

The Midwives Alliance Core Competencies

Revised 2014

Introduction

The Midwives Alliance of North America Core Competencies establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice. An entry-level midwife is qualified to practice midwifery autonomously.

The Core Competencies inform practicing midwives, student midwives, midwifery education programs, consumers, accreditation and certification agencies, state and federal legislators, licensing authorities, health policy makers and other health care professionals concerning the practice of midwifery. Individual midwives are responsible to the licensing authority and regulations of the jurisdiction within which they practice.

The MANA Core Competencies are a living document. The competencies undergo continual evaluation and may be updated to incorporate new evidence and evolving midwifery practice, and as the needs of childbearing individuals and families change.

Midwives provide care in a variety of settings in accordance with the Midwives Model of Care™, which is based on the principle that pregnancy and birth are normal life processes.

The Midwives Model of Care™ includes:

- monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
- minimizing technological interventions;
- identifying and referring women who require obstetrical attention.

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

<http://cfmidwifery.org/mmoc/define.aspx>

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The scope of midwifery practice may be expanded beyond the Core Competencies outlined in this document to incorporate additional skills and procedures that improve care for clients and their families.

The midwife provides care according to the following guiding principles of practice:

- Pregnancy and childbearing are natural physiologic life processes.
- The biological wisdom to give birth is innate, it has been held throughout time, and is experienced across cultures by all pregnant people.
- Physical, emotional, psychosocial and spiritual factors synergistically shape the health of individuals and affect the childbearing process.
- The childbearing experience and birth of a baby are personal, family and community events.
- Pregnant individuals are the only direct care providers for themselves and their unborn babies, thus the most important determinant of a healthy pregnancy is the pregnant person.

- The parameters of "normal" vary widely and each pregnancy, birth and baby is unique.

In consideration thereof:

- Midwives work in partnership with clients and their chosen support community throughout the caregiving relationship.
- Midwives respect and support the dignity, rights and responsibilities of the clients they serve.
- Midwives are committed to addressing inequities in health care status and outcomes.
- Midwives work as autonomous practitioners, and they collaborate with other health care and social service providers whenever appropriate.
- Midwives work to optimize the well-being of the mother-baby unit as the foundation of caregiving.
- Midwives recognize the empowerment inherent in the childbearing experience and strive to support clients to make informed decisions and take responsibility for their own and their baby's well-being.
- Midwives integrate clinical or hands-on evaluation, theoretical knowledge, intuitive assessment, spiritual awareness and informed consent and refusal as essential components of effective decision making.
- Midwives strive to ensure optimal birth for the whole family and provide guidance, education and support to facilitate the spontaneous processes of pregnancy, labor and birth, lactation and mother-baby attachment, using appropriate intervention as needed.
- Midwives value continuity of care throughout the childbearing cycle and strive to maintain such continuity.
- Midwives are committed to sharing their knowledge and experience through such avenues as peer review, preceptorship, mentoring and participation in MANA's statistics collection program.

MANA Core Competencies

Midwives have the ability to provide high quality, culturally relevant, and holistic midwifery care in a variety of settings. Midwives acquire and maintain the necessary knowledge and skills pertinent to midwifery practice and derived from a variety of fields including, but not limited to: human anatomy and physiology, midwifery, history of midwifery, obstetrics and gynecology, neonatology, genetics, embryology and fetal development, pharmacotherapeutics, nutritional sciences, naturopathy, social sciences, ethics, critical thinking, research and epidemiology, emergency care, communication, counseling and education.

Midwives obtain proficiency through various types of education, training, mentoring, clinical preceptorship, hands-on practice, and life experience.

The midwife involves the client and childbearing family in all aspects of decision making and maintains an integrated understanding of the needs, challenges, and goals of the client and family by utilizing midwifery knowledge and skills, critical thinking, intuition, and the process of informed consent, refusal, and shared-decision making.

I. General Knowledge and Skills

The midwife's knowledge and skills include but are not limited to:

- A. communication, counseling, and education;

- B. human anatomy and physiology;
- C. human sexuality;
- D. various therapeutic health care modalities for treating body, mind and spirit;
- E. community health care, wellness and social service resources;
- F. nutritional needs, health and lifestyle habits;
- G. cultural awareness, sensitivity and competency.

The midwife's knowledge and skills relate community health to client needs, including but not limited to:

- A. the community and social determinants of health, including race, income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, and common threats to health;
- B. principles of community-based primary care using health promotion and disease prevention and control strategies;
- C. direct and indirect causes of maternal and neonatal mortality and morbidity in the local community, and strategies for reducing them;
- D. principles of epidemiology;
- E. principles of health education;
- F. emergency preparedness for disaster response including communication and transport mechanisms;
- G. human rights and their effects on health of individuals, including issues such as domestic violence, genital circumcision, gender equity, gender identity and expression, and how their expression affects health outcomes;
- H. advocacy and empowerment strategies;
- I. culture and beliefs, including religion, social norms, family structure and health practices;
- J. birth planning, benefits and risks of available birth settings.

The midwife maintains professional standards of practice including but not limited to:

- A. principles of informed consent and refusal and shared decision-making;
- B. critical evaluation of evidence-based research findings and application to best practices;
- C. documentation of care throughout the childbearing cycle;
- D. consistent actions in accordance with professional ethics, values and human rights;
- E. courteous, non-judgmental, non-discriminatory, and culturally appropriate behaviors with all clients;
- F. respect for individuals and their culture, customs and beliefs, ethnic origin, gender identity, sexual orientation, family structure, and religious beliefs;
- G. knowledge of commonly used medical terminology;
- H. implementation of individualized plans for client-centered midwifery care;
- I. support for the relationship among the mother-baby unit, the family and their larger community;
- J. judicious use of technology;
- K. self-assessment and acknowledgement of personal and professional limitations.

II. Care during Pregnancy

The midwife provides care, support, and information throughout pregnancy, and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. identification, evaluation, and support for the client's and baby's well-being throughout the process of pregnancy;
- B. initial and ongoing history at each antenatal visit;
- C. physical examination and explanation of findings to the client;
- D. education and counseling during the childbearing cycle;
- E. identification of pre-existing conditions and preventive or supportive measures to enhance client well-being during pregnancy;
- F. nutritional requirements of pregnancy and methods of nutritional assessment and counseling;
- G. emotional, psychosocial and sexual variations that may occur during pregnancy;
- H. environmental and occupational hazards during pregnancy;
- I. effects of smoking, alcohol and drug use on pregnancies and unborn babies;
- J. methods of diagnosing pregnancy;
- K. the growth and development of the unborn baby;
- L. genetic factors that may indicate the need for counseling, testing, or referral;
- M. screening methods and diagnostic tests used during pregnancy, including indications, risks and benefits;
- N. health and psychosocial needs associated with spontaneous or therapeutic abortion, including referral to community resources;
- O. anatomy, physiology, and evaluation of the soft and bony structures of the pelvis;
- P. palpation skills for evaluation of the baby and the uterus;
- Q. the causes, assessment and treatment of the common discomforts of pregnancy;
- R. Identification, implications and appropriate treatment of various infections, disease conditions and other problems that may affect pregnancy;
- S. basic principles of pharmacokinetics of drugs prescribed, dispensed or administered during pregnancy;
- T. effects of prescribed medications, herbal medicines, and over-the-counter drugs on pregnancy and the baby;
- U. administration of medications as indicated;
- V. management and care of the Rh-negative client;
- W. signs, symptoms and indications for referral of selected complications and conditions of pregnancy;
- X. the physiology of lactation and methods to prepare for breastfeeding;
- Y. counseling to the client and family to plan for a safe, appropriate place of birth.

III. Care during Labor, Birth, and the Immediate Postpartum

The midwife provides care, support and information throughout labor, birth, and the hours immediately thereafter. The midwife determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. the processes of labor and birth;
- B. parameters and methods, including relevant health history, for evaluating the client's and baby's well-being during labor, birth and immediately thereafter;
- C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;
- D. attention to emotional responses and their impact during labor, birth, and immediately thereafter;
- E. comfort and support measures during labor, birth, and immediately thereafter;

- F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;
- G. hydration and nutritional requirements during labor, birth, and immediately thereafter;
- H. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;
- I. recommendations for rest and sleep as appropriate during the process of labor, birth, and immediately thereafter;
- J. techniques to assist and support labor, birth and the immediate postpartum in water;
- K. treatment for variations that can occur during the course of labor, birth, and immediately thereafter, including prevention and treatment of maternal hemorrhage;
- L. emergency measures and transport for critical problems arising during labor, birth, or immediately thereafter;
- M. appropriate support for the newborn's natural physiologic transition during the first minutes and hours following birth, including skin-to-skin contact and practices to enhance mother-baby attachment and family bonding;
- N. pharmacological measures for management and control of indications in the intrapartum and immediate postpartum for client and baby;
- O. current interventions and technologies that may be commonly used in a medical setting;
- P. care and repair of the perineum and surrounding tissues;
- Q. third-stage management, including assessment of the placenta, membranes and umbilical cord, and collection of the cord blood;
- R. breastfeeding and lactation;
- S. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

IV. Postpartum Care

The midwife provides care, support, and information throughout the postpartum period and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. anatomy and physiology of the birthing parent;
- B. lactation support and appropriate breast care and treatments for breastfeeding problems or complications, including mastitis;
- C. management and care of the Rh-negative client with the Rh-positive baby;
- D. support for the client's well-being and mother-baby attachment;
- E. treatment for client discomforts;
- F. nutrition, rest, activity and physiological needs during the postpartum period and lactation;
- G. emotional, psychosocial, mental, and sexual variations;
- H. signs and symptoms of postpartum conditions requiring management, including those needing immediate medical intervention;
- I. current identification and treatments for psychosocial adjustment problems including postpartum depression and mental illness;
- J. principles of interpersonal communication with, and support for, grief counseling when necessary;
- K. family planning methods, as desired.

V. Newborn Care

The midwife provides care to the newborn during the postpartum period as well as support and information to parents regarding newborn care and informed decision making, and determines the need for consultation, referral or transfer of care as appropriate. The midwife's assessment, care and shared information include but are not limited to:

- A. anatomy, physiology, and support of the newborn's adjustment during the first days and weeks of life;
- B. newborn wellness including relevant historical data and gestational age;
- C. nutritional needs of the newborn;
- D. benefits of breastfeeding and lactation support;
- E. prophylactic treatments and screening tests commonly used during the neonatal period including applicable laws and regulations;
- F. newborn growth, development, behavior, nutrition, feeding, and care;
- G. traditional or cultural practices related to the newborn;
- H. neonatal problems and abnormalities, and referral as appropriate;
- I. discussion of circumcision and immunizations;
- J. safety needs of the newborn.

VI. Health Care and Family Planning

The midwife provides care, support and information regarding reproductive health and determines the need for consultation or referral by using a foundation of knowledge and skills that includes but is not limited to:

- A. reproductive health care across the lifespan;
- B. evaluation of the client's well-being, and relevant health history;
- C. common laboratory tests and screenings;
- D. physical examination, including clinical breast and pelvic examination, focused on the presenting condition of the client;
- E. anatomy and physiology related to conception and reproduction;
- F. contemporary family planning methods, including natural, chemical and surgical methods of contraception, mode of action, indications, benefits and risks;
- G. decision making regarding timing of pregnancies and resources for counseling and referral;
- H. preconception and interconceptual care;
- I. wellness care and gynecology.

VII. Professional, Legal and Other Aspects of Midwifery Care

The midwife assumes responsibility for practicing in accordance with the principles and competencies outlined in this document. The midwife uses a foundation of theoretical knowledge, clinical assessment, critical-thinking skills and shared decision making that are based on:

- A. MANA's Essential Documents concerning the art and practice of midwifery;
- B. the purpose and goals of MANA and local (state or provincial) and national midwifery associations;
- C. principles and practice of data collection as relevant to midwifery practice;
- D. ongoing education;
- E. peer review, quality assessment and other professional and legal accountability processes;
- F. principles of research, evidenced-based practice, critical interpretation of professional literature, and research findings;
- G. professional guidelines, jurisdictional laws and regulations governing the practice of midwifery, health and reproduction;

- H. knowledge of community health care delivery systems, and needed resources for midwifery care;
- I. strategies for increasing access to midwifery care, especially in underserved communities;
- J. skills in entrepreneurship and midwifery business management.

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