dignity.</li> </ul> <p>3. Act Appropriately in Complex Emergency Situations:</p> <ul style="list-style-type: none"> <li>• Apply advanced critical thinking and clinical judgment to address time-sensitive and complex emergencies during labor and birth.</li> <li>• Select and execute appropriate interventions in scenarios such as obstructed labor, malpresentations, or severe preeclampsia/eclampsia.</li> <li>• Escalate care and initiate timely referrals when required, ensuring stabilization prior to transfer.</li> </ul> <p>4. Demonstrate Effective Communication and Counseling Skills:</p> <ul style="list-style-type: none"> <li>• Communicate clearly, empathetically, and respectfully with women and their families during emergencies, ensuring informed consent and reassurance.</li> <li>• Provide appropriate counseling before, during, and after emergency interventions, addressing physical and psychological needs.</li> <li>• Maintain professional communication with healthcare team members to coordinate care effectively under pressure.</li> </ul> <p>5. Collaborate within a Multidisciplinary Team:</p>	22	05

Course Content	MCQs	SEQs
<ul style="list-style-type: none"> <li>• Participate actively in emergency team responses, understanding roles and responsibilities of various team members.</li> <li>• Contribute to patient care planning and decision-making through effective team communication and leadership.</li> <li>• Support an environment of mutual respect and coordinated care among doctors, nurses, midwives, anesthetists, and support staff.</li> </ul> <p>6. Integrate Ethical and Legal Considerations:</p> <ul style="list-style-type: none"> <li>• Apply ethical principles such as autonomy, beneficence, non-maleficence, and justice in emergency obstetric decision-making.</li> <li>• Respect patients' rights, confidentiality, and cultural values while providing emergency care.</li> <li>• Document all assessments, decisions, and interventions accurately and in accordance with legal and institutional requirements.</li> </ul> <p>7. Early Recognition and Assessment of Complications:</p> <ul style="list-style-type: none"> <li>• Develop proficiency in identifying early signs and symptoms of labor and birth complications through systematic assessment.</li> <li>• Perform targeted history-taking and focused physical examinations to detect deviations from normal progress.</li> <li>• Utilize partographs and clinical judgment to distinguish between normal and complicated labor patterns.</li> </ul> <p>8. Implementation of Emergency Obstetric Interventions:</p> <ul style="list-style-type: none"> <li>• Demonstrate practical skills in managing emergencies such as: <ul style="list-style-type: none"> <li>- Fetal distress: intrauterine resuscitation, maternal repositioning, oxygen administration.</li> <li>- Cord prolapse: immediate relief of cord compression and preparation for expedited delivery.</li> <li>- Malpositioning/malpresentation: assisting in appropriate maneuvers and facilitating referral if needed.</li> </ul> </li> <li>• Apply infection prevention and control practices during all emergency procedures.</li> </ul> <p>9. Advanced Critical Thinking in Emergencies:</p> <ul style="list-style-type: none"> <li>• Prioritize interventions based on clinical urgency and available resources.</li> </ul>		

Course Content	MCQs	SEQs
<ul style="list-style-type: none"> <li>• Make sound decisions in high-stress scenarios, balancing maternal and fetal outcomes.</li> <li>• Reflect on actions and modify care plans as needed based on evolving clinical situations.</li> </ul> <p>10. Multidisciplinary Teamwork:</p> <ul style="list-style-type: none"> <li>• Work collaboratively with the obstetric team, anesthetists, pediatricians, and nursing staff during emergencies.</li> <li>• Lead or support emergency drills, ensuring effective role allocation and communication.</li> <li>• Participate in debriefing and feedback sessions to improve team performance.</li> </ul> <p>11. Advanced Monitoring and Decision-Making:</p> <ul style="list-style-type: none"> <li>• Operate advanced monitoring techniques such as electronic fetal monitoring (EFM) and continuous maternal-fetal assessment tools.</li> <li>• Interpret monitoring results accurately and act promptly to prevent complications.</li> <li>• Integrate monitoring data with clinical findings to guide interventions and referrals.</li> </ul> <p>12. Advocacy and Patient-Centered Care:</p> <ul style="list-style-type: none"> <li>• Advocate for the physical, emotional, and cultural needs of women during obstetric emergencies.</li> <li>• Ensure respectful, woman-centered care, even during time-critical interventions.</li> <li>• Engage families appropriately in the care process while maintaining clinical priorities.</li> </ul>		

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	05

### Reading material

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>
3. **Fundamentals of Midwifery: A Textbook for Students, 1e** (1st Edition) ; Author Name: Lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015

## **Course Title: Post-Partum care for Mothers and Newborn – I**

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**Credits**

Total=04|Theory=02|Skill/Clinical 02

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Upon completion of this course, students will be able to:

1. Integrate concepts of physiological birth cycle and health assessment in caring for women and newborns.
2. Provide family-centred postnatal and neonatal care to promote maternal and neonatal health.
3. Apply evidence-based knowledge and skills to provide postnatal care to mothers and newborns.
4. Apply effective communication skills and principles of health promotion including identification of credible community resources for postnatal care and ongoing maternal health.
5. Apply the principles of clinical decision making to plan and evaluate safe, culturally competent, holistic, evidence-based care for women, babies, and their families in the postpartum period.
6. Integrate ethical and legal considerations effectively while caring for women and her families during the postpartum period.

### **Clinical Objectives**

Upon completion of the clinical course, the students will be able to

1. Demonstrate proficiency in conducting thorough postpartum assessments for both mothers and newborns, including physical examinations, vital sign monitoring, and assessments for postpartum complications.
2. Deliver evidence-based education to mothers regarding postpartum recovery, newborn care, and breastfeeding support, fostering informed decision making and enhancing maternal and infant well-being.
3. Develop the skills to identify and manage common postpartum complications in both mothers and newborns, including issues related to breastfeeding, mental health, and newborn health.
4. Demonstrate competence in teaching and facilitating essential newborn care practices, including breastfeeding techniques, diapering, and newborn hygiene, to empower mothers in caring for their infants.
5. Implement strategies to promote maternal-infant bonding and attachment during the

postpartum period, recognizing the importance of emotional well-being for both mother and baby.

6. Work collaboratively with interdisciplinary healthcare teams to provide comprehensive postpartum care, ensuring effective communication and coordination of services to address the unique needs of mothers and newborns.

Course Content	MCQs	SEQs
<ol style="list-style-type: none"> <li>1. Integrate Concepts of Physiological Birth Cycle and Health Assessment:               <ul style="list-style-type: none"> <li>- Explain the physiological changes that occur in women during the immediate, early, and late postpartum periods.</li> <li>- Describe the physiological adaptations in newborns during the first hours, days, and weeks after birth.</li> <li>- Apply systematic health assessment frameworks to identify normal and abnormal postpartum and neonatal findings.</li> </ul> </li> <li>2. Provide Family-Centred Postnatal and Neonatal Care:               <ul style="list-style-type: none"> <li>- Discuss the role of family, culture, and community in influencing postnatal and neonatal care practices.</li> <li>- Incorporate family-centred approaches to ensure holistic, respectful, and culturally appropriate care.</li> <li>- Promote maternal recovery and newborn health through interventions that actively involve family members.</li> </ul> </li> <li>3. Apply Evidence-Based Knowledge and Skills:               <ul style="list-style-type: none"> <li>- Critically evaluate national (e.g., PNC) and international (e.g., WHO, ICM) guidelines relevant to postpartum and newborn care.</li> <li>- Apply best practices for postpartum maternal care (e.g., uterine involution monitoring, lochia assessment, perineal care) and neonatal care (e.g., thermoregulation, early initiation of breastfeeding, infection prevention).</li> <li>- Select appropriate interventions based on clinical evidence, patient needs, and available resources.</li> </ul> </li> <li>4. Promote Health Through Effective Communication:               <ul style="list-style-type: none"> <li>- Demonstrate appropriate communication and counseling techniques to support women and families in the postpartum period.</li> <li>- Identify credible community-based services and referral networks (e.g., lactation consultants, mental health services, community midwives) for ongoing maternal and neonatal care.</li> </ul> </li> </ol>	30	06

Course Content	MCQs	SEQs
<p>- Counsel families about danger signs, immunization, nutrition, hygiene, and postpartum family planning.</p> <p>5. Apply Clinical Decision-Making Principles:</p> <ul style="list-style-type: none"> <li>- Use structured frameworks (e.g., clinical reasoning cycle) to assess, plan, implement, and evaluate postpartum and newborn care.</li> <li>- Integrate clinical data, patient preferences, and contextual factors to provide safe, individualized care.</li> <li>- Evaluate the outcomes of postpartum interventions and modify care plans as needed.</li> </ul> <p>6. Integrate Ethical and Legal Considerations:</p> <ul style="list-style-type: none"> <li>- Recognize ethical issues in postpartum and newborn care, including consent, confidentiality, and respect for autonomy.</li> <li>- Apply relevant legal and regulatory frameworks related to maternal and newborn rights (e.g., breastfeeding laws, child protection).</li> <li>- Uphold professional standards and cultural sensitivity in all care interactions.</li> </ul> <p>7. Conduct Comprehensive Postpartum and Newborn Assessments:</p> <ul style="list-style-type: none"> <li>- Perform systematic postpartum maternal assessments (e.g., vital signs, uterine involution, lochia, perineal status, mental health screening).</li> <li>- Conduct thorough newborn assessments including vital signs, APGAR scoring, anthropometric measurements, and screening for congenital anomalies.</li> <li>- Document and interpret findings accurately, identifying deviations that require intervention or referral.</li> </ul> <p>8. Deliver Targeted Health Education and Support:</p> <ul style="list-style-type: none"> <li>- Provide individualized education to mothers and families on postpartum hygiene, nutrition, emotional well-being, and contraception.</li> <li>- Counsel and support mothers in breastfeeding initiation, positioning, attachment, and troubleshooting common issues.</li> <li>- Promote maternal confidence and autonomy in newborn care.</li> </ul> <p>9. Identify and Manage Common Postpartum Complications:</p> <ul style="list-style-type: none"> <li>- Recognize and provide initial management for complications such as postpartum hemorrhage, infection, urinary retention, perineal trauma, and mental health issues.</li> <li>- Identify common neonatal complications such as jaundice,</li> </ul>		

Course Content	MCQs	SEQs
<p>sepsis, feeding difficulties, and hypothermia, initiating appropriate interventions and timely referrals.</p> <ul style="list-style-type: none"> <li>- Escalate care appropriately within the healthcare team.</li> </ul> <p>10. Facilitate Essential Newborn Care Practices:</p> <ul style="list-style-type: none"> <li>- Teach and support mothers in essential newborn care, including cord care, bathing, diapering, and safe sleeping.</li> <li>- Demonstrate and coach correct breastfeeding techniques to ensure effective feeding and bonding.</li> <li>- Empower families to provide safe home-based care after discharge.</li> </ul> <p>11. Promote Maternal–Infant Bonding and Attachment:</p> <ul style="list-style-type: none"> <li>- Facilitate early skin-to-skin contact and rooming-in to support bonding.</li> <li>- Provide emotional support and education to enhance maternal mental health and attachment.</li> <li>- Recognize signs of impaired bonding and implement supportive strategies.</li> </ul> <p>12. Collaborate Effectively with the Healthcare Team:</p> <ul style="list-style-type: none"> <li>- Work in partnership with nurses, physicians, lactation consultants, and community health workers to ensure continuity of postpartum care.</li> <li>- Communicate clinical findings and care plans clearly within interdisciplinary teams.</li> <li>- Participate in discharge planning and follow-up arrangements to support seamless transition to home care.</li> </ul>		

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in Log book	06

### Reading material

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>
3. Fundamentals of Midwifery: A Textbook for Students, 1e (1st Edition) ; Author Name: lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015

## Course Title: Post-Partum care for mothers and newborn – II

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**Credits**

Total=04|Theory=02|Skill/Clinical=2 CH

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Upon completion of this course, students will be able to

1. Apply evidence-based knowledge and skills to effectively manage maternal and neonatal emergencies during the postpartum period.
2. Practice obstetric first aid, basic, and comprehensive obstetric and newborn care, ensuring a well-rounded skill set for critical situations.
3. Apply the concept of family-centred care when addressing maternal and neonatal complications, recognizing the importance of involving and supporting families.
4. Demonstrate the ability to act appropriately in complex emergency care situations, showcasing competence and confidence.
5. Demonstrate effective communication and counselling skills with women, their families, and other healthcare team members, ensuring clear and empathetic interactions.
6. Make effective referrals and ensure proper follow-up, emphasizing continuity of care for women and their families.

### **Clinical Objectives**

Upon completion of the clinical course, the students will be able to

1. Recognize and Evaluate Postpartum Complications: Identify common postpartum complications affecting both mothers and newborns, demonstrating the ability to assess and differentiate between normal postpartum changes and signs of potential complications.
2. Provide Timely and Appropriate Interventions: Develop the skills to provide timely and effective interventions for postpartum complications, ensuring prompt and evidence-based care for mothers and newborns experiencing adverse outcomes.
3. Collaborate in Interprofessional Teams: Work collaboratively within interprofessional healthcare teams to manage postpartum complications, demonstrating effective communication and coordination with other healthcare providers involved in the care of mothers and newborns.
4. Apply Evidence-Based Practices: Apply evidence-based practices in the assessment, management, and prevention of postpartum complications, integrating the latest research and guidelines into clinical decision-making.

5. Provide Patient-Centred Care: Demonstrate sensitivity and responsiveness to the unique needs of mothers and newborns experiencing postpartum complications, fostering a patient-centred approach that addresses physical, emotional, and psychosocial aspects of care.

Course Content	MCQs	SEQs
<ol style="list-style-type: none"> <li>1. Apply Evidence-Based Knowledge and Skills to Manage Postpartum Emergencies: <ul style="list-style-type: none"> <li>- Identify and describe maternal and neonatal emergencies that may arise in the immediate and late postpartum period (e.g., postpartum hemorrhage, sepsis, eclampsia, neonatal respiratory distress, sepsis).</li> <li>- Analyze clinical signs and symptoms to make rapid, evidence-informed decisions.</li> <li>- Implement appropriate emergency protocols and guidelines (e.g., WHO PPH bundle, neonatal resuscitation) to stabilize patients effectively.</li> </ul> </li> <li>2. Practice Obstetric First Aid and Comprehensive Postpartum Emergency Care: <ul style="list-style-type: none"> <li>- Demonstrate competency in basic and advanced postpartum emergency skills, including uterotonic administration, controlled cord traction, bimanual compression, neonatal resuscitation, and infection prevention.</li> <li>- Apply structured emergency response frameworks (e.g., ABCDE, EmONC protocols).</li> <li>- Integrate rapid assessment with timely intervention in high-pressure scenarios.</li> </ul> </li> <li>3. Apply Family-Centred Care in Managing Complications: <ul style="list-style-type: none"> <li>- Engage and involve family members during maternal and neonatal emergencies while maintaining patient dignity and respect.</li> <li>- Communicate critical information empathetically to families to enhance understanding and cooperation during emergencies.</li> <li>- Recognize the psychosocial impact of emergencies and implement supportive strategies for families.</li> </ul> </li> <li>4. Demonstrate Competence in Complex Emergency Situations: <ul style="list-style-type: none"> <li>- Exhibit critical thinking, prioritization, and teamwork in high-acuity postpartum emergencies.</li> <li>- Adapt evidence-based guidelines to complex or resource-limited clinical contexts.</li> </ul> </li> </ol>	30	06

Course Content	MCQs	SEQs
<ul style="list-style-type: none"> <li>- Manage multiple emergencies simultaneously with confidence and leadership.</li> <li>5. Enhance Communication and Counselling Skills:               <ul style="list-style-type: none"> <li>- Communicate effectively with patients, families, and team members during emergencies, ensuring clarity and calmness.</li> <li>- Provide structured post-event counselling and debriefing to support maternal mental health and family coping.</li> <li>- Document events and decisions accurately, ensuring continuity of care.</li> </ul> </li> <li>6. Make Effective Referrals and Ensure Continuity of Care:               <ul style="list-style-type: none"> <li>- Identify cases that require escalation or referral to higher-level facilities.</li> <li>- Coordinate referrals effectively using established pathways, ensuring timely communication and safe patient transfer.</li> <li>- Establish follow-up mechanisms to ensure ongoing monitoring and support for mothers and newborns after emergencies.</li> </ul> </li> <li>7. Recognize and Evaluate Postpartum Complications:               <ul style="list-style-type: none"> <li>- Conduct systematic assessments to differentiate between normal postpartum physiological changes and abnormal findings indicating complications.</li> <li>- Identify early warning signs and apply risk stratification tools for both maternal and neonatal complications.</li> <li>- Maintain vigilance and timely documentation to enable prompt interventions.</li> </ul> </li> <li>8. Provide Timely and Appropriate Interventions:               <ul style="list-style-type: none"> <li>- Initiate and implement evidence-based emergency interventions for maternal and neonatal complications.</li> <li>- Perform obstetric first aid techniques (e.g., PPH control, eclampsia management, neonatal resuscitation) according to established protocols.</li> <li>- Monitor patient responses and escalate care when necessary.</li> </ul> </li> <li>9. Collaborate in Interprofessional Teams:               <ul style="list-style-type: none"> <li>- Engage effectively with doctors, midwives, nurses, and other team members in emergency situations.</li> <li>- Participate in team briefings, role allocations, and debriefings to optimize emergency responses.</li> <li>- Respect professional roles and ensure coordinated, patient-centred management.</li> </ul> </li> </ul>		

Course Content	MCQs	SEQs
<p>10. Apply Evidence-Based Practices:</p> <ul style="list-style-type: none"> <li>- Use WHO, ICM, and national guidelines to guide clinical decision-making in managing postpartum emergencies.</li> <li>- Reflect critically on practice to identify areas for improvement and maintain up-to-date emergency care skills.</li> <li>- Implement infection prevention and control strategies to reduce morbidity and mortality.</li> </ul> <p>11. Provide Patient-Centred Care During Emergencies:</p> <ul style="list-style-type: none"> <li>- Address the emotional and psychosocial needs of mothers and families during and after emergencies.</li> <li>- Provide culturally sensitive, respectful care under stressful conditions.</li> <li>- Empower families with information and follow-up plans to promote recovery and continuity of care.</li> </ul>		

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	06

### Reading material

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>
3. Fundamentals of Midwifery: A Textbook for Students, 1e (1st Edition) ; Author Name: lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015
4. Alam, N. (2020). Excell Community Medicine, (13th ed.). Nishtar Publications
5. Basavanthappa, B. T. (2022). Community health Nursing. (3rd. ed.). New Delhi: Jaypee Medical publication
6. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed. London: Elsevier

## Course Title: Sexual and Reproductive Health

**Credits**

Total = 03 | Theory = 03| Skill/Clinical = 00

By the end of the course, the students will be able to:

1. Demonstrate understanding of reproductive health from clinical, epidemiological, and social perspectives.
2. Demonstrate understanding of the occurrence and prevention of sexually transmitted diseases and unwanted pregnancy.
3. Explain optimal health care during pregnancy, how poor neonatal outcomes can be reduced, and basis for significant improvements in maternal and neonatal outcomes.
4. Discuss reproductive health among communities, disadvantaged groups, and strategies to reduce inequalities in reproductive health.
5. Recognize the role of midwife in offering sexual and reproductive health services to clients.

Course Content	MCQs	SEQs
<b>: Sexual and Reproductive Health</b> 1. Sexual health fundamentals – anatomy, physiology, contraception options. 2. Family planning methods – efficacy, side effects, and counseling. 3. STI prevention and management – education and screening protocols. 4. Adolescent reproductive health – needs and challenges. 5. Gender and sexuality – impact on reproductive health. 6. Legal/ethical issues – consent, confidentiality in SRH.	45	09

### Recommended Books/ Reading Materials

1. Inter-Agency Field Manual (IAFM) for Reproductive Health in Humanitarian Settings

WHO/UNFPA

2. Minimum Initial Service Package (MISP) Guidelines – Inter-Agency Working Group (IAWG)
3. WHO Sexual & Reproductive Health Emergency Toolkit

## **COURSE TITLE: BREASTFEEDING AND LACTATION MANAGEMENT**

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**Credits**

Total = 03 | Theory =1.5| Skill/Clinical =2CH

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After completion of the course, the student is expected to:

1. Articulate the biological perspective, anatomy, and physiology underlying human lactation.
2. Evaluate both modifiable and non-modifiable variables impacting breastfeeding outcomes, including delivery room practices, pain relief methods, skin-to-skin contact, and rooming-in for both mother and baby.
3. Discuss the principles of demand feeding and elucidate its significance in establishing and sustaining lactation.
4. Describe strategies to support mothers who are separated from their babies, facilitating the initiation and maintenance of lactation, and optimizing infant feeding practices.
5. Recognize and promote effective positioning, attachment, and suckling techniques, empowering mothers to develop the skills needed for successful breastfeeding.
6. Provide support to mothers in initiating and maintaining breastfeeding, addressing common challenges.

### **Clinical / Practical Learning Outcomes**

1. Conduct accurate breastfeeding history and breast examinations on pregnant and lactating women.
2. Apply in-depth knowledge of lactation physiology to establish effective breastfeeding in practical scenarios.
3. Evaluate and educate mothers on proper positioning, attachment, and suckling to enhance their breastfeeding skills.
4. Implement influential strategies, including skin-to-skin contact and rooming-in, to positively impact breastfeeding outcomes.
5. Demonstrate effective counselling skills for pregnant and lactating mothers in diverse settings such as ANC clinics, postpartum visits, and labor rooms.
6. Counsel mothers on appropriate breastfeeding practices, emphasizing techniques for proper positioning and latching.

Course Content	MCQs	SEQs
<b>Unit 1 Introduction to Breastfeeding and Lactation:</b> <ul style="list-style-type: none"> <li>• Importance of breastfeeding in maternal and child health</li> <li>• Global and national policies (WHO, UNICEF, BFHI, PNMC guidelines)</li> <li>• Ten Steps to Successful Breastfeeding</li> </ul>	2	1
<b>Unit 2 Anatomy and Physiology of Lactation:</b> <ul style="list-style-type: none"> <li>• Structure of breast</li> <li>• Hormonal control of lactation</li> <li>• Lactogenesis (Stages I, II, III)</li> <li>• Milk ejection reflex</li> </ul>	4	1
<b>Unit 3 Initiation and Establishment of Breastfeeding:</b> <ul style="list-style-type: none"> <li>• Early initiation and exclusive breastfeeding</li> <li>• Skin-to-skin contact, rooming-in</li> <li>• Positioning, attachment, and suckling techniques</li> <li>• Demand feeding and infant feeding cues</li> </ul>	3	1
<b>Unit 4 Breastfeeding Challenges and Management:</b> <ul style="list-style-type: none"> <li>• Common problems (engorgement, sore nipples, mastitis, flat/inverted nipples)</li> <li>• Low milk supply and overproduction</li> <li>• Relactation and induced lactation</li> <li>• Milk expression and storage</li> </ul>	4	0.5
<b>Unit 5 Counseling and Communication Skills:</b> <ul style="list-style-type: none"> <li>• Effective communication with mothers and families</li> <li>• Cultural beliefs influencing breastfeeding</li> <li>• Support groups and peer counseling</li> <li>• Documentation and record keeping</li> </ul>	4	0.5
<b>Unit 6 Special Situations and Infant Feeding Alternatives:</b> <ul style="list-style-type: none"> <li>• Feeding preterm, sick, or separated infants</li> <li>• Breastfeeding after cesarean section or illness</li> <li>• Human milk banking and safe storage</li> <li>• When and how to use alternatives</li> </ul>	4	1
<ul style="list-style-type: none"> <li>• Perform inspection and palpation of the breast in pregnant and lactating mothers.</li> <li>• Identify changes and abnormalities (engorgement, cracked nipple, mastitis).</li> <li>• Demonstrate proper positioning and attachment.</li> <li>• Assess effective suckling and correct poor latching.</li> <li>• Assist with early initiation within first hour of birth.</li> </ul>	5	

Course Content	MCQs	SEQs
<ul style="list-style-type: none"> <li>• Encourage skin-to-skin contact and exclusive breastfeeding.</li> <li>• Demonstrate hand expression and hygienic storage of breast milk.</li> <li>• Guide use of expressed milk for preterm/sick babies.</li> <li>• Counsel mothers/families about benefits and management of breastfeeding.</li> <li>• Address myths and cultural beliefs.</li> <li>• Identify and manage common lactation problems using comfort measures.</li> <li>• Refer as needed.</li> <li>• Record breastfeeding assessments and counselling.</li> <li>• Participate in health education sessions.</li> </ul>		

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	06

### Recommended Books/ Reading Materials

1. Alam, N. (2020). Excell Community Medicine, (13<sup>th</sup> ed.). Nishtar Publications
2. Basavanthappa, B. T. (2022). Community health Nursing. (3<sup>rd</sup> ed.). New Delhi: Jaypee Medical publication
3. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed. London: Elsevier
4. Ansari. I. M. (2006). Community Medicine and Public Health (6th ed.) Karachi:
5. Khalid, F. (2003) Family planning and islam. A Review, article from Hamdard Islamicus, 17 (3).
6. Brouwere, V. D., Tonglet, R., & Lerberghe, W. V. (October 1998). Strategies for reducing maternal mortality in developing countries: What can we learn from the history of the industrialized west? Tropical Medicine and International Health, 3 (10), 771-782
7. Evan, R. L; & Reiser, D. J. (2004). Role transitions for new clinical leaders in perinatal practice. Jognn clinical issues, 3(33), 355-360 Fikree, F. F. (2004). Reproductive health in Pakistan: Evidence and future directions., 11 (52), 1-6
8. Gerein, N., Mayhew, S., and Lubben, M. (Feb 2003). A framework or a new

- approach to antenatal care. *Journal of Gynecological and Obstetrics.*, 80 (2), 175-182
9. Fortney. (2005). Antenatal risk screening and scoring: A new look. *International Journal of Gynecology and Obstetrics*, 50 (Suppl 2), S53S58
  10. K, Park. (2004). *Textbook of preventive and social medicine (24th ed)*. Jabalpur India.: Banarsidas Bhanot.
  11. Mac, M. N. J; Dulski, L. A; & Meagher, B. (2005). Red alert perinatal 11 hemorrhage. *The American journal of maternal / child health nursing*, 30(1), 46-51. Lippincott.
  12. Matthews, R; & Callister, L. C. (2004). Childbearing women's perceptions of nursing care that promote dignity. *Jognn clinical issues*, 4 (33), 498-507
  13. Rehman, S. A, Janjua, T., Farooq, T, & Muynck A. D. (2000). Unmet obstetrical needs in the districts of Attock & Jhelum, Punjab province, Pakistan. (3.). HAS Press: Public Health Monograph Series.
  14. Simkin, P. (2002). Supportive care during labor: A guide for busy nurses. *Jognn clinical issues*, 6 (31), 721-732.
  15. Sittner, B. J; Defrain, J; & Hudson, D. B. (2005). Effect of high risk pregnancies on families. *The American journal of maternal / child health nursing*, 30 (2), 121-126. Lippincott.
  16. Vincent, C. V. H. (2005). Nurses' knowledge, attitude, and practice regarding children's pain. *The American journa*

## COURSE TITLE: PUBLIC HEALTH FOR MIDWIVES

**Credits**

Total = 03 | Theory = 02| Skill/Clinical = 01

Upon completion of this course, students will be able to:

1. Critically appraise the main theoretical frameworks informing public health and health promotion practice
2. Demonstrate a comprehensive and critical understanding of the application of public health and health promotion interventions and the role of the midwife in the protection and promotion of the health of women, babies, families, and communities.
3. Comprehensively discuss collaborative and interdisciplinary working within the context of public health and health promotion.
4. Appraise and analyse the evidence base for public health and health promotion.
5. Demonstrate comprehensive problem solving in debating public health issues and health promotion initiatives.

Course Content	MCQs	SEQs
<b>Unit I: Introduction to public health – principles and determinants of health.</b> <ul style="list-style-type: none"><li>• Explain the key principles and goals of public health in promoting population well-being.</li><li>• Identify major determinants of health, including biological, environmental, social, and behavioral factors.</li><li>• Analyze how social and economic inequalities impact maternal and newborn health outcomes.</li><li>• Apply the concept of primary health care and preventive strategies in maternal and child health settings.</li></ul>	05	01

Course Content	MCQs	SEQs
<p><b>Unit II: Health promotion Models, Strategies, and Behavior Change</b></p> <ul style="list-style-type: none"> <li>Describe major health promotion models (e.g., Health Belief Model, PRECEDE-PROCEED, Transtheoretical Model).</li> <li>Differentiate between individual, community, and policy-level health promotion strategies.</li> <li>Demonstrate communication and motivational interviewing techniques for promoting healthy behaviors among women and families.</li> <li>Design a simple health promotion activity addressing key maternal and neonatal health issues.</li> </ul>	05	1
<p><b>Unit III: Epidemiology in public health – surveillance and outbreak investigation.</b></p> <ul style="list-style-type: none"> <li>Define key epidemiological concepts such as incidence, prevalence, risk, and causation.</li> <li>Describe the steps involved in disease surveillance and outbreak investigation.</li> <li>Interpret simple epidemiological data related to maternal and neonatal conditions.</li> <li>Apply epidemiologic principles to monitor trends in maternal morbidity and mortality within communities.</li> </ul>	05	01
<p><b>Unit IV: Community health – maternal and child health programs</b></p> <ul style="list-style-type: none"> <li>Explain the goals and components of national and international maternal and child health (MCH) programs.</li> <li>Discuss the role of midwives in implementing MCH interventions such as immunization, nutrition, family planning, and safe motherhood.</li> <li>Evaluate community-based approaches for reducing maternal and child morbidity and mortality.</li> <li>Participate in outreach or home-based visits for maternal and newborn care as part of community health initiatives.</li> </ul>	05	01
<p><b>Unit V: Policy and advocacy – how midwives influence health policy..</b></p> <ul style="list-style-type: none"> <li>Explain the process of health policy formulation and implementation at local and national levels.</li> <li>Discuss the importance of advocacy and leadership in strengthening midwifery services.</li> <li>Demonstrate ways in which midwives can contribute to</li> </ul>	05	01

Course Content	MCQs	SEQs
evidence-based policy development for maternal and child health. <ul style="list-style-type: none"> <li>Participate in advocacy campaigns or stakeholder discussions promoting women's health rights</li> </ul>		
<b>Unit VI: Global health issues – maternal mortality and health system strengthening</b> <ul style="list-style-type: none"> <li>Discuss global trends and indicators of maternal and newborn health (e.g., MMR, NMR, SDGs).</li> <li>Analyze major causes and determinants of maternal mortality across low- and middle-income countries.</li> <li>Evaluate global initiatives and partnerships (e.g., WHO, UNFPA, ICM, SDG 3.1) addressing maternal health.</li> <li>Propose system-level strategies to strengthen maternal health services and promote universal health coverage.</li> </ul>	05	01

SKILLS	OSPE
<ul style="list-style-type: none"> <li>Conduct a situational analysis of a selected community, identifying social, environmental, and health determinants.</li> <li>Plan and deliver health education sessions on nutrition, immunization, hygiene, and maternal health using appropriate teaching aids.</li> <li>Apply behavior change models in counselling women and families regarding family planning, breastfeeding, and safe delivery.</li> <li>Participate in immunization, antenatal, postnatal, and child health sessions under EPI, LHW, or MNCH programs.</li> <li>Assist in data collection for health surveillance and simple outbreak investigations (e.g., diarrhea, dengue, measles).</li> <li>Identify local maternal health gaps and design a brief advocacy message or awareness campaign.</li> <li>Compare maternal health indicators of Pakistan with global benchmarks (WHO, SDG 3.1)</li> </ul>	03

### Recommended Books/ Reading Materials

1. Alam, N. (2020). Excell Community Medicine, (13<sup>th</sup> ed.). Nishtar Publications
2. Basavanthappa, B. T. (2022). Community health Nursing. (3<sup>rd</sup> ed.). New Delhi: Jaypee Medical publication
3. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed.

London: Elsevier

4. Ansari. I. M. (2006). Community Medicine and Public Health (6th ed.) Karachi:

## Family Planning and Post Abortion Care

**Credit Hours:** 3 (1+2).

**Learning Objectives:** Students will be able to:

- Manage medical abortion and provide comprehensive post-abortion care for complications.
- Recognize and address non-life-threatening complications of family planning and abortion.
- Provide information on safe providers, relevant laws, and contraception options to couples.
- Conduct pre- and post-abortion counseling to support informed decision-making.
- Counsel couples on the importance of family planning, both post-abortion and for general use.
- Integrate ethical and legal considerations into family planning and abortion care scenarios.

Course Content	MCQs	SEQs
<b>Family Planning and Post Abortion Care</b> <ul style="list-style-type: none"><li>• Contraception methods – mechanisms, efficacy, side effects.</li><li>• Counseling in family planning – communication techniques.</li><li>• Medical abortion – indications, protocols, and follow-up.</li><li>• Post-abortion care – managing complications and emotional support.</li><li>• Legal and ethical issues – Pakistan’s laws on contraception and abortion.</li><li>• Safe motherhood – family planning in the continuum of care.</li></ul>	15	03

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	03/06

## Course Title: Perinatal Mental Health

### Credits

Total = 03 | Theory =1.5| Skill/Clinical=1.5

By the end of the course the student will be able to:

1. Demonstrate understandings of the mental health issues experienced by women during pregnancy and in the first year after their babies' births.
2. Critically evaluate the major approaches to the assessment, care, and treatment of women with perinatal mental health issues and/or illnesses.
3. Identify and evaluate the effect of support systems such as the woman's, family, social and professional support on the women's psychological health.
4. Identify support services and/or referral pathways for women who require particular care, as well as personal and professional support for the midwife.
5. Demonstrate the ability to incorporate the key concepts of health and the influence of culture for Aboriginal and Torres Strait Islander families in accessing health resources.

Course Content	MCQs	SEQs
<b>Perinatal Mental Health</b> <ul style="list-style-type: none"> <li>• Perinatal mental health overview – screening and diagnostics.</li> <li>• Common conditions – postpartum depression, anxiety, PTSD.</li> <li>• Risk factors – psychosocial stressors, trauma history.</li> <li>• Intervention strategies – counseling, support groups.</li> <li>• Community resources – referral options and social support networks.</li> <li>• Self-care for midwives – coping with vicarious stress.</li> </ul>	20	04

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	06

### Recommended Books/ Reading Materials

1. Alam, N. (2020). Excell Community Medicine, (13<sup>th</sup> ed.). Nishtar Publications

2. Basavanthappa, B. T. (2022). Community health Nursing. (3<sup>rd</sup>. ed.). New Delhi: Jaypee Medical publication
3. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed. London: Elsevier
4. Ansari. I. M. (2006). Community Medicine and Public Health (6th ed.) Karachi:
5. Khalid, F. (2003) Family planning and islam. A Review, article from Hamdard Islamicus, 17 (3).
6. Brouwere, V. D., Tonglet, R., & Lerberghe, W. V. (October 1998). Strategies for reducing maternal mortality in developing countries: What can we learn from the history of the industrialized west? Tropical Medicine and International Health, 3 (10), 771-782
7. Evan, R. L; & Reiser, D. J. (2004). Role transitions for new clinical leaders in perinatal practice. Jognn clinical issues, 3(33), 355-360 Fikree, F. F. (2004). Reproductive health in Pakistan: Evidence and future directions., 11 (52), 1-6
8. Gerein, N., Mayhew, S., and Lubben, M. (Feb 2003). A framework or a new approach to antenatal care. Journal of Gynecological and Obstetrics., 80 (2), 175-182
9. Fortney. (2005). Antenatal risk screening and scoring: A new look. International Journal of Gynecology and Obstetrics, 50 (Suppl 2), S53S58
10. K, Park. (2004). Textbook of preventive and social medicine (24th ed). Jabalpur India.: Banarsidas Bhanot.
11. Mac, M. N. J; Dulski, L. A; & Meagher, B. (2005). Red alert perinatal 11hemorrhage. The American journal of maternal / child health nursing, 30(1), 46-51. Lippincott.
12. Matthews, R; & Callister, L. C. (2004). Childbearing women's perceptions of nursing care that promote dignity. Jognn clinical issues, 4 (33), 498-507
13. Rehman, S. A, Janjua, T., Farooq, T, & Muynck A. D. (2000). Unmet obstetrical needs in the districts of Attock & Jhelum, Punjab province, Pakistan. (3.). HAS Press: Public Health Monograph Series.
14. Simkin, P. (2002). Supportive care during labor: A guide for busy nurses. Jognn clinical issues, 6 (31), 721-732.
15. Sittner, B. J; Defrain, J; & Hudson, D. B. (2005). Effect of high risk pregnancies on

families. *The American journal of maternal / child health nursing*, 30 (2), 121-126. Lippincott.

16. Vincent, C. V. H. (2005). Nurses' knowledge, attitude, and practice regarding children's pain. *The American journal*

## Course Title: Early Childhood Development

**Credits**

Total=03|Theory=1.5|Skill/Clinical=0.5/01

By the end of the course the student will be able to:

1. Recognize and articulate key milestones in the physical, cognitive, social, and emotional development of infants and young children.
2. Integrate the concepts of ECD in assessment and provision of care to clients throughout the maternity cycle.
3. Demonstrate knowledge, and skills to serve the families and communities with young children.
4. Develop effective communication skills to educate parents and caregivers on practices promoting early childhood development, encompassing nutrition, play, and cognitive stimulation.
5. Work effectively within multidisciplinary healthcare teams to provide holistic care that addresses both the physical and developmental needs of children.
6. Demonstrate home, Centre, Institutional and Community-based approaches to increase the capacity for improving early childcare and influence public policy.

Course Content	MCQs	SEQs
<b>: Early Childhood Development</b> <ul style="list-style-type: none"><li>• Child development theories and milestones (0–5 years).</li><li>• Nutrition and health – supporting growth and brain development.</li><li>• Early learning and play – fostering cognitive and motor skills.</li><li>• Family support – parenting education and community programs.</li><li>• Developmental screening – tools and referral (e.g., for delays).</li><li>• Integrating maternal-child care – linking maternal health with child outcomes.</li></ul>	20	04

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	03

### **Recommended Books/ Reading Materials**

1. Child Development from Birth to Eight — Maria Robinson, 1st Edition (2007)
2. Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8 — NAEYC, 4th Edition
3. Growth and Development in Early Childhood, Prenatal to Age Eight — Sandra Anselmo (Persian/English translation)
4. Fundamentals of Children's Anatomy and Physiology — Elizabeth Gormley-Fleming & Ian Peate, 1st Edition (useful basic science context)
5. Growth and Development of the Child with Emphasis on Midwifery and Health — Mohsen Tavakol & Sima Torabi (Persian; midwifery-focused child growth text)

## COURSE TITLE: FOUNDATION OF MIDWIFERY CARE

**Credits**

Total = 03 | Theory = 03| Skill/Clinical = 03

At the end of this module, the learner will be able to:

1. Demonstrate an understanding of the roles of the midwife in primary care and primary health care to professional, legal, and ethical standards of midwifery.
2. Demonstrate academic literacy skills as applied to evidence-based midwifery practice.
3. Demonstrate beginning communication skills appropriate for interactions with women, families, and colleagues.
4. Apply foundational knowledge of anatomical, physiological, and psychosocial alterations and adaptations of pregnancy to introductory health assessment skills.
5. Apply the underpinning philosophies of midwifery to woman-centred midwifery practice.

Course Content	MCQs	SEQs
<p><b>Unit I Professional Role and Philosophy</b></p> <ul style="list-style-type: none"> <li>• Explain the philosophy, values, and principles of midwifery, emphasizing respect for women’s rights, autonomy, and dignity.</li> <li>• Discuss the historical development of midwifery globally and in Pakistan, including regulatory frameworks (PNMC, ICM).</li> <li>• Describe the role and responsibilities of a midwife in health promotion, disease prevention, and community empowerment.</li> <li>• Recognize the importance of collaboration and teamwork in providing quality maternal and newborn care.</li> <li>• Analyze how primary health care (PHC) principles apply to maternal and newborn health in various settings.</li> </ul> <p><b>Legal, Ethical, and Professional Standards</b></p> <ul style="list-style-type: none"> <li>• Discuss the ethical principles guiding midwifery practice, including confidentiality, consent, nonmaleficence, and autonomy.</li> <li>• Identify national and international regulatory standards relevant to midwifery practice (ICM, PNMC, WHO).</li> <li>• Describe professional accountability, record-keeping, and documentation requirements in midwifery.</li> <li>• Analyze case studies demonstrating ethical dilemmas and the midwife’s decision-making role.</li> </ul>	15	02

Course Content	MCQs	SEQs
<b>Unit II: Evidence-Based and Academic Literacy</b> <ul style="list-style-type: none"> <li>Define evidence-based practice and explain its role in improving maternal and newborn outcomes.</li> <li>Demonstrate academic literacy skills, including information retrieval, referencing, and literature evaluation.</li> <li>Explain the steps of critical appraisal and application of research evidence in clinical midwifery</li> </ul>	07	01
<b>Unit III: Communication and Psychosocial Aspects</b> <ul style="list-style-type: none"> <li>Identify key communication skills required for effective interaction with women, families, and colleagues.</li> <li>Demonstrate awareness of verbal and non-verbal communication barriers in culturally diverse settings.</li> <li>Discuss psychological and social factors influencing maternal health, adaptation, and family dynamics.</li> </ul>	07	01
<b>Unit VI: Physiological and Anatomical Foundations</b> <ul style="list-style-type: none"> <li>Describe female reproductive anatomy and physiology, with emphasis on pregnancy-related adaptations.</li> <li>Explain normal physiological changes in pregnancy, labor, and puerperium.</li> <li>Relate psychological changes during pregnancy to the care and counseling process</li> </ul>	08	01
<b>Unit V: Foundations of Woman-Centered Care</b> <ul style="list-style-type: none"> <li>Apply midwifery philosophies—respect, partnership, and empowerment—to practice scenarios.</li> <li>Discuss principles of safety, comfort, privacy, and advocacy in caring for women.</li> <li>Reflect on the importance of empathy and respect in providing holistic midwifery care.</li> </ul>	08	04
<b>TOTAL</b>	45	09

Skills	OSPE
<ol style="list-style-type: none"> <li>Apply ethical and professional principles during all patient interactions.</li> <li>Conduct basic health and obstetric history-taking, emphasizing rapport and respect.</li> <li>Perform general and obstetric assessments safely and accurately under supervision.</li> <li>Observe and record normal physiological changes during</li> </ol>	03

Skills	OSPE
pregnancy.. 5. Apply infection prevention and control measures in clinical environments.	
<b>CLINICAL ROTATION</b>	
Skills	OSPE
1. Sterilization, steps of Hand washing	<b>09</b>
2. Preparing of different beds	
3. Bathing a patient in bed	
4. Measuring body temperature	
5. Assessment of pulse	
6. Assessment of Respiration	
7. Monitoring of Blood pressure	
8. Mouth care of unconscious patient	
9. Measurement of Height & Weight	
10. Admission of a patient in hospital	
11. Discharge of patient in hospital	

### Recommended Books/ Reading Materials

1. **Fundamentals of Midwifery: A Textbook for Students, 1e** (1st Edition) ; Author Name: lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015.
2. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed. London: Elsevier

## Midwifery Practicum - I

<b>Credits</b>	Total = 03   Theory = 00  Skill/Clinical04 =04 03
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### Practicum Outcomes

On completion of this course, the learner will be able to:

1. Independently provide comprehensive care during the normal birth cycle, demonstrating competence and confidence with minimal supervision.
2. Collaborate effectively with diverse healthcare providers within a specific setting during the maternity cycle, recognizing and fulfilling defined roles.
3. Apply evidence-based knowledge adeptly in practical settings to enhance the quality and safety of maternity care.
4. Demonstrate advanced critical thinking, problem-solving, decision-making, and leadership skills in varied practicum scenarios.
5. Utilize effective counselling skills when addressing complex reproductive and sexual health issues for women, ensuring compassionate and patient-centred care.
6. Integrate theoretical concepts into real-world practice, ensuring a comprehensive understanding of midwifery principles.

Course Content	
<b>Midwifery Practicum – I</b>	
<ul style="list-style-type: none"><li>• Antenatal clinic rotations – applying assessment skills.</li><li>• Labor ward rotations – managing normal labor under supervision.</li><li>• Postnatal ward rotations – newborn care and postpartum checks.</li><li>• Interprofessional experiences – shadowing obstetricians, nurses.</li><li>• Case-based tutorials – reflecting on real patient cases.</li><li>• Clinical skills labs – practicing emergency drills and counseling.</li></ul>	

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	12

### Recommended Books/ Reading Materials

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>
3. Fundamentals of Midwifery: A Textbook for Students, 1e (1st Edition) ; Author Name:

lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015

4. Alam, N. (2020). Excell Community Medicine, (13th ed.). Nishtar Publications
5. Basavanthappa, B. T. (2022). Community health Nursing. (3rd. ed.). New Delhi: Jaypee Medical publication
6. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed. London: Elsevier

## Midwifery Practicum - II

**Credits**

Total = 04 | | Skill/Clinical =04

### Practicum Outcomes

On completion of this course, the students will be able to:

1. Provide confident and competent care throughout the normal birth cycle with minimal supervision, ensuring patient safety and satisfaction.
2. Understand and proficiently fulfill desired roles within specific healthcare settings, collaborating seamlessly with diverse healthcare providers during the maternity cycle.
3. Apply evidence-based knowledge to guarantee the delivery of high-quality, informed care in diverse practical situations.
4. Demonstrate advanced critical thinking, problem-solving, decision-making, and leadership skills across various practicum experiences.
5. Utilize counselling skills adeptly to support women facing challenging reproductive and sexual health issues, fostering empathy, and understanding.
6. Seamlessly integrate theoretical concepts into real-world practice, facilitating a comprehensive understanding of midwifery principles.

Course Content	
<b>Midwifery PracticumII –</b> <ul style="list-style-type: none"><li>• Low-risk maternity units – independent management of normal births.</li><li>• Referral centers – participation in higher-risk case management.</li><li>• Counseling clinics – family planning and sexual health counseling.</li><li>• Community health – placements in rural or urban community settings.</li><li>• Interdisciplinary rounds – active role in team meetings.</li></ul>	

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	12

## Recommended Books/ Reading Materials

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). *Obstetrics by Ten Teachers* (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>
3. *Fundamentals of Midwifery: A Textbook for Students*, 1e (1st Edition) ; Author Name: lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015
4. Alam, N. (2020). *Excell Community Medicine*, (13th ed.). Nishtar Publications
5. Basavanthappa, B. T. (2022). *Community health Nursing*. (3rd. ed.). New Delhi: Jaypee Medical publication
6. Marshall, J.E. and Raynor, M.D. (2020) *Myles Textbook for Midwives*. 17th ed. London: Elsevier

## Course Title: Midwifery Practicum - III

<b>Credits</b>	Total = 04   Theory = 00   Clinical = 04
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### Practicum Outcomes

On completion of this course, the learner will be able to

1. Work autonomously, providing comprehensive care during the normal birth cycle with minimal supervision, ensuring patient safety and positive outcomes.
2. Develop a nuanced understanding of desired roles within specific healthcare settings, collaborating effectively with other healthcare providers during the maternity cycle.
3. Demonstrate advanced critical thinking, problem-solving, decision-making, and leadership skills throughout the practicum experience.
4. Practice counselling skills proficiently, addressing the complex issues women may encounter in reproductive and sexual health.
5. Utilize available resources and referral services while participating in the care of high- risk clients or those with complications.
6. Integrate all learned theoretical concepts into practice, ensuring a cohesive and informed approach to midwifery care.
7. Identify personal needs for professional development and develop goals and strategies to achieve those needs.

Course Content	
<b>Midwifery Practicum – III</b> High-acuity maternity units – management of complications (under supervision). Neonatal care rotations – exposure to NICU and newborn follow-up. Community midwifery – home visits and community clinics. Leadership projects – coordinating a small health initiative or audit. Career planning – guidance on transition to professional practice	

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	12

### Recommended Books/ Reading Materials

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.).

CRC Press. <https://doi.org/10.1201/978131538240>

3. Fundamentals of Midwifery: A Textbook for Students, 1e (1st Edition) ; Author Name: Lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015
4. Alam, N. (2020). Excell Community Medicine, (13th ed.). Nishtar Publications
5. Basavanthappa, B. T. (2022). Community health Nursing. (3rd. ed.). New Delhi: Jaypee Medical publication
6. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed. London: Elsevier

## Course Title: Midwifery Practicum - IV

**Credits** Total = 04 | Theory = 00| Clinical04

### Practicum Objectives

On completion of this course, the learner will be able to:

1. Work independently during the normal birth cycle, providing comprehensive care with minimal supervision and ensuring positive maternal and neonatal outcomes.
2. Develop an improved understanding of desired roles within specific healthcare settings, collaborating seamlessly with other healthcare providers during the maternity cycle.
3. Apply evidence-based knowledge adeptly in practice, ensuring the delivery of high-quality and informed maternity care.
4. Demonstrate advanced critical thinking, problem-solving, decision-making, and leadership skills in diverse practicum scenarios.
5. Practice counselling skills proficiently, addressing complex reproductive and sexual health issues with sensitivity.
6. Utilize available resources and referral services adeptly while participating in the care of high-risk clients or those with complications.
7. Integrate all learned theoretical concepts into practice, ensuring a holistic and informed approach to midwifery care.
8. Demonstrate self-directed learning abilities, identifying personal needs for professional development and developing strategies to achieve those needs.

Course Content	
<b>Midwifery Practicum – IV</b> Tertiary care experience – major teaching hospitals. Advanced neonatology – assisting with high-risk newborn care. Quality improvement – initiating or contributing to a quality project. Professional portfolio – compiling clinical logs and reflections. Transition to practice – resume building and licensure processes	

Sr. No	List of Skills	OSCE/OSPE
1	List annexed in log books	12

### Recommended Books/ Reading Materials

1. Mayo Clinic Guide to a Healthy Pregnancy, Third Edition by Myra Wick, M.D., Ph.D.
2. Kenny, L.C., & Myers, J.E. (Eds.). (2017). Obstetrics by Ten Teachers (20th ed.). CRC Press. <https://doi.org/10.1201/978131538240>
3. Fundamentals of Midwifery: A Textbook for Students, 1e (1st Edition) ; Author Name: lewis ; Speciality: NURSING ; No of Pages :451 ; Publication Year :2015
4. Alam, N. (2020). Excell Community Medicine, (13th ed.). Nishtar Publications
5. Basavanthappa, B. T. (2022). Community health Nursing. (3rd. ed.). New Delhi: Jaypee Medical publication
6. Marshall, J.E. and Raynor, M.D. (2020) Myles Textbook for Midwives. 17th ed. London: Elsevier

**(Elective Courses within Majors)**

**Course Title: Alternative and Complimentary Therapies in Midwifery**

**Credits**

Total = 03 | Theory = 02| Skill/Clinical = 01

On successful completion of this module, students should be able to:

1. Examine the ethical and professional issues regarding the use of complementary therapies in health care practice.
2. Explore current evidence on the indications, effects, and contraindications about complementary therapies in midwifery.
3. Discuss the health implications of complementary therapies.
4. Discuss the strengths and limitations of complementary therapies and their effects within conventional health care systems.
5. Examine how to source reliable evidence of complementary therapies.

<b>Course Content</b>	<b>MCQs</b>	<b>SEQs</b>
<b>Alternative and Complimentary Therapies in Midwifery</b> Evolution of midwifery – history and milestones. Midwifery in healthcare systems – models of care (hospital vs. community). Current issues – workforce, scope of practice, public health roles. Global perspectives – midwifery roles in different countries. Leadership and advocacy – midwives as change agents.	30	06

## Course Title: Professional Trends & Issues in Midwifery

**Credits**

Total = 03 | Theory = 03| Skill/Clinical = 00

By the end of the course, the students will be able to:

1. Explain the roles and the legal and professional responsibilities of the contemporary midwife.
2. Discuss contemporary trends and issues currently influencing midwifery practice.
3. Identify the links midwifery historically had with the social world and the development of medicine, and the influences of this on the profession today.

Course Content	MCQs	SEQs
<b>Professional Trends &amp; Issues in Midwifery</b> <ul style="list-style-type: none"><li>• Evolution of midwifery – history and milestones.</li><li>• Midwifery in healthcare systems – models of care (hospital vs. community).</li><li>• Current issues – workforce, scope of practice, public health roles.</li><li>• Global perspectives – midwifery roles in different countries.</li><li>• Leadership and advocacy – midwives as change agents.</li></ul>	45	09

### Recommended Books/ Reading Materials:

1. Beauchamp T. L. and Childress, J. F (2019). Principles of Biomedical Ethics (8th ed), Oxford University Press, New York.

## Course Title: Population Dynamics

**Credits**

Total = 03 | Theory = 03| Skill/Clinical = 00

By end of the course, students will be able to

1. Define the demographic transition and explain its historical relevance.
2. Describe the principal mechanisms that are associated with declining mortality, fertility, and migration as well as the relationship between these three processes.
3. Analyse basic empirical relationships between demographic and socioeconomic conditions.
4. Outline both macro and micro level processes of development and their relationship to population change.
5. Recognize and relate the role of both gender and technology in specific contexts to show their importance in demographic change.

Course Content	MCQs	SEQs
<b>Population Dynamics</b> <ul style="list-style-type: none"><li>• Demographic theory – transition stages and fertility/mortality rates.</li><li>• Population policies – family planning and health interventions.</li><li>• Migration and urbanization – effects on health systems.</li><li>• Socio-economic factors – education, income, and population.</li><li>• Gender and population – women’s status and family size.</li><li>• Technology and change – innovations affecting health and population</li></ul>	45	09

## Course Title: Community Paediatrics

**Credits**

Total = 03 | Theory = 03| Skill/Clinical = 00

By end of the course, students will be able to:

1. Develop a comprehensive understanding of the principles and practices of community paediatrics, including the unique health challenges and considerations relevant to children in community settings.
2. Apply preventive paediatrics strategies to promote the health and well-being of children in the community, focusing on immunizations, screening, and early intervention programs.
3. Develop the ability to assess and address social determinants of child health, recognizing and understanding the impact of socio-economic, cultural, and environmental factors on paediatric outcomes.
4. Build skills in collaborating with community resources, including schools, public health agencies, and community organizations, to enhance paediatric healthcare delivery and community engagement.
5. Demonstrate cultural competency in paediatric care, recognizing and respecting diverse cultural norms and practices within the community, and adapting healthcare strategies accordingly.

Course Content	MCQs	SEQs
<b>Unit V: Community Paediatrics</b> <ul style="list-style-type: none"><li>• Child health promotion – nutrition, growth monitoring, health education.</li><li>• Preventive paediatrics – vaccination schedules, screening programs.</li><li>• Common paediatric illnesses in communities – acute and chronic conditions.</li><li>• Environmental health – sanitation, pollution, and child health.</li><li>• Collaborative care – working with community workers and schools.</li><li>• Child protection – recognizing abuse and neglect in community contexts.</li></ul>	45	09

## Course Title: SRH in Humanitarian Crisis

**Credits**

Total = 03 | Theory = 03| Skill/Clinical = 00

By end of the course, students will be able to:

1. Develop a deep understanding of the challenges and intricacies related to sexual and reproductive health in humanitarian crisis situations.
2. Apply foundational principles of sexual and reproductive health to effectively address the specific needs and challenges arising in humanitarian crises.
3. Demonstrate the ability to implement timely and effective sexual and reproductive health response strategies in diverse humanitarian crisis scenarios, considering ethical considerations.
4. Advocate for the rights of individuals affected by humanitarian crises to access sexual and reproductive health services, emphasizing dignity, confidentiality, and inclusivity.
5. Work collaboratively within interdisciplinary teams involved in humanitarian response, ensuring effective communication and coordination to address the diverse needs of populations in crisis.

Course Content	MCQs	SEQs
<b>: SRH in Humanitarian Crisis</b> Introduction to humanitarian health – crisis types and impacts. SRH needs in crises – safe motherhood, contraception, GBV prevention. Field protocols – Minimum Initial Service Package (MISP) for reproductive health. Logistics – supply of medicines, cold chain in emergencies. Ethical issues – consent, resource allocation, cultural sensitivity. Case studies – reviewing real humanitarian response efforts	45	09



# **OTHER COMPULSORY COURSES**

**PERLs Module**

Attributes	Competencies	Portfolio Entries Per Semester							
		1	2	3	4	5	6	7	8
<b>PROFESSIONALISM SKILLS</b>									
<b>Communicator</b>	1. Demonstrate non-verbal, verbal, written and electronic communication skills								
	2. Communicate effectively with patients and families								
<b>Caring &amp; Empathic</b>	3. Demonstrate respect of diversity in gender, age, culture, race, religion, disabilities, and sexual orientation for patients, peers, colleagues, and other Health professionals.								
	4. Demonstrate empathy in patient encounters								
<b>Responsible &amp; Accountable</b>	5. Follow the dress code and rules and regulation of the institution and the profession								
	6. Demonstrate punctuality								
	7. Demonstrate availability and timely delivery of patient care as and when required								
	8. Take responsibility of one's actions and be accountable to patients and teachers								
<b>Team Player</b>	9. Work respectfully and effectively with their peers, seniors, and juniors								
	10. Participate in different team roles								
	11. Work with other health professionals to establish and maintain a climate of mutual respect, dignity								
<b>Self-Aware</b>	12. Identify personal strengths and areas of improvement								
	13. Identify limits in one's own level of knowledge and expertise								
	14. Show willingness to seek help through advice and support in patient care when required								
<b>ETHICS SKILLS</b>									
<b>Ethical Practitioner</b>	15. Obtain verbal and written informed consent								
	16. Comply with relevant laws and regulation including the minimum standards of health delivery and demonstrate patient safety in all aspects of healthcare delivery								
<b>Ethical Researcher</b>	17. Maintain research participants confidentiality								

Attributes	Competencies	Portfolio Entries Per Semester							
		1	2	3	4	5	6	7	8
<b>PROFESSIONALISM SKILLS</b>									
	18. Demonstrate awareness of publication ethics								
<b>Digital Citizen</b>	19. Keep professional data and information safe								
	20. Design a professional digital footprint								
	21. Understand cyber bullying, harassing, sexting, or identity theft								
<b>RESEARCH SKILLS</b>									
<b>Evidence based practitioner</b>	22. Make informed decisions based on up-to-date scientific evidence								
	23. Locate credible scientific data								
<b>Writer &amp; Presenter</b>	24. Develop a research proposal								
	25. Develop a research report/article								
	26. Present in college or on scientific forums								
<b>LEADERSHIP SKILLS</b>									
<b>Resilient &amp; Adaptable</b>	27. Demonstrate flexibility in adjusting to changing environments								
	28. Demonstrate healthy coping mechanisms to respond to stress								
<b>Systems thinker</b>	29. Recognize own role as contributor towards management and leadership in health services								
	30. Identify new advancements in guidelines, standards, technologies, and services that can improve patient outcomes								
<b>Self-directed learner</b>	31. Seek active feedback from colleagues, and other health professionals								
	32. Incorporate reflection in routine practice to set and track learning goals								
	33. Seek membership in professional networks and societies								

## ARABIC LANGUAGE COURSE FOR NURSES

Credit Hours: 03 (02+01) Program

### Introduction

The Arabic Language Course for Nursing Staff has been designed according to the requirements of paramedical staff likely to perform their duties in medical field in the Middle East. The program will enable the students to acquire the ability of the four skills of language learning: reading, understanding, speaking and writing. This curriculum is comprised of comprehensive set of Arabic dialogue and text that prompt the student to interact with the Arab environment and the requirements of daily Arab life, as it enables the student to understand what s/he listens and express his/her feelings.

### Mechanism of Work in Class:

Group discussions, exercises, applications, quiz and group activities in the classroom are adopted as teaching tools. During training sessions, dialogues and conversations among the students are recorded, and then presented to them, in order to identify their mistakes committed during these sessions.

### Program's Alignment with University Mission

Based on university vision and mission, this program will strive for achieving the following aims and goals:

### Program Aims:

1. This program aims at training the student to read and comprehend Arabic text directly.
2. Developing of real sense of Arabic phonology so that the students may know the correct pronunciation.
3. Grooming students' abilities for interpreting and equipping them with necessary proficiency to express their needs in various areas and places.
4. Enabling students to display substantial proficiency in oral and written Arabic.
5. Strengthening social, cultural, political, economic and religious relations between Pakistan and rest of the Arabic world.
6. Creating a soft image of Pakistani medical staff in service sectors of Middle East.

**OBJECTIVES:** by the end of this course, students will be able to gain:

1. Proficiency in four skills of language learning; understanding, reading, speaking and writing.
2. Special Proficiency in Spoken Arabic.
3. Ability to do a common translation from Arabic to Urdu and vice versa.

4. Proficiency in interpretation from Arabic to English and vice versa.
5. Ability to comprehend official documents written in Arabic.
6. Proficiency in understanding signboards and navigators written in Arabic.

## Course Description

توصيف المقرر

إن هذا المقرر الدراسي للغة العربية قد وُضع لموظفي التمريض الذين من المحتمل أن يؤديوا واجباتهم في المجال الطبي وفقاً لمتطلبات وظيفاتهم في الشرق الأوسط. سيمكن البرنامج الطلاب من المهارات الأربع من القراءة والاستماع والتحدث والكتابة. وهذا المقرر يركز هذا الجانب من المحادثة مما يساعد الطلاب في الإظهار عما في ضميرهم وباطنهم. وقد روعي في هذا المنهج مجموعة وافية من الحوارات والنصوص العربية التي تدفع الطالب إلى التفاعل مع البيئة العربية ومقتضيات الحياة العربية اليومية حيث يمكن الطالب من الفهم ما يسمع والتعبير عما يريد ويحس به.

## Course

أهداف المقرر:

## Objective

- تنمية مهارات النطق والقراءة والاستعمال اللغوي مراعيًا السهولة والابتعاد عن الاستعانة بأية لغة أخرى أثناء التدريس، وهذا ما يوصل الطالب إلى تذوق هذه اللغة واكتساب الدراس القدرة على الاتصال بأهل اللغة من خلال عرض هذه الحوارات مشافهة وكتابة وشعورًا وتعبيرًا.
- تمكين الدارس من الكفايات اللغوية والاتصالية والثقافية فضلاً عن اكتسابه القدرة على المهارات الأربع من فهم وقراءة وكلام وكتابة.
- تنمية المعنى الحقيقي للأصوات العربية حتى يتمكن الطالب من النطق الدقيق للكلمات.
- تنمية قدرات الطالب في الترجمة ، وإكسابه الكفاءة اللازمة للتعبير عن حاجته في مختلف المجالات والأماكن.
- تعزيز العلاقات الاجتماعية والثقافية والسياسية والاقتصادية والدينية بين باكستان وبقية العالم العربي.
- تنمية صورة ناعمة للطاقم الطبي الباكستاني في قطاعات الخدمات في الشرق الأوسط.

## Course Contents

محتويات المقرر:

### Unit 01

1-الوحدة الأولى: التحية والتعارف

- 1.1 الحوارات الثلاثة حول التحية والتعارف (إلقاء التحية- التعريف بنفسك وبالآخرين- التعريف بأفراد الأسرة وأعمالهم- السؤال عن الاسم والبلد والجنسية- الاستفهام ب: هل- من أين-ما، اسما الإشارة: هذا-هذه)
- 1.2 التدريبات: 1- المفردات تتعلق بالتحية والتعارف  
2- أسماء الإشارة: هذا- هذه- ذلك- تلك

الكلام: تبادل حوارات- تبادل أسئلة- أسئلة اتصالية  
1.3 التدريبات: 1- الضمائر المتصلة: ياء المتكلم- نا المتكلمين- كاف

المخاطب(المذكر/المؤنث) هاء الغائب(المذكر/المؤنث) الكلام:  
تبادل حوارات- تبادل أسئلة- أسئلة اتصالية

2-الوحدة الثانية : الحياة اليومية

## Unit02

2.1

الحوارات الثلاثة حول الحياة اليومية

(السؤال عن الوقت- وسيلة المواصلات- العطلة وأنشطتها)

2.2

التدريبات : 1-المفردات : تتعلق بالحياة اليومية

2- الاستفهام ب:كَمْ (في جملة اسمية) و ماذا+ فعل مضارع (متكلم ومخاطب ) .

2.3

التدريبات : الاستفهام ب: متى- أين+ فعل مضارع (متكلم ومخاطب )- النفي بلا.

الكلام: تبادل حوارات- تبادل أسئلة- تكوين جمل تدور حول النشاط اليومي.

## Unit 03

3-الوحدة الثالثة: الطعام والشراب

3.1- الحوارات الثلاثة حول الطعام والشراب

(السؤال عن الوجبات ومكوناتها والوزن- طلب الطعام والشراب- التعبير عن الجوع)

3.2- التدريبات : 1- المفردات:تتعلق بأشياء الطعام والشراب

2- الاستفهام ب:هل/أ والاستجابة بالنفي لا+ فعل مضارع و

بالإيجاب (نعم).

الكلام: تبادل حوارات- تبادل أسئلة- أسئلة اتصالية.

3.3- التدريبات : و الفعل المضارع المسند للمخاطب المؤنث(تطليين- تشرين)

الكلام: تبادل حوارات- تبادل أسئلة- تكوين جمل تدور حول الطعام والشراب.

## Unit 04

4- الوحدة الرابعة: الدراسة

4.1- الحوارات الثلاثة حول الدراسة

(الاستفسار عن الدراسة والاختبارات والعطلة والتحدث عن المستقبل)

4.2- التدريبات : 1- المفردات تتعلق بالدراسة

4.3- 2- الفعل الماضي(التصريف إلى الفاعل الغائب الواحد و

المخاطب الواحد-المذكر والمؤنث-والمتكلم).

- الكلام: تبادل حوارات- تبادل أسئلة وإجابات.  
4.4- التدريبات : كان- يكون + خبر كان أو (للتخيير) - قريب من ، وبعيد  
عَن في أيّ...؟ . الكلام: تبادل حوارات- تبادل أسئلة- تكوين جمل  
تدور حول الدراسة. 5-

## Unit 05

## الوحدة الخامسة: المهن والعمل

### 5.1- الحوارات الثلاثة حول المهن والعمل

(التعريف بمهنتك، والسؤال عن مكان العمل وعدد ساعات العمل، والسؤال عن الوظائف في المستقبل، والوقت )

### 5.2- التدريبات : 1- المفردات تتعلق بالمهن والعمل والوظائف والأحرف.

2- والعدد والمعدود من واحد إلى عشر.

الكلام: تبادل حوارات- تبادل أسئلة وإجابات.

### 5.3- التدريبات : الاستفسار عن الساعة والوقت، وأيام الأسبوع.

الكلام: تبادل حوارات- تبادل أسئلة- تكوين جمل تدور حول  
المهن والعمل.

## Unit 06

## 6- الوحدة السادسة: التسوق

### 6.1- الحوارات الثلاثة حول التسوق

(الترحيب، الاستفسار، الطلب بأدب، الاستجابة للطلب بأدب، السؤال عن الأسعار)

### 6.2- التدريبات : 1- المفردات: تتعلق بالنقود وأشياء صغيرة

وأواني وملابس وأطعمة

2- الاستفهام ب: أيّ، كم، بكم، والمبتداء

والخبر شبه جملة.

الكلام: التحدث عن التسوق من خلال تبادل الحوارات. 6.3-

التدريبات : 1- العدد من أحد عشر إلى المائة.

الكلام: تبادل حوارات- تبادل أسئلة- تكوين جمل تدور حول التسوق.

## Unit 07

## 7- الوحدة السابعة: السفر بالحافلة

### 7.1- الحوارات الثلاثة حول السفر بالحافلة

( الاستفسار عن تقديم الخدمة، تقديم المعلومات، فقدان الأشياء)

### 7.2- التدريبات : 1- المفردات: تتعلق بالسفر بالحافلة وذرائع

المواصلات الأخرى

2-

الممارسة في الحروف الجارة

7.3- التدريبات : ترتيب كلمات لتصير جملاً , ملء الفراغات في  
الجملة , تصحيح الأخطاء في الجملة.

الكلام: تبادل أسئلة وإجابات وحوارات. 8- الوحدة

الثامنة: في السكن/ في الفندق  
**Unit 08**

8.1 - الحوارات الثلاثة حول السكن و الفندق

(الاستفسار عن السكن، مكانه ونوعه ورقمه ، البحث عن الفندق-

الطلب )

8.2 التدريبات : 1- المفردات: تتعلق بالسكن و الفندق

2- الاستفهام ب:الإعداد الترتيبية

8.3 التدريبات : تصحيح الأخطاء في الجملة، و ترتيب الكلمات لتصير

جملاً , و ملء الفراغات

الكلام: تبادل حوارات- تبادل أسئلة عن السكن والبيت والأثاث وأسئلة اتصالية

**Unit 09**

9- الوحدة التاسعة: في المطار

9.1 - الحوارات الثلاثة حول المطار والسفر الجوي

( الاستفسار عن الحجز وتأكيد الحجز، اجراءات الجوازات والإقامة،

المفقودات)

9.2 التدريبات : 1- المفردات: تتعلق بالسفر الجوي أسماء

الشهور الإنجليزية

2-

الكلام: تبادل حوارات- تبادل أسئلة- أسئلة اتصالية.

9.3 التدريبات : تصحيح الأخطاء في الجمل, ترتيب الكلمات

لتصير جملاً, ملء الفراغات  
الكلام: تبادل حوارات وأسئلة حول السفر الجوّي.

## Unit 10

10- الوحدة العاشرة: في الأماكن المختلفة

10.1- الحوارات الثلاثة في المصرف و مكتب البريد و مكتب

الشرطة

10.2-التدريبات : 1- المفردات: تتعلق بالمصرف والبريد والشرطة. العدد بعد مئة

10.3- التدريبات : تصحيح الأخطاء في الجمل, ترتيب الكلمات لتصحيح جملا و ملء

الفراغات.

الكلام: تبادل حوارات وأسئلة حول المصرف و البريد و

الشرطة

## Unit 11

11- الوحدة الحادية عشرة: الصحة

11.1 - الحوارات الثلاثة حول الصحة

(الاستفسار عن الصحة، المرض وعلاماته و أسبابه، الحمية، البدانة

والنحافة)

11.2 التدريبات : 1- المفردات: تتعلق بالصحة فعل

2- ماضي

11.3 التدريبات : ترتيب الكلمات لتصحيح جملا, تصحيح الأخطاء في الجمل, ملء

الفراغات, إكمال الجمل.

الكلام: تبادل حوارات وأسئلة وإجابات حول الصحة والمرض 12- الوحدة

## Unit

الثانية عشرة : المستشفى

12

12.1 - الحوارات الثلاثة حول المستشفى

(التعرف على أقسام المستشفى المختلفة وما يتعلق بها)

12.2 التدريبات : 1- المفردات: تتعلق بالمستشفى

فعل مضارع

2-

12.3 التدريبات : ترتيب الكلمات لتصحيح جملاً وتصحيح الأخطاء و ملء الفراغات

الكلام: تبادل حوارات وأسئلة وإجابات حول المستشفى

## Unit 13

13- الوحدة الثالثة عشرة: عند الطبيب (1)

13.1 - الحوارات الثلاثة حول طبيب الأذن و الحنجرة والأنف

(الاستفسار عن الموعد، أسئلة وإجابات حول المرض

وعلاماته)

13.2 التدريبات : 1- المفردات: تتعلق بالأمراض والفحص والأدوية

2- فعل أمر

الكلام: تبادل حوارات- تبادل أسئلة- أسئلة اتصالية.

13.3 التدريبات : ترتيب الكلمات لتصيح جملاً, وتصحيح الأخطاء وملء الفراغات  
الكلام : تبادل  
حوارات وأسئلة وإجابات

14- الوحدة الرابعة عشرة: عند الطبيب (2)  
**Unit 14**

14.1 - الحوارات الثلاثة حول طبيب الأسنان وطبيب العين و  
الطبيب العام

(الاستفسار عن الموعد، أسئلة وإجابات حول المرض

وعلاماته والتقرير الطبي)

14.2 - التدريبات : 1- المفردات: تتعلق بالأمراض والفحص  
وأدوات الفحص

2- مركب إضافي.

الكلام: تبادل حوارات- تبادل أسئلة- أسئلة

اتصالية.

14.3 التدريبات :ترتيب الكلمات لتصيح جملاً وتصحيح الأخطاء  
وملاء الفراغات وإجابات الأسئلة.  
الكلام: تبادل حوارات وأسئلة وإجابات

15- الوحدة الخامسة عشرة: عند الطبيب (3) **Unit 15** - 15.1

الحوارات الثلاثة حول طبيب القلب وطبيب العظام والجراح

(الاستفسار عن الموعد، أسئلة وإجابات حول المرض

وعلاماته والتقرير الطبي)

15.2 - التدريبات : 1- المفردات: تتعلق بالأمراض والفحص وأدوات

الفحص

2- مركب توصيفي

الكلام: تبادل حوارات وأسئلة وإجابات

15.3 - التدريبات : تصحيح الأخطاء, ترتيب الكلمات لتصيح جملاً,  
ملء الفراغات والأسئلة  
الكلام: تبادل حوارات وأسئلة وإجابات

**Unit**

16- الوحدة السادسة عشرة: الممرض/الممرضة

## 16.1- الحوارات الثلاثة حول التمريض والممرضة

(الاستفسار عن مهنة التمريض وغاياته والدراسة فيه وظائفه

وواجباته)

## 16.2- التدريبات : 1- المفردات: تتعلق بالتمريض والممرضة

جملة فعلية و جملة اسمية

2-

الكلام: تبادل حوارات- تبادل أسئلة- أسئلة اتصالية.

## 16.3- التدريبات : ترتيب الكلمات لتصحيح جملا، تصحيح الأخطاء

وملاء الفراغات

الكلام: تبادل حوارات واسئلة وإجابات

Unit

17-الوحدة السابعة عشرة: الجهاز الهضمي

17

## 17.1 - الفقرات الثلاث حول الجهاز الهضمي

(تحتوي الفقرات على الجهاز الهضمي و وظائف أعضائه مثل الأسنان واللسان والبلعوم والمرىء

والمعدة)

## 17.2- التدريبات : 1- المفردات: تتعلق بالجهاز الهضمي

2- معرفة المفرد والمثنى والجمع

الكلام: تبادل حوارات- تبادل أسئلة- أسئلة اتصالية.

## 17.3-التدريبات : وصال بين المفرد والجمع ، ترتيب الكلمات لتصحيح جملا،

تصحيح الأخطاء، ملء الفراغات

الكلام: تبادل حوارات واسئلة وإجابات الوحدة

Unit

الثامنة عشرة: المملكة السعودية العربية

18

## 18.1- الفقرات الثلاث حول المملكة السعودية العربية

(الفقرات تحتوي على الموقع الجغرافي للمملكة وأهم مدنها وطقسها وأهمية الحرمين الشريفين

للمسلمين وزيارتها)

## 18.2- التدريبات : 1- المفردات: تتعلق بالحج والعمرة والمدن السعودية

والصادرات والواردات ،

2- أدوات ظرف المكان (فوق، تحت، أمام، وراء، حيث)

الكلام: تبادل حوارات(تستخدم فيها أدوات ظرف المكان)- تبادل أسئلة  
18.3-التدريبات : أسئلة حول موقع الأماكن وإجابات، ترتيب الكلمات لتصحيح جملا، تصحيح  
الأخطاء  
الكلام: تبادل حوارات (تستخدم فيها الجهات الأربع) واسئلة  
إجابات

قائمة المفردات: Glossary

التدريبات المتنوعة: Miscellaneous Exercises

الكتب المقترحة: Suggested Books

- صيني، د. محمود إسماعيل وناصر مصطفى ومختار: العربية للناشيين (كتاب الطالب 1،2،3)، المملكة العربية السعودية، إدارة الكتب المدرسية. الطبعة الأولى 1403هـ.
- الفوزان، الدكتور عبد الرحمن وآخرون: العربية بين يديك (كتاب الطالب 1،2 ) ، المملكة العربية السعودية. الناشر، العربية للجميع. 2014م
- المفيد في المحادثات العربية: لجنة التأليف، جامعة العلامة إقبال المفتوحة، إسلام آباد - عبد الرحيم، ف، الدكتور: دروس اللغة العربية لغير الناطقين بها(الجزء الأول والثاني)، المملكة العربية السعودية، الجامعة الإسلامية بالمدينة المنورة، 1418 هـ.

## Arabic Language Course for Nursing Staff (English Version)

### Program Introduction:

The Arabic Language Course for Nursing Staff has been designed according to the requirements of paramedical staff likely to perform their duties in medical field in the Middle East. The program will enable the students to acquire the ability of the four skills of language learning: reading, understanding, speaking and writing. This curriculum is comprised upon a comprehensive set of Arabic dialogues and texts that prompt the student to interact with the Arab environment and the requirements of daily Arab life, as it enables the student to understand what he listens and express his wants and feelings.

### Mechanism of Work in Class

Group discussions, exercises, applications, quiz and group activities in the classroom are adopted as teaching tools. During training sessions, dialogues and conversations among the students are recorded, and then presented to them, in order to identify their mistakes committed during these sessions.

### Program's Alignment with University Mission

Based on UHS vision and mission, this program strives for achieving the following aims and goals:

#### Aims

Training the student to read and comprehend Arabic text directly.

Developing the real sense of Arabic phonology so that the students may know the correct pronunciation of different words.

Focusing students' abilities for interpreting, equipping them with necessary proficiency to express their needs in varied situations.

Making students display substantial proficiency in oral and written Arabic.

Strengthening social, cultural, political, economic and religious relations between Pakistan and the Arab world.

Creating a soft image of Pakistani medical staff in service sector of the Middle East.

**OBJECTIVES:** by the end of this course, students will be able to gain:

Proficiency in language learning: understanding, reading, speaking and writing.

Fluency in Spoken Arabic.

Ability to translate from Arabic to Urdu and vice versa.

Smooth interpretation from Arabic to English and vice versa.

Comprehension of official documents written in Arabic.

Understanding signboards and navigators written in Arabic.

Course Contents	MCQs	SEQs
Unit 01- Greetings and Introduction 1.1- Three dialogues on greetings and introduction 1.2-Vocabulary about greetings, introduction, grammar: demonstrative pronouns 1.3-Relative pronouns, exercises, conversation	1	0
Unit 02- Daily Life 2.1- Three dialogues on daily life activities 2.2-Vocabulary about daily life activities, Arabic question words, future tense 2.3-Question words, future tense, sentence construction, exercises	1	0

Unit 03 – Food and Drinks 3.1-Three dialogues on food and drinks 3.2-Vocabulary about food, drink, grammar: interrogative and negative sentences 3.3-Future tense, exercises, conversation	1	0
Unit 04 – The Study 4.1- Three dialogues on reading and study 4.2- Vocabulary about study, grammar: past tense in Arabic 4.3- Grammar: words which changes noun case, exercises, conversation	1	1
Unit 05 – Professions and Works 5.1-Three dialogues on professions and work 5.2- Vocabulary about professions and works, grammar: number 1 to 10 5.3- Asking about time, date and day, exercises, conversation	1	1
Unit 06 – The Shopping 6.1- Three dialogues on shopping 6.2- Vocabulary about currency, utensils, garments, food; question words 6.3- Grammar: number from 11 to 100, exercises, conversation	1	0
Unit 07- Travel by Bus 7.1- Three dialogues on travel by bus 7.2- Vocabulary about travelling, means of transportation, preposition words 7.3- Exercises on rearranging, fill in the blanks, correction, conversation	1	0
Unit 08 – Hostel/Hotel 8.1- Three dialogues on hostel/hotel 8.2- Vocabulary about hostel/ hotel, ordinal number in Arabic 8.3- Exercises on rearranging, fill in the blanks, correction, conversation	1	0
Plane Unit 09 – Journey by Train 9.1- Three dialogues on journey by train/plane; inquiry, reservation, buying ticket etc. 9.2- Vocabulary about air travel, names of English month, conversation 9.3 Exercises on rearranging, fill in the blanks, correction, conversation	1	0
Unit 10 – At Different Places 10.1- Three dialogues on bank, post office and police station 10.2- Vocabulary about bank, post office and police station, number 100 onwards 10.3- Exercises on rearranging, fill in the blanks, correction, conversation	1	0
Unit 11 – Healthcare 11.1- Three dialogue on health, illnesses, symptoms, causes, precautions 11.2- Vocabulary about health, grammar: past tense in Arabic 11.3- Exercises on rearranging, fill in the blanks, correction, conversation	1	1

Unit 12 – Hospital 12.1- Three dialogue on hospital, kinds of hospital 12.2- Vocabulary about hospital, grammar: future tense in Arabic 12.3- Exercises on rearranging, fill in the blanks, correction, conversation	3	1
Unit 13 – At Clinic 13.1- Three dialogue on otolaryngologist, appointment, illness and symptoms 13.2- Vocabulary about illness, diagnosis, medication, grammar: imperative mood 13.3- Exercises on rearranging, fill in the blanks, correction, conversation	3	0
Unit 14 – At Clinic 14.1- Three dialogues on dental, optician, general physician 14.2- Vocabulary about illnesses, diagnosis, diagnostic equipment 14.3- Exercises on rearranging, fill in the blanks, correction, conversation	3	0
Unit 15 – At Clinic 15.1- Three dialogues on cardiologist, orthopedist, surgeon 15.2- Vocabulary about illnesses, diagnosis, diagnostic equipment 15.3- Exercises on rearranging, fill in the blanks, correction, conversation	3	1
Unit 16 – The Nursing 16.1- Three dialogue on nursing, profession, duties, job opportunities 16.2- Vocabulary about nursing; grammar: verbal and nominal sentences 16.3- Exercises on rearranging, fill in the blanks, correction, conversation	3	1
Unit 17 – Digestive System 17.1- Three paragraphs on digestive system, function of different body parts 17.2- Vocabulary about digestive system, grammar: singular, dual, plural 17.3- Exercises on rearranging, fill in the blanks, correction, conversation	3	0
Unit 18 – Kingdom of Saudi Arabia 18.1- Three paragraphs on KSA, geography, important cities, weather 18.2- Vocabulary about Hajj, Umrah, imports and exports, grammar: time and place, directions 18.3- Exercises on rearranging, fill in the blanks, correction, conversation	1	0
<b>Total</b>	30	6

Practical: Listening/speaking

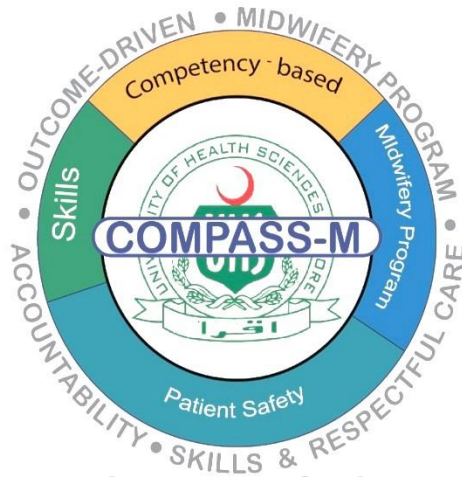
Course Contents	OSPEs/OSCEs
Greetings and Introduction/Daily Life/Food and Drinks	
The Study/Professions and Works/The Shopping	
Travel by Bus/about Hostel/Hotel/Journey by Train/ Plane	03
At Different Places/Police station/Bank/Hospital	
At Clinic/The Nursing	

Glossary

Miscellaneous exercises Suggested Books

1. Dr. Mahmoud Ismael Sini, Nasif Mustafa: **AI-ARABIYYAH LI AL- NASHIEN** (Reader 1, 2, 3) KSA, Department of Textbooks, 1403 AH.
2. Dr. Abd al-Rahman al-Fauzan Et al: **ARABIYYA H BAIN YADAYEKA** (Reader 1, 2) KSA, Arabic for All Project, 2014.
3. **AL-MUFEED FI AL-MUHADISAAT AL-ARABIYYAH** by A Committee of Authors, Allama Iqbal Open University, Islamabad.
4. Dr. Abd al-Raheem F: **DUROOS AL-LUGHAH LI GHAIIR AL-NATIQQEEN**

**BI HA** (Reader 1, 2) KSA, Islamic University of Medina, 1418 AH



# **CLINICAL LOG BOOK**

**Semester Based**

**BS-Midwifery**

*2025 VERSION 1*



# **CLINICAL LOG BOOK**

# BS Midwifery-Skill log book

Semester-I

**Course Title: Foundations of Midwifery care**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

Foundations of Midwifery care CH 3HRS

Fundamental Skills for Midwives CH 2HRS

Sr. No	Clinical/Skill	Level of competency	Minimum Frequency
1.	Sterilization, steps of Hand washing	1-2	20
2.	Preparing of different beds	1-5	20
3.	Bathing a patient in bed	1-5	10
4.	Measuring body temperature	1-5	50
5.	Assessment of pulse	1-5	50
6.	Assessment of Respiration	1-5	50
7.	Mouth care of unconscious patient	1-3	05
8.	Measurement of Height & Weight	1-5	05
9.	Admission of a patient in hospital	1-2	05
10.	Reflection writing	1-2	02
11.	Case study presentation	1-2	01

Sr. No	Procedures	Clinical Experience					
		Skill Lab Instructor Signature	Date	Ward Sister Signature	Date	Clinical instructor Signature	Date
1.	Sterilization, steps of Hand washing						
2.	Preparing of different beds						

3.	Bathing a patient in bed						
4.	Measuring body temperature						
5.	Assessment of pulse						
6.	Assessment of Respiration						
7.	Mouth care of unconscious patient						
8.	Measurement of Height & Weight						
9.	Admission of a patient in hospital						
10.	Reflection writing						
11.	Case study presentation						

## **BS Midwifery – Skill Log Book**

### **SEMESTER: II**

**Course Title: Health Assessment for Midwives 2.5CH**

**Fundamental Skills for Midwives CH 02**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

### **TABLE OF CONTENT**

Levels of competency = 1-5 (Novice to Expert)

S No	Clinical Portfolio	Level of competency	No
1.	History Taking Skills	1-4	20
2.	General Physical Examination	1-3	20
3.	History Taking Performa	1-3	20
4.	History Sheet for Child Care	1-3	20
5.	RTI, STI and Hepatitis Record Keeping Sheet	1-3	20
6.	<b>Skills Check Lists</b>		

	Bimanual Pelvic Examination	1-3	20
	Per Speculum Examination	1-3	20
	Breast examination by service provider	1-3	20
7.	Reflection Writing	1-3	4
8.	Case Study Presentation (One Per Semester)	1-4	1

### CLINICAL EXPERIENCE SIGN-OFF PERFORMA

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
10	History Taking Skills				
11	General Physical Examination				
12	History Taking Performa				
13	History Sheet for Child Care				
14	RTI,STI and Hepatitis Record Keeping Sheet				
<b>15</b>	<b>Skills Check Lists</b>				
	Bimanual Pelvic Examination				
	Per Speculum Examination				
	Breast examination by service provider				
<b>16</b>	Reflection Writing				
<b>17</b>	Case Study Presentation (One Per Semester)				

## **BS Midwifery – Skill Log Book** **Semester-III**

**Course Title: Primary Health Care CH= 2.5**

**Health Education & Counselling CH 01**

**Cultural Diversity & Family Care (Civics and Community Engagement) CH=01**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

### **Table of Content**

Levels of competency = 1-5 (Novice to Expert)

Sr. No.	Clinical/Skill	Competency level	Minimum Frequency
1.	Health Promotion	1-5	20
2.	Counselling & Health education	1-5	20
3.	Sterilization, steps of Hand washing	1-5	20
4.	Gloving	1-5	20
5.	Instrument Processing	1-5	20

6.	Breast examination	1-5	20
7.	Examination of Child with ARI	1-5	20
8.	Examination of sick child (Diarrhoea)	1-5	20
9.	Assessment of Hydration& Dehydration Status	1-5	20
10.	Preparation of Oral Rehydration Therapy	1-5	20
11.	Healthy Timing & Spacing for pregnancy (HTSP)	1-5	20
12.	Immunization (EPI) Schedule	1-3	20
13.	nutritional status (M&C)	1-5	20
14.	Examination of Child with Jaundice	1-5	20
15.	Cervical Cancer Screening Counselling	1-3	10
16.	Monitoring of Blood pressure	1-5	20
17.	Discharge of patient from hospital	1-5	10
18.	History taking skills	1-5	20
19.	General physical examination	1-5	20
20.	Bimanual pelvic examination	1-5	20
21.	Speculum examination	1-5	20
22.	Reflection writing	1-5	05
23.	Case study presentation	1-5	01

### **Clinical experience /sign off Performa**

<b>Sr. No</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
1.	Health Promotion				
2.	Counselling & Health education				
3.	Hand washing				
4.	Gloving				
5.	Instrument Processing				
6.	Breast examination				
7.	Examination of Child with ARI				
8.	Examination of sick child (Diarrhoea)				
9.	Assessment of Hydration& Dehydration Status				
10.	Preparation of Oral Rehydration Therapy				
11.	Healthy Timing & Spacing for pregnancy (HTSP)				
12.	Immunization (EPI)				
13.	Nutritional status (M&C)				
14.	Examination of Child with Jaundice				

15.	Cervical Screening Counselling				
16.	Monitoring of BP				
17.	Discharge of patient from Hospital				
18.	History taking				
19.	General Physical Examination (GPE)				
20.	Bimanual Pelvic Examination (PV)				
21.	Speculum Examination (PS)				
22.	Reflection Writing				
23.	Case Study presentation				

# BS Midwifery-Skill log book

## Semester IV

**Course Title:** Care for Pregnancy (Pre-conception & Antenatal) – I  
CH 03

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

### Table of Content

Levels of competency = 1-5 (Novice to Expert)

Sr. No.	Clinical/Skills	Level of competency	Minimum Frequency
1.	Obstetric history taking skills	1-5	20
2.	Examination of the Abdomen of pregnant lady	1-5	20
3.	GPE of Pregnant Lady	1-5	20
4.	Pregnancy test	1-5	20
5.	Urine test for albumin & sugar	1-5	20
6.	Schedule of tetanus toxoid immunization for pregnant lady	1-5	20
7.	Antenatal record keeping	1-3	20
8.	Preparation of pregnant lady for OGTT	1-5	10
9.	Assessment of preeclampsia, Eclampsia	1-3	10
10.	Immunization (EPI) Schedule	1-5	20
11.	Cervical Cancer Screening Counselling	1-5	10

### **Supervisor assessment**

No.	Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
1	Obstetric history taking skills				
2	Examination of the Abdomen of pregnant lady				
3	GPE of Pregnant Lady				
4	Pregnancy test				
5	Urine test for albumin & sugar				
6	Schedule of tetanus toxoid immunization for pregnant lady				
7	Antenatal record keeping				
8	Preparation of pregnant lady for OGTT				
9	Assessment of preeclampsia, Eclampsia				
10	Immunization (EPI) Schedule				
11	Cervical Cancer Screening Counselling				

# BS Midwifery-Skill log book

## Semester V

**Course Title:**

Care for Pregnancy (Pre-conception & Antenatal) – II CH= 1.5

Care for Labor and Birth – I = 2CH

Post-Partum Care for Mothers and Newborn– CH =1.5

Respectful Maternity Care CH =0.5

**Student Name:** - \_\_\_\_\_

**Registration No:** - \_\_\_\_\_

### Table of Content

Levels of competency = 1-5 (Novice to Expert)

No.	Technical/Skills	Level of Competency	Minimum Frequency
1.	Antenatal Record keeping	1-5	20
2.	Spontaneous vaginal delivery	1-3	20
3.	Counseling skills on maternity cycle	1-3	20
4.	Diagnosis of different stages of labour	1-4	20
5.	Partograph labelling	1-3	20
6.	Assistance in the Management of different stages of labour	1-3	20
7.	Perineal examination during labour	1-3	20
8.	Emollient application	1-5	20
9.	Perineal care application	1-4	20
10.	Record keeping of admission and discharge	1-5	20
11.	Immobilization of patient	1-5	20
12.	Postnatal care	1-5	10
13.	Apgar score	1-3	10
14.	Examination of new born	1-3	10
15.	Postnatal care of mother	1-3	20
16.	Breast feeding support	1-4	20
17.	Immunization schedule	1-5	20
18.	Decision on referral decision making	1-4	10
19.	Assessment of Pre-Eclampsia, Eclampsia	1-5	10

# **BS Midwifery-Skill log book**

## **Course Title: SEMESTER VI**

**Semester: VI**

**Care for Labor and Birth – II =2CH**

**Breast Feeding and Lactation Management= 2 CH**

### **Midwifery Practicum – II -CH 4**

**Student Name: - \_\_\_\_\_**

**Registration No: - \_\_\_\_\_**

#### **Table of contents**

<b>No</b>	<b>Skills</b>	<b>Level</b>	<b>Hours</b>
1.	Management of obstetric complications like cord prolapse, malposition, fetal distress	1-3	10
2.	OG application	1-5	20
3.	Partograph and labor guide labelling	1-4	20
4.	Diagnosis of different stages of labour	1-5	20
5.	Perineal examination during labour in high-risk pregnancy	1-5	20
6.	Preparation of Labour	1-4	20
7.	Maternity care during labour (intra natal care )	1-3	20
8.	Spontaneous vaginal delivery	1-5	20
9.	Postnatal examination of mother with normal or high-risk pregnancy	1-4	20
10.	Examination of new born	1-4	20
11.	Apgar score	1-4	20
12.	Resuscitation of new born	1-4	20
13.	Breastfeeding history and breast examination in antenatal & post-natal period	1-4	20
14.	Management of breastfeeding, initiation, suckling, positioning	1-5	20
15.	Engorged mother care	1-5	20
16.	Breast feeding of normal baby	1-5	20
17.	Breast feeding of sick or pre term baby	1-5	20
18.	Breast feeding support in normal and high-risk pregnancies	1-5	20
19.	Decision making or referral in high-risk pregnancy (case study)	1-3	5
20.	Pre-op preparation in surgical management of PPH	1-3	5
21.	Conselling skills on high risk maternity care	1-5	20

#### **Competency levels 1-5**

#### **Supervisor's remarks**

<b>Sr. No.</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
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1.	Management of obstetric complications like cord prolapse, malposition, fetal distress				
2.	CTG application				
3.	Partograph and labour guide labelling				
4.	Diagnosis of different stages of labour				
5.	Pelvic examination during labour in high risk pregnancy				
6.	Preparation of Labour				
7.	Maternity care of during labour ( intra natal care )				
8.	Spontaneous vaginal delivery				
9.	Postnatal examination of mother with normal or high risk pregnancy				
10.	Examination of new born				
11.	Apgar score				
12.	Resuscitation of new born				
13.	Breastfeeding history and breast examination in antenatal & post natal period				
14.	Management of breastfeeding, initiation , suckling ,positioning				
15.	Kangaroo mother care				
16.	Breast feeding of normal baby				
17.	Breast feeding of sick or pre term baby				
18.	Breast feeding support in normal and high-risk pregnancies				
19.	decision making or referral in high risk pregnancy (case study)				
20.	Pre-op preparation in surgical management of PPH				
21.	Counselling skills on high risk maternity care				

# **BS Midwifery- Skill Log Book**

## **SAMESTER VII**

### **Course Title:**

**Postpartum care for mothers and new born II CH =02**

**Midwifery Practicum – III CH= 03**

**Applied Pshycology Ch = 1**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

### **Table of Content**

Levels of competency = 1-5 (Novice to Expert)

<b>Sr. No</b>	<b>Skill Description</b>	<b>Competencies level</b>	<b>No</b>
1.	Apgar score	1-5	20
2.	Examination of new born	1-5	20
3.	Resuscitation of new born	1-5	20
4.	post natal examination of mother on 3rd day	1-5	20
5.	Ring pessary insertion	1-4	10
6.	Management of PPH medical management	1-5	10
7.	Pre op preparation of surgical management of PPH	1-5	5
8.	Reflection on the management of PPH	1-5	5
9.	Care of puerperal psychosis	1-5	5
10.	Decision making in high risk pregnancy	1-5	5

### **Supervisor assessment**

<b>Sr. No</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
1.	Apgar score				
2.	Examination of new born				
3.	Resuscitation of new born				
4.	post natal examination of mother on 3rd day				
5.	Ring pessary insertion				
6.	Management of PPH medical management				
7.	pre op preparation of surgical management of pph				
8.	Reflection on the management of PPH				
9.	Care of puerperal psychosis				
10.	Decision making in high risk pregnancy				

**BS Midwifery- Skill Log Book**  
**SEMESTER VIII**

**Course Title: Early Childhood Development CH = 1.5**

**Family Planning & Post Abortion Care CH =01**

**Midwifery Practicum – IV CH 4**

**Total Lab Hours: 0.5 Credit hour (1 Credit Hour = 3 Lab Hours)**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

Sr. No	Skill Description	Competency level	No
1.	Length measurement of new born	1-5	10
2.	Weight measurement of new born	1-5	10
3.	Measurement of head circumference	1-5	10
4.	Checking birth anomaly of new born	1-5	10
5.	Eye examination of new born	1-5	10

**Supervisor Assessment**

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
1.	Length measurement of new born				
2.	Weight measurement of new born				
3.	Measurement of head circumference				
4.	Checking birth anomaly of new born				
5.	Eye examination of new born				

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**BS Midwifery-Skill log book**  
Semester-I

**Course Title: Foundations of Midwifery care**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

Foundations of Midwifery care CH 3HRS

Fundamental Skills for Midwives CH 2HRS

Sr. No	Clinical/Skill	Level of competency	Minimum Frequency
12.	Sterilization, steps of Hand washing	1-2	20
13.	Preparing of different beds	1-5	20
14.	Bathing a patient in bed	1-5	10
15.	Measuring body temperature	1-5	50
16.	Assessment of pulse	1-5	50
17.	Assessment of Respiration	1-5	50
18.	Mouth care of unconscious patient	1-3	05
19.	Measurement of Height & Weight	1-5	05
20.	Admission of a patient in hospital	1-2	05
21.	Reflection writing	1-2	02
22.	Case study presentation	1-2	01

Sr. No	Procedures	Clinical Experience					
		Skill Lab Instructor Signature	Date	Ward Sister Signature	Date	Clinical instructor Signature	Date
12.	Sterilization, steps of Hand washing						
13.	Preparing of different beds						

14.	Bathing a patient in bed						
15.	Measuring body temperature						
16.	Assessment of pulse						
17.	Assessment of Respiration						
18.	Mouth care of unconscious patient						
19.	Measurement of Height & Weight						
20.	Admission of a patient in hospital						
21.	Reflection writing						
22.	Case study presentation						

**BS Midwifery – Skill Log Book**  
**SEMESTER: II**

**Course Title:** Health Assessment for Midwives 2.5CH  
Fundamental Skills for Midwives CH 02

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

**TABLE OF CONTENT**

Levels of competency = 1-5 (Novice to Expert)

<b>Sr. No</b>	<b>Clinical Portfolio</b>	<b>Level of competency</b>	<b>No</b>
9.	History Taking Skills	1-4	20
10.	General Physical Examination	1-3	20
11.	History Taking Performa	1-3	20
12.	History Sheet for Child Care	1-3	20
13.	RTI,STI and Hepatitis Record Keeping Sheet	1-3	20
14.	<b>Skills Check Lists</b>		
	Bimanual Pelvic Examination	1-3	20

	Per Speculum Examination	1-3	20
	Breast examination by service provider	1-3	20
15.	Reflection Writing	1-3	4
16.	Case Study Presentation (One Per Semester)	1-4	1

### CLINICAL EXPERIENCE SIGN-OFF PERFORMA

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
18.	History Taking Skills				
19.	General Physical Examination				
20.	History Taking Performa				
21.	History Sheet for Child Care				
22.	RTI,STI and Hepatitis Record Keeping Sheet				
23.	<b>Skills Check Lists</b>				
	Bimanual Pelvic Examination				
	Per Speculum Examination				
	Breast examination by service provider				
24.	Reflection Writing				
25.	Case Study Presentation (One Per Semester)				

### BS Midwifery – Skill Log Book Semester-III

Course Title: Primary Health Care CH= 2.5

Health Education & Counseling CH 01

Cultural Diversity & Family Care (Civics and Community Engagement) CH=01

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

Registration No.: \_\_\_\_\_

#### Table of Content

Levels of competency = 1-5 (Novice to Expert)

Sr. No.	Clinical/Skill	Competency level	Minimum Frequency
24.	Health Promotion	1-5	20
25.	Counselling & Health education	1-5	20
26.	Sterilization, steps of Hand washing	1-5	20
27.	Gloving	1-5	20
28.	Instrument Processing	1-5	20
29.	Breast examination	1-5	20
30.	Examination of Child with ARI	1-5	20
31.	Examination of sick child (Diarrhoea)	1-5	20
32.	Assessment of Hydration & Dehydration Status	1-5	20
33.	Preparation of Oral Rehydration Therapy	1-5	20
34.	Healthy Timing & Spacing for pregnancy (HTSP)	1-5	20

Sr. No.	Clinical/Skill	Competency level	Minimum Frequency
35.	Immunization (EPI) Schedule	1-3	20
36.	nutritional status (M&C)	1-5	20
37.	Examination of Child with Jaundice	1-5	20
38.	Cervical Cancer Screening Counselling	1-3	10
39.	Monitoring of Blood pressure	1-5	20
40.	Discharge of patient from hospital	1-5	10
41.	History taking skills	1-5	20
42.	General physical examination	1-5	20
43.	Bimanual pelvic examination	1-5	20
44.	Speculum examination	1-5	20
45.	Reflection writing	1-5	05
46.	Case study presentation	1-5	01

### Clinical experience /sign off Performa

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
11.	Health Promotion				
12.	Counselling & Health education				
13.	Hand washing				
14.	Gloving				
15.	Instrument Processing				
16.	Breast examination				
17.	Examination of Child with ARI				
18.	Examination of sick child (Diarrhoea)				
19.	Assessment of Hydration & Dehydration Status				
20.	Preparation of Oral Rehydration Therapy				
21.	Healthy Timing & Spacing for pregnancy (HTSP)				
22.	Immunization( EPI)				
23.	Nutritional status (M&C)				
24.	Examination of Child with Jaundice				
25.	Cervical Screening Counselling				
26.	Monitoring of BP				
27.	Discharge of patient from Hospital				
28.	History taking				
29.	General Physical Examination (GPE)				

30.	Bimanual Pelvic Examination (PV)				
31.	Speculum Examination (PS)				
32.	Reflection Writing				
33.	Case Study presentation				

## BS Midwifery-Skill log book

### Semester IV

**Course Title:** Care for Pregnancy (Pre-conception & Antenatal) – I

CH 03

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

#### Table of Content

Levels of competency = 1-5 (Novice to Expert)

Sr. No.	Clinical/Skills	Level of competency	Minimum Frequency
12.	Obstetric history taking skills	1-5	
13.	Examination of the Abdomen of pregnant lady	1-5	20
14.	GPE of Pregnant Lady	1-5	20
15.	Pregnancy test	1-5	20
16.	Urine test for albumin & sugar	1-5	20
17.	Schedule of tetanus toxiod immunization for pregnant lady	1-5	20
18.	Antenatal record keeping	1-3	20
19.	Preparation of pregnant lady for OGTT	1-5	10
20.	Assessment of preeclampsia, Eclampsia	1-3	10
21.	Immunization (EPI) Schedule	1-5	20
22.	Cervical Cancer Screening Counselling	1-5	10

#### **Supervisor assessment**

Sr. No.	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
1	Obstetric history taking skills				
2	Examination of the Abdomen of pregnant lady				
3	GPE of Pregnant Lady				
4	Pregnancy test				
5	Urine test for albumin & sugar				
6	Schedule of tetanus toxiod immunization for pregnant lady				
7	Antenatal record keeping				
8	Preparation of pregnant lady for OGTT				
9	Assessment of preeclampsia, Eclampsia				
10	Immunization (EPI) Schedule				

No.	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
11	Cervical Cancer Screening Counselling				

**BS Midwifery-Skill log book**  
**Semester V**

**Course Title:**

Care for Pregnancy (Pre-conception & Antenatal) – II CH= 1.5

Care for Labor and Birth – I = 2CH

Post-Partum Care for Mothers and Newborn– CH =1.5

Respectful Maternity Care CH =0.5

**Student Name:-** \_\_\_\_\_

**Registration No:-** \_\_\_\_\_

**Table of Content**

Levels of competency = 1-5 (Novice to Expert)

No.	Technical/Skills	Level of Competency	Minimum Frequency
20.	Antenatal Record keeping	1-5	20
21.	Spontaneous vaginal delivery	1-3	20
22.	Counselling skills on maternity cycle	1-3	20
23.	Diagnosis of different stages of labour	1-4	20
24.	Partograph labelling	1-3	20
25.	Assistance in the Management of different stages of labour	1-3	20
26.	Perineal examination during labour	1-3	20
27.	Emesis application	1-5	20
28.	OTG application	1-4	20
29.	Record keeping of admission and discharge	1-5	20
30.	Catheterization of patient	1-5	20
31.	Postnatal care	1-5	10
32.	Apgar score	1-3	10
33.	Examination of new born	1-3	10
34.	Postnatal care of mother	1-3	20
35.	Breast feeding support	1-4	20
36.	Immunization schedule	1-5	20
37.	Reflection on referral decision making	1-4	10
38.	Assessment of Pre-Eclampsia, Eclampsia	1-5	10

## BS Midwifery-Skill log book

**Course Title: SEMESTER VI**

**Semester: VI**

**Care for Labor and Birth – II =2CH**

**Breast Feeding and Lactation Management= 2 CH**

**Midwifery Practicum – II -CH 4**

**Student Name:- \_\_\_\_\_**

**Registration No:- \_\_\_\_\_**

### Table of contents

Sr. No	Skills	Level	No
22.	Management of obstetric complications like cord prolapse, malposition, fetal distress	1-3	10
23.	OG application	1-5	20
24.	Partograph and labor guide labelling	1-4	20
25.	Diagnosis of different stages of labour	1-5	20
26.	Perineal examination during labour in high risk pregnancy	1-5	20
27.	Preparation of Labour	1-4	20
28.	Maternity care during labour ( intra natal care )	1-3	20
29.	Spontaneous vaginal delivery	1-5	20
30.	Postnatal examination of mother with normal or high risk pregnancy	1-4	20
31.	Examination of new born	1-4	20
32.	Apgar score	1-4	20
33.	Resuscitation of new born	1-4	20
34.	Breastfeeding history and breast examination in antenatal & post natal period	1-4	20
35.	Management of breastfeeding, initiation, suckling, positioning	1-5	20
36.	Kangaroo mother care	1-5	20
37.	Breast feeding of normal baby	1-5	20
38.	Breast feeding of sick or pre term baby	1-5	20
39.	Breast feeding support in normal and high-risk pregnancies	1-5	20
40.	Decision making or referral in high risk pregnancy (case study)	1-3	5
41.	Pre-op preparation in surgical management of PPH	1-3	5
42.	Counselling skills on high risk maternity care	1-5	20

### Competency levels 1-5

#### Supervisor's remarks

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
22.	Management of obstetric complications like cord prolapse, malposition, fetal distress				

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
23.	CTG application				
24.	Partograph and labour guide labelling				
25.	Diagnosis of different stages of labour				
26.	Pelvic examination during labour in high risk pregnancy				
27.	Preparation of Labour				
28.	Maternity care of during labour ( intra natal care )				
29.	Spontaneous vaginal delivery				
30.	Postnatal examination of mother with normal or high risk pregnancy				
31.	Examination of new born				
32.	Apgar score				
33.	Resuscitation of new born				
34.	Breastfeeding history and breast examination in antenatal & post natal period				
35.	Management of breastfeeding, initiation , suckling ,positioning				
36.	Kangaroo mother care				
37.	Breast feeding of normal baby				
38.	Breast feeding of sick or pre term baby				
39.	Breast feeding support in normal and high-risk pregnancies				
40.	decision making or referral in high risk pregnancy (case study)				
41.	Pre-op preparation in surgical management of PPH				
42.	Counselling skills on high risk maternity care				

**BS Midwifery- Skill Log Book**

**SAMESTER VII**

**Course Title:**

**Postpartum care for mothers and new born II CH =02**

**Midwifery Practicum – III CH= 03**

**Applied Pshycology Ch = 1**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

**Table of Content**

Levels of competency = 1-5 (Novice to Expert)

<b>Sr. No</b>	<b>Skill Description</b>	<b>Competencies level</b>	<b>No</b>
1.	Apgar score	1-5	20
2.	Examination of new born	1-5	20
3.	Resuscitation of new born	1-5	20
4.	post natal examination of mother on 3rd day	1-5	20
5.	Ring pessary insertion	1-4	10
6.	Management of PPH medical management	1-5	10
7.	Pre op preparation of surgical management of PPH	1-5	5
8.	Reflection on the management of PPH	1-5	5
9.	Care of puerperal psychosis	1-5	5
10.	Decision making in high risk pregnancy	1-5	5

**Supervisor assessment**

<b>Sr. No</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
11.	Apgar score				
12.	Examination of new born				
13.	Resuscitation of new born				
14.	post natal examination of mother on 3rd day				
15.	Ring pessary insertion				
16.	Management of PPH medical management				
17.	pre op preparation of surgical management of pph				
18.	Reflection on the management of PPH				
19.	Care of puerperal psychosis				
20.	Decision making in high risk pregnancy				

**BS Midwifery- Skill Log Book**  
**SEMESTER VIII**

**Course Title: Early Childhood Development CH = 1.5**  
**Family Planning & Post Abortion Care CH =01**

**Midwifery Practicum – IV CH 4**

**Total Lab Hours: 0.5 Credit hour (1 Credit Hour = 3 Lab Hours)**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

Sr. No	Skill Description	Competency level	No
6.	Length measurement of new born	1-5	10
7.	Weight measurement of new born	1-5	10
8.	Measurement of head circumference	1-5	10
9.	Checking birth anomaly of new born	1-5	10
10.	Eye examination of new born	1-5	10

**Supervisor Assessment**

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
6.	Length measurement of new born				
7.	Weight measurement of new born				
8.	Measurement of head circumference				
9.	Checking birth anomaly of new born				
10.	Eye examination of new born				

**Semester I**

**Foundations of Midwifery care CH 3HRS**

**Fundamental Skills for Midwives CH 2HRS**

**Course Title: Foundations of Midwifery care**

**Table of Content**

S No	Clinical Portfolio	P. No
<u>1</u>	<u>Clinical Objectives</u>	
<u>2</u>	<u>History Taking Performa</u>	
<u>3</u>	<u>Physical Examination Checklists</u>	
<u>5</u>	<u>Skills Checklists</u>	
<u>6</u>	<u>Reflection Writing</u>	
<u>7</u>	<u>Case Study presentation (One Per Semester)</u>	

<b>Sr. No</b>	<b>Skills</b>	<b>Level of competency</b>	<b>Minimum Frequency</b>
1.	Sterilization, steps of Hand washing	1-2	20
2.	Preparing of different beds	1-5	20
3.	Bathing a patient in bed	1-5	10
4.	Measuring body temperature	1-2	50
5.	Assessment of pulse	1-2	50
6.	Assessment of Respiration	1-2	50
7.	Monitoring of Blood pressure	1-2	50
8.	Mouth care of unconscious patient	1-2	05
9.	Measurement of Height & Weight	1-2	05
10.	Admission of a patient in hospital	1-2	05
11.	Discharge of patient in hospital	1-2	05

### Preparing of different beds

Sr. No	Procedures	Clinical Experience					
		Skill Lab Instructor Signature	Date	Ward Sister Signature	Date	Clinical instructor Signature	Date
1.	Sterilisation, steps of hand washing						
2.	Preparing of different beds						
3.	Bathing a patient in bed						
4.	Measuring body temperature						
5.	Assessment of pulse						
6.	Assessment of Respiration						
7.	Monitoring of Blood pressure						
8.	Mouth care of unconscious patient						
9.	Measurement of Height & Weight						
10.	Admission of a patient in hospital						
11.	Discharge of patient in hospital						

#### Preparation of Unoccupied / Occupied Bed

#### Equipment Required:

- Gloves, as per need
- Personal protective equipment, as indicated

- Flat sheet
- Fitted sheet, if available
- Draw sheet
- Mackintosh
- Blanket
- Pillowcase
- Plastic laundry bag or portable linen hamper, if available

### Checklist

Sr. No	Tasks	Yes	No	Comments
1.	Introduce self if the client is in bed, Verify the client's identity. Explain the procedure and its importance to the client.			
2.	Perform hand hygiene and consider other infection control measures if indicated.			
3.	Put Screen or close the door.			
4.	Use overbed table or client's chair to Place fresh linen; do not put it on another client's bed.			
5.	Assist the client to get out of bed using appropriate assistive devices.			
6.	Raise the bed to a comfortable working height. Drop the side rails.			
7.	Wear disposable gloves if there is Contamination.			
8.	<p><b>Strip the bed.</b></p> <ul style="list-style-type: none"> <li>• Check if there is any item belonging to the client</li> <li>• Detach the call bell or any drainage tubes from the bed linen.</li> <li>• Systematically loosen all bedding by moving around bed.</li> <li>• Pillowcase if soiled, remove it and place it on the bedside chair</li> <li>• Fold linens, such as top sheet as it can be reused.</li> <li>• Wrap all dirty linen inside the bottom sheet and place it directly in the linen hamper holding it away from your uniform.</li> <li>• Hold the mattress tightly and move up to the head of the bed. Clean mattress if soiled</li> <li>• Remove and discard gloves and perform hand hygiene</li> </ul>			
9.	Place the bottom sheet with its center			

Sr. No	Tasks	Yes	No	Comments
	fold in the center of the bed. Open the sheet and fan-fold to the center			
10.	Place Mackintosh and drawsheet (optional) in the same manner and position it as it comes under midsection of the client.			
11.	Pull the bottom sheet over the corners at the head and foot of the mattress by making mitered corners. Tuck the draw sheet securely under the mattress			
12.	Move to the other side and repeat the procedure			
13.	Place the top sheet on the bed with its center fold in the center of the bed and with the hem align with the head of the mattress. Unfold the top sheet. Follow same procedure with top blanket or spread, keep the upper edge about 6 inches below the top of the sheet.			
14.	Tuck them under the foot of the bed or the near side by making Mitered corners.			

### Preparing an Occupied Bed

#### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Introduce self to the client Verify the client's identity. Explain the procedure to the client.			
2.	Perform hand hygiene and consider other infection control measures if indicated.			
3.	Put Screen or close the door.			
4.	Use overbed table or client's chair to place fresh linen; do not put it on another client's bed.			
5.	Raise the bed to a comfortable working height. Drop the side rails.			
6.	Wear disposable gloves if there is Contamination.			
7.	<b>Remove the top bedding.</b> a. Detach the call bell or any drainage tubes from the bed linen. b. Systematically loosen all bedding by moving			

Sr. #	Tasks	Yes	No	Comments
	<p>around bed.</p> <p>c. Remove blanket but Leave the top sheet over the client or replace it with bath blanket. Spread the bath blanket over the top sheet and ask the client to hold the top edge of the blanket. Then grasp the top edge of the sheet and draw it down to the foot of the bed reaching under the blanket and leave the blanket in place. Remove the sheet from the bed and place it in the soiled linen hamper directly.</p>			
8.	<p><b>Change the bottom sheet and drawsheet.</b></p> <ul style="list-style-type: none"> <li>• Raise the side rail.</li> <li>• Assist the client to turn on the side away from you toward the raised side rail.</li> <li>• Loosen the bottom linens on the free side of bed</li> <li>• Fanfold the dirty linen (i.e., drawsheet and the bottom sheet) toward the center of the bed and client as close to as possible.</li> <li>• Place the new bottom sheet on the bed, and vertically fanfold as close to the client as possible.</li> <li>• Miter the corner and tuck the sheet under the near half of the bed</li> <li>• Do same with the mackintosh and Drawsheet.</li> <li>• Assist the client to roll backward towards you over clean and fanfolded linen</li> <li>• Move the pillows towards clean side and raise the side rail.</li> <li>• Move to the other side of the bed, lower the side rail and remove the used linen and place it in the dirty linen hamper.</li> <li>• Unfold the fanfolded bottom sheet and use both hands to pull the bottom sheet and tuck and make mitered corners.</li> <li>• Similarly unfold the drawsheet and pull the sheet in three divisions: <ul style="list-style-type: none"> <li>(a) Face the side of the bed to pull the middle division,</li> <li>(b) face the far top corner to pull the bottom division, and</li> </ul> </li> </ul>			

Sr. #	Tasks	Yes	No	Comments
	(c) face the far bottom corner to pull the top division. Tuck the excess drawsheet under mattress.			
9.	Reposition the client in the center of the bed. Place the client in recommended or comfortable position.			
10.	Place the top sheet on the bed with its center fold in the center of the bed and with the hem align with the head of the mattress. Unfold the top sheet. Follow same procedure with top blanket or spread, ask client to hold top bedding and remove bath blanket			
11.	Move to the other side of the bed and secure the top bedding in the same manner			
12.	Raise the side rails and Attach the call light to the bed linen within the client's reach.			
13.	Reposition all things (bedside table and over bed table)			
14.	Dispose of soiled linen according to agency policy. Remove any other PPE, if used. Perform hand hygiene.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Bathing a Patient in Bed

#### Equipment Required:

- Washbasin and warm water
- Personal hygiene supplies (deodorant, lotion, and others)
- Skin-cleaning agent
- Emollient and skin barrier, as indicated
- Towels (2)
- Washcloths (2)
- Bath blanket
- Gown or pajamas
- Bedpan or urinal
- Laundry bag
- Nonsterile gloves; other PPE as indicated

### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Review the chart for any limitations regarding the patient's physical activity.			
2.	Place the necessary equipment on the bed side stand or over bed table.			
3.	Perform hand hygiene and don gloves and/ or other personal protective equipment (PPE) as indicated.			
4.	Identify the patient, explain the procedure, and assess the patient's ability to assist with the bathing process along with their personal hygiene preferences.			
5.	Close the curtains around the bed and the door to the room, if possible. Adjust the room temperature as needed.			
6.	Remove sequential compression devices and anti-embolism stockings from the lower extremities according to agency protocol.			
7.	Offer patient bedpan or urinal.			
8.	Remove gloves and perform hand hygiene.			
9.	Adjust the bed to a comfortable working height, typically at the caregiver's elbow height.			
10.	Put on gloves. Lower the side rail closest to you and assist the patient to the side of the bed where you will be working. Position the patient on their back.			
11.	Loosen the top covers and remove all except the top sheet. Place a bath blanket over the patient and then remove the top sheet while the patient holds the bath blanket in place. Place the soiled linen in a laundry bag.			
12.	Remove the patient's gown while keeping the bath blanket in place. If the patient has			

Sr. #	Tasks	Yes	No	Comments
	an IV line and is not wearing a gown with snap sleeves, remove the gown from the arm without the IV line first.			
13.	Raise side rails. Fill basin with a sufficient amount of comfortably warm water (110°F to 115°F). Add the skin cleanser, if appropriate, according to manufacturer's directions.			
14.	Put on gloves, if necessary. Fold the washcloth into a mitt shape on your hand ensuring there are no loose ends.			
15.	Place a towel across the patient's chest on top of the bath blanket.			
16.	Without using any cleanser, wipe one eye from the inner corner near the nose to the outer corner. Rinse or turn the washcloth before cleaning the other eye.			
17.	Bathe patient's face, neck, and ears. Apply appropriate emollient.			
18.	Expose the patient's far arm and place a towel lengthwise underneath it. Using firm strokes, wash the hand, arm, and axilla, lifting the arm as needed to access the axillary region. Rinse, if necessary, then dry the area. Apply an appropriate emollient.			
19.	Place a folded towel on the bed next to the patient's hand and set the basin on top of it. Soak the patient's hand in the basin, then apply an appropriate emollient.			
20.	Repeat Actions 15 and 16 for the arm nearer you.			
21.	Spread a towel across the patient's chest and lower the bath blanket to the umbilical area. Wash, rinse if necessary, and dry the chest, keeping it covered with the towel between washing and rinsing. Pay special attention to the folds of skin under			

Sr. #	Tasks	Yes	No	Comments
	the breasts.			
22.	Lower bath blanket to the perineal area. Place a towel over patient's chest.			
23.	Wash, rinse, if necessary, and dry abdomen. Carefully inspect and clean umbilical area and any abdominal folds or creases			
24.	Return the bath blanket to its original position and expose the far leg. Place a towel under the far leg. Using firm strokes, wash, rinse if necessary, and dry the leg from the ankle to the knee, then from the knee to the groin. Apply an appropriate emollient.			
25.	Wash, rinse if necessary, and dry the foot paying particular attention to the areas between the toes. Apply an appropriate emollient.			
26.	Repeat Actions 21 and 22 for the other leg and foot			
27.	Make sure patient is covered with bath blanket. Change water and washcloth at this point or earlier, if necessary.			
28.	Assist the patient into a prone or side lying position. Put on gloves if you haven't already. Arrange the bath blanket and towel to expose only the back and buttocks.			
29.	Wash, rinse if necessary, and dry the back and buttocks area, paying particular attention to cleansing between the gluteal folds. Observe the sacral area for any redness or skin breakdown.			
30.	If not contraindicated, give the patient a backrub. A back massage may also be given after perineal care. Apply an appropriate emollient and/or skin barrier			

Sr. #	Tasks	Yes	No	Comments
	product.			
31.	Raise the side rail. Refill basin with clean water. Discard washcloth and towel. Remove gloves and put on clean gloves.			
32.	Clean perineal area or set patient up so that he or she can complete perineal self care. If the patient is unable, lower the side rail and complete perineal care following guidelines in the accompanying Skill Variation. Apply skin barrier, as indicated. Raise side rail, remove gloves, and perform hand hygiene.			
33.	Help patient put on a clean gown and assist with the use of other personal toiletries, such as deodorant or cosmetics.			
34.	Protect pillow with towel and groom patient's hair.			
35.	When finished, make sure the patient is comfortable, with the side rails up and the bed in the lowest position.			
36.	Replace bed sheets. Get rid of soiled bed sheets based on procedures of the agency. Take off gloves as well as any other PPE if employed. Wash your hands.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Assessing Body Temperature

#### Equipment Required:

- Thermometer (selected based on site used)
- Thermometer sheath or cover
- Water-soluble lubricant for a rectal temperature
- Clean gloves for a rectal temperature
- Towel for axillary temperature
- Tissues/wipes

- Additional PPE, as indicated
- Pencil or pen, paper or flow sheet, computerized record

### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Check medical order or nursing care plan for frequency of measurement and route. Bring necessary equipment to the bedside stand or over bed table.			
2.	Perform hand hygiene and put on Personal Protective Equipment (PPE), if indicated.			
3.	Identify the patient. Introduce yourself and explain the procedure to patient.			
4.	Close curtains around bed and close the door to the room, for the privacy of patient			
5.	Ensure the electronic or digital thermometer is in working condition.			
6.	Select the appropriate site based on previous assessment data.			
7.	Place the thermometer. <ul style="list-style-type: none"> <li>• Apply a protective sheath or probe cover if appropriate.</li> </ul> Lubricate a rectal thermometer.			
8.	Wait the appropriate amount of time. Electronic thermometer will indicate that the reading is complete through a light or tone.			
9.	When measurement is completed, remove gloves, if worn. Remove additional PPE, if used. Perform hand hygiene.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Assessing Peripheral Pulse

#### Equipment Required

- Wrist watch with second hand or digital display
- Pen and vital sign flow sheet or electronic health record (EHR)

### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Check medical order or nursing care plan for frequency of measurement and route. Bring necessary equipment to the bedside stand or overbed table.			
2.	Perform hand hygiene and put on Personal Protective Equipment (PPE), if indicated.			
3.	Identify the patient. Introduce yourself and explain the procedure to patient.			
4.	Close curtains around bed and close the door to the room, for the privacy of patient.			
5.	Select the appropriate peripheral site based on assessment data.			
6.	Move the patient's clothing to expose only the site chosen.			
7.	Place your first, second, and third fingers over the artery. Lightly compress the artery so pulsations can be felt and counted.			
8.	Using a watch with a second hand, count the number of pulsations felt for 30 seconds. Multiply this number by 2 to calculate the rate for 1 minute. If the rate, rhythm, or amplitude of the pulse is abnormal in any way, palpate and count the pulse for 1 minute.			
9.	Note the rhythm and amplitude of the pulse			
10.	Assist patient return to comfortable position.			
11.	When measurement is completed, remove gloves, if worn. Remove additional PPE, if used. Perform hand hygiene.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Assessment of Respiration

### Equipment Required:

- Stethoscope
- Watch with second hand or digital readout
- Pencil/Pen, Sheet
- Personal protective equipment (PPE)

### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Prior to perform the procedure, introduce yourself and verify the client's identity using agency protocol			
2.	Draw curtain around bed or close door Perform hand hygiene.			
3.	Note the rise and fall of the patient's chest			
4.	Observe the patient's respirations while your fingers are placed for pulse measurement.			
5.	Count the numbers of respiration for 30 seconds using watch and multiply it with 2 to calculate the respiratory rate per minute.			
6.	If you feel any abnormality in respiration, count the respirations for at least 1 full Minute			
7.	Note the depth and rhythms of Respirations			
8.	When measurement is completed, cover the patient and help him or her to a position of comfort.			
9.	Perform Hand hygiene.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Monitoring Arterial Blood Pressure

### Equipment Required:

- Stethoscope
- Sphygmomanometer
- Blood pressure cuff of appropriate size
- Pencil or pen, paper or flow sheet
- Alcohol swab
- Personal protective equipment (PPE)

### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Prior to performing the procedure, introduce yourself and verify the client's identity using agency protocol.			
2.	Draw curtain around bed or close door. Perform hand hygiene and put on PPE.			
3.	Explain procedure to patient so the patient is able to assist you with the procedure.			
4.	For application of the cuff, choose the appropriate arm.			
5.	Make sure that the patient is comfortable either lying or sitting position with the forearm supported at the level of the heart and the palm of the hand upward. In sitting position, it is important to let the patient sit back on the chair fully depending on the back of the chair. In addition, make sure the patient keeps the legs uncrossed.			
6.	Remove the garments to expose the brachial artery and to place the cuff.			
7.	Locate the brachial artery by palpation. Place the bladder of the cuff over the brachial artery, positioning it midway of the arm so that the lower edge of the cuff is 2.5 to 5 cm (1 to 2 inches) above the inner elbow. Align the artery marking of the cuff with the patient's brachial artery.			

Sr. #	Tasks	Yes	No	Comments
	and ensure the tubing extends from the cuff edge closer to the patient's elbow.			
8.	Ensure that your equipment is calibrated. There is no zero error (zero of instrument is not at zero position).			
9.	For <b>estimating systolic pressure</b> , inflate the cuff with continuously palpating the brachial artery by pressing gently with the fingertips. Note the point on the gauge where the pulse disappears.			
10.	Deflate the cuff and wait for 1 minute.			
11.	Place the earpiece of stethoscope in your ears and bell of stethoscope on brachial artery firmly but with little pressure. Make sure it is not touching any cloth or cuff.			
12.	Inflate the cuff with the pressure almost 30 mm Hg more than the estimated systolic pressure and then allow the air to escape slowly (allowing the gauge to drop 2 to 3 mm per second)			
13.	Note the point on the gauge when the first faint but clear sound is heard that increases in intensity slowly.			
14.	Don't re-inflate the cuff again to recheck the systolic blood pressure.			
15.	Note the point at which the sound completely disappears.			
16.	Remove the remaining air quickly. Repeat any suspicious reading but after the pause of 1 minute.			
17.	After completing the procedure, remove the cuff and maintain the patient's comfortable position.			
18.	Remove the PPE and perform hand hygiene.			
19.	Disinfect the apparatus using alcohol.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Oral Hygiene

### Equipment Needed

- Toothbrush
- A glass filled with chilled water
- Dental floss (optional)
- Equipment for washing dentures
- Paste for teeth
- Single-use gloves
- Cup for dentures
- Mouth wash not necessary
- Basin of Emesis
- Towel
- Denture cleans

### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	If helping with dental care, wash your hands thoroughly and put on gloves or other protective gear (PPE) as needed.			
2.	Determine who the patient is. Give the patient an explanation of the process.			
3.	Place equipment within the patient's reach on an overbed table.			
4.	Close the drapes or the mother's door. Adjust the bed to a suitable and comfortable height for the caregiver, usually elbow height.			
5.	If the patient is allowed, lower the side rail and twist them into a sitting position, or flip them onto their side. Lay a cloth over the patient's chest for privacy. Make the bed comfy enough to work in.			
6.	Brush with moistened hands and coat bristles with toothpaste.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Measurement of Height and Weight

#### Equipment Required:

- Stadiometer
- Tape Measure
- Height Rod
- Digital Scale

- Mechanical Scale
- Privacy Screen
- Pen or Ball Point

### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Ensure the scale is calibrated and on a flat, stable surface.			
2.	Instruct the patient to remove shoes, heavy clothing, and accessories.			
3.	Explain the procedure to the patient.			
4.	Ask the patient to stand in the center of the scale with feet slightly apart and arms at their sides.			
5.	Wait for the scale to stabilize and record the weight.			
6.	Provide the patient with their weight information.			
	<b>Height Measurement</b>			
7.	Ensure the stadiometer and scale are calibrated and positioned correctly.			
8.	Explain the procedure to the patient.			
9.	Ask the patient to remove shoes, heavy clothing, and accessories.			
10.	Have the patient stand straight with back against the stadio-meter or wall, feet together, and arms at sides.			
11.	Ensure the patient's head is in the Frankfurt plane.			
12.	Lower the headpiece to touch the crown of the head and read the measurement at eye level.			
13.	Provide the patient with their height information.			

### Admitting a Patient

#### Checklist

Sr. #	Tasks	Yes	No	Comments
1.	Complete patient medication reconciliation by checking home medication list for duplication, omission or potential drug interactions with newly ordered medications. Update medication list based on health care provider's			

Sr. #	Tasks	Yes	No	Comments
	orders for treatment.			
2.	Inform patient about procedures or treatments scheduled for the next shift of day (e.g., visits by health care provider or dietitian). These vary based on nature of patient's condition.			
3.	Complete learning needs assessment for patient and family.			
4.	Give patient and family chance to ask questions about procedures or therapies (If patient is unresponsive or unable to understand, review with family).			
5.	Collect valuables that patient chooses to keep at agency. Complete clothing and valuables listing sheet (see agency policy). Have patient or family member sign it. Place valuables in agency safe or send home with family.			
6.	Ensure that patient and family have time together alone if desired.			
7.	Be sure that call light is within easy reach and bed is in low position. (Check agency policy regarding use of side rails.)			
8.	Perform hand hygiene.			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Discharging Patients Checklist

Sr. #	Tasks	Yes	No	Comments
1	<p>Preparation before day of discharge:</p> <ul style="list-style-type: none"> <li>a) Suggest ways to change physical arrangement of home to meet patient's needs</li> <li>b) Provide patient and family with information about community health care resources (e.g., medical equipment companies, Meals on Wheels, adult day care). Referrals are usually made while patient is in hospital.</li> <li>c) Conduct teaching sessions with patient and family as soon as possible during hospitalization (e.g., signs and symptoms of complications, information regarding medications, use of medical equipment, follow-up care, diet, exercise, restrictions imposed by illness or surgery). Refer patient to reliable and current resources on the Internet.</li> <li>d) Communicate patient's and family's response to teaching and proposed discharge plan to other health care team members.</li> </ul>			
2	<p>Procedure on day of discharge:</p> <ul style="list-style-type: none"> <li>a) Let patient and family ask questions or discuss issues related to home care. A final opportunity to demonstrate learned skills is helpful.</li> <li>b) Check health care provider's discharge orders for prescriptions, change in treatments, or need for special medical equipment. (Make sure that orders are written as early as possible.)</li> <li>c) Determine whether patient or family has arranged for transportation.</li> </ul>			

Sr. #	Tasks	Yes	No	Comments
	<p>d) Provide privacy and assistance as patient dresses and packs a personal belongings. Check closets and drawers for belongings. Obtain copy of valuables list signed by patient and have security or appropriate administrator deliver valuables to patient.</p> <p>e) Complete medication reconciliation per agency policy. Check discharge medication orders against the medication administration record and home medication list. Offer a final review of information needed to facilitate safe medication self administration.</p> <p>f) Provide information on follow-up appointments to health care provider's office. Provide phone number of units.</p> <p>g) Contact agency business office to determine whether patient needs to finalize arrangements for payment of bill. Arrange for patient or family to visit business office</p> <p>h) Acquire utility cart to move patient's belongings. Obtain wheelchair for patient. Transport patients leaving by ambulance or ambulance stretchers.</p> <p>i) Assist patient to wheelchair or stretcher using safe patient handling and transfer techniques. Escort patient to entrance of agency where source of transportation is waiting (see agency policy) (see illustrations).</p> <p>j) Return to division. Notify admitting or appropriate department of time of discharge. Notify housekeeping of need to clean patient's room.</p>			

Nursing instructor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Skill: Perform Aseptic Handwash Protocols

#### Equipment Required:

- Clean running water (temperature-regulated)
- Antimicrobial soap (e.g., chlorhexidine, povidone-iodine) or alcohol-based hand rub
- Disposable paper towels
- Foot- or elbow-operated sink/faucet (preferred)
- Waste bin (preferably foot-operated)
- Nail brush (if indicated)

#### Checklist:

Sr. #	Tasks	Yes	No	Comments
1	Remove all jewelry (rings, watch) and inspect hands for cuts or abrasions			
2	Turn on water using elbow/foot controls or with a paper towel if manual faucet			
3	Wet hands and forearms thoroughly			
4	Apply antimicrobial soap without touching the dispenser nozzle			
5	Rub palms together, covering all surfaces			
6	Rub back of each hand with opposite palm			
7	Interlace fingers and clean between them			
8	Rub backs of fingers to opposing palms with fingers interlocked			
9	Rotational rubbing of each thumb clasped in opposite hand			
10	Rub fingertips in opposite palm in circular motion			
11	Rub each wrist with opposite hand (if surgical handwash, include forearms)			
12	Continue washing for recommended duration (40–60 sec for hygienic, 2–6 min surgical)			
13	Rinse thoroughly from fingertips down to wrists/elbows without splashing			

Sr. #	Tasks	Yes	No	Comments
14	Allow water to drip off fingertips without shaking hands			
15	Dry thoroughly using disposable towel from fingertips to wrist			
16	Use the towel to turn off faucet if not foot/elbow operated			
17	Dispose of towel properly in designated waste bin			
18	Inspect hands to confirm they are visibly clean and dry			
19	Document the procedure as required (e.g., audit checklist or clinical notes)			

### Skill: Perform Aseptic Gowning

#### Equipment Required:

- Sterile gown (disposable or reusable)
- Sterile gloves (pair)
- Surgical mask and cap (already worn)
- Sterile drape or gown pack
- Handwashing or hand antisepsis area
- Waste bin for packaging

#### Checklist:

Sr. #	Tasks	Yes	No	Comments
1	Verify procedure to be performed and location of sterile field.			
2	Perform surgical handwashing or hand antisepsis thoroughly.			
3	Enter sterile area without touching non-sterile surfaces.			
4	Open sterile gown pack carefully without contamination.			
5	Pick up gown by inside neck area only (touch only the inside).			
6	Let the gown unfold naturally without shaking.			
7	Insert both arms into sleeves without pushing hands through cuffs.			

Sr. #	Tasks	Yes	No	Comments
8	Allow a sterile assistant to tie gown at back and secure neckline.			
9	Don sterile gloves using closed-glove technique (hands inside sleeves).			
10	Adjust gloves and gown without touching non-sterile areas.			
11	Maintain sterility by keeping hands above waist and in front.			
12	Dispose of packaging materials in appropriate receptacles.			
13	Confirm readiness for sterile procedure.			

### Skill: Perform Aseptic Gloving

#### Equipment Required:

- Sterile gloves (correct size)
- Hand sanitizer or antiseptic handwash supplies
- **Clean, flat surface** for gloving procedure
- Waste bin (preferably foot-operated)

#### Checklist:

Sr. #	Tasks	Yes	No	Comments
1	Verify the procedure and gather necessary equipment			
2	Perform hand hygiene using antiseptic hand rub or wash			
3	Ensure hands are completely dry before gloving			
4	Inspect glove packaging for integrity and expiration date			
5	Open the outer glove package carefully without contaminating inner contents			
6	Open the sterile inner wrapper using the flaps, touching only the outer 1-inch margin			
7	With the non-dominant hand, pick up the dominant hand glove by the inside cuff			

Sr. #	Tasks	Yes	No	Comments
8	Insert the dominant hand into the glove without touching the outside surface			
9	Slide gloved fingers under the cuff of the second glove without touching the skin			
10	Insert the non-dominant hand into the glove, ensuring a secure fit			
11	Adjust the gloves carefully by touching only the sterile surfaces of each glove			
12	Keep hands above waist level and in front of body to maintain sterility			
13	Avoid touching non-sterile surfaces while gloved			
14	Perform the sterile procedure or task as indicated			
15	Remove gloves by pinching the outer surface of one glove and peeling it off			
16	Hold the removed glove in the gloved hand, slide ungloved fingers under cuff of second			
17	Peel the second glove off inside out over the first glove and discard properly			
18	Perform hand hygiene after glove removal			
19	Document the procedure as required			

### **Skill: Application of Personal Protective Equipment (PPE)**

#### **Equipment Required:**

1. Disposable gown (fluid-resistant or impermeable, as required)
2. Medical/surgical mask or N95 respirator (based on risk assessment)
3. Protective eyewear or face shield
4. Disposable gloves (non-sterile or sterile as indicated)
5. Hand sanitizer (alcohol-based) or antiseptic soap and water
6. Waste disposal container (biohazard or general, depending on use)

## Checklist: Donning PPE (Putting On)

Sr. #	Tasks	Yes	No	Comments
1	Identify the need for PPE based on the procedure or exposure risk.			
2	Perform hand hygiene thoroughly using soap and water or alcohol-based rub.			
3	Ensure all PPE items are available and the area is clean.			
4	Put on <b>gown</b> : fully cover torso from neck to knees, arms to wrists, and wrap around the back.			
5	Fasten the gown at the neck and waist securely.			
6	Put on <b>mask or respirator</b> : - Secure ties or elastic bands at middle of head and neck. - Fit flexible band to nose bridge - Fit snugly to face and below chin			
7	If using an <b>N95 respirator</b> , perform a <b>seal check</b> .			
8	Put on <b>goggles or face shield</b> , ensuring full eye coverage.			
9	Put on <b>gloves</b> : extend to cover the wrist of the gown.			
10	Check overall fit of all PPE and ensure <b>no skin is exposed</b> .			
11	Instruct self not to touch face, mask, or gown during procedure.			
12	Ready to proceed to patient care or sterile procedure.			

### Note:

- PPE order: **Gown** → **Mask** → **Goggles/Face Shield** → **Gloves**
- Use PPE as per **standard, contact, droplet, or airborne precautions**
- Donning should be done in a **clean area** before entering the contaminated or patient zone.

Skill: Safe Removal of PPE

### Equipment Required:

1. Waste bin (foot-operated, with lid and appropriate liner – e.g., biohazard)
2. Alcohol-based hand rub
3. Antimicrobial soap and running water (optional/preferred)
4. Clean gloves (for re-gloving if needed)

5. Disinfectant wipes (for reusable goggles/face shield)
6. Designated doffing area with clear signages

Checklist: Doffing PPE (Removing)

Sr. #	Tasks	Yes	No	Comments
1	Move to designated PPE removal (doffing) area			
2	Perform hand hygiene if hands are visibly soiled or gloves are damaged			
3	<b>Remove gloves:</b> Grasp outside of one glove, peel off, hold in gloved hand, slide ungloved finger under cuff			
4	Discard gloves into appropriate waste container			
5	Perform <b>hand hygiene</b> using Alcohol based hand rub or soap and water			
6	<b>Remove face shield/goggles:</b> Handle only by straps or arms, avoid touching front surface			
7	Place reusable items in disinfecting area or disposable ones in waste			
8	<b>Remove gown:</b> Untie at waist and neck, pull away from body, turn inside out while removing			
9	Discard gown safely in biohazard bin			
10	Perform hand hygiene again			
11	<b>Remove mask/respirator:</b> Remove by bottom strap, then top strap, without touching the front			
12	Discard mask into appropriate waste container			
13	Perform final hand hygiene thoroughly			
14	Inspect for contamination and ensure all PPE was removed correctly			
15	Document PPE removal in patient or staff safety record if applicable			

**Course Title: Fundamental Skills for Midwives**

**Semester: I**

**Total Lab Hours: 1 (1 Credit Hour = 3 Lab Hours)**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

<b>Sr. No</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
26.	Hand washing (6 steps)				
27.	Use of PPE				
28.	Vital signs measurement				
29.	Aseptic technique in wound care				
30.	Female catheterization				
31.	Administration of oral drugs				
32.	Intake/output charting				
33.	BLS and CPR practice				
34.	Bandages				
35.	Dressings				

**SKILL PERFORMA FOR HANDWASING**

**Course Title: Fundamental Skills for Midwives**

**Semester: I**

**Student Name: \_\_\_\_\_**

**Registration Number: \_\_\_\_\_**

**Skill Title: \_\_\_\_\_**

**Date Performed: \_\_\_\_\_**

**Session No.: \_\_\_\_\_**

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub right palm over left dorsum and vice versa
5. Rub palm to palm with fingers interlaced
6. Rinse hands with water and dry thoroughly with a single-use towel

**4. Clinical Setting**

Skills Lab

Hospital

Community Clinic

Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed
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Preparedness and hygiene  
 Correct technique used  
 Communication with patient  
 Equipment handling  
 Time management  
 Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR PPE USE**

**Course Title: Fundamental Skills for Midwives**

**Semester: I**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

1. Perform hand hygiene before donning PPE
2. Put on gown, ensuring full coverage
3. Don mask or respirator securely over nose and mouth
4. Put on protective eyewear or face shield
5. Put on gloves covering wrist of gown
6. Remove PPE in correct order: gloves, eyewear, gown, mask
7. Dispose PPE safely and perform hand hygiene after removal

**4. Clinical Setting**

Skills Lab

Hospital

Community Clinic

Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed
----------	--------------	-------------------	---------------

Preparedness and hygiene  
 Correct technique used  
 Communication with patient  
 Equipment handling  
 Time management  
 Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR VITAL SIGNS MONITORING**

**Course Title:** Fundamental Skills for Midwives

**Semester:** I

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

1. Introduce self and explain procedure to patient
2. Wash hands and gather equipment
3. Measure temperature using appropriate device
4. Count pulse for 30–60 seconds
5. Observe respiration rate discreetly
6. Measure blood pressure using sphygmomanometer
7. Record all values accurately and report abnormal findings

**4. Clinical Setting**

Skills Lab	Hospital	Community Clinic	Simulation Lab
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**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement      Not Performed

Preparedness and  
hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR ASEPTIC TECHNIQUE IN WOUND CARE**

**Course Title: Fundamental Skills for Midwives**

**Semester: I**

**Student Name:** \_\_\_\_\_

**Registration Number:**

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

1. Explain procedure and obtain consent
2. Perform hand hygiene and assemble sterile equipment
3. Don sterile gloves
4. Clean wound from least to most contaminated area
5. Apply new sterile dressing
6. Dispose of waste properly and remove gloves
7. Document procedure and findings

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement      Not Performed

Preparedness and hygiene  
Correct technique used  
Communication with patient  
Equipment handling  
Time management  
Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR FEMALE CATHETERIZATION**

**Course Title: Fundamental Skills for Midwives**

**Semester: I**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

1. Explain procedure and ensure privacy
2. Perform hand hygiene and wear sterile gloves
3. Clean perineal area with antiseptic solution
4. Insert lubricated catheter using aseptic technique
5. Confirm urine flow and connect catheter to drainage bag
6. Secure catheter and document procedure
7. Monitor and record urine output

**4. Clinical Setting**

Skills Lab

Hospital

Community Clinic

Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** (To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs Improvement

Not Performed

Preparedness and hygiene  
Correct technique used  
Communication with patient  
Equipment handling  
Time management  
Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR ORAL DRUGS ADMINISTRATION**

**Course Title:** Fundamental Skills for Midwives

**Semester:** I

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

1. Verify medication order (5 Rights)
2. Check patient ID and assess for swallowing ability
3. Explain medication purpose to patient
4. Administer drug and ensure ingestion
5. Document time, dose, and any reactions observed

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks ( To be filled by instructor/supervisor)**

**7. Assessment (To be filled by instructor based on observation)**

Criteria                      Satisfactory                      Needs Improvement                      Not Performed

Preparedness and hygiene  
Correct technique

used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR INTAKE OUTPUT CHARTING

Course Title: Fundamental Skills for Midwives

Semester: I

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

1. Label I/O chart with date and patient information
2. Record all oral, IV, and enteral intake accurately
3. Measure and record urine, emesis, drains, and stool output
4. Tally 24-hour totals
5. Report discrepancies to supervisor or physician

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs Improvement

Not Performed

Preparedness and

hygiene

Correct technique

used

Communication with

patient

Equipment handling  
Time management  
Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR CPR

Course Title: Fundamental Skills for Midwives

Semester: I

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

1. Check scene safety and responsiveness
2. Call for help and activate emergency response
3. Open airway and check breathing
4. Start chest compressions at correct depth/rate (100–120/min)
5. Give rescue breaths (30:2 ratio) using barrier device
6. Use AED as soon as available
7. Continue until help arrives or patient recovers

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs Improvement

Not Performed

Preparedness and

hygiene

Correct technique

used

Communication with

patient

Equipment handling  
Time management  
Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR CPR

Course Title: Fundamental Skills for Midwives

Semester: I

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

1. Wash your hands and cover your own sores and wounds with a waterproof dressing.
2. Clean the injured area from inside out and avoid touching the wound with your fingers while treating.
3. Place dressing pad directly on the wound and beyond edges.
4. If blood seeps through dressing, do not remove it rather add another dressing on top.
5. Use only sterile dressing on wound.

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs Improvement

Not Performed

Preparedness and

hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

### 8. Signatures

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SKILL PERFORMA FOR BANDAGES

**Course Title: Fundamental Skills for Midwives**

**Semester: I**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

1. Keep the injured part supported and apply bandage firmly but not so tightly as to impede circulation to the extremity.
2. Leave fingers and toes on a bandaged limb exposed.
3. Use reef knots to tie bandages.
4. Place some soft bulky padding, such as towels, folded clothing or cotton wool between an arm and body, or between the legs so that the bandaging does not displace any broken bones.
5. Tie the knots on the un-injured side towards the upper part of the body and check circulation in a bandaged limb every 10 minutes.

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed
----------	--------------	-------------------	---------------

- Preparedness and hygiene
- Correct technique used
- Communication with patient
- Equipment handling
- Time management
- Documentation accuracy

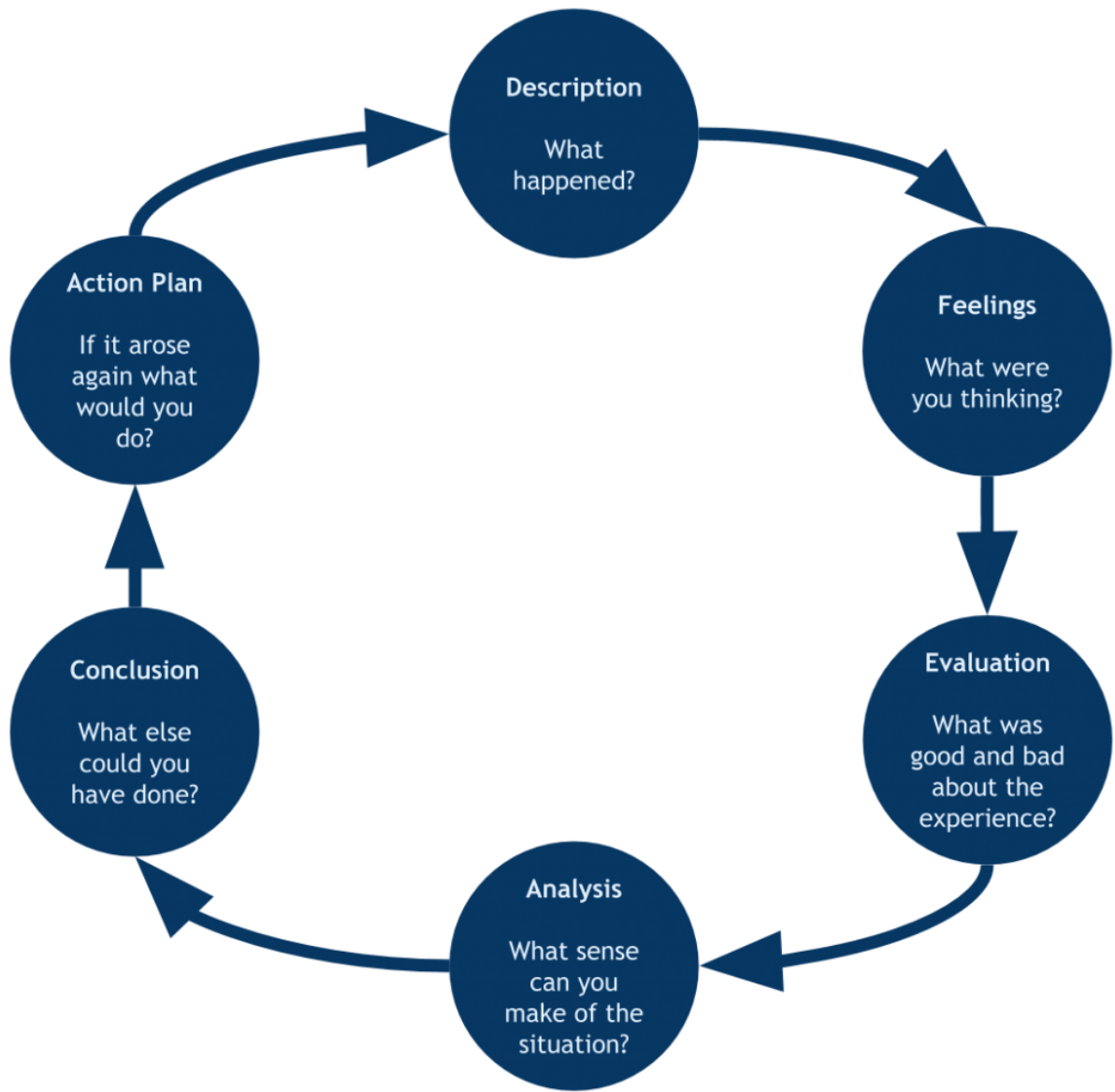
**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reflection/ Critical Incident Analysis**



Gibbs' Reflective Cycle 1998

**Antenatal**





**HISTORY TAKING PROFORMA**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Husband's Name** \_\_\_\_\_  
**Husband's Occupation** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Hospital** \_\_\_\_\_  
**Presenting Complaints** \_\_\_\_\_

**History of present illness**

**Past History**

**Medical History**

**Personal History**

**Menstrual History: Age of Menarche** \_\_\_\_\_ **Length of cycle** \_\_\_\_\_  
**Duration of menses** \_\_\_\_\_ **Regularity** \_\_\_\_\_ **Flow** \_\_\_\_\_  
**Dysmenorrhea** \_\_\_\_\_ **LMP** \_\_\_\_\_ **Obstetrical History** \_\_\_\_\_

**Family History**

**Social History**

GENERAL PHYSICAL EXAMINATION	SPECIFIC EXAMINATION	SYSTEMIC
Pulse	Temperature	General appearance
C.V.S	Pallor	Resp.Rate
Cyanosis	Blood Pressure	G.I.T
		C.N.S

Jaundice

Thyroid

Clubbing

Koilonychia

Oedema

Varicose Veins

Lymph Nodes

PV/PS FINDINGS

Per Speculum Examination

Cervix

Vaginal Wall

Per Vaginal Examination

Vulva

Vagina

Cervix

Uterus

Size

Position

Surface

Mobility

FORNICES

INVESTIGATION

Provisional Diagnosis

Management / Treatment

**RTIs, STIs & HEPATITIS RECORD KEEPING SHEET**

Name of Patient: \_\_\_\_\_ W/O: \_\_\_\_\_

Age: \_\_\_\_\_ Para: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

**Presenting Complaints**

<u>Vaginal Discharge</u>				
<u>Genital Ulcer</u>				
<u>Lower Abdominal Pain in Female</u>				
<ul style="list-style-type: none"> <li>• <u>Missed / overdue period*</u></li> <li>• <u>Recent delivery / abortion* or</u></li> <li>• <u>Abnormal vaginal bleeding</u></li> </ul>				
<u>Inguinal Bubo</u>				
<u>Neonate with purulent Eye discharge</u>				

**Partner's / Husband's Symptoms**

<u>Urethral Discharge</u>				
<u>Genital Ulcer</u>				
<u>Scrotal Swelling</u>				
<u>Inguinal Bubo</u>				
<u>None</u>				

**Examination Findings**

<u>Vaginal Discharge</u>				
<ul style="list-style-type: none"> <li>• <u>Profuse / watery / offensive / frothy</u></li> <li>• <u>White curd like</u></li> <li>• <u>* Mucopurulent / yellow cervical discharge</u></li> </ul>				
<u>Friable cervix</u>				
<u>Sore / vesicle in the genital area</u>				
<u>Rebound tenderness / Abdominal Guarding*</u>				
<u>Pelvic tenderness / cervical motion tenderness</u>				
<u>Enlarged lymph nodes</u>				
<u>Temperature: 100.4°F</u>				
<u>None</u>				
<u>Findings of Partner with Scrotal Swelling:</u>				
<ul style="list-style-type: none"> <li>• <u>Injury to scrotum / history to trauma*</u></li> </ul>				

<ul style="list-style-type: none"> <li>• <u>Testis rotated / elevated retracted *</u></li> </ul>				
<ul style="list-style-type: none"> <li>• <u>* Hernia / Hydrocele*</u></li> </ul>				
<b><u>Purulent discharge from neonate's eye</u></b>				

**Syndromic Diagnosis**

<b><u>Vaginal Discharge:</u></b>				
<b><u>I. Cervicitis</u></b>				
<b><u>II. Vaginitis (Trichomoniasis/Candidiasis)</u></b>				
<b><u>Genital Ulcers</u></b>				
<b><u>Lower Abdominal Pain in Female (PID)</u></b>				
<b><u>Inguinal Bubo</u></b>				
<b><u>Neonatal Conjunctivitis</u></b>				

**Hepatitis**

<b><u>Hepatitis B or C</u></b>				
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**Refer if anyone of the Symptoms / signs with \* is present**

<b><u>Management (Treatment and 4Cs)</u></b>				
<b><u>Management of the Actual Client</u></b>				
<b><u>Management of the Partner (if attached)</u></b>				

**4Cs include: advice for drug compliance, counselling for prevention, condom demonstration and contact (partner) management.**

**Management and 4C**

--	--

<b><u>Lab Test</u></b>

\_\_\_\_\_

**HISTORY SHEET – FOR CHILD CARE**

**Case No:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Sex** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_ **Weight (at birth)** \_\_\_\_\_ **Kg Present Weight** \_\_\_\_\_  
\_\_\_\_\_ **kg**  
**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_  
**Father's Profession** \_\_\_\_\_ **Home Address** \_\_\_\_\_

**RECORD OF ILLNESS, INJURY OR HOSPITALIZATION**

**Date:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Illness/Hospitalization/ Accident/Injury** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORD OF ALLERGY OF SENSITIVITY**

**Date:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Illness/Hospitalization/ Accident/Injury** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Finding History**

**Breast Feeding** \_\_\_\_\_  
**Formula** \_\_\_\_\_  
**Feeding** \_\_\_\_\_  
**Weaning(age)** \_\_\_\_\_

<u>Type of vaccination</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>
<u>BCG + OPV</u>								
<u>OPV,Pentavlaent,PCV</u>								
<u>OPV,Pentavlaent,PCV</u>								
<u>OPV,Pentavlaent,PCV</u>								
<u>Measles</u>								
<u>Hepatitis A, Chicken</u>								
<u>Pox</u>								
<u>PCV</u>								
<u>OPV, Hepatitis A</u>								
<u>Typhoid</u>								

**HISTORY OF PRESENT COMPLAINTS**

**Fever**

**Vomiting**

**Ear Discharge**

**Cough**

**Loose Motion**

Fits

Others (specify)

Past History

BIRTH HISTORY

FAMILY HISTORY

CONDITION ON ADMISSION:

Heart Rate

Respiratory Rate

Temperature

Cynosis

Pallor

Jaundice

Clubbing

Throat

Oedema

Dehydration

SYSTEMIC EXAMINATION

G.I.T

RESPIRATORY SYSTEM

Respiratory Rate (R.R)

Auscultation of Chest

C.V.S

C.N.S

INVESTIGATION

DIAGNOSIS

MANAGEMENT

---

**FAMILY PLANNING CLIENT RECORD CARD (PWD PUNJAB)**

CRC-1

خاندانی منصوبہ بندی کلاسٹریٹریکارڈ کارڈ

1. Name & Address of the Centre \_\_\_\_\_ سنٹر کا نام اور پتہ  
District \_\_\_\_\_ ضلع

2. Name of Client \_\_\_\_\_ مریش کا نام  
3. Name of Husband \_\_\_\_\_ شوہر کا نام  
4. Occupation / Caste \_\_\_\_\_ پیشہ / ذات  
5. Address \_\_\_\_\_ محل پتہ

6. Client Number 

1	2	3	4	5
---	---	---	---	---

7. Date 

6	7	8	9	10	11
Day		Month		Year	

8. Age of Client (Years) \_\_\_\_\_ (سالوں میں) 12  13

9. Number of Living Children \_\_\_\_\_ زندہ بچوں کی تعداد 14  15

10. Number of Living Sons \_\_\_\_\_ زندہ لڑکوں کی تعداد 16  17

11. Age of Youngest Child (in month) \_\_\_\_\_ (بچوں میں) سب سے چھوٹے بچے کی عمر 18  19

12. PREVIOUS CONTRACEPTIVE USE (Tick all those methods used) مانع حمل ادویات کے استعمال کی تفصیل (ایک سے زائد طریقوں کے استعمال کی صورت میں نشان م لگائیں)

Nil <input type="checkbox"/> کوئی نہیں <input type="checkbox"/> 20	IUCD <input type="checkbox"/> چمچہ <input type="checkbox"/> 23	IUD <input type="checkbox"/> <input type="checkbox"/> 28
Condom <input type="checkbox"/> بریڈ کا کلاپ <input type="checkbox"/> 21	Injectable <input type="checkbox"/> ٹیکہ <input type="checkbox"/> 24	Cu-TI Multiloop <input type="checkbox"/> 26
Oral Pills <input type="checkbox"/> مانع حمل گولیاں <input type="checkbox"/> 22	Other <input type="checkbox"/> کوئی اور طریقہ <input type="checkbox"/> 25	Injectable <input type="checkbox"/> 27
		Oral Pill <input type="checkbox"/> 28
		Condom <input type="checkbox"/> 29
		Other <input type="checkbox"/> 30

13. CLINICAL INFORMATION  
LMP \_\_\_\_\_ آخری ماہواری کی تاریخ  
History of Jaundice \_\_\_\_\_  
History of Thrombo-Phlebitis \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ خون کا دباؤ  
Urine Analysis \_\_\_\_\_ پیٹھاب کا تجزیہ / رپورٹ

14. METHOD ACCEPTED NOW

CS CamScanner

**Course Title: Biochemistry for Midwives****Semester: I****Total Lab Hours: 1 (1 Credit Hour = 3 Lab Hours)****Student Name: \_\_\_\_\_****Registration No.: \_\_\_\_\_****1. Skills Checklist**

S. No	Skill/Procedure	Date	Attempt	Supervised By (Name/Sign)	Remarks
1.	Identify roles of carbohydrates, proteins & fats in pregnancy				
2.	Perform glucose testing (urine/blood strips)				
3.	Identify signs of protein-energy malnutrition in pregnancy				
4.	Interpret basic lab values (Hb, blood glucose, ketones)				
5.	Demonstrate enzyme role (e.g., lactase, amylase)				

**2. Patient Log:**

Topic: \_\_\_\_\_ Date: \_\_\_\_\_ Biochemical Concern: \_\_\_\_\_

**A. Patient Condition**

Diagnosis (e.g., gestational diabetes):

Symptoms:

**B. Lab test findings:**

Interpretation:

### C. Midwifery Relevance

Midwifery role in management:

Preventive strategies:

### 3. Reflective Writing Template

Focus the reflection on experiences such as:

Conducting glucose tests during antenatal checkups

Counseling a mother on nutritional supplements

Observing symptoms of biochemical imbalances in pregnancy

### 4. Objectives Completion Form

S. No	Learning Objective	Activity Evidence	Supervisor Comments	Completed
1.	Interpret biochemical values relevant to maternal health	Lab test review	Chart entry	
2.	Relate nutrition to biochemical processes in pregnancy	Counseling session	Reflection	
3.	Conduct basic biochemical screening tests	Community/clinic session	Signature	

### Biochemistry Skills

#### 1. Identify roles of carbohydrates, proteins & fats in pregnancy

- Define macro (protein, carbs, fats)
- List functions during pregnancy.
- Provide examples of sources.
- Link deficiencies to clinical symptoms.
- Discuss in context of patient care

#### 2. Collect Urine for Biochemical Analysis

- Explain clean-catch method to patient.
- Provide sterile container.
- Label specimen properly.
- Store or send to lab promptly.
- Record in logbook.

#### 3. Identify Signs of dietary deficiencies in pregnancy

- Identify individual nutritional needs.
- Reinforce follow-up and adherence.
- Review common signs (e.g., pallor, edema, wasting, glossitis).
- Match symptoms to vitamin deficiencies (iron, folic acid B12, D, A).
- Interview patient.
- Document findings.
- Recommend suitable supplements.
- Demonstrate how and when to take them.

- Clarify side effects.
- 4. Interpret basic lab values (Hb, blood glucose, ketones)**
  - Collect and review patient reports.
  - Compare with reference ranges.
  - Note significant deviations.
  - Interpret clinical implications.
  - Present to instructor/preceptor.
- 5. Demonstrate enzyme roles in Pregnancy**
  - Discuss clinical significance of abnormal enzyme level
  - Interpret enzyme related lab reports in antenatal care
  - Correlate enzyme functions with physiological changes in different trimesters
  - Document and reflect on the importance of enzyme monitoring during pregnancy

### **BS Midwifery – Skill Log Book**

**Semester: II**

**Course Title: Health Assessment for Midwives**

**CH =2.5**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

### **Table of Content**

Levels of competency = 1-5 (Novice to Expert)

<b><u>S No</u></b>	<b><u>Clinical Portfolio</u></b>	<b><u>Level of competency</u></b>	<b><u>No</u></b>
1.	History Taking skills	1-4	20
2.	General Physical Examination	1-3	20
3.	History taking performa	1-3	20
4.	Skills check lists		
5.	Bimanual pelvic examination	1-3	20
	Per speculum examination	1-3	20
	Breast examination by service provider	1-3	20
6.	Reflection writing	1-3	4
7.	Case Study Presentation (One Per Semester)	1-4	1

## CLINICAL EXPERIENCE SIGN-OFF PERFORMANCE

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
36.	General Physical Examination				
37.	Bimanual pelvic examination				
38.	Per Speculum Examination				
39.	Breast Examination				
40.	Vital signs Monitoring				
41.	<b>Calculation of BMI</b>				

## SKILLS CHECK LIST FOR GENERAL PHYSICAL EXAMINATION

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

1. Observe general physical appearance (Puffiness of the eyes and face etc)
2. Checks eyes (for anaemia and jaundice)
3. Checks nose and ears (for discharge or any abnormality)
4. Checks oral cavity (for oral hygiene and cyanosis)
5. Checks neck for thyroid gland
6. Palpates lymph nodes(in neck, axillae, inguinal region)
7. Checks nails( for anaemia, cyanosis, clubbing and koilonychias)
8. Palpate abdomen for pregnancy women
9. Observe legs (for varicose veins)
10. Tells any abnormality noted during GPE

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement                      Not Performed

Preparedness and

hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

**8. Signatures**      **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

## CHECKLIST FOR PER VAGINAL EXAMINATION

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

6. Insert two fingers of one gloved hand into the vagina
7. Places the other hand on supra pubic Region
8. Palpates Uterus for:  
position (anteverted / retroverted)
9. Palpates Fornices for: Tenderness
10. Inspects the two fingers for any discharge or blood after taking them out of vagina.

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs Improvement

Not Performed

Preparedness and

hygiene

Correct technique

used

Communication with

patient

Equipment handling

Time management

Documentation

accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CHECK LIST FOR PER SPECULUM EXAMINATION

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

1. Put the woman in the Lithotomy position and expose the area to be examined

2. Introduction of Cusco's speculum properly into the vagina
3. Observe Vaginal walls for:            Colour & Discharge
  
4. Observe Cervix for:            Colour, Discharge & External Os
5. Any abnormality.

**4. Clinical Setting**

Skills Lab                                  Hospital                                  Community Clinic                                  Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria                                  Satisfactory                                  Needs Improvement                                  Not Performed

Preparedness and  
hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

**8. Signatures**    Student Signature: \_\_\_\_\_ supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECK LIST FOR BREAST EXAMINATION**

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

1. While standing in front of woman ask her to see down and expose her breasts
2. Performs inspection in various positions by standing in front of the woman (with eye level at the level of the exposed breasts).
3. Women keeps her arm by her side
4. Raises her arm above her head.
5. Keeps her hand on hips and presses.
6. Keeps her hand on hips and bend forward.
7. Palpates axillaries supra and infra clavicular lymph nodes bilaterally.
8. Palpates each breast with 3 fingers flat against the breast in circular movements.
9. Notes the presence of any lump (position, size, consistency, tenderness and overlying skin.
10. Notes the discharge from nipples

**4. Clinical Setting**

Skills Lab                                  Hospital                                  Community Clinic                                  Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed
Preparedness and hygiene			
Correct technique used			
Communication with patient			
Equipment handling			
Time management			
Documentation accuracy			

8. Signatures      Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### CHECKLIST FOR VITAL SIGN MONITORING

#### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

#### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

#### 3. Procedure Steps (Brief Summary)

1. Asks the client/patient to sit or lie down with her arm extended
2. Puts apparatus at level with this arm
3. Wraps the cuff firmly round the upper arm (two fingers above Elbow joint).
4. Feels the brachial pulse & places the Stethoscope over this point
5. Closes the air valve screw and inflates the cuff until the pulse disappears (10 – 15 mm of Hg higher)
6. Releases the valve screw to release air slowly from the cuff(5 mm of Hg/second).
7. Watches the meter/mercury column and notes the point where The sound appears (Systolic BP).
8. Notes the point where the sound disappears (Diastolic BP)
9. Releases the air completely from the cuff & unwrap.
10. Tells the Blood Pressure.
11. Places the patient's arm on a table in a relaxed position
12. Places three fingers over radial artery (at lateral side above wrist joint)
13. Presses firmly until she feels the beat clearly and counts each pulsation for one minute by looking on the watch
14. Tells the pulse rate / minute
15. After having counted the pulse rate. Keeps her hand in place on the wrist (to help patient breath normally) by standing side to her.
16. Watches the rise and fall of the chest (without telling the patient) and count for a minute.
17. Tells the respiratory rate/minute

18. Takes the thermometer out from the cover and rinse it with plain water and bring the mercury down to 95°F or 35°C
19. Places the bulb of thermometer in of the axilla and brings the arm of the patient across the front of the chest to keep the thermometer in place.
- 20.** Allows the thermometer to remain in place for 2-3 minutes
21. Removes the thermometer to note the reading by locating the column of mercury & tells the temperature.

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection** (Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement                      Not Performed

Preparedness and  
hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

**8. Signatures**    **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CHECKLIST FOR BMI CALCULATION

#### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

#### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

#### 3. Procedure Steps (Brief Summary)

- 1      Explain the procedure to the client and obtain consent
- 2      Ensure the client removes shoes and any heavy clothing
- 3      Measure the client's height accurately using a stadiometer or measuring tape
  
- 4      Record the height in meters (m)
- 5      Measure the client's weight using a calibrated weighing scale
- 6      Record the weight in kilograms (kg)
- 7      Calculate BMI using formula:  $BMI = \text{weight (kg)} / \text{height (m}^2\text{)}$
- 8      Interpret the result using standard BMI classification (e.g., WHO guidelines)
  
- 9      Document the BMI value and interpretation in the client's records
- 10     Educate the client about the BMI result and its health implications

**4. Clinical Setting**

Skills Lab

Hospital

Community Clinic

Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs Improvement

Not Performed

Preparedness and  
hygiene

Correct technique  
used

Communication with  
patient

Equipment handling

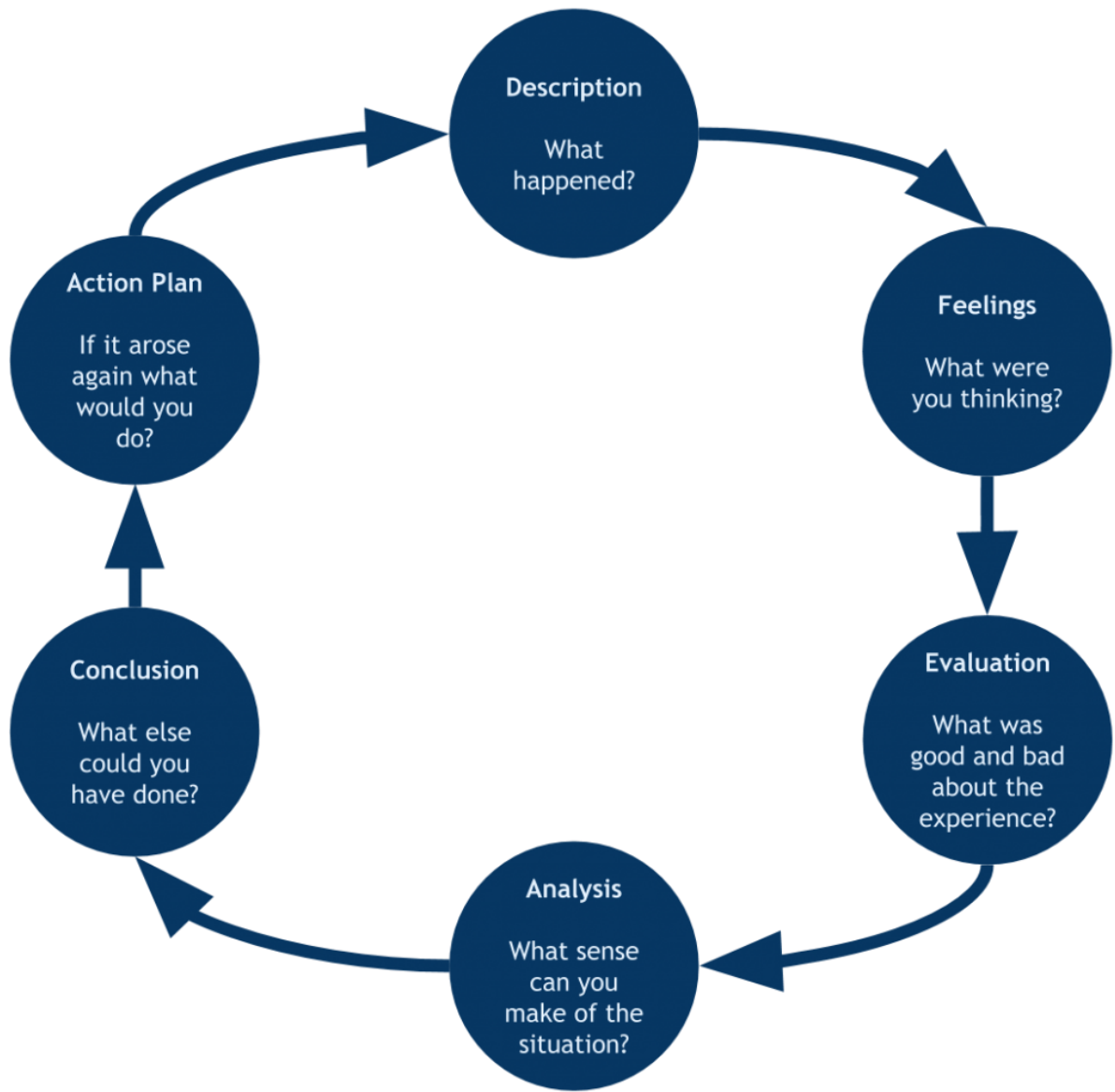
Time management

Documentation  
accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_



Gibbs' Reflective Cycle 1998

**Antenatal**





**HISTORY TAKING PROFORMA**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Date** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Husband's Name** \_\_\_\_\_ **Husband's Occupation** \_\_\_\_\_

**Address**

**Hospital**

**Presenting Complaints**

**History of present illness**

**Past History**

**Medical History**

**Personal History**

**Menstrual History: Age of Menarche** \_\_\_\_\_ **Length of cycle** \_\_\_\_\_

**Duration of menses** \_\_\_\_\_

**Regularity** \_\_\_\_\_ **Flow** \_\_\_\_\_ **Dysmenorrhea** \_\_\_\_\_ **LMP** \_\_\_\_\_

**Obstetrical History** \_\_\_\_\_

**Family History**

**Social History**

<b>GENERAL PHYSICAL EXAMINATION</b>	<b>SPECIFIC EXAMINATION</b>	<b>SYSTEMIC EXAMINATION</b>
<b>General appearance</b>	<b>Pulse</b>	<b>Resp.system</b>
<b>Oral hygiene</b>	<b>Temperature</b>	<b>C.V.S</b>
<b>Pallor</b>	<b>Resp.Rate</b>	<b>G.I.T</b>
<b>Cyanosis</b>	<b>Blood Pressure</b>	<b>C.N.S</b>

**Jaundice**

**Thyroid**

**Clubbing**

**Koilonychia**

**Oedema**

**Varicose Veins**

**Lymph Nodes**

**PV/PS FINDINGS**

**Per Speculum Examination**

**Cervix**

**Vaginal Wall**

**Per Vaginal Examination**

Vulva  
Vagina  
Cervix  
Uterus  
Size  
Position  
Surface  
Mobility

**FORNICES**

**INVESTIGATION**

**Provisional Diagnosis**

**Management / Treatment**

**RTIs, STIs & HEPATITIS RECORD KEEPING SHEET**

**Name of Patient:** \_\_\_\_\_ **W/O:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Para:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Visit:** 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

**Presenting Complaints**

<b><u>Vaginal Discharge</u></b>				
<b><u>Genital Ulcer</u></b>				
<b><u>Lower Abdominal Pain in Female</u></b> <ul style="list-style-type: none"> <li>• <b><u>Missed / overdue period*</u></b></li> <li>• <b><u>Recent delivery / abortion* or</u></b></li> <li>• <b><u>Abnormal vaginal bleeding</u></b></li> </ul>				

<u>Inguinal Bubo</u>				
<u>Neonate with purulent Eye discharge</u>				
<b>Partner's / Husband's Symptoms</b>				
<u>Urethral Discharge</u>				
<u>Genital Ulcer</u>				
<u>Scrotal Swelling</u>				
<u>Inguinal Bubo</u>				
<u>None</u>				
<b>Examination Findings</b>				
<u>Vaginal Discharge</u>				
<ul style="list-style-type: none"> <li>• <u>Profuse / watery / offensive / frothy</u></li> <li>• <u>White curd like</u></li> <li>• <u>* Mucopurulent / yellow cervical discharge</u></li> </ul>				
<u>Friable cervix</u>				
<u>Sore / vesicle in the genital area</u>				
<u>Rebound tenderness / Abdominal Guarding*</u>				
<u>Pelvic tenderness / cervical motion tenderness</u>				
<u>Enlarged lymph nodes</u>				
<u>Temperature: 100.4°F</u>				
<u>None</u>				
<u>Findings of Partner with Scrotal Swelling:</u>				
<ul style="list-style-type: none"> <li>• <u>Injury to scrotum / history to trauma*</u></li> <li>• <u>Testis rotated / elevated retracted *</u></li> <li>• <u>*Hernia / Hydrocele*</u></li> </ul>				
<u>Purulent discharge from neonate's eye</u>				
<b>Syndromic Diagnosis</b>				
<u>Vaginal Discharge:</u>				
<u>I. Cervicitis</u>				
<u>II. Vaginitis (Trichomoniasis/Candidiasis)</u>				
<u>Genital Ulcers</u>				
<u>Lower Abdominal Pain in Female (PID)</u>				
<u>Inguinal Bubo</u>				
<u>Neonatal Conjunctivitis</u>				
<b>Hepatitis</b>				
<u>Hepatitis B or C</u>				
<b>Refer if anyone of the Symptoms / signs with * is present</b>				
<u>Management (Treatment and 4Cs)</u>				

<b>Management of the Actual Client</b>				
<b>Management of the Partner (if attached)</b>				

**4Cs include: advice for drug compliance, counselling for prevention, condom demonstration and contact (partner) management.**

**Management and 4C**

--	--

<b>Lab Test</b>

**HISTORY SHEET – FOR CHILD CARE**

**Case No:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Weight (at birth)** \_\_\_\_\_ **Kg** **Present Weight** \_\_\_\_\_ **kg**

**Mother’s Name** \_\_\_\_\_ **Father’s Name** \_\_\_\_\_

**Father’s Profession** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**RECORD OF ILLNESS, INJURY OR HOSPITALIZATION**

**Date:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Illness/Hospitalization/ Accident/Injury** \_\_\_\_\_

**RECORD OF ALLERGY OF SENSITIVITY**

**Date:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Illness/Hospitalization/ Accident/Injury** \_\_\_\_\_ **Finding** \_\_\_\_\_

**History** \_\_\_\_\_ **Breast Feeding** \_\_\_\_\_

**Formula Feeding** \_\_\_\_\_ **Weaning(age)** \_\_\_\_\_

<u>Type of vaccination</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>
<u>BCG + OPV</u>								
<u>OPV, Pentavlaent, PCV</u>								
<u>OPV, Pentavlaent, PCV</u>								
<u>OPV, Pentavlaent, PCV</u>								
<u>Measles</u>								
<u>Hepatitis A, Chicken Pox</u>								
<u>PCV</u>								
<u>OPV, Hepatitis A</u>								
<u>Typhoid</u>								

### HISTORY OF PRESENT COMPLAINTS

Fever

Vomiting

Ear Discharge

Cough

Loose Motion

Fits

Others (specify)

Past History

### BIRTH HISTORY

### FAMILY HISTORY

### CONDITION ON ADMISSION:

Heart Rate

Respiratory Rate

Temperature

Cyanosis

Pallor

Jaundice

Clubbing

Throat

Edema

Dehydration

**SYSTEMIC EXAMINATION**

**G.I.T**

**RESPIRATORY SYSTEM**

**Respiratory Rate (R.R)**

**Auscultation of Chest**

**C.V.S**

**C.N.S**

**INVESTIGATION**

**DIAGNOSIS**

**MANAGEMENT**



**FAMILY PLANNING CLIENT RECORD CARD (PWD PUNJAB)**

CRC-1

خانہ دانی منصوبہ ہندی کلاسٹریکٹ ریکارڈ کارڈ

1. Name & Address of the Centre _____ سنز کا نام اور پتہ	6. Client Number <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5							
1	2	3	4	5									
District _____ ضلع	7. Date <table border="1"><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td>Day</td><td></td><td>Month</td><td></td><td>Year</td><td></td></tr></table>	6	7	8	9	10	11	Day		Month		Year	
6	7	8	9	10	11								
Day		Month		Year									
2. Name of Client _____ سریش کا نام													
3. Name of Husband _____ شوہر کا نام													
4. Occupation / Caste _____ پیشہ / ذات													
5. Address _____ محل پتہ													
8. Age of Client (Years) _____ (سالوں میں) 12 <input type="checkbox"/> 13 <input type="checkbox"/>	13. CLINICAL INFORMATION LMP آخری ماہواری کی تاریخ _____ History of Jaundice _____ History of Thrombo-Phlebitis _____ Blood Pressure خوں کا دباؤ _____ Urine Analysis پیشاب کا تجزیہ / رپورٹ _____												
9. Number of Living Children _____ زندہ بچوں کی تعداد 14 <input type="checkbox"/> 15 <input type="checkbox"/>													
10. Number of Living Sons _____ زندہ لڑکوں کی تعداد 16 <input type="checkbox"/> 17 <input type="checkbox"/>													
11. Age of Youngest Child (in month) _____ (بچوں میں) سب سے چھوٹے بچے کی عمر 18 <input type="checkbox"/> 19 <input type="checkbox"/>													
12. PREVIOUS CONTRACEPTIVE USE _____ مانع حمل ادویات کے استعمال کی تفصیل (Tick all those methods used) (ایک سے زائد طریقوں کے استعمال کی صورت میں نشان م لگائیں)	14. METHOD ACCEPTED NOW												
Nil کوئی نہیں <input type="checkbox"/> 20	IUCD <input type="checkbox"/> 23	IUD <input type="checkbox"/> 28											
Condom <input type="checkbox"/> 21	Injectable <input type="checkbox"/> 24	Cu-T/ Multiloop <input type="checkbox"/> 26											
Oral Pills مانع حمل گولیاں <input type="checkbox"/> 22	Other <input type="checkbox"/> 25	Injectable <input type="checkbox"/> 27											
		Oral Pill <input type="checkbox"/> 28											
		Condom <input type="checkbox"/> 29											
		Other <input type="checkbox"/> 30											

CS CamScanner

**BS Midwifery – Skill Log Book**  
**Semester: III**  
**Course Title: PRIMARY HEALTH CARE**

**Total clinical Hours: 2.5CH**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

**Table of Content**

Levels of competency = 1-5 (Novice to Expert)

Sr. No.	Clinical/Skill	Competency level	no
1.	Health Promotion		20
2.	Counselling & Health education		20
3.	Hand washing		20
4.	Gloving		20
5.	Instrument Processing		20
6.	self breast examination		20
7.	Examination of Child with ARI		20
8.	examination of sick child (Diarrhoea)		20
9.	Assessment of Hydration& Dehydration Status		20
10	preparation of Oral Rehydration Therapy		20
11	Healthy Timing & Spacing for pregnancy (HTSP)		20
12	Immunization( EPI)		20
13	nutritional status (M&C)		20
14	Examination of Child with Jaundice		20
15	Cervical Screening Counselling		

**Clinical experience /sign off performa**

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
1.	Health Promotion				
2.	Counselling & Health education				

3. Hand washing
4. Gloving
5. Instrument Processing
6. Self breast examination
7. Examination of Child with ARI
8. examination of sick child (Diarrhoea)
9. Assessment of Hydration & Dehydration Status
10. preparation of Oral Rehydration Therapy
11. Healthy Timing & Spacing for pregnancy (HTSP)
12. Immunization( EPI)
13. nutritional status (M&C)
14. Examination of Child with Jaundice
15. Cervical Screening Counselling

## CHECKLIST FOR HEALTH PROMOTION

	Yes	No
<b>1. Nutrition</b>		
➤ Encourage a balanced diet	_____	_____
➤ Educate on food guide pyramid	_____	_____
➤ Promote adequate hydration during pregnancy and lactation	_____	_____
➤ Discourage consumption of harmful substances	_____	_____
<b>2. Physical Activity</b>		
➤ Encourage regular exercise such as walking, and pre-natal yoga	_____	_____
➤ Educate on safe exercise practices during Ante-natal and post-natal	_____	_____
<b>3. Hygiene</b>		
➤ Wash hands frequently, especially after using toilet and before handling food	_____	_____
➤ Shower regularly to maintain personal cleanliness	_____	_____
➤ Bursh teeth regularly	_____	_____

- Keep surroundings clean and tidy \_\_\_\_\_
- \_\_\_\_\_
- Dispose of waste properly \_\_\_\_\_
- Disinfect high-touch services, surfaces and areas to prevent the spread of germs \_\_\_\_\_

**4. Stress Management**

- Teach relaxation techniques such as deep breathing, meditation, or progressive muscle relaxation \_\_\_\_\_
- \_\_\_\_\_
- Encourage stress reduction strategies such as mindfulness, spending time in nature \_\_\_\_\_

**5. Sleep and Rest**

- Encourage adequate sleep and rest during pregnancy and postpartum \_\_\_\_\_
- Educate on good sleep hygiene practices \_\_\_\_\_

**6. Self- Care**

- Encourage prioritizing self- care and taking time for oneself \_\_\_\_\_
- Suggest self-care activities such as reading and spend time with loved ones \_\_\_\_\_

**7. Health screenings and check-ups**

- Encourage regular Ante-natal care and check-ups \_\_\_\_\_
- \_\_\_\_\_
- Promote post-natal check-ups and follow-up care \_\_\_\_\_

**CHECKLIST FOR COUNSELING**

	Yes	No
<b>1. Pre-counseling</b>		
➤ Build Trust and rapport with the client	_____	_____
➤ Ensure confidentiality and privacy	_____	_____
➤ _____		
➤ Identify client's goals and expectations	_____	_____
➤ Clarify counselor's role and boundaries	_____	_____
<b>2. Assessment</b>		
➤ Gather relevant client history (medical, psychological, social-economical )	_____	_____
➤ Identify presenting problem	_____	_____
➤ _____		
➤ Identify client's strength and resources	_____	_____
➤ Assess risk of harm to self or others	_____	_____
<b>3. Counselling session</b>		
➤ Exercise active listening & the empathy	_____	_____
➤ Use open-ended questions to encourage exploration	_____	_____
➤ Paraphrasing client's thoughts and feelings	_____	_____
_____		

- Support on goal setting and action planning \_\_\_\_\_

**4. Closure**

- Summarize key points and insights \_\_\_\_\_
- Discuss next steps and follow-up plans \_\_\_\_\_
- Seek client's feedback \_\_\_\_\_
- Ensure smooth closure and termination of session \_\_\_\_\_

**5. Follow-up**

- Schedule follow-up appointment \_\_\_\_\_
- Monitor client's progress and adjust plan as required \_\_\_\_\_
- Evaluate client's satisfaction with counselling services \_\_\_\_\_

**CHECKLIST FOR HAND WASHING**

**1. Learning Objectives**

- Perform sterilized hand washing .
- Educate community about safe hand wash techniques

**2. Equipment/Materials Used**

Soap, water , towel , sanitizer

**3. Procedure Steps (Brief Summary)**

1. Wet hands with water \_\_\_\_\_
2. Apply enough soap to cover all hand surfaces \_\_\_\_\_
3. Rub hands palm to palm \_\_\_\_\_
4. Right palm over left dorsum with interlaced fingers and vice versa \_\_\_\_\_
5. Palm to palm with fingers interlaced \_\_\_\_\_
6. Backs of fingers to opposing palms with finger interlocked \_\_\_\_\_
7. Rotational rubbing of left thumb clasped in right palm and vice versa \_\_\_\_\_
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left hand and vice versa \_\_\_\_\_
9. Rinse hands with water \_\_\_\_\_
10. Dry thoroughly with a single use towel \_\_\_\_\_
11. Use towel to turn of faucet \_\_\_\_\_

**References:**

WHO Guidelines

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

**8. Signatures**      **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

	<b>Yes</b>	<b>No</b>
<b>CHECKLIST FOR GLOVING</b>		
<b>1. Learning Objectives</b>		
• Perform sterilized gloving .		
<b>2. Equipment/Materials Used</b>		
• Gloves		
• gowns		
<b>3. Procedure Steps (Brief Summary)</b>		
1. Opens the package to expose cuffed gloves (with the palms up)		
2. Picks right glove with left hand from the cuff by touching inner side of cuff	_____	_____
3. Holds the cuff and slips right hand into glove by pointing the fingers downward	_____	_____
4. Picks right glove by sliding the finger of gloved hand under the cuff of the right hand	_____	_____
5. steady pull through the cuff to fit on fingers	_____	_____

**References:** CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection** (Write what you learned, difficulties faced, and how you

overcame them

**6. Supervisor's Remarks** (To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHECKLIST FOR INSTRUMENT PROCESSING**

**1. Learning Objectives**

- Describe the steps involved in instrument processing.
- Demonstrate proper sterilization and disinfection techniques.

**2. Equipment/Materials Used**

- Autoclave
- Sterilization trays
- Disinfectant solutions
- Brushes
- Gloves

**3. Procedure Steps (Brief Summary)**

Yes	No		
1.	Puts on utility gloves	_____	_____
2.	Places all instruments in 0.5% chlorine sol. for 10 minutes	_____	_____
3.	Removes instruments/gloves from chlorine sol. after 10 mint and places them in water basin.		
4.	Washes all instrument surfaces with a brush until visibly clean	_____	_____
5.	Thorough cleans serrated edges of instruments with the brush	_____	_____
6.	Rinses all surface thoroughly with clean water	_____	_____
7.	Dries instruments/reusable gloves with clean towel or let air dry	_____	_____
8.	Submerges cleaned items in water completely in a boiler	_____	_____

- 9. Keeps at rolling boil for 20 minutes \_\_\_\_\_
- 10. Removes the items with HLD forceps and covered dry HLD container. \_\_\_\_\_

**References:**

CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

- Preparedness and hygiene
- Correct technique used
- Communication with patient
- Equipment handling
- Time management
- Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHECKLIST FOR ABDOMINAL EXAMINATION OF PREGNANT WOMEN**

**1. Learning Objectives**

- Describe the steps involved in instrument processing.
- Demonstrate proper sterilization and disinfection techniques.

**2. Equipment/Materials Used**

- Autoclave
- Sterilization trays
- Disinfectant solutions
- Brushes

**3. Procedure Steps (Brief Summary)**

	Yes	No
<b>11.</b> Asks the women to lie on table	_____	_____

- 12. Stands on right side of the client and exposes abdomen \_\_\_\_\_
- 13. Inspects the abdomen \_\_\_\_\_
- 14. Notes and tells the fundal height \_\_\_\_\_
- 15. Goes up by palpating abdomen with both hands during fundal palpation \_\_\_\_\_
- 16. Tells position of the foetus and presenting part \_\_\_\_\_
- 17. Does lateral palpation to identify back of foetus, hand and feet \_\_\_\_\_
- 18. Asks the woman to bend her knee \_\_\_\_\_
- 19. Notes the presenting part and engagement of head during pelvic palpation \_\_\_\_\_
- 20. Keeps the foeto scope on right place on abdomen and counts the foetal heart sounds \_\_\_\_\_

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks**( To be filled by instructor/supervisor

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures** Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST FOR POST NATAL EXAMINATION**

**1. Learning Objectives**

Post natal examination of mother and baby

**2. Equipment/Materials Used**

- Delivered patient
- Handouts

**3. Procedure Steps (Brief Summary)**

	Yes	No
1. General condition	_____	_____
2. Color of skin (anemia)	_____	_____
3. Breast examination	_____	_____
4. Uterus (for involution)	_____	_____
5. Vaginal bleeding (lochia, color, amount, smell)	_____	_____

- 6. Urinary output \_\_\_\_\_
- 7. Bowel movement \_\_\_\_\_
- 8. Perineum (stitches or slight vaginal tears) \_\_\_\_\_
- 9. Food intake \_\_\_\_\_
- 10. Fluid intake \_\_\_\_\_

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** (To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

- Preparedness and hygiene
- Correct technique used
- Communication with patient
- Equipment handling
- Time management
- Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHECKLIST FOR COUNSELING ON BREAST FEEDING**

**1. Learning Objectives**

- Explain the benefits of exclusive breastfeeding.
- Demonstrate effective counselling techniques.

**2. Equipment/Materials Used**

- Counselling cards
- Breastfeeding model
- Visual aids

**4. Procedure Steps (Brief Summary)**

**5. Antenatal counseling**

	Yes	No
Discuss benefits of breast feeding for mother and baby	_____	_____
Explain breastfeeding basics, including latch, positioning and frequency	_____	_____
Address concerns and myths about breast feeding	_____	_____

**6. Postnatal support**

Encourage early skin to skin contact to promote breast feeding \_\_\_\_\_

Assess latch and provide guidance on proper technique	_____	_____
Encourage frequent feeding to establish milk supply	_____	_____
Monitor for breast feeding difficulties and provide support	_____	_____

**7. Common issues**

Help with latch difficulties and provide guidance on proper technique	_____	_____
Offer advice on managing nipple soreness	_____	_____
Provide guidance on increasing milk supply	_____	_____
Offer advice on managing engorgement	_____	_____

**8. Midwives role**

Provide evidence-based information on breast feeding	_____	_____
<b>9. Maintain a supportive and non-judgmental attitude</b>	_____	_____

**References:**

WHO Breastfeeding Counselling: A Training Course, 1993

**4. Clinical Setting**

Skills Lab	Hospital	Community Clinic	Simulation Lab
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**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** (To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness and hygiene  
 Correct technique used  
 Communication with patient  
 Equipment handling  
 Time management  
 Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CHECKLIST FOR BREAST EXAMINATION

## 1. Learning Objectives

- Describe the importance of regular breast self-examination.
- Demonstrate proper technique for self-examination.

## 2. Equipment/Materials Used

- Breast model
- Mirror
- Leaflets

## 3. Procedure Steps (Brief Summary)

	Yes	No
1. While standing in front of woman ask her to see down and expose her breasts.	_____	_____
2. Performs inspection in various positions by standing in front of the woman (with eye level at the level of the exposed breasts).	_____	_____
3. Women keeps her arm by her side	_____	_____
4. Raises her arm above her head.	_____	_____
5. Keeps her hand on her hips and presses.	_____	_____
6. Keeps her hand on hips and bends forward.	_____	_____
7. Palpates axillaries, supra and infraclavicular lymph nodes bilaterally.	_____	_____
8. Palpates each breast with 3 fingers flat against the breast circular movements.	_____	_____
9. Notes the presence of any lump (position, size, consistency, tenderness and overlying skin).	_____	_____
10. Notes the discharge from nipples	_____	_____

## References:

American Cancer Society, Breast Self-Exam Guidelines

## 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

## 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

## 6. Supervisor's Remarks (To be filled by instructor/supervisor)

## 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness and hygiene  
 Correct technique used  
 Communication with patient  
 Equipment handling  
 Time

management  
Documentation  
accuracy

**8. Signatures Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date:**

\_\_\_\_\_

### CHECKLIST FOR RESUSCITATION OF NEW BORN

	Yes	No
1. When baby received, assess the APGAR score, if it is less than 4, start resuscitation.	_____	_____
2. Turns baby face down across the lap with his head slightly lower than the body.	_____	_____
3. Gives back slaps between shoulders bladders or sole.	_____	_____
4. If not breathing, turns the baby onto the side	_____	_____
5. Clean the mouth with one finger	_____	_____
6. Removes any mucus with the finger	_____	_____
7. Gives puff of expired air resuscitation	_____	_____
8. Checks the pulse and respiration (cry).	_____	_____
9. Continues the respiration both about 40 times in 1 minute	_____	_____
10. Assess the APGAR score after 5 minutes and resuscitate across the score.	_____	_____

### CHECKLIST FOR EXAMINATION OF NEW BORN (HEAD TO TOE)

	Yes	No
1. Weighs, and measures the height of new born	_____	_____
2. Notes the circumference of head	_____	_____
3. Examines the eyes	_____	_____
4. Examines mouth for any abnormality (Tongue, tie, cleft palate, cleft lip)	_____	_____
5. Examines arms and hands (Fracture, shoulder dislocation, extra digit, web etc)	_____	_____
6. Checks that umbilical cord is clamped / tied (any oozing etc)	_____	_____

- 7. Examines external genitalia for abnormality  
(Testes in male, labia majora/minora in female) \_\_\_\_\_
- 8. Examines legs and toes (Fractures, hip dislocation web etc) \_\_\_\_\_
- 9. Examines back of the body (Spina bifida, meningocele) \_\_\_\_\_
- 10. Notes the temperature \_\_\_\_\_

**Check list FOR ORS PREPARATION METHOD**

**1. Learning Objectives**

- Explain the need for ORS in dehydration.
- Demonstrate correct ORS preparation.

**2. Equipment/Materials Used**

- Clean container
- ORS packet
- Measuring Cup

**3. Procedure Steps (Brief Summary)**

- Wash hands with soap.
- Measure 1 liter of clean water.
- Dissolve ORS packet in water.
- Stir until completely dissolved.
- Explain how to administer.
- Store for up to 24 hours.

**References:**

WHO/UNICEF Joint Statement on ORS, 2004

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				

Time  
management  
Documentation  
accuracy

**8. Signatures** Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST FOR EXAMINATION OF DEHYDRATED CHILD

### 1. Learning Objectives

- Identify signs of dehydration in children.
- Classify severity and recommend treatment.

### 2. Equipment/Materials Used

- Stethoscope
- Thermometer
- Weighing scale

### 3. Procedure Steps (Brief Summary)

- Observe general condition.
- Check for sunken eyes, dry mouth.
- Assess skin turgor.
- Measure weight.
- Record findings.
- Determine level of dehydration and rehydration plan.

### References:

IMCI Guidelines by WHO

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

**8. Signatures** Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST FOR EXAMINATION OF DEHYDRATED CHILD

### 1. Learning Objectives

- Identify signs of dehydration in children.
- Classify severity and recommend treatment.

### 2. Equipment/Materials Used

- Stethoscope
- Thermometer
- Weighing scale

### 3. Procedure Steps (Brief Summary)

- Observe general condition.
- Check for sunken eyes, dry mouth.
- Assess skin turgor.
- Measure weight.
- Record findings.
- Determine level of dehydration and rehydration plan.

### References:

IMCI Guidelines by WHO

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

8. Signatures Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECK LIST FOR EXAMINATION OF CHILD WITH ARI

### 1. Learning Objectives

- Assess respiratory symptoms in a child.
- Determine severity of ARI using IMCI guidelines.

### 2. Equipment/Materials Used

- Stethoscope
- Respiratory timer
- Thermometer

### 3. Procedure Steps (Brief Summary)

- Observe breathing and chest in-drawing.
- Count respiratory rate.
- Check for nasal flaring and cyanosis.
- Auscultate lung sounds.
- Record temperature.
- Classify ARI and provide treatment.

### References:

IMCI Chart Booklet, WHO

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

### 8. Signatures Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date:

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## CHECK LIST FOR EXAMINATION OF CHILD WITH JAUNDICE

### 1. Learning Objectives

- Identify physical signs of jaundice.
- Assess severity and decide referral.

### 2. Equipment/Materials Used

- Thermometer
- Bilirubin chart
- Torch

### 3. Procedure Steps (Brief Summary)

- Check for yellowing of skin and eyes.
- Assess feeding and activity level.
- Palpate liver.
- Review history of birth and feeding.
- Determine if referral is needed.
- Educate parents.

### References:

Neonatal Jaundice Guidelines, AAP

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

## 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CHECK LIST FOR CERVICAL SCREENING COUNSELLING

### 1. Learning Objectives

- Educate women on importance of cervical cancer screening.
- Explain procedure and address concerns.

### 2. Equipment/Materials Used

- Flip charts
- Pamphlets
- Consent forms

### 3. Procedure Steps (Brief Summary)

- Introduce and explain purpose of screening.
- Address fears and myths.
- Describe procedure (Pap smear/VIA).
- Obtain informed consent.
- Provide follow-up plan.
- Document session.

#### References:

WHO Cervical Cancer Screening Guidelines

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time				

management  
Documentation  
accuracy

8. Signatures Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INTERVIEWING SCHEDULE

### SOCIAL ECONOMIC DETERMENANTS OF A COMMUNITY

Name of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

1. Age (in years) \_\_\_\_\_

15-19	1		
20-24	2		
25-29	3		
30-34	4	Respondent <input type="checkbox"/>	Husband <input type="checkbox"/>
35-39	5		
40-44	6		
45-49	7		
  
3. Educational status of Respondent and Husband. (What is your and your husband's education?).

No Schooling	1		
Primary	2		
Middle	3		
Matric	4	Respondent <input type="checkbox"/>	Husband <input type="checkbox"/>
Intermediate	5		
Graduate and above	6		
Other	7		

(Specify) \_\_\_\_\_
  
4. Work status of Respondent and Husband. (What do you and your husband do?).

Agriculture	1		
Business	2		
Salaried employee	3		
Skilled worker	4	Respondent <input type="checkbox"/>	Husband <input type="checkbox"/>
Unskilled worker	5		
Unemployed	6		
House wife	7		
  
5. Construction of the house. (What is the condition of your house?)

Katcha	1	
Pukka	2	<input type="checkbox"/>
Semi Pukka	3	
  
6. Electricity in the house. (Is there electricity in your house?)

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>
  
7. Latrine (Toilet) Facilities. (What type of latrine facility do you have?)

Flush Type	1	
Pit hole	2	<input type="checkbox"/>
Open	3	
Any other	4	

(Specify) \_\_\_\_\_

8. Source of Domestic water supply.
- |                                  |   |                          |
|----------------------------------|---|--------------------------|
| Municipal/Govt. Supply           | 1 |                          |
| Community water filtration plant | 2 |                          |
| Hand pump                        | 3 | <input type="checkbox"/> |
| Electric Pump                    |   | 4                        |
| Others                           |   | 5                        |

(Specify) \_\_\_\_\_

**Maternal & Child Health**

9. How many children were given birth?  
 Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total \_\_\_\_\_

10. What is the age of your youngest child?  
 Years \_\_\_\_\_ Months \_\_\_\_\_

11. Has any of your children (up to one year age) died during last year?  
 Yes 1   
 No 2

12. How many family members are there living in this house.

	Male	Female
0-11 months	-----	-----
1-5 years	-----	-----
6-12 years	-----	-----
13-25 years	-----	-----
above 25 years	-----	-----
Total:	-----	-----
Grand Total:	-----	

13. Has any family member died during last year?  
 Yes 1   
 No 2

14. If yes, specify age and reasons of death

15. In case of illness, from where do you get the health services?

- |                |   |                          |
|----------------|---|--------------------------|
| BHU            | 1 |                          |
| MCH Centre     | 2 |                          |
| Govt Hospital  |   | <input type="checkbox"/> |
| Private Doctor | 4 |                          |
| Hakim          | 5 |                          |
| Others         |   | 6                        |

(Specify) \_\_\_\_\_

**INTERVIEWING SCHEDULE**

**PREGNANCY AND MATERNAL HEALTH**

Name of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

1. Name of respondent \_\_\_\_\_  
 W/o \_\_\_\_\_

2. Age of respondent (in years) \_\_\_\_\_

- |       |   |                                     |                                  |
|-------|---|-------------------------------------|----------------------------------|
| 15-19 | 1 |                                     |                                  |
| 20-24 | 2 |                                     |                                  |
| 25-29 | 3 |                                     |                                  |
| 30-34 | 4 | Respondent <input type="checkbox"/> | Husband <input type="checkbox"/> |

35-39	5
40-44	6
45-49	7

**Pregnancy and child birth**

3. Total number of pregnancies \_\_\_\_\_

4. Number of living children \_\_\_\_\_

5. Age of youngest child (in months)

—

6. How did you feel when you knew you are pregnant?

Happy	1	<input type="checkbox"/>
Sad	2	<input type="checkbox"/>
Worried	3	

7. Can you explain above feelings? \_\_\_\_\_

\_\_\_\_\_

8. If pregnant, what is the expected date of delivery: \_\_\_\_\_

9. Did you receive pre-natal care during your pregnancy?

Yes	1	<input type="checkbox"/>
-----	---	--------------------------

No	2	
----	---	--

If yes, from whom?

Doctor	1	
LHV	2	
Midwife	3	<input type="checkbox"/>
TBA	4	
Others	5	

10. Where did you give birth to your child (ren)?

Govt. Hospital	1	
Private Hospital	2	
Doctors clinic	3	<input type="checkbox"/>
At home	4	
Others	5	

11. Did you receive post-natal care after delivery?

Yes	1	<input type="checkbox"/>
-----	---	--------------------------

No	2	
----	---	--

If yes, from whom?

Doctor	1	
LHV	2	
Midwife	3	<input type="checkbox"/>
TBA	4	
Others	5	

12. Did you receive breast feeding support after delivery?

Yes	1	<input type="checkbox"/>
-----	---	--------------------------

No	2	
----	---	--

If yes, from whom?

Nurse	1	
LHV	2	<input type="checkbox"/>

Midwife 3  
 At home 4  
 Others 5

**Needs & Preferences**

13. Would you interested in receiving midwifery services?

Yes 1   
 No 2

If yes, in which services are you interested in?

Pre-natal care 1   
 Delivery care 3   
 Post Natal care 3  
 All 4

14. Where would you prefer to receive midwifery services?

Govt. Hospital 1  
 Private Hospital 2   
 Doctors clinic 4  
 At home 4  
 Others 5

15. What additional services would you like to see offered by midwives in our community?

Yes 1   
 No 2

If \_\_\_\_\_ yes, \_\_\_\_\_ then  
 Specify \_\_\_\_\_

**Barriers to care**

16. Have you experienced any barrier to accessing maternal and child health services?

Yes 1   
 No 2

If yes, then what would it be?

Distance 1   
 High Cost 2  
 Transportation 3  
 Lack of social support 4  
 Fear & anxiety 5  
 Previous negative experiences 6  
 Perceived poor quality of care 7  
 Others 8

**BS Midwifery-Skill log book semester 4**

**Course Title:** Care for Pregnancy (Pre-conception & Antenatal) - I .

**CH = 3CH**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

**Table of Content**

Levels of competency = 1-5 (Novice to Expert)

Sr	Skills	no	level
1.	Obstetric history taking skills	1	1-5

2.	Examination of the Abdomen of pregnant lady	20	1-4
3.	GPE of Pregnant Lady	20	1-4
4.	Pregnancy test	20	1-4
5.	Urine test for albumin & sugar	20	1-3
6.	Schedule of tetanus toxoid immunization for pregnant lady	20	1-3
7.	Antenatal record keeping	20	1-3
8.	Preparation of pregnant lady for OGTT	10	1-3
9.	Assessment of preeclampsia, Eclampsia	10	1-3

No.	Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
-----	-------------	----------------	----------------------	-------------------	---------

**Care for pregnancy/ Preconception and antenatal-1**

11. Obstetric history taking
12. Check list for general physical examination of pregnant woman.
13. Check list for counting pulse.
14. Check list for taking temperature.
15. Check list for blood pressure.
16. Check list for breast examination
17. Check list for height/weight measurement by combined height & weight scale.
18. Per abdominal examination of pregnant woman
19. Check list for foetal heart test
20. Check list for pregnancy test
21. Blood group & typing.
22. Check list for testing blood for HB% by SAHLI' method.
23. Check list for testing urine for albumin ( by Heat Coagulation test and Biuret method)
24. Urine for reducing sugar ( by Benedict solution method)
25. Oral glucose tolerance test (OGTT)
26. Schedule of Tetanus Toxoid immunization for pregnant lady.

**Basic Micro-Biology**

1. Check list for hand washing
2. Check list for Gloving
3. Check list for PPE
4. Check list for Instruments processing.

**productive Epidemiology and Research  
Week (Topics)**

1. Infertility
2. Tubal disorder
3. PCO ( polycystic ovarian syndrome)
4. Pregnancy related complications  
(preterm, still birth, neonatal death, small  
for gestational age, low birth, weight baby,  
maternal death)

**SKILLS CHECK LIST FOR OBSTETRIC HISTORY TAKING**

**1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

**2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

**3. Procedure Steps (Brief Summary)**

**1. PATIENT DETAILS:**

Name \_\_\_\_\_  
Husband Name & Occupation. \_\_\_\_\_  
Age. \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Education \_\_\_\_\_  
Family's monthly income \_\_\_\_\_  
Nearest health facility \_\_\_\_\_

**2. Obstetric index & period of Gestation.**

Obstetric index \_\_\_\_\_ Gravida, Para, live birth, abortion.  
POG (today) \_\_\_\_\_ weeks \_\_\_\_\_ Days \_\_\_\_\_  
LMP \_\_\_\_\_  
EDD \_\_\_\_\_  
Booked & Immunization \_\_\_\_\_

**3. Chief complain:**

Referred case \_\_\_\_\_  
Complaints \_\_\_\_\_ Pain/Bleeding PV/Leaking, etc.

**4. HOPI**

Elaborate symptoms  
Etiology/cause  
Complication  
Fetal wellbeing  
DM/HTN

**5. History of present pregnancy:**

- 1<sup>st</sup> trimester
  - Type of conception \_\_\_\_\_ spontaneous/artificial
  - Pregnancy detected by \_\_\_\_\_
  - Pregnancy Confirmed by \_\_\_\_\_

- No of antenatal visit \_\_\_\_\_
- H/O- excessive vomiting, fever with rash, radiation, BPV, UTI, discharge, drugs
- **2<sup>nd</sup> trimester**
  - No. of antenatal visits \_\_\_\_\_
  - Weight gain \_\_\_\_\_
  - Investigations \_\_\_\_\_
  - Quickening \_\_\_\_\_
  - H/O OGTT, high BP recording, symptoms of gest, HTN, Pedal odema
  - H/O bleeding PV, drugs
- **3<sup>rd</sup> trimester**
  - No. of antenatal visits \_\_\_\_\_
  - Weight gain \_\_\_\_\_
  - H/O \_\_\_\_\_ Gestational DM, gest. HTN

## CHECKLIST FOR GENERAL PHYSICAL EXAMINATION OF PREGNANT WOMAN

### 1. Learning Objectives

(To be filled before the session by the student)

- 1.
- 2.
- 3.

### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

### 3. Procedure Steps (Brief Summary)

1. OBSERE GENERAL PHYSICAL APPEARANCE (Puffiness of the eyes and face etc)
2. Checks eyes (for Anaemia and jaundice)
3. Checks nose and ears (for discharge or any abnormality)
4. Checks oral cavity (for oral hygiene and cyanosis)
5. Checks neck for thyroid gland
6. Palpates lymph nodes (in neck, axillae, inguinal region)
7. Checks nails (for anaemia, cyanosis, clubbing and koilonychias)
8. Palpate abdomen for pregnancy women
9. Observe legs (for varicose veins)
10. Tells any abnormality noted during GPE.

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement                      Not Performed

Preparedness and  
hygiene  
Correct technique  
used

Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

**8. Signatures**      **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

### **EXAMINER'S CHECK LIST FOR COUNTING PULSE**

1. Places the patient's arm on a table in a relaxed
2. Places three fingers over radial artery (at lateral side above wrist joint).
3. Presses firmly until she feels the beat clearly.
4. Counts each pulsation for one minute by looking on the watch.
5. Tells the pulse rate/minutes.

### **CHECKLIST FOR TAKING TEMPERATURE**

1. Takes out the thermometer from the cover and rinse it with plain water and bring the mercury down to 95 f or 35 c.
2. Places the bulb of thermometer in of the axilla and brings the arm of the patient across the front of the chest to keep the thermometer in place.
3. Allows the thermometer to remain in place for 2-3 minutes.
4. Removes the thermometer to note the reading by locating the column of mercury & tells the temperature.

### **CHECKLIST FOR BLOOD PRESSURE**

1. Ask the client/patient to sit or lie down with her arm extended.
2. Puts apparatus at level with this arm.
3. Wraps the cuff firmly round the upper arm (two fingers above elbow joint).
4. Feels the brachial pulse & places the stetho scope over this point.
5. Closes the air valve screw and inflates the cuff until the pulse disappear (10-15 mm of Hg higher)
6. Releases the valve screw to release air slowly from the cuff (5 mm of Hg/second)
7. Watches the meter/mercury column and notes the point where the sound appears (Systolic BP).
8. Notes the point where the sound disappears (Diastolic BP)
9. Release the air completely from the cuff & unwarp.
10. Tells the blood pressure.

### **CHECKLIST FOR BREAST EXAMINATION**

1. While standing in front of a woman ask her to see down and expose her breasts.
2. Performs inspection in various positions by standing in front of the woman (with eye level at the level of exposed breasts).
3. Woman keeps her arm by her side.
4. Raises her arm above her head.
5. Keeps her hand on hips and presses.
6. Keeps her hands on hips and bend forward.
7. Palpates axillaries supra and infra clavicular lymph nodes bilaterally.

8. Palpates each breast with 3 fingers flat against the breast in circular movements.
9. Notes the presence of any lump) position, size, consistency, tenderness and overlying skin.
10. Notes the discharge from nipples.

### **EXAMINER'S CHECK LIST FOR HEIGHT/WEIGHT MEASUREMENT BY COMBINED HEIGHT & WEIGHT SCALE**

1. She gave instruction to client to putt off the shoes scarf & shawl etc.
2. Not that head, shoulder, hips & ankles are straight.
3. Check Zero of weighing machine.
4. Note the weight on machine in pound & kilo gram.
5. Pull inner rod till full length.
6. If patient is more heighted then pull outer rod till blade of rod touches patient head.
7. Mark length in both centimeter & inches.
8. Convert reading into feet / inches.
9. Record these reading/ finding.
10. Told the client.

### **SKILLS CHECK LIST FOR P/A EXAMINATION FOR PREGNANT LADY**

#### **1. Learning Objectives**

(To be filled before the session by the student)

- 1.
- 2.
- 3.

#### **2. Equipment/Materials Used**

(List of instruments, equipment, or materials used during the skill practice)

#### **3. Procedure Steps (Brief Summary)**

1. Takes consent for P/A examination
2. Tells client to empty for bladder before examination
3. Makes her lie down on examination table exposes her abdomen
4. Washes and dries her hands. (Then rub them to make them warm according to weather)
5. First inspects clients abdomen and notes following points.
  - Size
  - Shape
  - Skin colour
  - Sears abdominal
  - Movements with respiration
6. Palpates abdomen dividing it into four quadrants. ( starting to palpate from lower left to upper left to upper right to lastly lower right quadrant)
7. During palpation note following points
  - Swelling
  - Tenderness
8. Performs fundel grip and detects height of fundus
9. Palpates if one or more fetus
10. Performs lateral grip and detects the lie of fetus
11. Performs Pelvie grip and detects the presenting part

12. Detects fetal heart sounds with help of Feto scope and noted the FHS in one minute
13. Informed the client about all the findings and records it for ANC.

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement                      Not Performed

Preparedness and  
hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

8. Signatures      Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SKILLS CHECK LIST FOR FETAL HEART TONE

#### 1. Learning Objectives

(To be filled before the session by the student)

1. .Normal fetal heart ranges from 120 to 160 bets per minutes.
- 2.
- 3.

#### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

- Stethoscope
- Watch with second hand.

#### 3. Procedure Steps (Brief Summary)

1. Explain the patient the purpose of procedure.
2. Ask the patient to void (to empty the bladder)
3. Screen and position the patient on the examining table in a supine position exposing abdomen.
4. Ascertain the presentation and position of the fetus palpating the abdomen of the mother.
5. If the uterus is contracting place the bell of the stethoscope over the quadrant of the mother abdomen where the fetus back is located.
6. Listen for and count the fetal hear rate in one full minute.
7. Take note of the rate regularity, strengths and any deceleration of the fetal heart tone.
8. Make the patient comfortable.

9. Chart the characteristic of fetal heart tone along the position on the abdomen where fetal heart tone was obtained.

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement                      Not Performed

Preparedness and  
hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

8. Signatures      Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SKILLS CHECKLIST FOR PREGNANCY TEST

#### 1. Learning Objectives

(To be filled before the session by the student)

- 1)
- 2)
- 3)

#### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

- Stethoscope
- Watch with second hand.

#### 3. Procedure Steps (Brief Summary)

1. Inform the client.
2. Collect a sample of midstream urine in clean container.
3. The service provider wears disposable gloves.
4. Puts the sample of urine on the table.
5. Takes out pregnancy test strip from the packet.
6. Put pregnancy test strip vertically down.
7. Dips the testing end of the strip in urine for 30 seconds.
8. Puts the strip in a kidney tray and waits for 3 minutes.
9. Notes the result.
10. Record the result.

#### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

6. **Supervisor's Remarks** ( To be filled by instructor/supervisor)

7. **Assessment** (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs Improvement

Not Performed

Preparedness and  
hygiene

Correct technique  
used

Communication with  
patient

Equipment handling

Time management

Documentation  
accuracy

#### 8. Signatures

**Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CHECKLIST FOR TESTING URINE FOR ALBUMIN (By Heat coagulation Test)

#### 1. Learning Objectives

(To be filled before the session by the student)

#### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

- Test tube with holder
- Acetic Acid 2%
- Dropper
- Spirit lamp with match box

#### 3. Procedure Steps (Brief Summary)

1. Give a clean container to the woman for collecting urine.
2. Explains the method of collecting mid-stream specimen of urine.
3. Sets tray for urine testing with the following  
Test tube with holder, Acetic Acid 2%, Dropper, Spirit lamp with match box
4. Fills 2/3<sup>rd</sup> of the test tube with the urine specimen collected heats the upper 1/3<sup>rd</sup> of the test tube from the side.
5. Remove the test tube from the spirit lamp before the contents start boiling.
6. Checks whether there is cloudiness in the tube.
7. Observe the colour of solution in the test tube.
8. If cloudiness noted, adds 2-3 drops of Acetic Acid observe if the urine is clear or cloudy.
9. Read the result as follows.

**No cloudiness**

**Albumin nil**

Slight cloudiness	1+
Heavy cloudiness	2++
Masses	3+++
Solid	4++++

10. Record the result and give appropriate advice, if needed.

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

6. **Supervisor's Remarks** ( To be filled by instructor/supervisor)

7. **Assessment** (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement                      Not Performed

Preparedness and  
hygiene  
Correct technique  
used  
Communication with  
patient  
Equipment handling  
Time management  
Documentation  
accuracy

8. **Signatures**      **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CHECKLIST FOR TEST FOR REDUCING SUGARS (By Benedict solution method)

#### 1. Learning Objectives

to detect the presence of reducing sugar in the given solution by Benedict's test))

#### 2. Equipment/Materials Used

(List of instruments, equipment, or materials used during the skill practice)

- Benedict's solution
- Given sample

3. **Procedure:** take 5 ml of benedict's reagent in a test tube. Add a drop of given solution. Mix & boil over a flame or in a boiling water bath for 2 minutes. Cool the solution.

**Interpretation:** The appearance of green, yellow, orange or red precipitate indicates that the reducing carbohydrates is present. This is the semiquantitative test. If the solution is taken in a correct proportion & procedure followed strictly, the approximate concentration of carbohydrate can be judged from the colour of the precipitate.

#### Colour of the precipitate

#### approximate conc. Of CHO (gm%)

Light green	traces
Green	(+) or upto 0.5
Yellow	(++) or upto 1
Orange	(+++)
Red	(++++)
Brick red	Above 2

Note: After 2% we cannot estimate the amount of reducing sugar in the given solution, that is why this test is called semi-quantitative test.

Procedure/ Steps	Observation	Inference
<b>4. Clinical Setting</b>		
Skills Lab	Hospital	Community Clinic      Simulation Lab
<b>5. Student's Self-Reflection</b>		
(Write what you learned, difficulties faced, and how you overcame them)		
<b>6. Supervisor's Remarks</b> ( To be filled by instructor/supervisor)		
<b>7. Assessment</b> (To be filled by instructor based on observation)		
Criteria	Satisfactory	Needs Improvement      Not Performed

Preparedness and hygiene  
 Correct technique used  
 Communication with patient  
 Equipment handling  
 Time management  
 Documentation accuracy

**8. Signatures**      Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date

**CHECKLIST FOR ORAL GLUCOSE TOLERANCE TEST (OGTT)**

**1. Learning Objectives**  
 to detect the presence of reducing sugar in the given solution by Benedict's test))

**2. Equipment/Materials Used**

(hands out procedure, consent forms)

**Procedure**

1. Eat low fat, light meal the night before blood extraction.
2. Fasting for 8 to 10 hours. No intake of food and drinks. Do not drink alcoholic beverage. Do not smoke. No strenuous physical activity like exercise.
3. May drink 1 to 2 glasses of plain water.
4. In the laboratory, a fasting sample will initially be taken from you.
5. After first blood extraction, you will be given a drink (containing 75 or 100 gm of glucose solution) which you are fully consume within 5 minutes.
6. Additional blood samples will be taken from after one and two hours.
7. You should be in the clinic/laboratory during the entire test. Do not eat drink, smoke or do anything strenuous for the duration of the test.
8. You may have to stay for 3-4 hours so bring reading materials or something you can do while seating.

<b>4. Clinical Setting</b>		
Skills Lab	Hospital	Community Clinic      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria                      Satisfactory                      Needs Improvement      Not Performed

- Preparedness and hygiene
- Correct technique used
- Communication with patient
- Equipment handling
- Time management
- Documentation accuracy

**8. Signatures**      Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date

**2- HOURS GLUCOSE TOLERANCE TEST**

Patient information

Patient Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Contact information. \_\_\_\_\_

Medical Record Number. \_\_\_\_\_

Date of Test. \_\_\_\_\_

**Test Preparation**

Fasting duration \_\_\_\_\_ hours

Fasting blood Glucose level \_\_\_\_\_ mg/dl ( \_\_\_\_\_ mmdl)

Patient health status.

Well

Unwell (specific reason \_\_\_\_\_)

Medication taken

Yes

No

(if yes, list medicaions \_\_\_\_\_)

Allergies

Yes

No

(if yes specify allergies \_\_\_\_\_)

**Test Procedure**

Time of glucose solution ingestion \_\_\_\_\_ (hh:mm Am/PM)

Amount of glucose solution consumed \_\_\_\_\_ ounces ( \_\_\_\_\_ ml)

Administration Route:

Oral

Intravenous (specify if different \_\_\_\_\_)

## GLUCOSE TOLERANCE TEST

### Patient information

Full name \_\_\_\_\_  
Age \_\_\_\_\_  
Gender \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Number \_\_\_\_\_  
E.mail address \_\_\_\_\_

### Medical history

Have you been previously diagnosed with diabetes? Yes/No \_\_\_\_\_  
Are you currently on any medication? Yes/No \_\_\_\_\_  
If yes please list \_\_\_\_\_  
Have you had any surgeries in the past? Yes/No \_\_\_\_\_  
If yes, please specify \_\_\_\_\_  
Do you have any known allergies? Yes/No \_\_\_\_\_  
If yes, please specify \_\_\_\_\_  
Family history of diabetes. Yes/No \_\_\_\_\_

### Findings/Diagnosis

- Fasting blood glucose level \_\_\_\_\_ mg/dl
- 01 hour blood glucose level \_\_\_\_\_ mg/dl
- 02 hour blood glucose level \_\_\_\_\_ mg/dl
- 03 hour blood glucose level \_\_\_\_\_ mg/dl

### Diagnosis

- Normal
- Impaired glucose tolerance
- Diabetes

## SCHEDULE OF TETANUS TOXIOD IMMUNIZATION FOR PREGNANT LADY

Tetanus Toxoid 0.5 ml/dose	TT1	TT2	TT3	TT4	TT5
Intramuscularly	at first contact or as early as possible during pregnancy	4 weeks after TT1	6-12 Months after TT2	At least 1 year after TT3	At least 1 years after TT4

### BS Midwifery-Skill log book

Semester: 05

#### Course Title:

Care for Pregnancy (Pre-conception & Antenatal) – II = 1.5 CH

Care for Labor and Birth – I = 2CH

Post-Partum Care for Mothers and Newborn– I= 1.5 CH

Midwifery Practicum – I = 1.5 CH

Student Name:- \_\_\_\_\_

Registration No:- \_\_\_\_\_

**Table of Content**

Levels of competency = 1-5 (Novice to Expert)

Sr	Skills	Competency level
1.	Spontaneous vaginal delivery	3
2.	Counseling skills on maternity cycle	3
3.	Recognition of different stages of labour	4
4.	Partograph labelling	3
5.	Assistance in the Management of different stages of labour	3
6.	Rectal examination during labour	3
7.	Uterine massage application	5
8.	Uterine massage application	5
9.	Record keeping of admission and discharge	3
10.	Stabilization of patient	5
11.	Postnatal care	5
12.	Apgar score	5
13.	Early neonatal examination	5
14.	Postnatal care of mother	3
15.	Breast feeding support	3
16.	Vaccination	4
17.	Reflection on referral decision making	4

Sr. No.	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
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### **are for labour and birth-I**

12. Check list for instruments/equipment for P/V, P/S tray
13. Check list for P/S/P/V examination
14. Parameters of Partogram (Labour Care Guide).
15. Check list before birth (WHO)(1<sup>st</sup> stage of labour)
16. Check list of labour (2<sup>nd</sup> stage of labour)
17. Check list for steps in controlled cord traction ( 3<sup>rd</sup> stage of labour)
18. Episiotomy instruments set.
19. Check list episiotomy and repair of minor tears.
20. Check list for APGAR score.
21. Check list for examination of new born ( head to toe)
22. Check list for resuscitation of new born.

### **Post Partum Care for mother and new born**

1. Check list for postnatal examination of mother on 3<sup>rd</sup> day
2. EPI-immunization schedule by WHO for new born and infants.
3. Check list infant cord care
4. How you and your midwife can recognize that your baby is feeding well
5. Check list for breast feeding assessment.

## **INSTRUMENTS/EQUIPMENTS FOR P.V/P.S TRAY**

1. Cheatle forceps
2. Sponge forceps
3. Bowl for dirty swab + clean swabs + torch
4. Pair of gloves + antiseptic solution
5. Kidney tray + Bivalve spectrum

## **EXAMINER'S CHECK LIST FOR P/S &P/V EXAM**

1. Puts the woman in lithotomy position and express  
The area to be examined

### **Inspects the external genitalia for any abnormality**

#### **Per speculum examination (P/S)**

2. Introduces Cusco's speculum properly into the vagina
3. Observes **Vaginal Walls** for
  - Colour
  - Discharge
4. Observes **Cervix** for:
  - Colour
  - Discharge
  - External os
  - Any abnormality

#### **5. Bimanual Palpation of Internal Organs (P/V)**

6. Inserts two fingers of one gloves hand into the Vagina and places the other hand on suprapubic Region.

7. Palpates Cervix for:

Direction ( downwards & backwards & forwards)

Consistency ( Normal, firm)

Surface

Tenderness

8. Palpates **Uterus** for:

Position ( anteverted/retroverted)

Size ( normal, small or enlarged)

Surface ( smooth/irregular)

Consistency

Mobility

9. Palpates **Fornices** for:

Tenderness

Swelling/mass

10. Inspects the two fingers for any discharge or blood

After taking them out of vagina.

## **PARAMETERS OF PARTOGRAM (Labour Care Guide)**

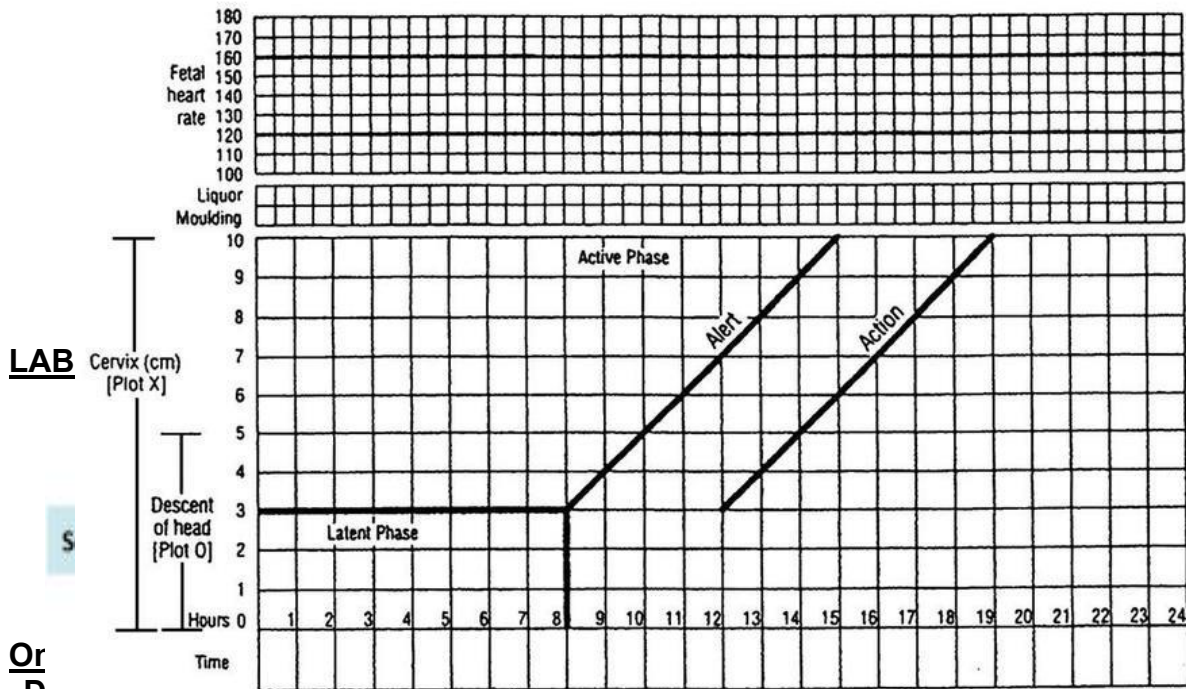
- Awareness of partograph
- Correct definition of partograph

- Knows the benefit of the partograph to parturient.
- Knowledge of observations on component of partograph
- Cervical dilatation
- Foetal heart rate
- Uterine contraction
- Descent of the presenting part.
- Maternal blood pressure
- Maternal pulse.

**PARTOGRAPH**

**PARTOGRAPH**

Name _____	Gravida _____	Para _____	Hospital no. _____
Date of admission _____	Time of admission _____	Ruptured membranes _____	hours _____



**Or**

**D**

**N**

**S**

**Y**

Contractions per 10 mins

Oxytocin U/L drops/min

**P**

**N**

**S**

**Y**

Drugs given and IV fluids

**D**

**S**

**•**

**N**

Pulse and BP

Temp °C

**S**

protein

Yes

**And antihypertensive treatment?**

No

Yes, Magnesium sulfate given

Yes, antihypertensive medication given

- History of foul smelling vaginal discharge
- Rupture of membranes >18 hrs give magnesium sulfate to mother if any of.
- Diastolic BP > 110 mm Hg and 3 + proteinuria and any severe headache, visual disturbance, epigastocic pain. give antihypertensive medication to mother if systolic BP > 160 mm Hg
- Goal keep BP < 150/100 mm Hg

Confirm supplies are available to clean hands and wear gloves for each vaginal exam

Encourage birth companion to be present at birth

Confirm that mother or companion will call for help during labour if needed

Call for help of any of:

- Bleeding
- Severe abdominal pain
- Severe headach or visual disturbance
- Nable to urinate
- Urge to push

### **CHECKLIST OF LABOUR (2<sup>ND</sup> STAGE OF LABOUR)**

#### **1. Contractions.**

- **Regularity:** Contractions become regular increasing in frequency, intensity and length.
- **Feeling:** They might feel like intense period pains, tightening in the uterus or back pain.
- **Progression:** Contractions get closer together and stronger over time.

#### **2. “Show” or bloody mucus plug:**

- **Description:** A sticky, brownish, or blood tinged mucus discharge as the cervix thins.
- **Timing:** may happen a few days before labour or at the beginning of labour.
- **Significance:** it’s a sign that labour is likely to start, but not always.

#### **3. Backache:**

- **Description:** Back pain often in the lower back or pelvis, as the baby’s head presses on the spine.
- **Connection to contractions:** contractions can also cause backache.

#### 4. Urge to go to the bathroom.

- **Cause:** the baby's head pressing on the bladder or bowels.
- **Possible result:** increased urination or even bowel movements.

#### 5. Rupture of membranes (water breaking)

- **Description:** the amniotic sac breaks releasing fluid.
- **Timing:** May happen before, during or after labour.
- **Appearance:** Can be a gush or a trickle of clear liquid.
- **Importance:** contact your midwife immediately if your water breaks.

#### Additional considerations for Midwives

- **Premature labour:** be aware of signs of premature labour before 37 weeks, especially if contractions are frequent or strong, or if there is bleeding or reduced fetal movement.
- **Danger signs:** Recognize and address any potential danger signs during labour, such as vaginal bleeding, reduced fetal movement green or brown waters, or fever.
- **Fetal monitoring:** Monitor fetal heart rate and oxygen levels.
- **Pain Management:** Offer appropriate pain management options.

#### **CHECKLIST FOR STEPS IN CONTROLLED CORD TRACTION** **(3<sup>RD</sup> STAGE OF LABOUR)**

- | • <b>Steps</b> | <b>Checklist item</b>   |
|----------------|---|
| • Step-1.      | Uterine palpitation uterine form after baby's delivery.               |
| • Step-2       | Uterotonic oxytocin administrated.                                    |
| • Step-3       | Cord preparation: Cord clamped and cut (sterile technique)?           |
| • Step-4.      | Counter pressure, hand placed on lower abdomen just above pubic bone  |
| • Step-5.      | Traction training: traction applied only during strong contraction.   |
| • Step-6.      | Traction technique: Gentle steady downward pull.                      |
| • Step-7.      | Counter pressure: constant upward pressure on uterus during traction. |
| • Step-8.      | Duration: stop traction of no descent after 30-40 second?             |
| • Step-9.      | Placental inspection: Placental inspected for completeness?           |
| • Step-10.     | Uterine tone: uterus firm after placental delivery?                   |
| • Step-11.     | Postpartum hemorrhage assessment monitor for excessive                |

bleeding.

- Step-12. Further intervention oxytocin administered if needed.

### **STEPS IN CONTROLLED CORD TRACTION**

#### **1. Preparation**

- Ensure the uterus is firm after baby is delivered.
- Administer oxytocin to stimulate uterine contraction.
- Access for signs of placental separation.

#### **2. Cord preparation**

- Clamp the cord close to the perineum after pulsations steps.
- Cut the cord ensuring sterile technique.

#### **3. Performing controlled cord traction**

- Place one hand on the lower abdomen just above the pubic bone for counter pressure.
- Apply slight tension to the cord and wait for a strong uterine contraction.
- During the contraction apply firm, steady traction on the cord pulling downward while maintaining counter pressure on the uterus.
- Stop pulling if the placenta does not descend within 30-40 seconds or if there are no signs of separation.

#### **4. Post-delivery assessments**

- Inspect the placenta for completeness.
- Access uterine tone and for signs of (PPH) postpartum hemorrhage

#### **5. Complications and consideration**

- Be aware of potential complication like uterine inversion and PPH
- Consider administering further oxytocin if needed.

### **CHECKLIST FOR APGAR SCORE**

	<b>Sign</b>	<b>Sign</b>	<b>0</b>	<b>1</b>	<b>2</b>
A	Appearance	Color	Blue/Pale	Pink body with blue extremities	Completely pink
P	Pulse	Heart Rate	Absent	Slow (less than 100 bmp)	Greater than or equal to 100 bpm
G	Grimace	Reflex irritability	No Response	Grimace	Cough/sneeze
A	Attitude/Activity	Muscle Tone	Limp	Some Flexion	Active motion
R	Respiratory	Breathing	Absent	Some/irregular	Good crying

### **CHECKLIST FOR EXAMINATION OF NEW BORN (HEAD TO TOE)**

1. Weighs, and measures the height of new born
2. Notes the circumference of head.
3. Examines the eyes
4. Examines mouth for any abnormality.
5. Examine arms and hands (Fracture, shoulder dislocation, extra digit, web etc)
6. Checks that umbilical cord is clamped/tied (any oozing etc)
7. Examines external genitalia for abnormality (Testes in male, labia majora/minora in female)
8. Examines legs and toes (fractures, hip dislocation web etc)
9. Examines back of the baby (spina bifida, meningocele)

10. Notes the temperature.

### **CHECKLIST FOR RESUSCITATION OF NEW BORN**

1. When baby received, assess the APGAR score, if it is less than 4, start resuscitation.
2. Turns baby face down across the lap with head slightly lower than the body.
3. Gives back slaps between shoulders bladders or sole.
4. If not breathing, turns the baby into the side.
5. Clean the mouth with one finger.
6. Removes any mucus with the finger.
7. Gives puff of expired air resuscitation.
8. Checks the pulse and respiration (cry)
9. Continues the respiration both about 40 times in minutes
10. Assess the APGAR score after 5 minutes and resuscitation across the score.

### **CHECKLIST FOR POSTNATAL EXAMINATION OF MOTHER ON 3<sup>RD</sup> DAY**

1. General condition
2. Color of skin (for anemia)
3. Breast examination
4. Uterus (for involution)
5. Vaginal bleeding (lochia, color, amount, smell)
6. Urinary output
7. Bowel movement
8. Perineum
9. Food intake

## 10. Fluid intake

## EPI-IMMUNIZATION SCHEDULE BY WHO

Age	Vaccine	Diseases	Type of vaccine	Dose	Rout of administration
<b>At Birth</b>	1-BCG	TB	Live attenuated, variant	0.01ml	ID injection in left deltoid
	2-HBV	Hepatitis B	Recombinant, yeast derived HBs antigen	0.5 ml	IM thigh
<b>06 Weeks</b>	1-OPV	oral	2 drops	Live attenuated	Polio
	2-HiB	Hib disease	polysaccharide conjugate	0.5 ml	IM thigh
	3-HBV	Hepatitis B	Recombinant, yeast derived HBs antigen	0.5 ml	IM thigh
	4-Pentavalent	Diphtheria Tetanus Whooping cough	Toxoid (D) Toxoid (T) Killed pertussis (P)	IM thigh	0.5 ml
<b>10 Weeks</b>	1-OPV	Polio	Live attenuated	2 drops	Oral
	2-HiB	Hib disease	polysaccharide conjugate	0.5 ml	IM thigh
	3-Pentavalent	Diphtheria Tetanus Whooping cough	Toxoid (D) Toxoid (T) Killed pertussis (P)	0.5 ml	IM thigh
<b>14 Weeks</b>	1-OPV	Polio	Live attenuated	2 drops	Oral
	2-HiB	Hib disease	polysaccharide conjugate	0.5 ml	IM thigh
	3-HBV	Hepatitis B	Recombinant, yeast derived HBs antigen	0.5 ml	IM thigh
	4-Pentavalent	Toxoid (D) Toxoid (T) Killed pertussis (P)	Diphtheria Tetanus Whooping cough	IM thigh	0.5 ml
<b>09 Month</b>	MR1	All Live attenuated	<ul style="list-style-type: none"> <li>• Measles,</li> <li>• Mumps</li> <li>• German Measles</li> </ul>	Subcutaneous	0.5 ml
<b>15 Month</b>	MR2	All Live attenuated	<ul style="list-style-type: none"> <li>• Measles,</li> <li>• Mumps</li> <li>• German Measles</li> </ul>	Subcutaneous	0.5 ml

### CHECKLIST INFANT'S CORD CARE

## **STEPS OF PROCEEDURE**

- 1. Gather the necessary materials.**
  - Sterile cotton balls/sponges
  - Sterile cotton swabs.
  - Sterile dressing or clean absorbent cloth.
  - Normal saline solution or sterile warm water for cleaning the cord.
  - Kidney basin ( to be used for the cleansing solution)
  - Paper/plastic bag for soiled cotton.
  - Diaper (if needed)
- 2.** Introduction yourself verify the clients and baby's identity, Explain the procedure to the mother, ask for consent.
- 3.** Perform hand hygiene, wash hand and put on gloves.
- 4.** Provide privacy close the windows and preps/doors.
- 5.** Keep opposite side rails or crib raised.
- 6.** Prepare the baby (id with stool make sure to clean the baby first)
- 7.** Expose only the required area (Cord)
- 8.** Hold the umbilical cord away from the skin with one hand.
- 9.**
  - Dip a cotton sponges with warm water. Squeeze cotton to remove excess water.
  - Gently clean or wipe the stump and the area around the umbilicus by the other hand.
  - Use cotton balls/swabs only once then discard, then use another one as needed for cleansing.
- 10.** Pat and dry the umbilical cord gently and completely with an absorbent cloth or sterile dressing.
- 11.** While drying the cord carefully, observe the stump for any signs of abnormalities and infection.
  - Smelly cord
  - Foul smelling discharge
  - Redness
  - Tenderness
  - Swelling on the surrounding skin.
  - Signs of bleeding.
- 12.** Don't cover the stump when you put on the baby's diaper. Fold the front of the diaper down so it does not cover the baby's cord.
- 13.** Re-dress the baby and put on baby's blanket.
- 14.** Document the following (infant's response abnormal findings) to the small notebook/chart.
- 15.** Endorse properly to the clinical instructor/ Ob nurse on duty refer any abnormalities to the NOD or doctor.

## **HOW YOU AND YOUR MIDWIFE CAN RECOGNISE THAT YOUR BABY IS FEEDING WELL**

### **What to look for/ask about**

#### **Your Baby**

- Has at least 8-12 feeds in 24 hours
- Is generally calm and relaxed when feeding and content after most feeds.
- Will take deep rhythmic sucks and will hear swallowing.
- Will generally feed for between 5 and 40 minutes and will come off the breast spontaneously.
- Has a normal skin colour and is alert and waking for feeds.
- Has not lost more than 10% weight.

#### **Your baby's nappies.**

- At least 5-6 heavy, wet nappies in 24 hours.
- At least 2 dirty nappies in 24 hours, at least 2 coin size, yellow and runny and usually more.

#### **Your Breasts.**

- Breast and nipple are comfortable.
- Nipple are the same shape at the end of the feed as the start.
- How using a dummy/nipple shield/infant formula can impact on breastfeeding.

**Date**

**Midwife's initial**

**Midwife:-** if any responses not ticked watch a full breastfeed develop a care plan including revisiting positioning and attachment and or refer for additional support consider specialist.

## CHECKLIST FOR BREAST FEEDING ASSESSEMENT

	<b>Breast Feeding</b>	<b>Baby Mother Ideal</b>	<b>Date &amp; Time Observation</b>
<b>Before Feeding</b>	skin to skin prior to feeding	skin to skin prior to feeding	
	Baby's feeding cues	Rooting, hand to mouth sucking motions, baby movement	
<b>During Feeding</b>	Latching Process	Baby's nose to nipple to start wide open mouth head tilted back lower lip and tongue reach the breast first	
	Baby's nose and chin location	Baby's nose and chin close to breast	
	Angle of baby's mouth opening	Baby's mouth wide open at least 140 degrees	
	Baby's mouth seal	Top and bottom lip seals rounded check line, no dimpled check	
	A symmetric or symmetric latch	A symmetric latch	
	Baby's jaw motion and sucking pattern	Rocking jaw motion; a pattern of one suck per swallow or a few sucks followed by a swallow (2:1 Or 1:1)	
<b>After Feeding</b>	Mothers nipple post feeding	similar to before feeding: not shaped by latch, not discolored feeding	
	Position and level of baby comfort before, during and after feeding	Turn toward mother: shoulders and hips aligned; arms and hands around breast; release nipple at end of feed relaxed hands and baby.	
	Position and comfort mom level before, during and after feeding	Gentle tugging feeling, no discomfort able in feeding position; body well supported by pillow calm state	

## BS Midwifery-Skill log book

:

### SEMESTER 6 \_\_\_\_

#### Course Title

Care for Labor and Birth – II= 2CH

Breast Feeding and Lactation Management = 2 CH

Midwifery Practicum – II= 4 CH

**Student Name:-** \_\_\_\_\_

**Registration No:-** \_\_\_\_\_

#### Competency levels 1-5

### Table of contents

Serial No.	Skills	Level	Credit Hours
43.	Instruments / equipment for PV/PS tray	5	
44.	Examiner's checklist for PV/PS examination	5	
45.	Parameters of Partograph	5	
46.	Checklist before birth(WHO) (1 <sup>st</sup> stage of labour) Referral policy in first stage of labour	5	
47.	Checklist before birth(WHO) (2 <sup>nd</sup> stage of labour) Referral policy in second stage of labour	5	
48.	Checklist for steps in controlled cord traction(3 <sup>rd</sup> stage of labour) Referral policy in third stage of labour	5	
49.	Episiotomy instrument set	5	
50.	Checklist of episiotomy and repair of minor tears	5	
51.	Checklist for APGAR score	5	
52.	Checklist for examination of new born (head to toe)	5	
53.	Checklist for resuscitation of new born	5	
54.	Skill proforma for history taking for breast feeding	5	
55.	Skill proforma for breast assessment for breast feeding	5	
56.	Skill proforma for counselling pregnant women on breast feeding	5	
57.	Skill proforma for demonstrating latch and positioning	5	

58.	skill proforma for helping with first breast feed	5
59.	skill proforma for manual expression of breast milk	5
60.	skill proforma for care of nipple problems	5
61.	skill proforma for managing breast engorgement	5
62.	skill proforma for managing mastitis and breast abscess	5
63.	skill proforma for counselling on low milk supply	5
64.	skill proforma for handling breast refusal	5
65.	skill proforma for feeding sick or preterm babies	5
66.	skill proforma for prescription writing	5
67.	skill proforma for oral administration of drugs	5
68.	skill proforma for sublingual administration of drugs	5
69.	skill proforma for ophthalmic instillation	5
70.	skill proforma for intramuscular injection	5
71.	skill proforma for intravenous injection	5
72.	skill proforma for subcutaneous injection	5
73.	skill proforma for intradermal injection	5
74.	skill proforma for per vaginal suppository and cream	5
75.	skill proforma for administering rectal medication	5

### Supervisor's remarks

S. No.	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
<b><u>Part for labour and birth-II</u></b>					
	23. Check list for instruments/equipment for P/V, P/S tray				
	24. Check list for P/S/P/V examination				
	25. Parameters of Partogram (Labour Care Guide).				
	26. Check list before birth (WHO)(1 <sup>st</sup> stage of labour)				
	27. Check list of labour (2 <sup>nd</sup> stage of labour)				
	28. Check list for steps in controlled cord traction ( 3 <sup>rd</sup> stage of labour)				
	29. Episiotomy instruments set.				
	30. Check list episiotomy and repair of minor tears.				
	31. Check list for APGAR score.				
	32. Check list for examination of new born ( head to toe)				

33. Check list for resuscitation of new born.

### INSTRUMENTS/EQUIPMENTS FOR P.V/P.S TRAY

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.:

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

**1. Learning Objectives**

- i. Understand importance of instruments sterilization.
- ii. Recognize types of instruments.

**2. Equipment/Materials used:**

**3. Procedure steps ( brief summary)**

- 6. Cheatle forceps
- 7. Sponge forceps
- 8. Bowl for dirty swab + clean swabs + torch
- 9. Pair of gloves + antiseptic solution
- 10. Kidney tray + Bivalve spectrum

**4. Clinic Setting**

Skill Lab

Hospital

Community Clinic

Simulation Lab

**5. Students 's Reflection**

(write what you learned, difficulties faces and how you overcame them).

**6. Supervisor's Remarks** (to be filled by instructor/supervisor).

**7. Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

### 8. Signature

Student signature: \_\_\_\_\_ Supervisor signature: \_\_\_\_\_ Date : \_\_\_\_\_

### EXAMINER'S CHECK LIST FOR P/S &P/V EXAM

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.:

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

- i. Understand indications for P.V & P.S examination.
- ii. Interpret findings accurately.
- iii. Ensure patient comfort and consent.

#### 2. Equipment/Materials used:

- i. Gloves
- ii. Lubricant
- iii. Examination table or couch
- iv. Drape or sheet for patient privacy.

#### 3. Procedure steps ( brief summary)

11. Puts the woman in lithotomy position and express  
The area to be examined

**Inspects the external genitalia for any abnormality  
Per speculum examination (P/S)**

12. Introduces Cusco's speculum properly into the vagina

13. Observes **Vaginal Walls** for

- Colour
- Discharge

14. Observes **Cervix** for:

- Colour
- Discharge
- External os
- Any abnormality

15. Bimanual **Palpation of Internal Organs (P/V)**

16. Inserts two fingers of one gloves hand into the Vagina and places the other hand on suprapubic Region.

17. Palpates Cervix for:

Direction ( downwards & backwards & forwards)

Consistency ( Normal, firm)

Surface

Tenderness

18. Palpates **Uterus** for:

Position ( anteverted/retroverted)

Size ( normal, small or enlarged)

Surface ( smooth/irregular)

Consistency

Mobility

19. Palpates **Fornices** for:

Tenderness

Swelling/mass

20. Inspects the two fingers for any discharge or blood

After taking them out of vagina.

4. **Clinic Setting**

Skill Lab

Hospital

Community Clinic

Simulation Lab

5. **Students 's Reflection**

(write what you learned, difficulties faces and how you overcame them)

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

**Criteria**

**Satisfactory**

**Needs Improvement** or not performed

**Competency level (3-5)**

paredness and hygiene  
orrect technique used  
ommunication with patient  
quipment handling  
ne management  
ocumentation accuracy

8. **Signature** -----Student signature: \_\_\_\_\_ Supervisor signature: \_\_\_\_  
Date : \_\_\_\_\_

## PARAMETERS OF PARTOGRAM

**Course Title :** \_\_\_\_\_

**Semester : VI**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### 1. Learning Objectives

- i. Plot the progress of labour
- ii. Understand the purpose and components of partogram.

### 2. Equipment/Materials used:

- i. Partogram chart
- ii. Pen/pencil
- iii. Fetol stethoscope
- iv. Cervical dilatation measurement tools

### 3. Procedure steps ( brief summary)

1. Awareness of partograph
2. Correct definition of partograph
3. Knows the benefit of the partograph to parturient.
4. Knowledge of observations on component of partograph
5. Cervical dilatation
6. Foetal heart rate
7. Uterine contraction
8. Descent of the presenting part.
9. Maternal blood pressure
10. Maternal pulse.

### 4. Clinic Setting

Skill Lab

Hospital

Community Clinic

Simulation Lab

### 5. Students 's Reflection

(write what you learned, difficulties faces and how you overcame them).

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

<b>Criteria</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Not performed</b>	<b>Competency level (3-5)</b>
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

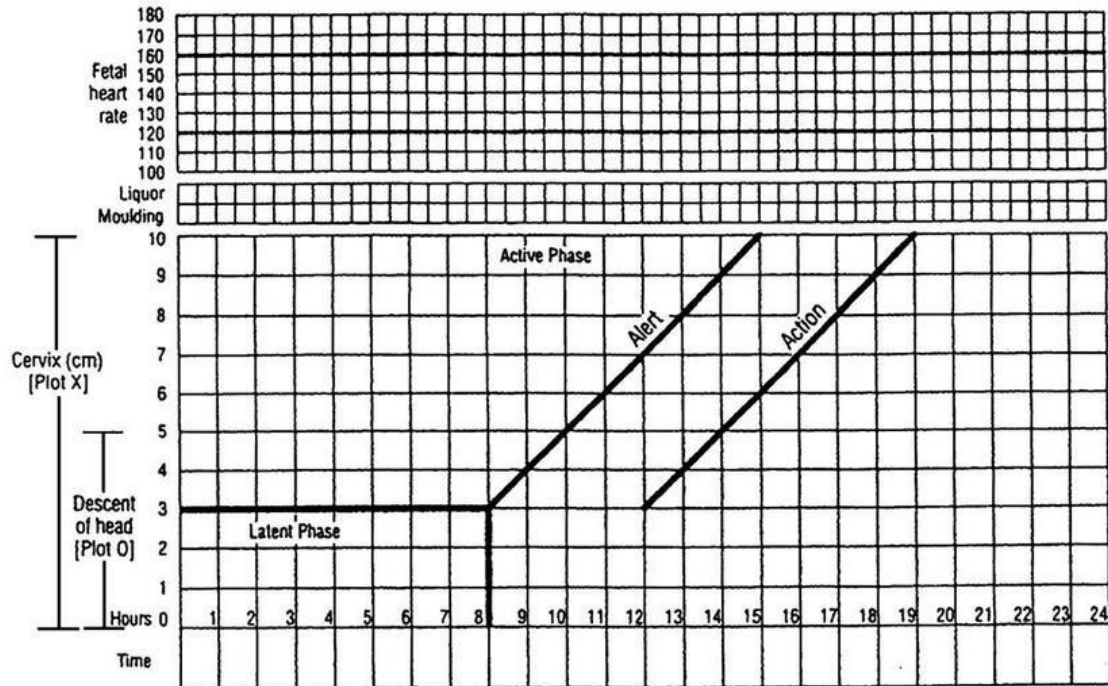
8. **Signature**

Student signature: \_\_\_\_\_ Supervisor signature: \_\_\_\_\_ Date : \_\_\_\_\_

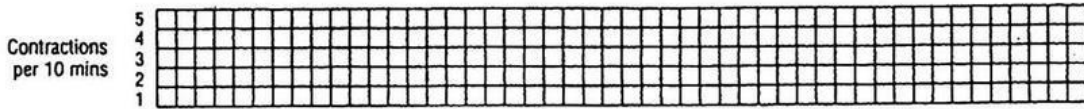
# PARTOGRAPH

## PARTOGRAPH

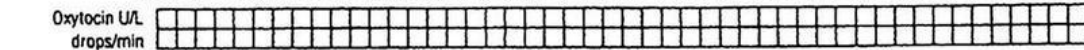
Name \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_ Hospital no. \_\_\_\_\_  
 Date of admission \_\_\_\_\_ Time of admission \_\_\_\_\_ Ruptured membranes \_\_\_\_\_ hours



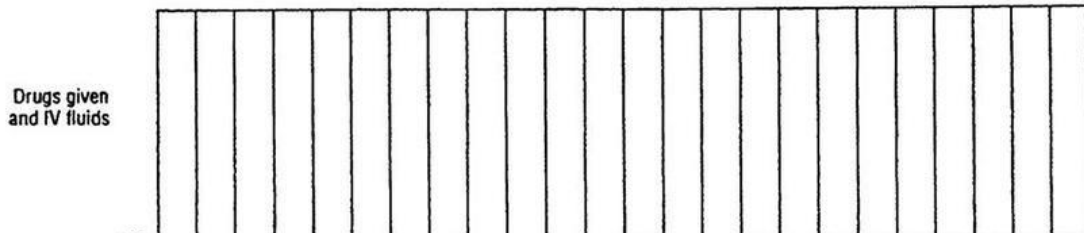
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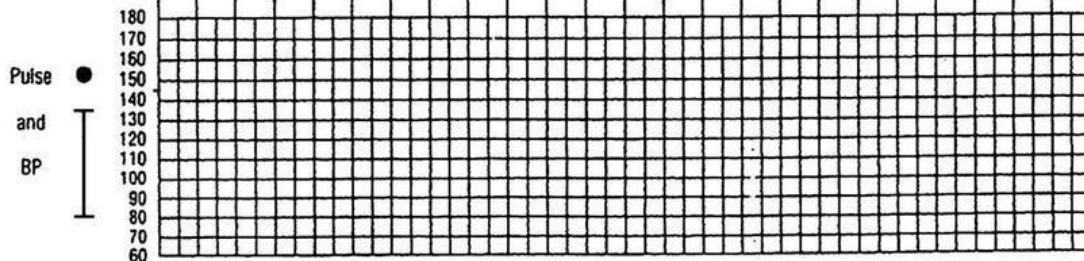
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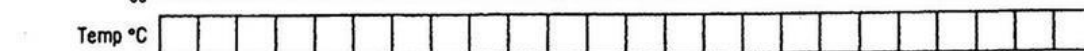
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**Sess**  
**1.**



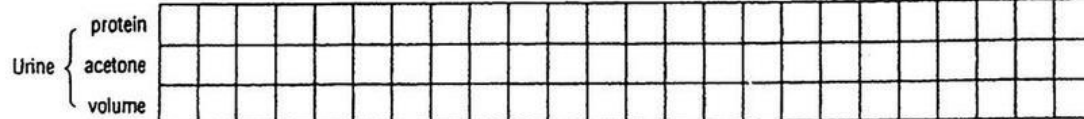
**2.**



**3.**



**On /**



WHO 05503

**Does mother need referral?**

No

Yes, organized

**Partograph started?**

No, will start when > 4 cm

Yes

start plotting when cervix > 4 cm, then cervix should efface > 1 cm/hr

- Every 30 min, plot HR contraction, fetal HR
- Every 2 hrs, plot temperature
- Every 4 hrs, plot BP

**Does mother need to start:**

- Antibiotics?

No

Yes

Ask for allergies before administration of any medication.

give antibiotics to mother if any of.

- Mothers temperature 38c

**And antihypertensive treatment?**

No

Yes, Magnesium sulfate given

Yes, antihypertensive medication given

- History of foul smelling vaginal discharge
- Rupture of membranes >18 hrs

give magnesium sulfate to mother if any of.

- Diastolic BP > 110 mm Hg and 3 + proteinuria and any severe headache, visual disturbance, epigastric pain. give antihypertensive medication to mother if systolic BP > 160 mm Hg
- Goal keep BP < 150/100 mm Hg

Confirm supplies are available to clean hands and wear gloves for each vaginal exam

Encourage birth companion to be present at birth

Confirm that mother or companion will call for help during labour if needed

Call for help of any of:

- Bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Unable to urinate
- Urge to push

**4. Clinic Setting**

Skill Lab

Hospital

Community Clinic

Simulation Lab

**5. Students 's Reflection**

(write what you learned, difficulties faces and how you overcame them).

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

8. **Signature** Student signature: \_\_\_\_\_ Supervisor signature: \_\_\_\_\_ Date : \_\_\_\_\_

### Referral Policy in First Stage of Labour

Primarily based on weak or ineffective uterine contractions

1. Latent Phase in primigravida more than 9 hours
2. Multi gravida more than 5 hours
3. Active Phase is prolonged in
  - a. Primigravida more than 6 hours
  - b. Multigravida more than 4 hours

### CHECKLIST OF LABOUR (2<sup>ND</sup> STAGE OF LABOUR)

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

- i. Understand physiological changes in 2<sup>nd</sup> stage.
- ii. recognize normal and prolong 2<sup>nd</sup> stage.
- iii. Identify signs of fetol decent and progression.

#### 2. Equipment/Materials used:

#### 3. Procedure steps ( brief summary)

##### 6. Contractions.

- **Regularity:** Contractions become regular increasing in frequency, intensity and length.

- **Feeling:** They might feel like intense period pains, tightening in the uterus or back pain.
  - **Progression:** Contractions get closer together and stronger over time.
7. **“Show” or bloody mucus plug:**
- **Description:** A sticky, brownish, or blood tinged mucus discharge as the cervix thins.
  - **Timing:** may happen a few days before labour or at the beginning of labour.
  - **Significance:** it’s a sign that labour is likely to start, but not always.
8. **Backache:**
- **Description:** Back pain often in the lower back or pelvis, as the baby’s head presses on the spine.
  - **Connection to contractions:** contractions can also cause backache.
9. **Urge to go to the bathroom.**
- **Cause:** the baby’s head pressing on the bladder or bowels.
  - **Possible result:** increased urination or even bowel movements.
10. **Rupture of membranes (water breaking)**
- **Description:** the amniotic sac breaks releasing fluid.
  - **Timing:** May happen before, during or after labour.
  - **Appearance:** Can be a gush or a trickle of clear liquid.
  - **Importance:** contact your midwife immediately if your water breaks.

**Additional considerations for Midwives**

- **Premature labour:** be aware of signs of premature labour before 37 weeks, especially if contractions are frequent or strong, or if there is bleeding or reduced fetal movement.
  - **Danger signs:** Recognize and address any potential danger signs during labour, such as vaginal bleeding, reduced fetal movement green or brown waters, or fever.
  - **Fetal monitoring:** Monitor fetal heart rate and oxygen levels.
- Pain Management:** Offer appropriate pain management options.

**4. Clinic Setting**

Skill Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Students ’s Reflection**

(write what you learned, difficulties faces and how you overcame them).

**6. Supervisor’s Remarks** (to be filled by instructor/supervisor).

**7. Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				

ne management  
documentation accuracy

8. **Signature** Student signature: \_\_\_\_\_ Supervisor signature:

Date : \_\_\_\_\_

### **Referral Policy second stage of Labour**

Primarily based on prolonged duration and inadequate progress especially in nulliparous woman. Specifically, referral to hospital must be considered if pushing in nullipara women is inadequate after two hours or one hour in parous women.

**1. Inadequate progress**

If the baby's head is not descending sufficiently during pushing even with adequate contraction referral may be necessary

**2. Fetal Distress**

Sign of fetal distress such as dropping foetal heart rate should prompt referral for immediate evaluation

**3. Maternal Complication**

Any maternal complication such as heavy bleeding, fever or sever pain require referral and evaluation

**4. Need for operative intervention**

If a vaginal birth is not progressing a referral for assessment of the need for forceps vacuum extraction or caesarean delivery may be required

**5. Risk factors**

Certain risk factor may be increase the likelihood of prolonged second stage and necessitate referral, these risks include increased maternal weight or weight gain in pregnancy, foetal occiput posterior or transverse position and increased birth weight

**6. Maternal Position**

Upright or side lying positions which allow for possible serum can be supported to shorter the second stage. However, if these positions do not lead to adequate progress referral may be necessary

# CHECKLIST FOR STEPS IN CONTROLLED CORD TRACTION

## (3<sup>RD</sup> STAGE OF LABOUR)

Course Title : \_\_\_\_\_

Semester: VI

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

Registration No.: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

- i. Manage placental delivery.
- ii. Recognize and prevent PPH.
- iii. Provide post partum care and support.

### 2. Equipment/Materials used:

### 3. Procedure steps ( brief summary)

- | • Steps    | Checklist item  |
|------------|---|
| • Step-1.  | Uterine palpitation uterine form after baby's delivery.               |
| • Step-2   | Uterotonic oxytocin administrated.                                    |
| • Step-3   | Cord preparation: Cord clamped and cut (sterile technique)?           |
| • Step-4.  | Counter pressure, hand placed on lower abdomen just above pubic bone  |
| • Step-5.  | Traction training: traction applied only during strong contraction.   |
| • Step-6.  | Traction technique: Gentle steady downward pull.                      |
| • Step-7.  | Counter pressure: constant upward pressure on uterus during traction. |
| • Step-8.  | Duration: stop traction of no descent after 30-40 second?             |
| • Step-9.  | Placental inspection: Placental inspected for completeness?           |
| • Step-10. | Uterine tone: uterus firm after placental delivery?                   |
| • Step-11. | Postpartum hemorrhage assessment monitor for excessive bleeding.      |
| • Step-12. | Further intervention oxytocin administered if needed.                 |

### 4. Clinic Setting

Skill Lab

Hospital

Community Clinic

Simulation Lab

### 5. Students 's Reflection

(write what you learned, difficulties faces and how you overcame them).

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

8. **Signature** -Student signature:\_\_\_\_\_ Supervisor signature: \_\_\_\_\_Date : \_\_\_\_\_

### REFERRAL POLICY IN THIRD STAGE OF LABOUR

Referral points for the third stage of labour or the delivery of the placenta involve

- 1- Retained or partially delivered placenta
- 2- Closed cervix before placenta delivery
- 3- Weak uterine contractions
- 4- Soft uterus
- 5- Prolonged third stage over 30 minutes
- 6- Perineal, vaginal, cervical tears
- 7- Excessive bleeding (postpartum Haemorrhage)

### STEPS IN CONTROLLED CORD TRACTION

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

- i. Understand proper technique for control cord traction.
- ii. Recognize signs of placental separation.
- iii. Avoid excessive force or cord breakage.

#### 2. Equipment/Materials used:

#### 3. Procedure steps ( brief summary)

##### 6. Preparation

- Ensure the uterus is firm after baby is delivered.
- Administer oxytocin to stimulate uterine contraction.
- Access for signs of placental separation.

##### 7. Cord preparation

- Clamp the cord close to the perineum after pulsations steps.

- Cut the cord ensuring sterile technique.
  - 8. Performing controlled cord traction**
    - Place one hand on the lower abdomen just above the pubic bone for counter pressure.
    - Apply slight tension to the cord and wait for a strong uterine contraction.
    - During the contraction apply firm, steady traction on the cord pulling downward while maintaining counter pressure on the uterus.
    - Stop pulling if the placenta does not descend within 30-40 seconds or if there are no signs of separation.
  - 9. Post-delivery assessments**
    - Inspect the placenta for completeness.
    - Assess uterine tone and for signs of (PPH) postpartum hemorrhage
  - 10. Complications and consideration**
    - Be aware of potential complication like uterine inversion and PPH
- Consider administering further oxytocin if needed.

4. **Clinic Setting**

Skill Lab                      Hospital                      Community Clinic                      Simulation Lab

5. **Students 's Reflection**

(write what you learned, difficulties faces and how you overcame them).

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

8. **Signature** \_\_\_\_\_ Student signature: \_\_\_\_\_ Supervisor signature: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_

## EPISIOTOMY INSTRUMENT SET

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

- i. Understanding of infection prevention protocol of instruments processing.
- ii. Identify instruments used.
- iii. Understand proper handling and use.

### 2. Equipment/Materials used:

### 3. Procedure steps ( brief summary)

1. Episiotomy scissor
2. Scissor straight
3. Sponge holding forceps
4. Viginal speculum
5. Artery forceps straight
6. Artery forceps curved
7. Needle holder 7 inch
8. Kidney tray
9. Tissue forceps toothed 1 2 teeth
10. Tissue forceps plain
11. Instrument tray

### 4. Clinic Setting

Skill Lab

Hospital

Community Clinic

Simulation Lab

### 5. Students 's Reflection

(write what you learned, difficulties faces and how you overcame them).

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signature**

Student signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date : \_\_\_\_\_

## CHECK LIST EPISIOTOMY & REPAIR OF MINOR TEARS

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

- i. Under indicators and contra indications
- ii. Perform episiotomy correctly.
- iii. Assess and classify perineal tears.

### 2. Equipment/Materials used:

### 3. Procedure steps ( brief summary)

1. Check medication to be given (lidocaine) 0.5% or 1%)
2. Select sterile syringes and needles of appropriate sizes.
3. Prepare the episiotomy scissors.
4. Inform patient of the procedure.
5. Disinfect top of drug vial.
6. Draw out the medication into the syringes using a needle and discard the needle into the sharp bin.
7. Attach a new needle with its cover to the syringe and place into a receiver.
8. To protect the foetal head, two fingers are inserted into the vagina.
9. Insert the needle into the perineal tissue at the centre of the fourchette and should be directed toward the purposed line of incision.
10. Confirm that needle has not penetrated a blood vessel by withdrawing the syringe position.
11. Once again insert two fingers into the vagina and protect the foetal head.
12. A single cut is made from the center of the fourchette in a mediolateral direction avoiding damage to the anal sphincter.
13. On completion of the third stage, the vagina, perineum and rectal areas are assessed for any missed tears.
14. Inform patient of the procedure.

### 4. Clinic Setting

Skill Lab

Hospital

Community Clinic

Simulation Lab

### 5. Students 's Reflection

(write what you learned, difficulties faces and how you overcame them).

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

8. **Signature**

Student signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date : \_\_\_\_\_

### CHECKLIST FOR APGAR SCORE

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

1. **Learning Objectives**

- i. Accurately assess new born by using APGAR Score.
- ii. Respond appropriately low APGAR Scores.

2. **Equipment/Materials used:**

**3. Procedure steps ( brief summary)**

	Sign	Sign	0	1	2
A	Appearance	Color	Blue/Pale	Pink body with blue extremities	Completely pink
P	Pulse	Heart Rate	Absent	Slow (less than 100 bmp)	Greater than or equal to 100 bpm
G	Grimace	Reflex irritability	No Response	Grimace	Cough/sneeze
A	Attitude/Activity	Muscle Tone	Limp	Some Flexion	Active motion
R	Respiratory	Breathing	Absent	Some/irregular	Good crying

**4. Clinic Setting**

Skill Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Students 's Reflection**

(write what you learned, difficulties faces and how you overcame them).

**6. Supervisor's Remarks** (to be filled by instructor/supervisor).

**7. Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signature**

Student signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date : \_\_\_\_\_

**CHECKLIST FOR EXAMINATION OF NEW BORN**  
**(HEAD TO TOE)**

**Course Title :** \_\_\_\_\_

**Semester : VI**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

- i. Perform systemic head to toe examination.
- ii. Identify normal and abnormal findings.

**2. Equipment/Materials used:**

**3. Procedure steps ( brief summary)**

11. Weighs, and measures the height of new born
12. Notes the circumference of head.
13. Examines the eyes
14. Examines mouth for any abnormality.
15. Examine arms and hands (Fracture, shoulder dislocation, extra digit, web etc)
16. Checks that umbilical cord is clamped/tied (any oozing etc)
17. Examines external genitalia for abnormality (Testes in male, labia majora/minora in female)
18. Examines legs and toes (fractures, hip dislocation web etc)
19. Examines back of the baby (spina bifida, meningocele)
20. Notes the temperature.

**4. Clinic Setting**

Skill Lab

Hospital

Community Clinic

Simulation Lab

5. **Students 's Reflection**

(write what you learned, difficulties faces and how you overcame them).

6. **Supervisor's Remarks** (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

<b>Criteria</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Not performed</b>	<b>Competency level (3-5)</b>
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

8. **Signature**

Student signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date : \_\_\_\_\_

## CHECKLIST FOR RESUSCITATION OF NEW BORN

Course Title : \_\_\_\_\_

Semester : VI

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

Registration No.: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

- i. Understanding new natal resuscitation.
- ii. Recognize need for resuscitation ( e.g poor tone, apnea)

### 2. Equipment/Materials used:

### 3. Procedure steps ( brief summary)

11. When baby received, assess the APGAR score, if it is less than 4, start resuscitation.
12. Turns baby face down across the lap with head slightly lower than the body.
13. Gives back slaps between shoulders bladders or sole.
14. If not breathing, turns the baby into the side.
15. Clean the mouth with one finger.
16. Removes any mucus with the finger.
17. Gives puff of expired air resuscitation.
18. Checks the pulse and respiration (cry)
19. Continues the respiration both about 40 times in minutes
20. Assess the APGAR score after 5 minutes and resuscitation across the score.

### 4. Clinic Setting

Skill Lab

Hospital

Community Clinic

Simulation Lab

### 5. Students 's Reflection

(write what you learned, difficulties faces and how you overcame them).

### 6. Supervisor's Remarks (to be filled by instructor/supervisor).

7. **Assessment** (to be filled by instructor based on observation).

Criteria	Satisfactory	Needs Improvement	Not performed	Competency level (3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

8. **Signature**

Student signature: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

Date : \_\_\_\_\_

**BS Midwifery – Skill Log Book**

**Course Title: Breast Feeding & Lactation Management**

**Semester: VI**

**Total Lab Hours: 1 (1 Credit Hour = 3 Lab Hours)**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
42.	History taking for breast feeding				
43.	Breast Assessment for breast feeding				
44.	Counselling pregnant women on breast feeding				
45.	Demonstrating latch and positioning				

46. Helping with first breast feed
47. Manual expression of breast milk
48. Care of nipple problems
49. Managing engorgement
50. Managing mastitis and breast abscess
51. Counselling on low milk supply
52. Handling breast refusal
53. Feeding Sick or preterm babies

#### **SKILL PERFORMA FOR HISTORY TAKING FOR BREAST FEEDING**

**Course Title: Breast Feeding & Lactation Management**

**Semester: VI**

**Student Name: \_\_\_\_\_**

**Registration Number: \_\_\_\_\_**

**Skill Title: \_\_\_\_\_**

**Date Performed: \_\_\_\_\_**

**Session No.: \_\_\_\_\_**

#### **1. Learning Objectives**

1. Identify key factors in a breastfeeding history, such as previous breastfeeding experience, nipple soreness, and concerns about milk supply.
2. Use open-ended questions to gather information about the mother's breastfeeding goals and challenges.

#### **2. Equipment/Materials Used**

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

#### **3. Procedure Steps (Brief Summary)**

- Introduced self and ensured privacy
- Asked about previous breastfeeding experience
- Inquired about current breastfeeding status (initiation, frequency, duration)
- Identified any feeding difficulties (pain, refusal, supply issues)
- Asked about use of pre-lacteal feeds or formula
- Documented findings accurately

#### **Reference:**

*WHO (2023). Counselling on Infant and Young Child Feeding: A Training Course – Participant Manual*

#### **4. Clinical Setting**

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR BREAST ASSESSMENT FOR BREAST FEEDING

Course Title: Breast Feeding & Lactation Management

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Conduct a thorough breast assessment, including evaluation of breast tissue, nipple shape and size, and any previous breast surgery.
2. Identify potential breast-related challenges that may impact breastfeeding.

### 2. Equipment/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

### 3. Procedure Steps (Brief Summary)

- Washed hands and used gloves (if necessary)
- Assessed shape and size of both breasts

- Checked nipples for flatness, inversion, cracks
- Identified signs of engorgement, mastitis, abscess
- Informed mother about findings respectfully

**Reference:**

*ICM (2019). Essential Competencies for Midwifery Practice*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR COUNSELLING PREGNANT WOMEN ON BREAST FEEDING**

**Course Title: Breast Feeding & Lactation Management**

**Semester: VI**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

1. Educate pregnant women about the benefits and challenges of breastfeeding.

2. Discuss how to prepare for breastfeeding during pregnancy.

**2. Equipment/Materials Used**

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

**3. Procedure Steps (Brief Summary)**

- Greeted the client respectfully
- Explained benefits of breastfeeding for mother and baby
- Emphasized early initiation (within 1 hour)
- Promoted exclusive breastfeeding for 6 months
- Answered mother’s questions empathetically

**Reference:**

*UNICEF (2022). Guidance on Infant and Young Child Feeding Counselling*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR DEMONSTRATING LATCH AND POSITIONING**  
**Course Title: Breast Feeding & Lactation Management**  
**Semester: VI**  
**Student Name: \_\_\_\_\_** **Registration Number: \_\_\_\_\_**

**Skill Title: \_\_\_\_\_** **Date Performed: \_\_\_\_\_**  
**Session No.: \_\_\_\_\_**

**1. Learning Objectives**

1. Demonstrate proper latch technique, including signs of a good latch.
2. Show various breastfeeding positions, such as cradle hold, football hold, and side-lying position.

**2. Equipment/Materials Used**

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

**3. Procedure Steps (Brief Summary)**

- Washed hands and ensured mother’s comfort
- Explained different breastfeeding positions (cradle, football, side-lying)
- Demonstrated correct positioning and latch
- Assessed mother’s technique and corrected as needed
- Reassured and encouraged the mother

**Reference:**

*WHO (2023). Breastfeeding Counselling Course: Trainer’s Guide*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				

Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR HELPING WITH FIRST BREAST FEED

Course Title: Breast Feeding & Lactation Management

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Support the mother during the first breastfeed, ensuring proper latch and positioning.
2. Provide guidance on how to overcome common challenges during the first breastfeed.

### 2. Equipment/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

### 3. Procedure Steps (Brief Summary)

- Ensured early skin-to-skin contact after birth
- Helped mother position baby within first hour
- Assisted in latch and ensured effective suckling
- Supported mother emotionally during the process
- Documented time and outcome of first feed

### Reference:

*WHO (2017). Early Initiation of Breastfeeding: A Brief*

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

6. Supervisor's Remarks( To be filled by instructor/supervisor)

7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs

Not Performed

Competency

Improvement

level(1-5)

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR MANUAL EXPRESSION OF BREAST MILK

Course Title: Breast Feeding & Lactation Management

Semester: VI

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

Registration Number:

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Demonstrate proper handwashing and breast preparation techniques.
2. Show how to manually express breast milk effectively.

### 2. Equipments/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

### 3. Procedure Steps (Brief Summary)

- Explained the purpose and technique to the mother
- Demonstrated hand hygiene and clean container use
- Showed correct hand positioning and massage technique
- Guided mother to express milk and store it hygienically
- Ensured privacy and comfort throughout

### Reference:

*WHO (2023). Breastfeeding Counselling: Tools and Techniques*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR CARE OF NIPPLE PROBLEMS**

**Course Title: Breast Feeding & Lactation Management**

**Semester: VI**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

1. Identify common nipple problems, such as soreness, cracks, and thrush.
2. Provide guidance on how to prevent and treat nipple problems.

**2. Equipments/Materials Used**

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows

5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

**3. Procedure Steps (Brief Summary)**

- Identified type of nipple issue (cracked, sore, inverted)
- Advised on air drying and nipple hygiene
- Taught proper latch to reduce trauma
- Recommended use of expressed milk or lanolin (if needed)
- Encouraged continuation of breastfeeding

**Reference:**

*WHO (2023). Managing Breastfeeding Challenges*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SKILL PERFORMA FOR MANAGING ENGORGEMENT

Course Title: Breast Feeding & Lactation Management

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Identify the causes and symptoms of engorgement.
2. Provide guidance on how to manage engorgement, including frequent feeding, cold compresses, and reverse pressure softening.

### 2. Equipment/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

### 3. Procedure Steps (Brief Summary)

- Identified signs of engorgement
- Instructed on warm compress and massage
- Advised frequent feeding or expression
- Provided emotional support
- Monitored resolution and comfort level

### Reference:

*Academy of Breastfeeding Medicine (2022). Clinical Protocol #20: Engorgement*

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation

accuracy

## 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR MANAGING MASTITIS AND BREAST ABSCESS

Course Title: Breast Feeding & Lactation Management

Semester: VI

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

Registration

Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed:

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Identify the signs and symptoms of mastitis and breast abscess.
2. Provide guidance on how to manage mastitis and breast abscess, including antibiotics, pain management, and drainage.

### 2. Equipment/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

### 3. Procedure Steps (Brief Summary)

- Identified symptoms: pain, redness, fever
- Referred for medical evaluation and antibiotic treatment
- Continued breastfeeding or expression advised
- Taught supportive care (massage, hydration)
- Followed up on recovery

### Reference:

[WHO \(2023\). Mastitis: Causes and Management](#)

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

6. Supervisor's Remarks( To be filled by instructor/supervisor)

7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

### 8. Signatures

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SKILL PERFORMA FOR COUNSELLING ON LOW MILK SUPPLY

**Course Title: Breast Feeding & Lactation Management**

**Semester: VI**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### 1. Learning Objectives

1. Identify potential causes of low milk supply.
2. Provide guidance on how to increase milk supply, including frequent feeding, skin-to-skin contact, and galactagogues.

### 2. Equipment/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

### 3. Procedure Steps (Brief Summary)

- Listened empathetically to mother's concerns
- Reviewed feeding frequency and duration
- Suggested increased breastfeeding and proper latch
- Encouraged rest, hydration, and maternal nutrition
- Monitored weight and diaper output

**Reference:**

*La Leche League International. Milk Supply Management Tips*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** (To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR HANDLING BREAST REFUSAL**

**Course Title:** Breast Feeding & Lactation Management

**Semester:** VI

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

1. Identify potential causes of breast refusal.
2. Provide guidance on how to overcome breast refusal, including checking for tongue-tie, adjusting latch and positioning, and offering expressed breast milk.

## 2. Equipment/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

## 3. Procedure Steps (Brief Summary)

- Assessed cause: flow, pain, stress, bottle preference
- Observed baby's behavior during attempts
- Suggested skin-to-skin contact and relaxation
- Encouraged gentle persistence
- Reassured mother and offered follow-up

## Reference:

*WHO (2023). Breastfeeding Counselling Tools*

## 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

## 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

## 6. Supervisor's Remarks (To be filled by instructor/supervisor)

## 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

## 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR FEEDING SICK OR PRETERM BABIES

Course Title: Breast Feeding & Lactation Management

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Discuss the challenges of feeding sick and preterm babies.
2. Provide guidance on how to support breastfeeding for sick and preterm babies, including skin-to-skin contact, cup feeding, and expressed breast milk.

### 2. Equipment/Materials Used

1. Breast models or anatomical diagrams
2. Breast pumps (manual or electric)
3. Breast shields or nipple shields
4. Nursing pillows or breastfeeding support pillows
5. Educational materials (brochures, videos, or handouts)
6. Comfortable seating and pillows for breastfeeding support

### 3. Procedure Steps (Brief Summary)

- Encouraged mother to express and store breast milk
- Ensured hygienic handling and transport to NICU
- Supported use of cup/spoon/paladai if baby can't suck
- Maintained feeding log
- Educated on kangaroo care and breastmilk benefits

### Reference:

*WHO (2022). Feeding the Preterm and Low Birth Weight Infant*

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness and hygiene  
Correct technique used  
Communication with patient  
Equipment handling

Time  
management  
Documentation  
accuracy

**8. Signatures**

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Antenatal**

CRC-2

**MOTHER HEALTH CARE RECORD CARD**  
 زچیر کی صحت کی دیکھ بھال کارڈیکارڈ

LOCATION OF CENTRE \_\_\_\_\_ مرکز کا نام و قریا  
 DISTRICT/PROVINCE \_\_\_\_\_ ضلع/پروینس

1- NAME OF PATIENT \_\_\_\_\_ مریض کا نام  
 2- HUSBAND'S NAME \_\_\_\_\_ شوہر کا نام  
 3- ADDRESS \_\_\_\_\_ پتہ

4- L.M.P. DATE \_\_\_\_\_ ایس.ایم. پی. کی تاریخ  
 6- AGE OF PATIENT \_\_\_\_\_ مریض کی عمر

5- E.D.D. \_\_\_\_\_ بچہ کی پیدائش کی متوقع تاریخ  
 7- NO OF LIVING CHILDREN \_\_\_\_\_ زچیر بچوں کی تعداد

DAY MONTH YEAR  
 5 6 7 8 9 10

CLIENT NUMBER  
 11 12 13 14 15

RESIDENCE  
 URBAN - 1  
 RURAL - 2

MALE FEMALE  
 19 20

8- TOTAL NO. OF PREGNANCIES  
 21 22

17 18

**OBSTETRIC HISTORY**

9- a) MORE THAN TWO STILL BRITHS \_\_\_\_\_ بچے کی تعداد دو سے زیادہ ہے یا نہیں  
 b) PREVIOUS ASSISTED DELIVERY \_\_\_\_\_ پہلے کوئی زچیر کی مدد سے پیدائش ہوئی ہے یا نہیں

c) SEVERE BLEEDING DURING OR AFTER DELIVERY \_\_\_\_\_ پیدائش کے وقت یا بعد شدید خونریزی ہوئی ہے یا نہیں  
 d) MORE THAN 6 PREVIOUS DELIVERIES \_\_\_\_\_ پیدائشوں کی تعداد 6 سے زیادہ ہے یا نہیں  
 e) HEIGHT BELOW 145 CM \_\_\_\_\_ بلندی 145 سینٹی میٹر سے کم ہے یا نہیں

IF THE REPLY TO ANY OF THE COLUMN (a) TO 9 (e) IS "YES PLEASE REFER TO HOSPITAL

10- SCREENING	VISIT DATE	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
NO. OF WEEKS SINCE PREGNANT	بچہ کی پیدائش سے پہلے کی ہفتوں کی تعداد									
CLINICAL ANAEMIA	کلینکل اینیما									
H. B. HOEMOGLOBIN	ہیومیوگلوبن کی سطح									
BLOOD PRESSURE	خون کا دباؤ									
WEIGHT	وزن									
OEDEMA	وڈیما									
URINE	پیشاب کی جانچ									
a) ALBUMIN	آلبومین									
b) SUGAR	شوگر									
PRE-ECLAMPTIC TOXAEMIA PRESENT	پری-یکلامپٹک ٹوکسیمیا موجود ہے یا نہیں									
PRESENTATION VERTEX	پیشانی کے ذریعے پیدائش									
PRESENTATION OTHERS	پیشانی کے علاوہ دیگر طریقے									
BLEEDING P.V.	پیدائش کے وقت خونریزی									
FOETAL HEART SOUND	بچہ کی دل کی دھڑکی									
PATIENT AT RISK NOW	مریض ابھی تک خطرہ میں ہے یا نہیں									
PATIENT AT RISK IN LABOUR	پیدائش کے وقت مریض کی حالت خطرہ میں ہے یا نہیں									







Duration of menses \_\_\_\_\_  
Regularity \_\_\_\_\_ Flow \_\_\_\_\_ Dysmenorrhea \_\_\_\_\_ LMP \_\_\_\_\_  
Obstetrical History  
Family History  
Social History

## GENERAL PHYSICAL EXAMINATION

General appearance  
Oral hygiene  
Pallor  
Cyanosis  
Jaundice  
Thyroid  
Clubbing  
Koilonychia  
Oedema  
Varicose Veins  
Lymph Nodes

Per Speculum Examination

Cervix  
Vaginal Wall

### Per Vaginal Examination

**Vulva**

**Vagina**

**Cervix**

Uterus

Size

Position

Surface

Mobility

**FORNICES**

## SPECIFIC EXAMINATION

Pulse  
Temperature  
Resp.Rate  
Blood Pressure

### PV/PS FINDINGS

## SYSTEMIC EXAMINATION

Resp.system  
C.V.S  
G.I.T  
C.N.S

## INVESTIGATION

**Provisional Diagnosis**

**Management / Treatment**

**RTIs, STIs & HEPATITIS RECORD KEEPING SHEET**

Name of Patient: \_\_\_\_\_ W/O: \_\_\_\_\_  
Age: \_\_\_\_\_ Para: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Visit: \_\_\_\_\_ 1st 2nd 3rd 4th

**Presenting Complaints**

Vaginal Discharge  
Genital Ulcer  
Lower Abdominal Pain in Female

- Missed / overdue period\*
- Recent delivery / abortion\* or
- Abnormal vaginal bleeding

Inguinal Bubo  
Neonate with purulent Eye discharge

**Partner's / Husband's Symptoms**

Urethral Discharge  
Genital Ulcer  
Scrotal Swelling  
Inguinal Bubo  
None

**Examination Findings**

Vaginal Discharge

- Profuse / watery / offensive / frothy
- White curd like
- \* Mucopurulent / yellow cervical discharge

Friable cervix  
Sore / vesicle in the genital area  
Rebound tenderness / Abdominal Guarding\*  
Pelvic tenderness / cervical motion tenderness  
Enlarged lymph nodes  
Temperature: 100.4°F  
None

Findings of Partner with Scrotal Swelling:

- Injury to scrotum / history to trauma\*
- Testis rotated / elevated retracted \*
- \* Hernia / Hydrocele\*

Purulent discharge from neonate's eye

**Syndromic Diagnosis**

Vaginal Discharge:

I. Cervicitis

II. Vaginitis (Trichomoniasis/Candidiasis)

Genital Ulcers

Lower Abdominal Pain in Female (PID)

Inguinal Bubo

Neonatal Conjunctivitis

**Hepatitis**

Hepatitis B or C

**Refer if anyone of the Symptoms / signs with \* is present**

Management (Treatment and 4Cs)

Management of the Actual Client

Management of the Partner (if attached)

**4Cs include: advice for drug compliance, counselling for prevention, condom demonstration and contact (partner) management.**

**Management and 4C**

**Lab Test**

**HISTORY SHEET – FOR CHILD CARE**

Case No: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Weight (at birth) \_\_\_\_\_ Kg Present Weight  
\_\_\_\_\_ kg

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Father's Profession \_\_\_\_\_

Home Address

—

**RECORD OF ILLNESS, INJURY OR HOSPITALIZATION**

Date: \_\_\_\_\_ Age \_\_\_\_\_ Illness/Hospitalization/ Accident/Injury \_\_\_\_\_

\_\_\_\_\_

—

**RECORD OF ALLERGY OF SENSITIVITY**

Date: \_\_\_\_\_ Age \_\_\_\_\_ Illness/Hospitalization/ Accident/Injury \_\_\_\_\_

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—

Finding History

Breast Feeding \_\_\_\_\_

Formula Feeding \_\_\_\_\_

Weaning(age) \_\_\_\_\_

Type of vaccination	Age	Date	Age	Date	Age	Date	Age	Date
---------------------	-----	------	-----	------	-----	------	-----	------

BCG + OPV

OPV, Pentavalent, PCV

OPV, Pentavalent, PCV

OPV, Pentavalent, PCV

Measles

Hepatitis A, Chicken

Pox

PCV

OPV, Hepatitis A

Typhoid

**HISTORY OF PRESENT COMPLAINTS**

Fever

Vomiting

Ear Discharge

Cough

Loose Motion

Fits

Others (specify)

Past History

**BIRTH HISTORY**

**FAMILY HISTORY**

**CONDITION ON ADMISSION:**

Heart Rate

Respiratory Rate

Temperature

Cynosis

Pallor

Jaundice

Clubbing

Throat

Oedema

Dehydration

**SYSTEMIC EXAMINATION**

G.I.T

**RESPIRATORY SYSTEM**

Respiratory Rate (R.R)

Auscultation of Chest

C.V.S

C.N.S

**INVESTIGATION**

**DIAGNOSIS**

**MANAGEMENT**

**BS Midwifery – Skill Log Book**

**Course Title: Pharmacology for Midwives II**

**Semester: VI**

**Total Lab Hours: 1 (1 Credit Hour = 3 Lab Hours)**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

<b>Sr. No</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
1.	<b>Prescription Writing</b>				
2.	<b>Oral Administration of Drugs</b>				

3. **Sublingual Administration of Drugs**
4. **Ophthalmic Instillations**
5. **Intramuscular Injection**
6. **Intravenous Injection**
7. **Subcutaneous Injection**
8. **Intradermal Injection**
9. **Per Vaginal Suppository and cream**
10. **Administrating Rectal medication**

**SKILL PERFORMA FOR PRESCRIPTION WRITING**

**Course Title: Pharmacology for Midwives II**

**Semester: VI**

**Student Name: \_\_\_\_\_**

**Registration Number: \_\_\_\_\_**

**Skill Title: Prescription Writing**

**Date Performed: \_\_\_\_\_**

**Session No.: \_\_\_\_\_**

**1. Learning Objectives**

1. Write clear and concise prescriptions that include all necessary information, such as patient name, medication name, dosage, and instructions.
2. Understand the legal and regulatory requirements for prescription writing.

**2. Equipment/Materials Used**

- Prescription Writing Checklist
- Case Studies

**3. Procedure Steps (Brief Summary)**

**Prescription Format**

Super Scription

Name of

Patient: \_\_\_\_\_

Father/Husband Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaints:

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Diagnosis:

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Inscription:

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---

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Advise:

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Subscription:

Signature :( Initial of service provider)

Date: \_\_\_\_\_

#### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
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Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment

handling  
Time  
management  
Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PERFORMA FOR ORAL ADMINISTRATION OF DRUG

Course Title: Pharmacology for Midwives II

Semester: VI

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

Registration Number:

Skill Title: Oral Administration of Drug

Date Performed:

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Demonstrate the correct technique for administering oral medications, including proper handling.
2. Educate patients on the proper administration of oral medications, including dosing schedules and potential side effects.

### 2. Equipment/Materials Used

- Prescription by Doctor
- Medicine
- Glass of Water

### 3. Procedure Steps (Brief Summary)

Take history of Patient

- Type of administration: Oral ,sublingual, or buccal
- Allergies to medications
- Client's ability to swallow the medication
- Presence of vomiting or diarrhea that would interfere with the ability to absorb the medication
- Specific drug action, side effects, interactions, and adverse reactions.
- Know the reason why the client is receiving the medication, the drug classification, contraindications, usual dosage range, side effects, and nursing considerations for administering and evaluating the intended outcomes for the medication
- Check the MAR. Check the drug name, dosage, frequency, route of administration, and expiration date for administering the medication, if appropriate.

- Verify the client’s ability to take medication orally, determine whether the client can swallow, is NPO, is nauseated or vomiting, has gastric suction, or has diminished or absent bowel sounds.
- Organize the supplies
- Perform hand hygiene and observe other appropriate infection prevention procedure.
- Check the expiration date of the medication. Return expired medication to the pharmacy.
- Prepare the medication.
- Calculate the medication dosage accurately.
- Prepare the correct amount of medication for the required dose, without contaminating the medication.
- While preparing the medication, recheck each prepared drug and container with the MAR again.
- Administer medication orally
- Document administration

Reference: Kozier & ERB’s Fundamentals of Nursing (Eleventh Edition)

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR SUBLINGUAL ADMINISTRATION OF DRUG**  
**Course Title: Pharmacology for Midwives II**  
**Semester: VI**  
**Student Name: \_\_\_\_\_** **Registration Number: \_\_\_\_\_**

**Skill Title: Sublingual Administration of Drug** **Date Performed: \_\_\_\_\_**  
**Session No.: \_\_\_\_\_**

**1. Learning Objectives**

1. Describe the correct technique for administering sublingual medications, including placement under the tongue and avoidance of swallowing.
2. Understand the benefits and potential side effects of sublingual medication administration.

**2. Equipment/Materials Used**

- Prescription by Doctor
- Medicine

**3. Procedure Steps (Brief Summary)**

	Completed	Not Completed
History about patient and allergy if any		
Read the Doctor's order correctly		
Identify strength & dose required		
Double check calculation		
Performed an hygiene		
Verify Five rights(patient,drug,dose,time,route)		
Explain procedure to the patient		
Administer medication sublingually		
Document administration		

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation				

accuracy

## 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SKILL PERFORMA FOR OPHTHALMIC INSTILLATION

Course Title: Pharmacology for Midwives II

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: Ophthalmic Instillation

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

1. Demonstrate the correct technique for administering ophthalmic medications, including proper handwashing and dropper technique.
2. Educate patients on proper administration and potential side effects of ophthalmic medications.

#### 2. Equipment/Materials Used

- Prescription by Doctor
- Medicine

#### 3. Procedure Steps (Brief Summary)

##### Check List for Administrating Ophthalmic Instillations

- Provide for client privacy
- Prepare the client prior to performing the procedure, verify the client's identity using agency protocol.
- Clean the eyelid and eyelashes
- Apply clean gloves
- Use sterile cotton balls moistened with sterile irrigating solution or sterile normal saline, and wipe from the inner canthus to the outer canthus.
- Administer the eye medication.
- Check the ophthalmic preparation for the name, strength, and number of drops if a liquid is used.
- Instruct the client to look up to the ceiling. Give the client a dry sterile absorbent pad.
- Expose the lower conjunctival sac by placing the thumb or fingers of your monodominant hand on the client's cheekbone just below the eye and gently drawing down the skin on the cheek. If the tissues are edematous, handle the tissues carefully to avoid damaging them.
- Holding the medication in the dominant hand, place hand on client's forehead to stabilize hand. Approach the eye from the side and instill the correct number of drops onto the outer third of the lower conjunctival sac.
- Holding the tube above the lower conjunctival sac, squeeze 2cm (0.8 in) of ointment from the tube into the lower conjunctival sac from the inner canthus outward.

- Instruct the client to close the eyelids but not to squeeze them shut.
- For liquid medication, press firmly or have the client press firmly on the nasolacrimal duct for at least 30 seconds.

Reference: Kozier & ERB's Fundamentals of Nursing (Eleventh Edition)

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
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Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

#### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SKILL PERFORMA FOR INTRAMUSCULAR INJECTION

Course Title: Pharmacology for Midwives II

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: Intramuscular Injection

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

1. Demonstrate the correct technique for administering intramuscular injections, including proper needle placement and dosage.
2. Understand the potential risks and complications associated with intramuscular injections.

#### 2. Equipment/Materials Used

- Dummy
- Syringe
- Spirit Swap
- Drape Sheets

- Gloves
- Pyodine

### 3. Procedure Steps (Brief Summary)

#### IM INJECTION CHECKLIST

- Take history and client allergies to medications
- Check the MAR
- Check the label on the medication carefully against the MAR to make sure that the correct medication is being prepared.
- Organize the equipment
- Perform hand hygiene and observe other appropriate infection prevention procedures.
- Prepare the medication from the ampule or vial for drug withdrawal.
- Provide for client privacy.
- Prepare the client.
- Prior to performing the procedure, introduce self and verify the client's identity using agency protocol.
- Clean the site with an antiseptic swab. Using a circular motion, start the center and move outward about 5 cm(2in.)
- Prepare the syringe for injection.
- Inject the medication using the Z-track technique.
- Use the ulnar side of the nondominant hand to pull the skin approximately 2.5 cm(in) to the side. Under some circumstances, such as for an emaciated client or an infant, the muscle may be pinched.
- Holding the syringe between the thumb and forefinger (as if holding a pen), pierce the skin quickly and smoothly at a 90° angle and insert the needle into the muscle.
- Holding the barrel of the syringe steady with your nondominant hand and aspirate by pulling back on the plunger with your dominant hand. Aspirate for 5 to 10 seconds. If the needle is in a small blood vessel, it takes time for the blood to appear. If blood appears in the syringe, withdraw the needle, discard the syringe, and prepare a new injection.
- If blood does not appear, inject the medication steadily and slowly (approximately 10 seconds per millimeter) while holding the syringe steady if using the ventrogluteal site.
- After the injection, wait 10 seconds if using the ventrogluteal site waiting permits the medication to disperse into the muscle tissue, decreasing the client's discomfort.
- Withdraw the needle smoothly at the same angle of insertion.
- Apply gentle pressure at the site with a dry sponge.
- Activate the needle safety device and discard the attached syringe into the proper receptacle.
- Remove and discard gloves.
- Perform hand hygiene
- Document all relevant information include the time of administration, drug name, dose, route and the client's reactions.
- Assess the effectiveness of the medication at the time it is expected to act.

Reference: Kozier & ERB's Fundamentals of Nursing (Eleventh Edition)

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(3-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

#### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SKILL PERFORMA FOR INTRAVENOUS INJECTION

Course Title: Pharmacology for Midwives II

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: Intravenous Injection

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

1. Demonstrate the correct technique for administering intravenous medications, including proper catheter placement and dosage.
2. Understand the potential risks and complications associated with intravenous therapy.

#### 2. Equipment/Materials Used

- Dummy
- Syringe
- Spirit Swap
- Drape Sheets
- Gloves
- Pyodine
- IV Line
- Drip Set

- Drip
- Injection Vial

### 3. Procedure Steps (Brief Summary)

#### Check List for Intravenous Injection

Four components for performing Infusion

Practice good hand washing 1    Prepare supplies 2    Prepare IV line 3  
Administer medication 4

1. Always remember to Wash Your Hands for a full 20 seconds.
2. Note the time to start the infusion: \_\_\_\_\_ AM PM
3. Note the amount of time your medication should be left at room temperature: \_\_\_\_\_ MIN HR NAP
4. Note the time to remove the medication from refrigerator (if refrigerated): \_\_\_\_\_ AM PM NAP
5. Double check your medication to confirm the following information before the infusion:
  - Medication has my name and date of birth
  - Medication name is correct
  - Medication dose is correct
  - Medication is not expired
  - If any of this information is incorrect, stop and call your home infusion pharmacist immediately.
6. Gather the following supplies and place on your workspace (do not put on top of your SASH mat yet)
  - 4-5 alcohol pads (to clean your supplies and hub (IV line tip))
  - 2 prefilled saline syringes (to clean your IV line)
  - 1 prefilled heparin syringe (to clear your IV line and prevent blockage; your nurse will tell you if you need it)
  - 1 prefilled medication syringe( at room temperature)
  - 1 medication orders (to check how quickly to infuse your medication)
  - 1 trash bag
7. Check the syringe for any air bubbles. If there are air bubbles, do the following:
  - Remove the protective cap from the syringe and place the cap flat –side down on your SASH mat.
  - Hold the syringe with the end up and plunger at the bottom
  - Pull back on the syringe plunger slightly to break the seal. You will be able to see the air bubble in the syringe.
  - Slowly push the plunger up to the air bubble out.

8. Examine your medication syringe to make sure the fluid is clear (not cloudy). Examine your medication syringe for air bubbles. If there are any, repeat the steps above to remove any air bubbles.

9. Sit down to prepare your IV line.

10. Scrub the hub, Clean the end cap(hub) by wrapping the alcohol pad over and around the sides for at least 15 seconds.

- Use the first alcohol pad above your SASH mat( the one before the first “S”).
- Once you have cleaned the hub, hold the hub with two fingers. Keep the hub from touching anything else.
- If your hub touches anything, wash your hands and scrub the hub again with a new alcohol pad.

11. Flush your IV line with saline (“pulse flush”):

- Hold the hub in one hand. Grasp the saline syringe on the first “S” of your SASH mat with your other hand.
- Remove the protective cover on the saline syringe. Screw the syringe onto the hub using a “push and twist” motion, It’s like putting a key into an ignition.
- Once the syringe is connected to the hub, open the clamp on your IV line and slowly push 1 to 2 mL of saline at a time. Stop and push 1 to 2 mL more. Repeat this “pulse flush” until the saline syringe is empty. Flushing this way each time helps keep your IV line from getting clogged.
- If you have trouble flushing your IV line, make sure the clamp on your IV line is open. If your clamp is open and you are still having trouble, stop and call your home infusion nurse.

12. Remove the empty saline syringe from your IV line. Throw it away. Do not remove the hub from your IV line.

13. Before connecting your medication syringe to the hub of your IV line, double check the three questions found across the top of your SASG mat.

- Did you check the prescription?
- Did you check the expiration or “ Do not use After” date?
- Did you wash your hands?

14. ‘Scrub the hub’ of your IV line with a NEW alcohol pad for at least 15 seconds.

- Use the second alcohol pad above your SASH mat (the one before the “A”)
- If your hub touches anything, wash your hands and scrub the hub again with a new alcohol pad.

15. Connect your medication syringe to the hub of your IV line

- Hold your hub. Pick up the medication syringe with your other hand. Remove the protective cap located on the tip of your medication syringe.

- Connect the medication syringe to the hub of your IV line by using the “push and twist” motion.

16. Disengage any clamps that located on your IV line.

17. slowly push the medication syringe plunger according to the speed specified in your medication orders.

18. After completing the infusion, disconnect the syringe from the hub of your IV line and throw it away in your regular trash. Do not remove the hub from your IV line.

19. Close the clamp on your IV line.

*Reference: JOHNS HOPKINS Medicine*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks**( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SKILL PERFORMA FOR SUBCUTANEOUS INJECTION

Course Title: Pharmacology for Midwives II

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: Subcutaneous Injection

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

1. Demonstrate the correct technique for administering subcutaneous injections, including proper needle placement and dosage.
2. Educate patients on self-administration techniques for subcutaneous medications.

### 2. Equipment/Materials Used

- Dummy
- Syringe
- Spirit Swap
- Drape Sheets
- Gloves
- Pyodine
- Injection Vial

### 3. Procedure Steps (Brief Summary)

#### Check List for Subcutaneous Injections

- Take history
- Allergies to medication
- Medicine administration record
- Check the MAR
- Check the label on the medication carefully against the MAR to make sure that the correct medication is being prepared.
- Organize the equipment
- Perform hand hygiene and observe other appropriate infection prevention procedures
- Prepare the medication from the ampule or vial for drug withdrawal.
- Provide for client privacy.
- Prepare the client
- Prior to performing the procedure, introduce self and verify the client's identity using agency protocol.
- Assist the client to a position in which the arm, leg or abdomen can be relaxed, depending on the site to be used.
- Obtain assistance in holding an uncooperative client.
- Explain the purpose of the medication and how it will help, using language that the client can understand. Include relevant information about effects of the medication.
- Select and clean the site.
- Apply clean gloves.

- As agency protocol indicates, clean the site with an antiseptic swab. Start at the center of the site and clean in a widening circle to about 5 cm (2in). Allow the area to dry thoroughly.
- Prepare the syringe for injection.
- Remove the needle cap while waiting for the antiseptic to dry. Pull the cap straight off to avoid contaminating the needle by the outside edge of the cap.
- Inject the medication
- Grasp the syringe in your dominant hand by holding it between your thumb and finger. With palm facing to the side or upward for a 45° angle insertion, or with the palm downward for a 90° angle insertion, prepare to inject.
- Using the nondominant hand, pinch or spread the skin at the site, and insert the needle using the dominant hand and a firm, steady push. The most important consideration is the depth of the subcutaneous tissue in the area to be injected. If the client has more than 1/2 inch of adipose tissue in the injection site, it would be safe to administer the injection at 90° angle with the skin spread. If the client is thin or lean and lacks adipose tissue, the subcutaneous injection should be given with the skin pinched and at a 45° to 60° angle.
- Inject the medication by holding the syringe steady and depressing the plunger with a slow, even pressure.
- It is recommended that with many subcutaneous injections, especially insulin, the needle should be embedded within the skin for 5 second after complete depression of the plunger.
- Remove the needle.
- Remove the needle smoothly, pulling along the line of insertion while depressing the skin with your nondominant hand.
- Dispose of supplies appropriately.
- Document all relevant information
- Document the medication given, dosage , time , route and any assessments.
- Assess the effectiveness of the medication at the time it is expected to act and document it.

*Reference: Kozier & ERB's Fundamentals of Nursing (Eleventh Edition)*

#### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs

Not Performed

Competency  
level(1-5)

Improvement

Preparedness  
and hygiene

Correct technique

used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

## 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SKILL PERFORMA FOR INTRADERMAL INJECTION

Course Title: Pharmacology for Midwives II

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: Intradermal Injection

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

## 1. Learning Objectives

1. Demonstrate the correct technique for administering intradermal injections, including proper needle placement and dosage.
2. Understand the uses and potential reactions associated with intradermal injections.

## 2. Equipment/Materials Used

- Dummy
- Syringe
- Spirit Swap
- Drape Sheets
- Gloves
- Pyodine
- Injection Vial

## 3. Procedure Steps (Brief Summary)

### Check list for Intradermal Injection Administration

- Medication Administration record
- Check the MAR
- Check the label on the medication carefully against the MAR to make sure that the correct medication is being prepared.
- Perform hand hygiene and observe other appropriate infection prevention procedure.
- Prepare the medication from the vial or ampule for drug withdrawal.
- Prepare the client
- Prior to performing the procedure, introduce yourself and verify the client's identity using agency protocol.

- Explain to the client that the medication will produce a small wheal, sometimes called a bleb.
- Provide for client privacy
- Select and clean the site.
- Apply gloves as indicated by agency policy.
- Cleanse the skin at the site using a firm circular motion starting at the center and widening the circle outward. Allow the area to dry thoroughly.
- Prepare the syringe for the injection
- Remove the needle cap while waiting for the antiseptic to dry.
- Expel any air bubbles from the syringe. Small bubbles that adhere to the plunger are of no consequence.
- Grasp the syringe in your dominant hand, close to the hub, holding it between thumb and forefinger. Hold the needle almost parallel to the skin surface, with the bevel of the needle up.
- Inject the fluid.
- With the nondominant hand, pull the skin at the site until it is taut.
- Insert the tip of the needle far enough to place the bevel through the epidermis into the dermis. The outline of the bevel should be visible under the skin surface.
- Stabilize the syringe and needle. Inject the medication carefully and slowly so that it produces a small wheal on the skin.
- Withdraw the needle quickly at the same angle at which it was inserted. Activate the needle safety device. Apply a bandage if indicated.
- Do not massage the area.
- Dispose of the syringe and needle into the sharps container.
- Remove and discard gloves.
- Perform hand hygiene
- Circle the injection site with ink to observe for redness or induration (hardening) per agency policy
- Document all relevant information
- For an intradermal injection: A, the needle enters the skin at a 5° to 15° angle; B, C, the medication forms a bleb or wheal under the epidermis.
- Evaluate the client's response to the testing substance.
- Evaluate the condition of the site in 24 or 48 hours, depending on the test. Measure the area of redness and induration in millimeters at the largest diameter and document findings.

[Reference: Kozier & Erb's Fundamentals of Nursing \(Eleventh Edition\)](#)

#### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs  
Improvement

Not Performed

Competency  
level(1-5)

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PERFORMA FOR PER VAGINAL SUPPOSITORY AND CREAM**

**Course Title:** Pharmacology for Midwives II

**Semester:** VI

**Student Name:** \_\_\_\_\_

**Registration**

**Number:** \_\_\_\_\_

**Skill Title:** Per Vaginal Suppository and cream

**Date Performed:**

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

1. Demonstrate the correct technique for administering vaginal creams and suppositories, including proper insertion and dosage.
2. Educate patients on proper hygiene and potential side effects associated with vaginal medications.

**2. Equipment/Materials Used**

**3. Procedure Steps (Brief Summary)**

**CHECKLIST FOR PER VAGINAL SUPPOSITORY AND CLEAN**

- |   | Yes   | No    |
|---|-------|-------|
| 1. Compare the label on the medication container with medication<br>_____ | _____ | _____ |

Record and check the expiration date.

2. If necessary calculate the medication dosage

\_\_\_\_\_

\_\_\_\_\_

3. Explain to the client what your going to do

\_\_\_\_\_

\_\_\_\_\_

4. Perform hand hygiene and observe other appropriate infection prevention procedure

5. Provide for client privacy.

6. Prepare the client prior to performing the procedure, introduce self and Verify the client's identity using agency protocol. Rationale: this ensures that the Right client receives the right medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Prepare the equipment

\_\_\_\_\_

\_\_\_\_\_

8. Assess and clean the perineal area. Apply gloves.

\_\_\_\_\_

\_\_\_\_\_

9. Inspect the vaginal orifice; note any odor of discharge from the vagina, and ask about any vaginal discomfort.

\_\_\_\_\_

\_\_\_\_\_

10. Provide perineal care to remove microorganisms.

\_\_\_\_\_

\_\_\_\_\_

**Suppository:**

11. Lubricate the rounded (smooth) end of the suppository,

\_\_\_\_\_ which is inserted first

\_\_\_\_\_

12. Lubricate your gloved index finger

\_\_\_\_\_

\_\_\_\_\_

13. Insert the suppository about 8 to 10 cm(3 to 4in.) along the posterior wall of the vagina, as far as it will go.

\_\_\_\_\_

\_\_\_\_\_

14. Ask the client to remain lying in the supine position for 5 to 10 minutes.

\_\_\_\_\_

\_\_\_\_\_

**Vaginal Cream, Jelly, or Foam**

15. Gently insert the applicator about 5cm(2 in.)

\_\_\_\_\_

\_\_\_\_\_

16. Slowly push the plunger until the applicator is empty. Remove the Applicator and place it on the towel.

\_\_\_\_\_

\_\_\_\_\_

17. The applicator is placed on the towel to prevent the spread \_\_\_\_\_  
 \_\_\_\_\_  
 of microorganisms.
18. Discard the applicator if disposable or clean it according to the  
 Manufacturer's directions. \_\_\_\_\_

Reference: Kozier & ERB's Fundamentals of Nursing (Eleventh Edition)

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

#### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SKILL PERFORMA FOR ADMINISTRATING RECTAL MEDICATION

Course Title: Pharmacology for Midwives II

Semester: VI

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

Registration Number: \_\_\_\_\_

Skill Title: Administrating Rectal medication

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

1. Demonstrate the correct technique for administering rectal medications, including proper insertion and dosage.
2. Understand the potential benefits and side effects associated with rectal medication administration.

#### 2. Equipment/Materials Used

### 3. Procedure Steps (Brief Summary)

#### Check List for Adminstrating Rectal Medication

- Assist the client to a left lateral or left Sims' position, with the upper leg flexed.
- Fold back the top bedclothes to expose the buttocks
- Put a glove on the hand used to insert the suppository.
- Unwrap the suppository and lubricate the smooth rounded end, or see the manufacturer's instructions. The rounded end is usually inserted first and lubricant reduces irritation of the mucosa.
- Lubricate the gloved index finger.
- Encourage the client to relax by breathing through the mouth. This usually relaxes the external anal sphincter.
- Insert the suppository gently into the anal canal, rounded end first along the rectal wall using the gloved index finger. For an adult, insert the suppository beyond the internal sphincter.
- Avoid embedding the suppository in feces in order for the suppository to be absorbed effectively.
- Press the client's buttocks together for a few minutes.
- Ask the client to remain in the left lateral or supine position for at least 5 minutes to help retain the suppository. The suppository should be retained for varying lengths of time according to the manufacturer's instructions.

[Reference: Kozier & ERB's Fundamentals of Nursing \(Eleventh Edition\)](#)

#### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks( To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs  
Improvement

Not Performed

Competency  
level(3-5)

Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

#### 8. Signatures

Student Signature: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Antenatal

CRC-2

**MOTHER HEALTH CARE RECORD CARD**

زچیر کی صحت کی دیکھ بھال کارڈ

LOCATION OF CENTRE \_\_\_\_\_ مرکز کا نام و قریب  
 DISTRICT/PROVINCE \_\_\_\_\_ ضلع/صوبہ  
 1- NAME OF PATIENT \_\_\_\_\_ مریض کا نام  
 2- HUSBAND'S NAME \_\_\_\_\_ شوہر کا نام  
 3- ADDRESS \_\_\_\_\_ پتہ  
 4- L.M.P. \_\_\_\_\_ لہجہ  
 6- AGE OF PATIENT \_\_\_\_\_ مریض کی عمر

DAY MONTH YEAR  
 5 6 7 8 9 10  
 CLIENT NUMBER  
 11 12 13 14 15  
 RESIDENCE  
 URBAN - 1  
 RURAL - 2  
 16  
 8- TOTAL NO. OF PREGNANCIES  
 17 18 19 20 21 22

5- E.D.D. \_\_\_\_\_  
 7- NO OF LIVING CHILDREN \_\_\_\_\_  
 17 18 19 20 21 22

OBSTETRIC HISTORY

9- a) MORE THAN TWO STILL BRITHS	زیچیر کی تیسری	YES	NO	b) SEVERE BLEEDING DURING OR AFTER DELIVERY	سخت	YES	NO
b) PREVIOUS ASSISTED DELIVERY	پہلے کوڑھ لگنے والی پہلے کی مدد			d) MORE THAN 6 PREVIOUS DELIVERIES	زیچیر سے زیادہ سے زیادہ		
				e) HEIGHT BELOW 145 CM	زیچیر سے کم		

IF THE REPLY TO ANY OF THE COLUMN (a) TO (e) IS "YES PLEASE REFER TO HOSPITAL"

10- SCREENING	VISIT DATE	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
NO. OF WEEKS SINCE PREGNANT	تین ہفتوں سے پہلے									
CLINICAL ANAEMIA	تھک ہونے کی علامت									
H. B. HOEMOGLOBIN	تھک ہونے کی علامت									
BLOOD PRESSURE	تھک ہونے کی علامت									
WEIGHT	وزن									
OEDEMA	سوجن									
URINE	پیشاب									
a) ALBUMIN	آلبومین									
b) SUGAR	شکر									
PRE-ECLAMPTIC TOXAEMIA PRESENT	پہلے سے موجود									
PRESENTATION VERTEX	پیشاب کی طرح									
PRESENTATION OTHERS	پیشاب کی طرح سے									
BLEEDING P.V.	پیشاب کی طرح سے									
FOETAL HEART SOUND	پیشاب کی طرح سے									
PATIENT AT RISK NOW	پیشاب کی طرح سے									
PATIENT AT RISK IN LABOUR	پیشاب کی طرح سے									







Menstrual History: Age of Menarche \_\_\_\_\_ Length of cycle \_\_\_\_\_  
Duration of menses \_\_\_\_\_  
Regularity \_\_\_\_\_ Flow \_\_\_\_\_ Dysmenorrhea \_\_\_\_\_ LMP \_\_\_\_\_  
Obstetrical History

Family History

Social History

**GENERAL PHYSICAL EXAMINATION**

General appearance  
Oral hygiene  
Pallor  
Cyanosis  
Jaundice  
Thyroid  
Clubbing  
Koilonychia  
Oedema  
Varicose Veins  
Lymph Nodes

**SPECIFIC EXAMINATION**

Pulse  
Temperature  
Resp.Rate  
Blood Pressure

**SYSTEMIC EXAMINATION**

Resp.system  
C.V.S  
G.I.T  
C.N.S

**PV/PS FINDINGS**

Per Speculum Examination

Cervix  
Vaginal Wall

**Per Vaginal Examination**

**Vulva**

**Vagina**

**Cervix**

Uterus

Size

Position

Surface

Mobility

**FORNICES**

**INVESTIGATION**

**Provisional Diagnosis**

**Management / Treatment**

**RTIs, STIs & HEPATITIS RECORD KEEPING SHEET**

Name of Patient: \_\_\_\_\_

W/O: \_\_\_\_\_

Age: \_\_\_\_\_

Para: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

1st

2nd

3rd

4th

**Presenting Complaints**

Vaginal Discharge

Genital Ulcer

## Lower Abdominal Pain in Female

- Missed / overdue period\*
- Recent delivery / abortion\* or
- Abnormal vaginal bleeding

## Inguinal Bubo

Neonate with purulent Eye discharge

## Partner's / Husband's Symptoms

Urethral Discharge

Genital Ulcer

Scrotal Swelling

Inguinal Bubo

None

## Examination Findings

Vaginal Discharge

- Profuse / watery / offensive / frothy
- White curd like
- \* Mucopurulent / yellow cervical discharge

Friable cervix

Sore / vesicle in the genital area

Rebound tenderness / Abdominal Guarding\*

Pelvic tenderness / cervical motion

tenderness

Enlarged lymph nodes

Temperature: 100.4°F

None

Findings of Partner with Scrotal Swelling:

- Injury to scrotum / history to trauma\*
- Testis rotated / elevated retracted \*
- \* Hernia / Hydrocele\*

Purulent discharge from neonate's eye

## Syndromic Diagnosis

Vaginal Discharge:

I. Cervicitis

II. Vaginitis (Trichomoniasis/Candidiasis)

Genital Ulcers  
Lower Abdominal Pain in Female (PID)  
Inguinal Bubo  
Neonatal Conjunctivitis

### Hepatitis

Hepatitis B or C

**Refer if anyone of the Symptoms / signs with \* is present**

Management (Treatment and 4Cs)  
Management of the Actual Client  
Management of the Partner (if attached)

**4Cs include: advice for drug compliance, counselling for prevention, condom demonstration and contact (partner) management.**

**Management and 4C**

**Lab Test**

### HISTORY SHEET – FOR CHILD CARE

Case No: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Weight (at birth) \_\_\_\_\_

Kg Present Weight \_\_\_\_\_ kg

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Father's Profession \_\_\_\_\_

Home Address  
\_\_\_\_\_  
\_\_\_\_\_

### RECORD OF ILLNESS, INJURY OR HOSPITALIZATION

Date: \_\_\_\_\_ Age \_\_\_\_\_ Illness/Hospitalization/ Accident/Injury \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RECORD OF ALLERGY OF SENSITIVITY

Date: \_\_\_\_\_ Age \_\_\_\_\_ Illness/Hospitalization/ Accident/Injury \_\_\_\_\_  
 Finding History \_\_\_\_\_  
 Breast Feeding \_\_\_\_\_  
 Formula Feeding \_\_\_\_\_

Weaning(age) \_\_\_\_\_

Type of vaccination	Age	Date	Age	Date	Age	Date	Age	Date
BCG + OPV								
OPV, Pentavlaent, PCV								
OPV, Pentavlaent, PCV								
OPV, Pentavlaent, PCV								
Measles								
Hepatitis A, Chicken								
Pox								
PCV								
OPV, Hepatitis A								
Typhoid								

**HISTORY OF PRESENT COMPLAINTS**

- Fever
- Vomiting
- Ear Discharge
- Cough
- Loose Motion
- Fits
- Others (specify)

Past History

**BIRTH HISTORY**

**FAMILY HISTORY**

**CONDITION ON ADMISSION:**

- Heart Rate
- Respiratory Rate
- Temperature
- Cynosis
- Pallor

Jaundice

Clubbing

Throat

Oedema

Dehydration

**SYSTEMIC EXAMINATION**

G.I.T

**RESPIRATORY SYSTEM**

Respiratory Rate (R.R)

Auscultation of Chest

C.V.S

C.N.S

**INVESTIGATION**

**DIAGNOSIS**

**MANAGEMENT**

**Semester 7  
Table of Content  
Course Title:**

Postpartum care for mothers and new born II = 2 CH

Perinatal Mental Health =2CH

Elective – I = 1 CH

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

**Table of Content**

Levels of competency = 1-5 (Novice to Expert)

<b>Sr. No</b>	<b>Skill Description</b>	<b>Competencies level</b>	<b>No level</b>
1.	Apgar score	1-4	

2.	Examination of new born	1-4	
3.	Resuscitation of new born	1-4	
4.	post natal examination of mother on 3rd day	1-4	
5.	Ring pessary insertion	1-4	
6.	Management of PPH medical management	1-4	10
7.	pre op preparation of surgical management of pph	1-3	5
8.	Reflection on the management of PPH	1-5	5
9.	Care of puerperal psychosis	1-3	5

### Supervisor assessment

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
1.	Apgar score				
2.	Examination of new born				
3.	Resuscitation of new born				
4.	post natal examination of mother on 3rd day				
5.	Ring pessary insertion				
6.	Management of PPH medical management				
7.	pre op preparation of surgical management of pph				
8.	Reflection on the management of PPH				
9.	Care of puerperal psychosis				

### SKILL PROFORMA FOR APGAR SCORE

**Course Title: Postpartum care for mothers and newborn II**

**Semester: 7**

**Student Name: \_\_\_\_\_**

**Registration Number: \_\_\_\_\_**

**Skill Title: \_\_\_\_\_**

**Date Performed: \_\_\_\_\_**

**Session No.: \_\_\_\_\_**

#### 1. Learning Objectives

At the end of this session the learners will be able to check the APGAR score of the newborn

#### 2. Equipment/Materials Used

- Clock or timer
- Thermometer
- Resuscitation equipment

### 3. Procedure Steps (Brief Summary)

	Sign	Sign	0	1	2
<b>A</b>	Appearance	Color	Blue/Pale	Pink body with blue extremities	Completely pink
<b>P</b>	Pulse	Heart rate	Absent	Slow (less than 100 bpm)	Greater than or equal to 100 bpm
<b>G</b>	Grimace	Reflex Irritability	No Response	Grimace	Cough/sneeze
<b>A</b>	Attitude /Activity	Muscle Tone	Limp	Some Flexion	Active motion
<b>R</b>	Respiration	Breathing	Absent	Slow/Irregular	Good Crying

#### Assessment Times:

- **1 minute** after birth: Evaluates how well the baby tolerated the birthing process.
- **5 minutes** after birth: Assesses how well the baby is adapting to the new environment.

#### Scoring Guide:

- **0–3:** Severely depressed – immediate resuscitation required.
- **4–6:** Moderately depressed – may need supportive care.
- **7–10:** Normal – routine care.

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks (To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level (1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

### 8. Signatures

**Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Reference

1. American Academy of Pediatrics, & American College of Obstetricians and Gynecologists. (2017). *Guidelines for perinatal care* (8th ed.). American Academy of Pediatrics.
2. World Health Organization. (2017). *WHO recommendations on newborn health: Guidelines approved by the WHO Guidelines Review Committee*

## SKILL PROFORMA FOR EXAMINATION OF NEW BORN (HEAD TO TOE)

**Course Title:** Postpartum care for mothers and newborn II

**Semester:** 7

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to perform the head to toe examination of new born

### 2. Equipment/Materials Used

- Stethoscope (neonatal/pediatric)
- Thermometer
- Ophthalmoscope
- Otoscope
- Measuring tape
- Infant scale
- Infantometer / length board
- Gloves
- Alcohol swabs / cord clamp
- Torch / Penlight
- Tongue depressor
- Tuning fork (optional)

### 3. Procedure Steps (Brief Summary)

Body Area	What to Examine
General Appearance	Color, posture, activity, cry, breathing effort
Head	Fontanelles (anterior/posterior), molding, caput succedaneum, cephalhematoma
Eyes	Red reflex, symmetry, discharge, size, spacing
Ears	Shape, position (line with canthus), response to sound
Nose	Patency (choanal atresia check), flaring
Mouth	Palate (cleft), tongue tie, Epstein pearls
Neck	Range of motion, masses, webbing
Chest	Shape, symmetry, breath sounds, heart sounds, clavicles
Abdomen	Shape, umbilical stump (3 vessels), organomegaly, hernia
Genitalia	Male: testes descended, hypospadias; Female: labial swelling, discharge
Anus	Patency (first meconium), position
Extremities	Digits, syndactyly, tone, symmetry, movement
Back/Spine	Sacral dimple, tufts of hair, scoliosis

Hips Barlow/Ortolani maneuvers (hip dysplasia screening)  
Skin Birthmarks, rashes, jaundice, vernix, lanugo

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reference**

1. World Health Organization. (2017). *WHO recommendations on newborn health: Guidelines approved by the WHO Guidelines Review Committee*. World Health Organization.
2. Kliegman, R. M., Stanton, B. F., St. Geme, J. W., & Schor, N. F. (Eds.). (2020). *Nelson textbook of pediatrics* (21st ed.). Elsevier.

**SKILL PROFORMA FOR RESUSCITATION OF NEW BORN**

**Course Title:** Postpartum care for mothers and newborn II

**Semester:** 7

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

At the end of this session the learners will be able to resuscitate the new born

**2. Equipment/Materials Used**

- Bulb syringe / Suction catheter
- Mechanical suction device (adjustable pressure)
- Laryngoscope with neonatal blades (sizes 0, 1)
- Endotracheal tubes (sizes 2.5, 3.0, 3.5)
- Meconium aspirator
- Self-inflating bag (250–500 mL)
- T-piece resuscitator
- Oxygen source with blender
- Face masks (sizes 0, 1)
- Cardiac monitor / ECG leads
- Pulse oximeter (neonatal probe)
- Thermal mattress or radiant warmer
- Timer/clock
- Stethoscope (neonatal)
- Normal saline
- Syringes and IV setup
- Personal protective equipment (PPE)

### 3. Procedure Steps (Brief Summary)

Step	Task
1. Preparation	Warm environment, check equipment, identify high-risk deliveries
2. Initial Assessment	Check breathing, tone, and heart rate
3. Provide Warmth	Dry baby, remove wet linen, start tactile stimulation
4. Clear Airway (if needed)	Position airway, suction mouth then nose
5. Positive Pressure Ventilation (PPV)	Begin if apneic or HR <100 bpm
6. Reassess HR after 30 sec	Continue PPV if HR <100, start chest compressions if HR <60 bpm
7. Chest Compressions	Coordinate with PPV at 3:1 ratio
8. Administer Medications	Epinephrine IV/UVC if HR <60 bpm despite compressions
9. Monitor and Support	Use pulse oximeter, ECG; transfer to NICU if needed

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

6. **Supervisor's Remarks** ( To be filled by instructor/supervisor)

7. **Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				

Equipment  
handling  
Time  
management  
Documentation  
accuracy

### 8. Signatures

**Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Reference

1. American Academy of Pediatrics. (2021). *Neonatal resuscitation program (NRP)* (8th ed.).
2. World Health Organization. (2010). *Essential newborn care course*.
3. American Academy of Pediatrics, & Laerdal Global Health. (2016). *Helping babies breathe* (2nd ed.).

## SKILL PROFORMA FOR POST NATAL EXAMINATION OF MOTHER ON 3<sup>rd</sup> DAY

**Course Title:** Postpartum care for mothers and newborn II

**Semester:** 7

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to perform post natal examination of mother (on 3<sup>rd</sup> day)

### 2. Equipment/Materials Used

,Weighing scale, Measuring tape, Gloves, Torch/penlight, Speculum (if needed),Urine dipstick,  
Thermometer, Sphygmomanometer

### 3. Procedure Steps (Brief Summary)

#### General Observation

- I. Vital signs: Temperature, pulse, respiratory rate, BP
- II. General appearance and alertness
- III. Signs of anemia, dehydration, or infection

#### Breast Examination

- I. Check for engorgement, tenderness, cracked nipples
- II. Palpate for lumps or mastitis
- III. Assess for effective milk let-down and baby's latch

#### Uterine Involution

- I. Palpate fundal height (should be around 2–3 fingers below the umbilicus)
- II. Check for firmness (a firm uterus reduces PPH risk)
- III. Monitor for sub involution or tenderness (suggests infection)

#### Lochia Assessment

- I. Color (rubra expected), amount, and odor
- II. Abnormal signs: Foul odor, clots, heavy bleeding

#### Perineum and Episiotomy (if applicable)

- I. Inspect for swelling, redness, hematoma, or infection
- II. Assess healing of episiotomy or tear
- III. Inquire about pain or discomfort

**Bladder and Bowel Function**

1. Ask about urination (burning, retention, incontinence)
2. Check for bowel movements and constipation
3. Encourage hydration and fiber intake

**Emotional & Psychological Assessment**

1. Screen for postnatal blues or depression
2. Ask about sleep, fatigue, support at home
3. Offer mental health support or referrals if needed

Record all findings in the maternal postnatal chart and communicate any abnormal findings to the healthcare team.

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reference**

1. World Health Organization. (2013). *WHO recommendations on postnatal care of the mother and newborn*. World Health Organization. <https://www.who.int/publications/i/item/9789241506649>

2. National Institute for Health and Care Excellence. (2021). *Postnatal care up to 8 weeks after birth (NICE guideline NG194)*.  
<https://www.nice.org.uk/guidance/ng194>

## **SKILL PROFORMA FOR RING PESSARY INSERTION**

**Course Title: Postpartum care for mothers and newborn II**

**Semester: 7**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### **1. Learning Objectives**

At the end of this session the learners will be able to insert the ring pessary

### **2. Equipment/Materials Used**

Sterile ring pessary (correct size), Lubricant (e.g., sterile KY jelly), Sterile gloves, Speculum (optional), Vaginal swabs / gauze, Measuring tape / sizing kit

### **3. Procedure Steps (Brief Summary)**

#### **Before the Procedure**

1. Explain procedure – Obtain informed consent, describe benefits/risks.
2. History and assessment – Evaluate degree of prolapse, vaginal infection, discharge.
3. Bladder emptying – Ask patient to void to reduce discomfort.
4. Positioning – Lithotomy or dorsal recumbent position.
5. Hand hygiene and PPE – Use sterile gloves and aseptic precautions.
6. Select appropriate size – Based on vaginal exam and trial sizing.

#### **During the Procedure**

1. Inspect and clean vaginal area – Remove discharge or debris using gauze/swab.
2. Lubricate pessary – Use sterile lubricant on both sides of ring.
3. Fold pessary if needed – For easier insertion.
4. Insert pessary into vagina – Direct toward the posterior fornix, then rotate horizontally.
5. Ensure correct placement – It should sit behind the pubic symphysis and support vaginal walls.
6. Check comfort – Ask patient to stand/walk and void after insertion to assess comfort and placement.
7. No pain or pressure – Ensure pessary is not causing discomfort or pressing on the urethra.

#### **After the Procedure**

1. Educate patient – Cleaning schedule, signs of complications (discharge, odor, pain, bleeding).
2. Document – Type and size of pessary, date/time, patient tolerance.
3. Schedule follow-up – Usually in 1–2 weeks for reassessment and then every 3–6 months.

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** (To be filled by instructor/supervisor)**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
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Preparedness and hygiene  
 Correct technique used  
 Communication with patient  
 Equipment handling  
 Time management  
 Documentation accuracy

**8. Signatures** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Reference**

13. Royal College of Obstetricians and Gynaecologists (RCOG). Management of Vaginal Pessaries in Women with Pelvic Organ Prolapse. Scientific Impact Paper No. 34, 2013. <https://www.rcog.org.uk>
14. UpToDate. Vaginal Pessary Placement for Pelvic Organ Prolapse and Urinary Incontinence. M. Harmanli, MD. <https://www.uptodate.com>
15. American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin: Pelvic Organ Prolapse. ACOG, 2019. <https://www.acog.org>
16. Berek & Novak's Gynecology, 16th Edition. Chapter: Pessaries and Non-Surgical Management of POP.

**Course Title: Public health for midwives****Semester: 7****Total Lab Hours: 1 Credit hour (1 Credit Hour = 3 Lab Hours)****Student Name:** \_\_\_\_\_**Registration No.:** \_\_\_\_\_

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
21.	Breast feeding method				
22.	Health education				

**SKILL PROFORMA FOR BREAST FEEDING METHOD****Course Title: Public health for midwives****Semester: 7**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### **1. Learning Objectives**

At the end of this session the learners will be able to explain the breast feeding method and help women in public

### **2. Equipment/Materials Used**

- Anatomical breast model or doll – Demonstrates latching and positioning.
- Baby mannequin/doll – Simulates infant for practical teaching.
- Visual aids/posters – Illustrate breastfeeding positions and latch techniques.
- Printed handouts/leaflets – Take-home instructions and key points for mothers.
- AV equipment (videos/projector) – Educational videos for group or personal use.
- Chairs with arm support – Helps demonstrate proper mother posture.
- Gloves (optional) – Used if physical demonstration requires contact.
- Mirror (optional) – Allows mother to view positioning during practice.

### **3. Procedure Steps (Brief Summary)**

#### **Before the Session**

1. Greet the mother respectfully and ensure privacy.
2. Confirm mother's comfort and willingness to learn.
3. Ask about previous breastfeeding experience or concerns.
4. Wash hands and/or wear gloves if physical contact is required.

#### **During the Explanation**

1. Explain and demonstrate common breastfeeding positions: cradle hold, cross-cradle hold, football hold, and side-lying.
2. Describe signs of a good latch: wide open mouth, chin touching breast, more areola visible above top lip.
3. Teach how to recognize effective suckling: slow, rhythmic sucking with audible swallowing.
4. Point out feeding cues: rooting, sucking fingers, restlessness.
5. Recommend feeding 8–12 times in 24 hours, including night feeds.
6. Emphasize baby-led feeding with no fixed duration.
7. Advise switching breasts and burping baby between or after feeds.

#### **After the Explanation**

1. Allow the mother to practice with guidance.
2. Answer any questions or address cultural concerns.
3. Provide printed materials or online resources.
4. Schedule follow-up or refer to lactation consultant if needed.

#### **Documentation**

Record teaching session, mother's response, and any issues observed or reported.

#### **4. Clinical Setting**

Skills Lab

Hospital

Community Clinic

Simulation Lab

#### **5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
----------	--------------	-------------------	---------------	-----------------------

Preparedness and hygiene  
Correct technique used  
Communication with patient  
Equipment handling  
Time management  
Documentation accuracy

**8. Signatures** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Reference

1. World Health Organization. (2009). \*Infant and young child feeding: Model chapter for textbooks for medical students and allied health professionals\*. World Health Organization. <https://www.who.int/publications/i/item/9789241597494>
2. American Academy of Pediatrics. (2022). \*Breastfeeding and the use of human milk: Policy statement\*. Pediatrics, 150(1), e2022057988. <https://doi.org/10.1542/peds.2022-057988>
3. Ministry of Health and Family Welfare, Government of India. (2017). \*Guidelines for enhancing optimal infant and young child feeding practices\*. <https://nhm.gov.in>
4. UNICEF. (2018). \*Breastfeeding counselling: A training course\*. <https://www.unicef.org/reports/breastfeeding-counselling-training-course>

#### **SKILL PROFORMA FOR HEALTH EDUCATION**

**Course Title: Public health for midwives**

**Semester: 7**

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

#### **1. Learning Objectives**

At the end of this session the learners will be able to educate the public about different health issues

#### **2. Equipment/Materials Used**

- Projector and screen – For presentations and visual displays.
- Microphone and speakers – For addressing larger audiences clearly.
- Flip charts and markers – For interactive teaching and illustrations.
- Posters and banners – For visual impact and key message display.

- Pamphlets and brochures – For distribution of educational content.
- Models and demonstration kits – For practical demonstrations (e.g., anatomical models, hygiene kits).
- Laptop or computer – For digital content and multimedia presentations.
- Educational videos and animations – To support visual learning.
- Mobile vans – For outreach in remote or rural areas.
- Whiteboard and duster – For written teaching in classroom settings.
- Community radio or loudspeakers – For mass awareness messages.

### 3. Procedure Steps (Brief Summary)

#### Health Education Rating Scale (Sample)

This scale can be used to evaluate the quality and effectiveness of a health education session.

1. Clarity of Objectives
2. Relevance of Content to Target Audience
3. Use of Audio-Visual Aids
4. Level of Participant Engagement
5. Accuracy and Timeliness of Information
6. Appropriateness of Language and Tone
7. Time Management
8. Confidence and Competence of Educator
9. Opportunity for Questions and Interaction
10. Overall Impact and Retention of Key Messages

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

8. Signatures \_\_\_\_\_ Student Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Reference**

1. World Health Organization. (2009). \*Health education: Theoretical concepts, effective strategies and core competencies\*. World Health Organization. [https://www.emro.who.int/dsaf/EMRPUB\\_2012\\_EN\\_1362.pdf](https://www.emro.who.int/dsaf/EMRPUB_2012_EN_1362.pdf)
2. Park, K. (2023). \*Park's textbook of preventive and social medicine\* (27th ed.). Banarsidas Bhanot Publishers.
3. Centers for Disease Control and Prevention. (2011). \*Effective health education strategies\*. <https://www.cdc.gov/healthcommunication>
4. National Health Mission. (2018). \*Guidelines for health education and promotion\*. <https://nhm.gov.in>

**Course Title: Infectious diseases**

**Semester: 7**

**Total Lab Hours:**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
1.	Hand washing				
2.	Gloving				
3.	Instrument processing				

**Supervisor Assessment**

Sr. No	Skill Description	Date Practiced	Supervisor Signature	Student Signature	Remarks
1.	Hand washing				
2.	Gloving				
3.	Instrument processing				

**SKILL PROFORMA FOR HAND WASHING**

**Course Title: Infectious diseases**

**Semester: 7**

**Student Name: \_\_\_\_\_**

**Registration Number: \_\_\_\_\_**

**Skill Title: \_\_\_\_\_**

**Date Performed: \_\_\_\_\_**

**Session No.: \_\_\_\_\_**

**1. Learning Objectives**

At the end of this session the learners will be able to perform complete steps of hand washing

**2. Equipment/Materials Used**

Running water ,antimicrobial soap, disposable paper towel , antiseptic hand lotion ,

sterilized towel,

### 3. Procedure Steps (Brief Summary)

1. Wet hands with water.
2. Apply enough soap to cover all hand surfaces.
3. Rub hands palm to palm.
4. Right palm over left dorsum with interlaced fingers and vice versa.
5. Palm to palm with fingers interlaced.
6. Backs of fingers to opposing palms with fingers interlocked.
7. Rotational rubbing of left thumb clasped in right palm and vice versa.
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
9. Rinse hands with water.
10. Dry hands thoroughly with a single-use towel.
11. Use towel to turn off the faucet.

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

### 8. Signatures

**Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Reference

WHO Guidelines on Hand Hygiene in Health Care (2009)

## SKILL PROFORMA FOR GLOVING

Course Title: Infectious diseases

Semester: 7

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to put on the gloves

### 2. Equipment/Materials Used

Disposable gloves, hand sanitizer, gloves box or dispenser , waste bin , clean dry surface

### 3. Procedure Steps (Brief Summary)

1. Perform hand hygiene with soap and water or hand sanitizer.
2. Ensure hands are dry before donning gloves.
3. Select the correct glove size.
4. Remove gloves from the box without contaminating them.
5. Insert one hand into the glove carefully.
6. Insert the other hand into the second glove.
7. Adjust gloves for comfort and fit without touching the outside surface.
8. Avoid touching unnecessary surfaces once gloves are on.
9. Remove gloves using proper technique (pinch and pull method).
10. Dispose of gloves in an appropriate waste bin.
11. Perform hand hygiene after glove removal.

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				

Documentation  
accuracy

**8. Signatures** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### Reference

1. World Health Organization. (2009). WHO Guidelines on Hand Hygiene in Health Care. <https://www.who.int/publications/i/item/9789241597906>
2. Centers for Disease Control and Prevention (CDC). (2020). Using Personal Protective Equipment (PPE). <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

## SKILL PROFORMA FOR INSTRUMENT PROCESSING FOR AUTOCLAVE

**Course Title:** Infectious diseases

**Semester:** 7

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to process the instruments for autoclaving

### 2. Equipment/Materials Used

- Autoclave machine
- Cleaning brushes
- Ultrasonic cleaner (optional)
- Detergent/enzymatic cleaner
- Personal Protective Equipment (PPE)
- Sterilization pouches/wraps
- Sterilization indicator strips/tape
- Trolley or tray
- Drying rack or area

### 3. Procedure Steps (Brief Summary)

1. Wear appropriate PPE (gloves, mask, goggles, apron).
2. Rinse instruments immediately after use to remove visible debris.
3. Clean instruments with detergent or enzymatic cleaner manually or in ultrasonic cleaner.
4. Rinse instruments with clean water after cleaning.
5. Allow instruments to air dry or dry with lint-free towel.
6. Inspect instruments for cleanliness and damage.
7. Package instruments in sterilization pouches or wraps.
8. Place sterilization indicator inside the pouch or with the package.
9. Label and date the pouches.
10. Load autoclave without overpacking to ensure steam circulation.
11. Run autoclave cycle as per manufacturer's instructions.
12. Allow autoclave to cool before unloading.
13. Check sterilization indicators for successful cycle.
14. Store sterilized instruments in a clean, dry, labeled area.

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(3-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reference**

- Centers for Disease Control and Prevention (CDC). (2016). Guidelines for Disinfection and Sterilization in Healthcare Facilities.  
<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>
- World Health Organization. (2014). Decontamination and Reprocessing of Medical Devices for Health-care Facilities.  
<https://www.who.int/publications/i/item/9789241549851>

**Antenatal Card**

CRC-2

MOTHER HEALTH CARE RECORD CARD

زچگی صحت کی دیکھ بھال کا ریکارڈ

DAY MONTH YEAR  
    
 5 6 7 8 9 10

CLIENT NUMBER

RESIDENCE  
 URBAN - 1  
 RURAL - 2

MALE FEMALE

LOCATION OF CENTRE \_\_\_\_\_  
 DISTRICT/PROVINCE \_\_\_\_\_  
 1. NAME OF PATIENT \_\_\_\_\_  
 2. HUSBAND'S NAME \_\_\_\_\_  
 3. ADDRESS \_\_\_\_\_  
 4. L.M.P. \_\_\_\_\_  
 6. AGE OF PATIENT \_\_\_\_\_

5. E.D.D. \_\_\_\_\_  
 7. NO. OF LIVING CHILDREN \_\_\_\_\_  
 8. TOTAL NO. OF PREGNANCIES \_\_\_\_\_

OBSTETRIC HISTORY

a) MORE THAN TWO STILL BIRTHS	YES	NO	b) SEVERE BLEEDING DURING OR AFTER DELIVERY	YES	NO
b) PREVIOUS ASSISTED DELIVERY			c) MORE THAN 6 PREVIOUS DELIVERIES		
			d) HEIGHT BELOW 145 CM		

IF THE REPLY TO ANY OF THE COLUMN (a) TO (d) IS "YES PLEASE REFER TO HOSPITAL"

10. SCREENING	VISIT	DATE								
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th
NO. OF WEEKS SINCE PREGNANT										
CLINICAL ANAEMIA										
H. B. HEMOGLOBIN										
BLOOD PRESSURE										
WEIGHT										
OEDEMA										
URINE										
a) ALBUMIN										
b) SUGAR										
PRE-ECLAMPTIC TOXAEMIA PRESENT										
PRESENTATION VERTEX										
PRESENTATION OTHERS										
BLEEDING P.V.										
FOETAL HEART SOUND										
PATIENT AT RISK NOW										
PATIENT AT RISK IN LABOUR										







**History of present illness**

**Past History**

**Medical History**

**Personal History**

**Menstrual History:** Age of Menarche \_\_\_\_\_ Length of cycle \_\_\_\_\_ Duration of menses \_\_\_\_\_ Regularity \_\_\_\_\_ Flow \_\_\_\_\_ Dysmenorrhea \_\_\_\_\_ LMP \_\_\_\_\_

**Obstetrical History**

**Family History**

**Social History**

**GENERAL PHYSICAL EXAMINATION**

**SPECIFIC EXAMINATION**

**SYSTEMIC EXAMINATION**

General appearance

Oral hygiene

Pallor

Cyanosis

Jaundice

Thyroid

Clubbing

Koilonychia

Oedema

Varicose Veins

Lymph Nodes

**PV/PS FINDINGS**

Per Speculum Examination

Cervix

Vaginal Wall

Per Vaginal Examination

Vulva

Vagina

Cervix

Uterus

Size

Position

Mobility

**FORNICES**

Pulse

Temperature

Resp.Rate

Blood Pressure

Resp.system

C.V.S

G.I.T

C.N.S

## INVESTIGATION

### Provisional Diagnosis

### Management / Treatment

### RTIs, STIs & HEPATITIS RECORD KEEPING SHEET

Name of Patient: \_\_\_\_\_

W/O: \_\_\_\_\_

Age: \_\_\_\_\_

Para: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ 1st

2nd

3rd

4th

### Presenting Complaints

Vaginal Discharge				
Genital Ulcer				
Lower Abdominal Pain in Female				
<ul style="list-style-type: none"> <li>• Missed / overdue period*</li> <li>• Recent delivery / abortion* or</li> <li>• Abnormal vaginal bleeding</li> </ul>				
Inguinal Bubo				
Neonate with purulent Eye discharge				

### Partner's / Husband's Symptoms

Urethral Discharge				
Genital Ulcer				
Scrotal Swelling				
Inguinal Bubo				
None				

### Examination Findings

Vaginal Discharge <ul style="list-style-type: none"> <li>• Profuse / watery / offensive / frothy</li> <li>• White curd like</li> <li>• * Mucopurulent / yellow cervical discharge</li> </ul>				
--	--	--	--	--

<b>Friable cervix</b>				
<b>Sore / vesicle in the genital area</b>				
<b>Rebound tenderness / Abdominal Guarding*</b>				
<b>Pelvic tenderness / cervical motion tenderness</b>				
<b>Enlarged lymph nodes</b>				
<b>Temperature: 100.4°F</b>				
<b>None</b>				
<b>Findings of Partner with Scrotal Swelling:</b>				
<ul style="list-style-type: none"> <li>• Injury to scrotum / history to trauma*</li> <li>• Testis rotated / elevated retracted *</li> <li>• * Hernia / Hydrocele*</li> </ul>				
<b>Purulent discharge from neonate's eye</b>				

**Syndromic Diagnosis**

<b>Vaginal Discharge:</b>				
<b>I. Cervicitis</b>				
<b>II. Vaginitis (Trichomoniasis/Candidiasis)</b>				
<b>Genital Ulcers</b>				
<b>Lower Abdominal Pain in Female (PID)</b>				
<b>Inguinal Bubo</b>				
<b>Neonatal Conjunctivitis</b>				

**Hepatitis**

<b>Hepatitis B or C</b>				
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**Refer if anyone of the Symptoms / signs with \* is present**

<b>Management (Treatment and 4Cs)</b>				
<b>Management of the Actual Client</b>				
<b>Management of the Partner (if attached)</b>				

**4Cs include: advice for drug compliance, counselling for prevention, condom demonstration and contact (partner) management.**

**Management and 4C**

--	--

<b>Lab Test</b>	

**HISTORY SHEET – FOR CHILD CARE**

Case No: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Weight (at birth) \_\_\_\_\_ Kg Present Weight  
\_\_\_\_\_ kg

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Father's Profession \_\_\_\_\_

Home Address \_\_\_\_\_

**RECORD OF ILLNESS, INJURY OR HOSPITALIZATION**

Date:	Age	Illness/Hospitalization/ Accident/Injury
_____	_____	_____

\_\_\_\_\_

**RECORD OF ALLERGY OF SENSITIVITY**

Date:	Age	Illness/Hospitalization/ Accident/Injury
_____	_____	_____

Finding History \_\_\_\_\_

Breast Feeding \_\_\_\_\_

Formula Feeding \_\_\_\_\_

<u>Type of vaccination</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>
<u>BCG + OPV</u>								
<u>OPV, Pentavlaent, PCV</u>								
<u>OPV, Pentavlaent, PCV</u>								
<u>OPV, Pentavlaent, PCV</u>								
<u>Measles</u>								
<u>Hepatitis A, Chicken Pox</u>								
<u>PCV</u>								
<u>OPV, Hepatitis A</u>								
<u>Typhoid</u>								

Weaning(age) \_\_\_\_\_

### HISTORY OF PRESENT COMPLAINTS

Fever

Vomiting

Ear Discharge

Cough

Loose Motion

Fits

Others (specify)

Past History

BIRTH HISTORY

FAMILY HISTORY

CONDITION ON ADMISSION:

Heart Rate

Respiratory Rate

Temperature

Cynosis

Pallor

Jaundice

Clubbing

Throat

Oedema

Dehydration

SYSTEMIC EXAMINATION

G.I.T

RESPIRATORY SYSTEM

Respiratory Rate (R.R)

Auscultation of Chest

C.V.S

C.N.S

INVESTIGATION

DIAGNOSIS

MANAGEMENT

**FAMILY PLANNING CLIENT RECORD CARD (PWD PUNJAB)**

CRC-1

خانہ دانی منصوبہ ہندی کلاسٹریٹ ریکارڈ کارڈ

1. Name & Address of the Centre _____ District _____	2. Name of Client _____	3. Name of Husband _____	4. Occupation / Caste _____	5. Address _____	6. Client Number <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5	7. Date <table border="1"><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="2">Year</td></tr></table>	6	7	8	9	10	11	Day		Month		Year	
1	2	3	4	5																			
6	7	8	9	10	11																		
Day		Month		Year																			
8. Age of Client (Years) _____	9. Number of Living Children _____	10. Number of Living Sons _____	11. Age of Youngest Child (in month) _____	12. <table border="1"><tr><td>12</td><td>13</td></tr></table>	12	13	13. <table border="1"><tr><td>14</td><td>15</td></tr></table>	14	15	14. <table border="1"><tr><td>16</td><td>17</td></tr></table>	16	17	15. <table border="1"><tr><td>18</td><td>19</td></tr></table>	18	19								
12	13																						
14	15																						
16	17																						
18	19																						
12. PREVIOUS CONTRACEPTIVE USE (Tick all those methods used)				13. CLINICAL INFORMATION																			
Nil <input type="checkbox"/> 20				LMP آخری ماہواری کی تاریخ _____																			
Condom <input type="checkbox"/> 21				History of Jaundice _____																			
Oral Pills <input type="checkbox"/> 22				History of Thrombo- Phlebitis _____																			
IUCD <input type="checkbox"/> 23				Blood Pressure _____																			
Injectable <input type="checkbox"/> 24				Urine Analysis _____																			
Other <input type="checkbox"/> 25				14. METHOD ACCEPTED NOW																			
				Oral Pill <input type="checkbox"/> 28																			
				Condom <input type="checkbox"/> 29																			
				Other <input type="checkbox"/> 30																			

CS CamScanner

**SEMESTER 8  
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<u>3</u>	<u>Physical Examination Checklists (Weekly)</u>
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**Course Title: Early childhood development**

**Semester: 8**

**Total Lab Hours: 0.5 Credit hour (1 Credit Hour = 3 Lab Hours)**

**Student Name: \_\_\_\_\_**

**Registration No.: \_\_\_\_\_**

<b>Sr. No</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
11.	Length measurement of new born				
12.	Weight measurement of new born				
13.	Measurement of head circumference				
14.	Checking birth anomaly of new born				
15.	Eye examination of new born				

**SKILL PROFORMA FOR LENGTH MEASUREMENT OF NEWBORN**

**Course Title: Early childhood development**

**Semester: 8**

**Student Name: \_\_\_\_\_**

**Registration Number: \_\_\_\_\_**

**Skill Title: \_\_\_\_\_**

**Date Performed: \_\_\_\_\_**

**Session No.: \_\_\_\_\_**

**1. Learning Objectives**

At the end of this session the learners will be able to measure the length of newborn

**2. Equipment/Materials Used**

- Infantometer
- Non-stretchable measuring tape
- Flat, firm surface
- Headboard and movable footboard
- Disposable sheet or clean cloth
- Gloves (optional)
- Documentation sheet or EHR system

**3.Procedure Steps (Brief Summary)**

1. Wash and dry hands; wear gloves if necessary.
2. Gather all necessary equipment and prepare a clean, flat measuring area.

3. Place disposable sheet on the infantometer.
4. Gently undress the newborn to expose the full body.
5. Lay the newborn on their back with head touching the fixed headboard.
6. Ensure the head is in the midline position and not tilted.
7. Gently stretch the legs and ensure knees are not bent.
8. Slide the footboard to gently rest against the soles of the feet.
9. Read and record the measurement to the nearest 0.1 cm.
10. Return the newborn to a warm, safe environment.
11. Clean the infantometer and measuring area.
12. Document the measurement in the newborn's health record.

**Reference**

1. **World Health Organization (WHO).** (2008). *Training Course on Child Growth Assessment.*
2. **Centers for Disease Control and Prevention (CDC).** (2013). *Measuring Length/Height and Weight of Infants and Children.*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SKILL PROFORMA FOR WEIGHT MEASUREMENT OF NEWBORN

Course Title: Early childhood development

Semester: 8

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to measure the weight of newborn

### 2. Equipment/Materials Used

- Digital or beam-type infant scale
- Clean towel or disposable sheet
- Flat, stable surface
- Weight chart or digital system
- Gloves (optional)
- Calibration weight (optional)

### 3. Procedure Steps (Brief Summary)

1. Wash hands and prepare all necessary equipment.
2. Ensure the infant scale is placed on a flat, stable surface.
3. Turn on and zero the scale (tare function), considering any cloth/towel.
4. Place a clean towel or disposable sheet on the scale tray.
5. Undress the newborn completely for accurate weight measurement.
6. Gently place the newborn on the center of the scale tray.
7. Ensure the baby is still and lying flat; read the weight when stable.
8. Record the weight to the nearest 10 grams (0.01 kg).
9. Return the baby to a warm, safe area immediately.
10. Clean and disinfect the scale after use.
11. Document the weight in the newborn's health record or EHR.

### Reference

1. **World Health Organization (WHO).** (2008). *Training Course on Child Growth Assessment.*
2. **Centers for Disease Control and Prevention (CDC).** (2013). *Measuring Length/Height and Weight of Infants and Children.*

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

6. **Supervisor's Remarks** (To be filled by instructor/supervisor)

7. **Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PROFORMA FOR HEAD CIRCUMFERENCE MEASUREMENT OF NEWBORN

Course Title: Early childhood development

Semester: 8

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to measure the head circumference of newborn

### 2. Equipment/Materials Used

1. Non-stretchable measuring tape
2. Clean towel or blanket
3. Gloves (optional)
4. Growth chart or digital entry tool
5. Disinfectant wipes or alcohol swabs

### 3. Procedure Steps (Brief Summary)

1. Wash hands and gather all necessary equipment.
2. Ensure the baby is calm and positioned comfortably, ideally swaddled.
3. Use a non-stretchable measuring tape.
4. Place the tape just above the eyebrows (supraorbital ridge), above the ears, and around the occipital prominence.
5. Make sure the tape is snug but not tight; ensure it lies flat all around.
6. Read the measurement where the zero mark meets the tape.
7. Record the value to the nearest 0.1 cm.
8. Remove the tape and reposition the baby safely.
9. Clean the measuring tape if reusable.

10. Document the measurement and compare it to standard growth charts.

## Reference

1. **World Health Organization (WHO).** (2008). *Training Course on Child Growth Assessment*
2. **Centers for Disease Control and Prevention (CDC).** (2013). *Measuring Head Circumference in Infants and Children.*

## 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

## 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

6. **Supervisor's Remarks** ( To be filled by instructor/supervisor)

7. **Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
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Preparedness  
and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

## 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SKILL PROFORMA FOR CHECKING BIRTH ANOMALY OF NEWBORN

Course Title: Early childhood development

Semester: 8

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

Registration Number:

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to check any birth anomaly of newborn

### 2. Equipment/Materials Used

- Stethoscope (infant size)

- Measuring tape
- Weighing scale (infant type)
- Ophthalmoscope
- Otoscope
- Gloves
- Tongue depressor
- Reflex hammer
- Thermometer
- Sterile gauze/swabs
- Documentation chart/electronic system .

### 3.Procedure Steps (Brief Summary)

System/Region	Check
General Appearance	Check for activity, posture, color, respiratory effort.
Skin	Look for birthmarks, jaundice, cyanosis, rashes, or lesions.
Head and Skull	Assess for fontanelle size, molding, caput succedaneum, or cephalhematoma.
Eyes	Check for red reflex, symmetry, discharge, spacing.
Ears	Position, shape, and auditory response (initial hearing screening).
Nose	Patency of nostrils, signs of choanal atresia.
Mouth	Cleft lip/palate, Epstein pearls, sucking reflex.
Neck/Clavicle	Palpate for masses, webbing, clavicle fracture.
Chest	Symmetry, respiratory movement, heart sounds, murmurs.
Abdomen	Palpate for organomegaly, hernias, umbilical stump condition.
Genitalia	Check for ambiguous genitalia, testicular descent (males), labial fusion (females).
Spine	Palpate for any dimples, tufts of hair, signs of spina bifida.
Limbs	Assess for polydactyly, syndactyly, clubfoot, or limb asymmetry.
Hips	Perform Ortolani and Barlow tests to screen for hip dysplasia.
Reflexes	Rooting, Moro, sucking, palmar grasp, stepping reflexes.
Extremities	Movement symmetry, tone, and spontaneous activity.

### Reference

1. **World Health Organization (WHO).** (2010). *Newborn and Child Health Screening Guidelines.*
2. **American Academy of Pediatrics (AAP).** (2020). *Guidelines for Newborn Screening and Physical Examination.*

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
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Preparedness and hygiene  
 Correct technique used  
 Communication with patient  
 Equipment handling  
 Time management  
 Documentation accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SKILL PROFORMA FOR EYE EXAMINATION OF NEW BORN**

**Course Title:** Early childhood development

**Semester:** 8

**Student Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

At the end of this session the learners will be able to perform the eye examination of new born

**2. Equipment/Materials Used**

- Penlight or Torch
- Direct Ophthalmoscope
- Gloves
- Sterile Gauze/Swabs
- Eye Drops (if needed)
- Documentation Chart

### 3.Procedure Steps (Brief Summary)

1. Wash hands and wear gloves if needed.
2. Ensure the newborn is calm and in a well-lit or dimmable environment.
3. Inspect both eyes for size, shape, and symmetry.
4. Look at eyelids for swelling, ptosis, or discharge.
5. Examine conjunctiva and sclera for color and signs of infection.
6. Use penlight to observe pupil shape and response to light.
7. Use an ophthalmoscope to assess the red reflex in both eyes (normal = symmetric red reflex).
8. Check for leukocoria (white reflex), which could indicate cataract or retinoblastoma.
9. Assess eye movements for symmetry and spontaneous movement.
10. Record findings and refer to an ophthalmologist if abnormalities are found.

### Reference

1. **World Health Organization (WHO).** (2010). *Visual Impairment in Newborns: Screening Guidelines.*
2. **American Academy of Pediatrics (AAP).** (2016). *Eye Examination in Infants, Children, and Young Adults by Pediatricians.*

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student’s Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor’s Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment				

handling  
 Time  
 management  
 Documentation  
 accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Course Title: Family planning and post abortion care**

**Semester: 8**

**Total Lab Hours: 02 Credit hour (1 Credit Hour = 3 Lab Hours)**

**Student Name:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_

<b>Sr. No</b>	<b>Skill Description</b>	<b>Date Practiced</b>	<b>Supervisor Signature</b>	<b>Student Signature</b>	<b>Remarks</b>
1.	IUCD tray making				
2.	CU-T loading and insertion				
3.	CU-T removal				
4.	DMPA injection administration				
5.	Norigest injection administration				
6.	Missed pill (POP)				
7.	Missed pill (COC)				
8.	ecp				
9.	DMPASC -SI				
10.	IMPLANTS				
11.	counselling for contraception				
12.	PRE procedure preparation for voluntary surgical contraception				
13.	Post-contraception care of client			1-5	
14.	Ring pessary insertion		5	1-5	

## SKILL PROFORMA FOR IUCD INSERTION TRAY

Course Title: Family planning and post abortion care

Semester: 8

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to make IUCD insertion tray

### 2. Equipment/Materials Used

1. Sterile gloves – For maintaining asepsis during procedure.
2. Vaginal speculum (Cusco's or Sims' speculum) – To visualize the cervix.
3. Sterile uterine sound – To measure the depth of the uterus.
4. IUCD insertion device (with preloaded IUCD) – Device to insert the IUCD into the uterus.
5. Tenaculum or vulsellum – To grasp the cervix and stabilize the uterus.
6. Artery forceps (2) – For holding swabs or clamping if necessary.
7. Sponge holding forceps – To clean the cervix with antiseptic solution.
8. Scissors – To trim IUCD strings if needed.
9. Kidney tray – For collecting waste or used materials.
10. Bowl with antiseptic solution (e.g., povidone-iodine) – For cleaning the cervix.
11. Sterile gauze/swabs – For cleaning and drying the cervix.
12. Drape sheet – To maintain a sterile field.
13. Torch or good light source – For adequate visualization.

### 3. Procedure Steps (Brief Summary)

Collect all equipment in a large tray and put on the table

### Reference

World Health Organization (WHO) "*Family Planning: A Global Handbook for Providers*

### 4. Clinical Setting

Skills Lab

Hospital

Community Clinic

Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria

Satisfactory

Needs

Not Performed

Competency

Improvement

level(1-5)

Preparedness

and hygiene

Correct technique

used

Communication

with patient

Equipment

handling

Time  
management  
Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PROFORMA FOR CU-T LOADING AND INSERTION

Course Title: Family planning and post abortion care

Semester: 8

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to load and insert CU-T

### 2. Equipment/Materials Used

- Sterile gloves
- Vaginal speculum (Cusco's or Sims')
- Vulsellum or tenaculum
- Uterine sound
- Copper-T IUCD (e.g., Cu-T 380A)
- IUCD Insertion tube with plunger
- Sterile scissors
- Antiseptic solution (e.g., povidone-iodine)
- Cotton swabs/gauze
- Syringe with local anesthetic (if needed)
- Kidney tray and waste disposal bin
- Sterile towel/drapes
- Good light source

### 3. Procedure Steps (Brief Summary)

#### Preparation

1. Verify client consent and counseling
2. Review medical eligibility and rule out pregnancy
3. Ensure all equipment is sterile and ready
4. Wash hands thoroughly
5. Wear sterile gloves

### **Cu-T Loading (If not preloaded)**

1. Open sterile Cu-T pack
2. Slide arms of Cu-T into insertion tube using sterile technique
3. Align flange on insertion tube to match uterine depth (as measured)
4. Ensure threads are visible through the tube and not tangled

### **Insertion Procedure**

1. Position woman comfortably (lithotomy position)
2. Insert speculum and visualize cervix
3. Clean cervix and vaginal walls with antiseptic
4. Grasp anterior lip of cervix with vulsellum
5. Gently sound uterus to measure depth (minimum 6 cm required)
6. Insert loaded Cu-T into uterine cavity up to the flange mark
7. Release Cu-T by pulling back the insertion tube slightly while holding plunger steady
8. Withdraw insertion tube and plunger carefully
9. Cut threads to about 3–4 cm length from the cervix
10. Remove speculum and ensure patient comfort

### **Post-Insertion Care**

1. Observe for immediate side effects (pain, bleeding, etc.)
2. Educate client on what to expect (bleeding, string check)
3. Provide follow-up instructions (usually after 6 weeks)
4. Record the procedure and date in client's records

### **Reference**

1. **WHO (World Health Organization) Family Planning: A Global Handbook for Providers– See section on IUCDs, loading technique, and clinical checklist.**
2. **FIGO – International Federation of Gynecology and Obstetrics *IUCD Insertion Guidelines and Standards***

### **4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### **5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

### **6. Supervisor's Remarks ( To be filled by instructor/supervisor)**

### **7. Assessment (To be filled by instructor based on observation)**

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				

Time  
management  
Documentation  
accuracy

### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SKILL PROFORMA FOR CU-T REMOVAL

Course Title: Family planning and post abortion care

Semester: 8

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to remove CU-T

### 2. Equipment/Materials Used

- Sterile gloves
- Vaginal speculum (Cusco's)
- Artery forceps (straight)
- Antiseptic solution
- Gauze pieces/swabs
- Sponge holding forceps
- Scissors (if needed)
- Kidney tray
- Sterile drape/towel
- Good light source

### 3. Procedure Steps (Brief Summary)

#### Before the Procedure

1. Confirm patient identity and consent
2. Review medical history and reason for removal (e.g., expiration, side effects, desire for pregnancy)
3. Ensure patient has emptied her bladder
4. Wash hands thoroughly and wear sterile gloves
5. Position patient in lithotomy position
6. Arrange equipment on a sterile tray

#### Procedure

1. Insert sterile Cusco's speculum to visualize cervix
2. Clean cervix and vagina with antiseptic solution
3. Locate IUCD strings protruding through the cervix
4. Grasp the strings with sterile artery forceps

5. Apply gentle, steady traction to remove IUCD
6. Check the IUCD to ensure it is intact (arms and stem present)

**After the Procedure**

1. Inspect for any immediate discomfort or bleeding
2. Provide aftercare advice (e.g., rest, signs of complications)
3. Document the procedure, including type and condition of IUCD removed
4. Provide contraceptive counseling if the woman wants a new method

**Reference**

1. **WHO (World Health Organization) *Family Planning: A Global Handbook for Providers*** – IUCDremoval section **FIGO – International Federation of Gynecology and Obstetrics *IUCD Insertion Guidelines and Standards***
2. **UNFPA and Jhpiego *Postpartum IUCD Training Manual*** – Removal technique included

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student’s Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor’s Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SKILL PROFORMA FOR DMPA INJECTION

Course Title: Family planning and post abortion care

Semester: 8

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

### 1. Learning Objectives

At the end of this session the learners will be able to administer DMPA injection

### 2. Equipment/Materials Used

- Sterile gloves
- DMPA vial or prefilled syringe
- Syringe (2–3 mL)
- Needle (22–25 gauge, 1–1.5 inch)
- Cotton swab with antiseptic (e.g., alcohol)
- Sharps disposal container
- Patient record form/card

### 3. Procedure Steps (Brief Summary)

#### Before the Injection

1. Confirm the client's identity and obtain informed consent
2. Ensure client is not pregnant (per WHO checklist or menstrual history)
3. Counsel client on how DMPA works, benefits, side effects, and return schedule
4. Check expiry date and inspect vial for any discoloration or sediment
5. Wash hands thoroughly and wear sterile gloves
6. Shake the vial if suspension is used to mix the contents well

#### Injection Procedure (Intramuscular)

1. Choose the correct site: upper outer quadrant of gluteus muscle or deltoïd
2. Clean the site with alcohol swab and let it dry
3. Use a sterile 22–25 gauge, 1–1.5 inch needle
4. Insert the needle at a 90-degree angle into the muscle
5. Inject the full 150 mg (1 mL) of DMPA slowly
6. Withdraw the needle and apply a sterile cotton swab
7. Do not massage the injection site

#### After the Injection

1. Dispose of syringe and needle in sharps container
2. Record date of injection, lot number, and site of injection
3. Schedule the next dose in 12 weeks (3 months) and provide reminder
4. Advise client on possible side effects (e.g., irregular bleeding, delayed return to fertility)
5. Counsel client on what to do if a dose is missed

#### Reference

1. **World Health Organization (WHO)** *Family Planning: A Global Handbook for Providers* – DMPA chapter
2. **PATH & FHI 360** *Training Resource Package for Family Planning: Injectable Contraceptives (DMPA-IM and DMPA-SC)*

#### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

#### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

#### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

#### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

#### 8. Signatures

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

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### SKILL PROFORMA FOR NORIGEST INJECTION

Course Title: Family planning and post abortion care

Semester: 8

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

Registration Number: \_\_\_\_\_

Skill Title: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Session No.: \_\_\_\_\_

#### 1. Learning Objectives

At the end of this session the learners will be able to administer norigest injection

#### 2. Equipment/Materials Used

- Sterile gloves
- Norigest ampoule (200 mg/mL)
- Syringe (2–3 mL)
- Needle (22–23 gauge, 1–1.5 inch)
- Cotton swabs with antiseptic (e.g., alcohol)
- Sharps disposal container
- Sterile gauze or cotton ball
- Patient's medical record/injection card

#### 3.Procedure Steps (Brief Summary)

##### Before the Injection

1. Verify client's identity and medical history

2. Confirm indication and rule out pregnancy (use WHO pregnancy checklist or menstrual history)
3. Counsel on how Norigest works, its duration (2 months), benefits, side effects, and fertility return
4. Obtain informed consent
5. Check the expiry date and integrity of the Norigest ampoule
6. Wash hands thoroughly and wear sterile gloves

### Injection Procedure (Intramuscular)

1. Shake ampoule gently if needed and break open with sterile technique
2. Draw 1 mL of Norigest into the syringe
3. Choose injection site: gluteal muscle (upper outer quadrant) or deltoid muscle
4. Clean the site with an alcohol swab and let it air-dry
5. Insert needle deep IM at 90° angle
6. Inject medication slowly and steadily
7. Withdraw needle and apply sterile cotton/gauze—do not massage
8. Dispose of used needle/syringe in a puncture-proof sharps container

### After the Injection

1. Observe for any immediate reaction or discomfort
2. Educate client on side effects (e.g., irregular bleeding, amenorrhea)
3. Record injection details: date, dose, batch number, next due date
4. Schedule next visit in 8 weeks (2 months)

### Special consideration:

- If the client is **>2 weeks late** for next injection, **rule out pregnancy** before giving.
- Norigest does **not protect against STIs** — counsel on condom use if needed.

### Reference

1. **WHO – Family Planning: A Global Handbook for Providers**– Covers progestin-only injectables (including norethisterone enanthate)
2. **UNFPA and Ministry of Health (Various Countries)**– *Guidelines on Injectable Contraceptives*
3. Available via national health ministry or reproductive health program websites **FHI 360 – Injectable Contraceptives Tool**→ Contraceptive technologies

### 4. Clinical Setting

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

### 5. Student's Self-Reflection

(Write what you learned, difficulties faced, and how you overcame them)

### 6. Supervisor's Remarks ( To be filled by instructor/supervisor)

### 7. Assessment (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness				

and hygiene  
Correct technique  
used  
Communication  
with patient  
Equipment  
handling  
Time  
management  
Documentation  
accuracy

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CHECKLIST FOR MISSED PILL (POP)**

**Course Title:** Family planning and post abortion care

**Semester:** 8

**Student Name:** \_\_\_\_\_

**Registration Number:**

**Skill Title:** \_\_\_\_\_

**Date Performed:** \_\_\_\_\_

**Session No.:** \_\_\_\_\_

**1. Learning Objectives**

At the end of this session the learners will be able to guide about missed pill (POP) protocol

**2. Equipment/Materials Used**

- Client's medical record
- Pill pack (POP)
- Pregnancy test kit
- Counseling tools/job aids
- Calendar or app
- Backup contraceptive (condoms)

**3. Procedure Steps (Brief Summary)**

1. If more than 3 hours late (or 12 hours late for desogestrel-based POPs):
2. Take the missed pill as soon as remembered
3. Take next pill at the usual time (may mean 2 pills in one day)
4. Use backup contraception for 48 hours
5. Consider emergency contraception if unprotected sex occurred within last 5 days

**Counseling & Documentation**

- Explain how to prevent future missed pills (set reminders, apps, etc.)
- Provide written instructions or job aid
- Document in client's record: number of pills missed, advice given, EC provided (if any)

**Reference**

1. **WHO – Family Planning: A Global Handbook for Providers (2018 update)**
2. **Faculty of Sexual & Reproductive Healthcare (FSRH), UK Guidance on Missed Pills (2020)**
3. **CDC – U.S. Medical Eligibility Criteria for Contraceptive Use (2021)**

**4. Clinical Setting**

Skills Lab                      Hospital                      Community Clinic                      Simulation Lab

**5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)

**6. Supervisor's Remarks** ( To be filled by instructor/supervisor)

**7. Assessment** (To be filled by instructor based on observation)

Criteria	Satisfactory	Needs Improvement	Not Performed	Competency level(1-5)
Preparedness and hygiene				
Correct technique used				
Communication with patient				
Equipment handling				
Time management				
Documentation accuracy				

**8. Signatures**

**Student Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **CHECKLIST FOR MISSED PILL (COC)**

**Course Title: Family planning and post abortion care**

**Semester: 8**

**Student Name: \_\_\_\_\_**

**Registration Number: \_\_\_\_\_**

**Skill Title: \_\_\_\_\_**

**Date Performed: \_\_\_\_\_**

**Session No.: \_\_\_\_\_**

### **1. Learning Objectives**

At the end of this session the learners will be able to guide about missed pill (COC) protocol

### **2. Equipment/Materials Used**

- Client's medical record
- Pill pack (COC)
- Pregnancy test kit
- Counseling tools/job aids
- Calendar or app
- Backup contraceptive (condoms)

### **3. Procedure Steps (Brief Summary)**

➤ **If 1 pill is missed (less than 24 hours late):**

1. Take the missed pill as soon as remembered
2. Continue the rest of the pack as usual
3. No backup method needed

➤ **If 2 or more pills missed (≥ 48 hours late):**

1. Take the most recent missed pill immediately
2. Discard earlier missed pills
3. Continue remaining pills at the usual time
4. Use backup contraception (condoms) for 7 days
5. If pills were missed in week 3, skip the pill-free interval (start new pack immediately after finishing current one)

### **Counseling & Documentation**

- Explain how to prevent future missed pills (set reminders, apps, etc.)
- Provide written instructions or job aid
- Document in client's record: number of pills missed, advice given, EC provided (if any)

### **Reference**

4. **WHO – Family Planning: A Global Handbook for Providers (2018 update)**
5. **Faculty of Sexual & Reproductive Healthcare (FSRH), UK Guidance on Missed Pills (2020)**
6. **CDC – U.S. Medical Eligibility Criteria for Contraceptive Use (2021)**

### **4. Clinical Setting**

Skills Lab

Hospital

Community Clinic

Simulation Lab

### **5. Student's Self-Reflection**

(Write what you learned, difficulties faced, and how you overcame them)





**HISTORY TAKING PROFORMA**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Date** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Husband's Name** \_\_\_\_\_ **Husband's Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**Presenting Complaints**

**History of present illness**

**Past History**

**Medical History**

**Personal History**

**Menstrual History: Age of Menarche** \_\_\_\_\_ **Length of cycle** \_\_\_\_\_ **Duration of**  
**menses** \_\_\_\_\_ **Regularity** \_\_\_\_\_ **Flow** \_\_\_\_\_ **Dysmenorrhea** \_\_\_\_\_

**LMP** \_\_\_\_\_

**Obstetrical History**

**Family History**

**Social History**

<u>GENERAL PHYSICAL EXAMINATION</u>	<u>SPECIFIC EXAMINATION</u>	<u>SYSTEMIC EXAMINATION</u>
General appearance	Pulse	Resp.system
Oral hygiene	Temperature	C.V.S
Pallor	Resp.Rate	G.I.T
Cyanosis	Blood Pressure	C.N.S

Jaundice

Thyroid

Clubbing

Koilonychia

Oedema

Varicose Veins

Lymph Nodes

PV/PS FINDINGS

Per Speculum Examination

Cervix

Vaginal Wall

Per Vaginal Examination

Vulva

Vagina

Cervix

Uterus

Size

Position

Surface

Mobility

FORNICES

INVESTIGATION

Provisional Diagnosis

Management / Treatment

RTIs, STIs & HEPATITIS RECORD KEEPING SHEET

Name of Patient: \_\_\_\_\_ W/O: \_\_\_\_\_

Age: \_\_\_\_\_ Para: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Presenting Complaints

<u>Vaginal Discharge</u>				
<u>Genital Ulcer</u>				
<u>Lower Abdominal Pain in Female</u> <ul style="list-style-type: none"> <li>• <u>Missed / overdue period*</u></li> <li>• <u>Recent delivery / abortion* or</u></li> <li>• <u>Abnormal vaginal bleeding</u></li> </ul>				

<u>Inguinal Bubo</u>				
<u>Neonate with purulent Eye discharge</u>				
<b>Partner's / Husband's Symptoms</b>				
<u>Urethral Discharge</u>				
<u>Genital Ulcer</u>				
<u>Scrotal Swelling</u>				
<u>Inguinal Bubo</u>				
<u>None</u>				
<b>Examination Findings</b>				
<u>Vaginal Discharge</u>				
<ul style="list-style-type: none"> <li>• <u>Profuse / watery / offensive / frothy</u></li> <li>• <u>White curd like</u></li> <li>• <u>* Mucopurulent / yellow cervical discharge</u></li> </ul>				
<u>Friable cervix</u>				
<u>Sore / vesicle in the genital area</u>				
<u>Rebound tenderness / Abdominal Guarding*</u>				
<u>Pelvic tenderness / cervical motion tenderness</u>				
<u>Enlarged lymph nodes</u>				
<u>Temperature: 100.4°F</u>				
<u>None</u>				
<u>Findings of Partner with Scrotal Swelling:</u>				
<ul style="list-style-type: none"> <li>• <u>Injury to scrotum / history to trauma*</u></li> <li>• <u>Testis rotated / elevated retracted *</u></li> <li>• <u>* Hernia / Hydrocele*</u></li> </ul>				
<u>Purulent discharge from neonate's eye</u>				
<b>Syndromic Diagnosis</b>				
<u>Vaginal Discharge:</u>				
<u>I. Cervicitis</u>				
<u>II. Vaginitis (Trichomoniasis/Candidiasis)</u>				
<u>Genital Ulcers</u>				
<u>Lower Abdominal Pain in Female (PID)</u>				
<u>Inguinal Bubo</u>				
<u>Neonatal Conjunctivitis</u>				
<b>Hepatitis</b>				
<u>Hepatitis B or C</u>				
<b>Refer if anyone of the Symptoms / signs with * is present</b>				
<u>Management (Treatment and 4Cs)</u>				
<u>Management of the Actual Client</u>				
<u>Management of the Partner (if attached)</u>				

**4Cs include: advice for drug compliance, counselling for prevention, condom demonstration and contact (partner) management.**  
**Management and 4C**

<b><u>Lab Test</u></b>	

**HISTORY SHEET – FOR CHILD CARE**

**Case No:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_ **Weight (at birth)** \_\_\_\_\_ **Kg Present Weight** \_\_\_\_\_  
\_\_\_\_\_ kg  
**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_  
\_\_\_\_\_  
**Father's Profession** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
\_\_\_\_\_

**RECORD OF ILLNESS, INJURY OR HOSPITALIZATION**

**Date:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Illness/Hospitalization/ Accident/Injury** \_\_\_\_\_  
\_\_\_\_\_

**RECORD OF ALLERGY OF SENSITIVITY**

**Date:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Illness/Hospitalization/ Accident/Injury** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Finding History** \_\_\_\_\_ **Breast** \_\_\_\_\_

**Feeding** \_\_\_\_\_

**Formula Feeding** \_\_\_\_\_

**Weaning(age)** \_\_\_\_\_

<u>Type of vaccination</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>	<u>Age</u>	<u>Date</u>
<u>BCG + OPV</u>								
<u>OPV,Pentavlaent,PCV</u>								
<u>OPV,Pentavlaent,PCV</u>								
<u>OPV,Pentavlaent,PCV</u>								
<u>Measles</u>								
<u>Hepatitis A, Chicken Pox</u>								
<u>PCV</u>								
<u>OPV, Hepatitis A</u>								
<u>Typhoid</u>								

**HISTORY OF PRESENT COMPLAINTS**

**Fever**

**Vomiting**

**Ear Discharge**

Cough

Loose Motion

Fits

Others (specify)

Past History

BIRTH HISTORY

FAMILY HISTORY

CONDITION ON ADMISSION:

Heart Rate

Respiratory Rate

Temperature

Cynosis

Pallor

Jaundice

Clubbing

Throat

Oedema

Dehydration

SYSTEMIC EXAMINATION

G.I.T

RESPIRATORY SYSTEM

Respiratory Rate (R.R)

Auscultation of Chest

C.V.S

C.N.S

INVESTIGATION

## DIAGNOSIS

## MANAGEMENT



### FAMILY PLANNING CLIENT RECORD CARD (PWD PUNJAB)

CRC-1

خانہ داری منصوبہ ہند کی کلائنٹ ریکارڈ کارڈ

1. Name & Address of the Centre _____ District _____	2. Name of Client _____	3. Name of Husband _____	4. Occupation / Caste _____	5. Address _____	6. Client Number <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5	7. Date <table border="1"><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="2">Year</td></tr></table>	6	7	8	9	10	11	Day		Month		Year	
1	2	3	4	5																			
6	7	8	9	10	11																		
Day		Month		Year																			
8. Age of Client (Years) _____	9. Number of Living Children _____	10. Number of Living Sons _____	11. Age of Youngest Child (in month) _____	13. CLINICAL INFORMATION LMP _____ History of Jaundice _____ History of Thrombo-Phlebitis _____ Blood Pressure _____ Urine Analysis _____																			
12. PREVIOUS CONTRACEPTIVE USE (Tick all those methods used)				14. METHOD ACCEPTED NOW																			
Nil _____	IUCD _____	IUD _____	Oral Pill _____																				
Condom _____	Injectable _____	Cu-T/ Multiload _____	Condom _____																				
Oral Pills _____	Other _____	Injectable _____	Other _____																				

CS CamScanner