

# **The Competency Guideline for the National Licensure Examination for Midwives (NLEM)**

Effective from 2020 (2076)

Nepal Nursing Council  
Bansbari, Kathmandu, Nepal

December 2019

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**Approved by:**

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**Published by:**

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## Table of Contents

<b>SN</b>	<b>Contents</b>	<b>Page</b>
I	Background	4
II	Objectives	4
III	Competence Guideline for the National Licensure Examination for Midwives (NLEM)	
	- Eligibility	4
	- Exception	5
	- Application process	5
	- Examination Process	7
IV	Syllabus for NLEM	8

## **I. Background**

Nepal Nursing Council is an autonomous body under the Nepal Nursing Council Act 2052 formulated by the Government of Nepal. It aims at promoting quality nursing and midwifery education in order to bring quality nursing and midwifery service in the country.

The National Licensure Examination for Midwives is an examination for midwives administered by the Nepal Nursing Council. The National Licensure Examination for Midwives is an examination to qualify as midwifery professionals. It is required for all new registrants who have completed an approved midwifery education programme. The examination is geared towards testing knowledge, skills and behaviors in relation to their scope of practice determined by the government of Nepal. The examination determines eligibility to earn a title of registered midwife in order to begin as a professional midwife.

The Nepal Nursing Council had gone through several processes to establish the National Licensure Examination for Nurses in Nepal in 2069 Baishak 29 (11 May 2012). The Nepal Nursing Council sought references on licensing examination from SAARC including other countries. At the beginning the Nepal Nursing Council received technical and human resource from JICA to support in conducting licensure examination. Similarly, for midwives' licensure examination UNFPA has provided support to develop the guideline to initiate National Licensure Examination of Midwives (NLEM) that will commence in 2020.

## **II. Objectives**

The objectives of the national licensure examination are as follows:

1. To obtain the authenticity of midwifery practice in the country.
2. To maintain the quality of midwifery services to women, newborns and families.
3. To maintain professional standards of knowledge, skills and behaviors of registered midwives.

## **III. Midwifery Education in Nepal**

The National Policy on Skilled Birth Attendants 2006 long term (Pre-service) strategy emphasized to initiate a new cadre of Professional Midwife as a crucial human resource for safe motherhood, providing service and leadership in midwifery for the country. Accordingly, three academic institutions, namely Kathmandu University, National Academy of Medical Sciences, and Karnali Academy of Health Sciences developed Bachelor of Midwifery education programmes that have been endorsed by the Nepal Nursing Council and started education programmes in 2016, 2017 and 2018 respectively.

## **IV. The Competence Guideline for the National Licensure Examination for Midwives (NLEM)**

### **Eligibility for NLEM**

(A) Nepalese citizen, who has successfully completed an approved midwifery education programme in Nepal.

To meet the professional education requirement for licensure as a qualified professional midwife, the candidate must have successful completion of midwifery education programme approved by the NNC and must submit the documents as mentioned in Table 1. This programme include at least three-year midwifery

education programme and/or approved midwifery shortened course.

- (B) Nepalese citizen, who has successfully completed an approved midwifery education programme from other countries, must have their equivalence certificate from the concerned government authority. Individual applicant needs to submit the documents as mentioned in Table.

### Exception

- (A) Reporting prior convictions or disciplinary action against licensing  
Applicants are required under 'Regulation of the National Licensure Examination for Midwives' to report all misdemeanor and felony convictions. Failure to report prior disciplinary action is considered falsification of application and is a ground for denial of licensure or revocation of license.
- (B) Applicants with disability  
Applicants, who are constitutionally provisioned for special consideration, will be provided opportunity to appear in the examination based on their limitation.

### Application process

The following documents are required for application.

**Table 1: List of documents required for the registration to appear in the NLEM**

Items	Number
1. Complete online personal information	1
2. Upload scanned original copies of the following documents (size not more than 2MB and must be in jpg format) <ul style="list-style-type: none"> <li>• SLC/SEE Mark sheet and Character Certificate</li> <li>• Citizenship</li> <li>• Updated registration certificate of NNC</li> <li>• Academic Transcript or Mark sheets and Character Certificate of Nursing and/or Midwifery Programme</li> <li>• Academic Transcript of bachelor or certificate or recognized shortened course midwifery programme, and Character Certificate for bachelor or certificate or recognized shortened course midwifery programme</li> </ul>	1
3. Upload recent white background Passport size photo (size not more than 2MB and must be in jpg format)	1
4. Examination fee NPR. 1,600/- should pay through eSewa	1
5. Upload original scanned copies of documents related to recognition/accreditation of institute from the respective midwifery council or individual registration in the respective midwifery council or in the authorized government body (only in case of non-existence of midwifery council) of the respective country ( <b>Only applicable for the Nepalese graduated from other countries</b> ). <ul style="list-style-type: none"> <li>• <b>Upload original scanned copy of Equivalency letter from the concerned government authority</b></li> </ul>	1
* All original academic certificates, citizenship and related documents need to bring for verification during receiving registration certificate from NNC.	

The process is:

1. The applicant must upload all the documents to online NLEM registration process within the time period mentioned in the notice.
2. The examination center, time and other important information will be notified on the online admit card. The admit card can be downloaded from online application.

**ATTENTION!**

- If an applicant changes her/his name and/or address after submitting an application for licensure, the applicant must notify the NNC immediately in order to document receive current information. An applicant is required to submit legal documentation of any change to the NNC immediately after the change occurs.
- An Applicant's name must match EXACTLY as it appears on photo identification that will be at the test center. The same name must also be used to the NLEM online at the time s/he registers in order to prevent delays with issuing examination authorization.

**Examination Process / Rule**

**a) Duration, Marks and Pass Marks of Examination**

Licensure Examination will be of two parts as follow:

1. Objective Theoretical Examination: Two and half hours (2:30 hours) duration for objective theoretical examination with 150 questions of total 150 marks will be carried out. Applicants are not allowed to enter the examination room after 15 minutes from starting examination. Applicants can leave the room only after 1 hour of starting the examination. To pass this exam at least 50% must be obtained.
2. Objective Structured Practical Examination (OSPE): Maximum one-hour duration OSPE after successful completion of the objective theoretical examination will be carried out at the scheduled date and time of total 50 marks. To pass OSPE at least 80% must be obtained.

**b) Type of Questions**

1. Objective theoretical examination: All of the test items are Multiple Choice Question (MCQ) with four options. Applicants are to select the most appropriate choice.
2. Objective Structured Practical Examination (OSPE): Scenario based situational structured questions including viva.

The questions will be prepared based on NNC Scope for midwifery practice, midwifery education or recognized shortened course curriculum and ICM essential competencies for midwifery practice.

## Distribution of Items

**Table 2: ICM Essential competencies for midwifery practice weightage questions items for objective theoretical examination and OSPE**

ICM Essential Competencies for Midwifery Practice	Distribution of test items (%)	Number of questions for objective theoretical examination	OSPE Marks
Category 1: General Competencies	36%	55	18
Category 2: Pre pregnancy and antenatal	27%	40	13
Category 3: Care during labor and birth	17%	25	9
Category 4: Ongoing care of women and newborns	20%	30	10
<b>Total</b>	<b>100%</b>	<b>150</b>	<b>50</b>

### Frequency of the NLEM

The Nepal Nursing Council conducts the NLEM three times a year. If applicant fails an examination, s/he will be allowed to apply for the next examination.

### Application Fee

The fee for the NLEM online application for Nepalese candidate is NPR 1,600.

### Scoring System

There is no negative scoring system. It means when applicant gives wrong answer, no minus marking will be done.

### Passing Standard

The grading system on the NLEM is either pass or fail. No numerical score will be provided. In order to pass the National Licensure Examination, the applicant must score at least 50% marks in aggregate in the objective theoretical examination. To pass OSPE at least 80% must be obtained.

### Result of NLEM

The result of NLEM will be published within a week unless and until there is a technical difficulty. Results will be published on the Nepal Nursing Council notice board and on the NNC's website. The Nepal Nursing Council will not inform the candidates individually.

### Registration

Once applicant has successfully passed NLEM they can apply for registration to get their registration license from the NNC with the registration fee of NPR 800 paying via eSewa and they should also bring the admit card along with two photographs same as used for admit card including all the original documents and citizenship.

## **IV. Syllabus for NLEM**

### **NLEM Content**

Below is the list of essential competencies for midwifery practice that will be used to prepare the test items based on the four categories and 32 sub-categories of the essential competencies for NLEM in which there are total 318 (132 knowledge and 186 skills and behavior) competencies.

### **Category 1: General Competencies**

#### **1.a Assume responsibility for own decisions and actions as an autonomous practitioner**

##### *Knowledge*

- Principles of accountability and transparency
- Principles and concepts of autonomy
- Principles of self-assessment and reflective practice
- Personal beliefs and their influence on practice
- Knowledge of evidence-based practices

##### *Skills and Behaviors*

- Demonstrate behavior that upholds the public trust in the profession
- Participate in self-evaluation, peer review and other quality improvement activities
- Balance the responsibility of the midwife to provide best care with the autonomy of the woman to make her own decisions
- Explain the midwife's role in providing care that is based on relevant law, ethics, and evidence

#### **1.b Assume responsibility for self-care and self-development as a midwife**

##### *Knowledge*

- Strategies for managing personal safety particularly within the facility or community setting

##### *Skills and Behaviors*

- Display skills in management of self in relation to time management, uncertainty, change and coping with stress
- Assume responsibility for personal safety in various practice settings
- Maintain up-to-date skills and knowledge concerning protocols, guidelines and safe practice
- Remain current in practice by participating in continuing professional education (for example, participating in learning opportunities that apply evidence to practice to improve care such as mortality reviews or policy reviews.)
- Identify and address limitations in personal skill, knowledge, or experience
- Promote the profession of midwifery, including participation in professional organizations at the local and national level

#### **1.c Appropriately delegate aspects of care and provide supervision**

##### *Knowledge*

- Policies and regulation related to delegation
- Supportive strategies to supervise others
- Role of midwives as preceptors, mentors, supervisors, and role models

##### *Skills and Behaviors*

- Provide supervision to ensure that practice is aligned with evidence-based clinical practice guidelines



- Support the profession's growth through participation in midwifery education in the roles of clinical preceptor, mentor, and role model

#### **1.d Use research to inform practice**

##### *Knowledge*

- Principles of research and evidence-based practice
- Epidemiologic concepts relevant to maternal and infant health
- Global recommendations for practice and their evidence base (e.g. World Health Organisation guidelines)

##### *Skills and Behaviors*

- Discuss research findings with women and colleagues
- Support research in midwifery by participating in the conduct of research

#### **1.e Uphold fundamental human rights of individuals when providing midwifery care**

##### *Knowledge*

- Laws and/or codes that protect human rights
- Sexual, reproductive health rights of women and girls
- Development of gender identity and sexual orientation
- Principles of ethics and Human Rights within midwifery practice

##### *Skills and Behaviors*

- Provide information to women about their sexual and reproductive health rights
- Inform women about the scope of midwifery practice and women's rights and responsibilities
- Provide information and support to individuals in complex situations where there are competing ethical principles and rights
- Practice in accordance with philosophy and code of ethics of the ICM and national standards for health professionals • Provide gender sensitive care

#### **1.f Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice**

##### *Knowledge*

- The laws and regulations of the jurisdiction regarding midwifery
- National/state/local community standards of midwifery practice
- Ethical principles
- ICM and other midwifery philosophies, values, codes of ethics

##### *Skills and Behaviors*

- Practise according to legal requirements and ethical principles
- Meet requirements for maintenance of midwifery registration
- Protect confidentiality of oral information and written records about care of women and infants
- Maintain records of care in the manner required by the health authority
- Comply with all local reporting regulations for birth and death registration
- Recognize violations of laws, regulations, and ethical codes and take appropriate action
- Report and document incidents and adverse outcomes as required while providing care

#### **1.g Facilitate women to make individual choices about care**

##### *Knowledge*

- Cultural norms and practices surrounding sexuality, sexual practices, marriage, the childbearing continuum, and parenting
- Principles of empowerment

- Methods of conveying health information to individuals, groups, communities

*Skills and Behaviors*

- Advocate for and support women to be the central decision makers in their care
- Assist women to identify their needs, knowledge, skills, feelings, and preferences throughout the course of care
- Provide information and anticipatory guidance about sexual and reproductive health to assist women's decision making
- Collaborate with women in developing a comprehensive plan of care that respects her preferences and decisions

**1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups**

*Knowledge*

- Role and responsibilities of midwives and other maternal – infant health providers
- Principles of effective communication
- Principles of effectively working in health care teams
- Cultural practices and beliefs related to childbearing and reproductive health
- Principles of communication in crisis situations, e.g. grief and loss, emergencies

*Skills and Behaviors*

- Listen to others in an unbiased and empathetic manner
- Respect one others' point of view
- Promote the expression of diverse opinions and perspectives
- Use the preferred language of the woman or an interpreter to maximise communication
- Establish ethical and culturally-appropriate boundaries between professional and non-professional relationships
- Demonstrate cultural sensitivity to women, families, and communities
- Demonstrate sensitivity and empathy for bereaved women and family members
- Facilitate teamwork and inter-professional care with other care providers (including students) and community groups/ agencies
- Establish and maintain collaborative relationships with individuals, agencies, institutions that are part of referral networks
- Convey information accurately and clearly and respond to the needs of individuals

**1.i Facilitate normal birth processes in institutional and community settings, including women's homes**

*Knowledge*

- Normal biologic, psychologic, social, and cultural aspects of reproduction and early life
- Practices that facilitate and those that interfere with normal processes
- Policies and protocols about care of women in institutional and community settings
- Availability of resources in various settings
- Community views about and utilization of health care facilities and place(s) of birth

*Skills and Behaviors*

- Promote policies and a work culture that values normal birth processes
- Utilize human and clinical care resources to provide personalized care for women and their infants
- Provide continuity of care by midwives known to woman

**1.j Assess the health status, screen for health risks, and promote general health and**

## **well-being of women and infants**

### *Knowledge*

- Health needs of women related to reproduction
- Health conditions that pose risks during reproduction
- Health needs of infants and common risks

### *Skills and Behaviors*

- Conduct a comprehensive assessment of sexual and reproductive health needs
- Assess risk factors and at-risk behavior
- Order, perform, and interpret laboratory and/ or imaging screening tests
- Exhibit critical thinking and clinical reasoning informed by evidence when promoting health and wellbeing
- Provide health information and advice tailored to individual circumstances of women and their families
- Collaborate with women to develop and implement a plan of care

## **1.k Prevent and treat common health problems related to reproduction and early life**

### *Knowledge*

- Common health problems related to sexuality and reproduction
- Common health problems and deviations from normal of newborn infants
- Treatment of common health problems
- Strategies to prevent and control the acquisition and transmission of environmental and communicable diseases

### *Skills and Behaviors*

- Maintain/promote safe and hygienic conditions for women and infants
- Use universal precautions consistently
- Provide options to women for coping with and treating common health problems
- Use technology and interventions appropriately to promote health and prevent secondary complications
- Recognize when consultation or referral is indicated for managing identified health problems, including consultation with other midwives
- Include woman in decision-making about referral to other providers and services

## **1.l Recognise abnormalities and complications and institute appropriate treatment and referral**

### *Knowledge*

- Complications/pathologic conditions related to health status
- Emergency interventions/life-saving therapies
- Limits of midwifery scope of practice and own experience
- Available referral systems to access medical and other personnel to manage complications
- Community/facility plans and protocols for accessing resources in timely manner

### *Skills and Behaviors*

- Maintain up-to-date knowledge, life-saving skills, and equipment for responding to emergency situations
- Recognize situations requiring expertise beyond midwifery care
- Maintain communication with women about nature of problem, actions taken, and referral if indicated
- Determine the need for immediate intervention and respond appropriately

- Implement timely and appropriate intervention, inter-professional consultation and/or timely referral taking account of local circumstances
- Provide accurate oral and written information to other care providers when referral is made.
- Collaborate with decision-making if possible and appropriate

### **1.m Care for women who experience physical and sexual violence and abuse**

#### *Knowledge*

- Socio-cultural, behavioral, and economic conditions that often accompany violence and abuse
- Resources in community to assist women and children
- Risks of disclosure

#### *Skills and Behaviors*

- Protect privacy and confidentiality
- Provide information to all women about sources of help regardless of whether there is disclosure about violence
- Inquire routinely about safety at home, at work
- Recognize potential signs of abuse from physical appearance, emotional affect, related risk behaviors such as substance abuse
- Provide special support for adolescents and victims of gender-based violence including rape
- Refer to community resources, assist in locating safe setting as needed

## **Category 2: Pre-pregnancy and antenatal**

### **2.a Provide pre-pregnancy care**

#### *Knowledge*

- Anatomy and physiology of female and male related to reproduction and sexual development
- Socio-cultural aspects of human sexuality
- Evidence based screening for cancer of reproductive organs and other health problems such as diabetes, hypertension, thyroid conditions, and chronic infections that impact pregnancy

#### *Skills and Behaviors*

- Identify and assist in reducing barriers related to accessing and using sexual and reproductive health services
- Assess nutritional status, current immunization status, health behaviours such as use of substances, existing medical conditions, and exposure to known teratogens
- Carry out screening procedures for sexually transmitted and other infections, HIV, cervical cancer
- Provide counseling about nutritional supplements such as iron and folic acid, dietary intake, exercise, updating immunizations as needed, modifying risk behaviours, and prevention of sexually transmitted infections, family planning, and methods of contraception.

### **2.b Determine health status of woman**

#### *Knowledge*

- Physiology of menstrual and ovulatory cycle
- Components of a comprehensive health history including psycho-social responses to pregnancy and safety at home

- Components of complete physical exam
- Health conditions including infections and genetic conditions detected by screening blood and biologic samples

#### *Skills and Behaviors*

- Confirm pregnancy and estimate gestational age from history, physical exam, laboratory test and/or ultrasound
- Obtain comprehensive health history
- Perform a complete physical examination
- Obtain biologic samples for laboratory tests (e.g. venipuncture, finger puncture, urine samples, and vaginal swabs)
- Provide information about conditions that may be detected by screening
- Assess status of immunizations, and update as indicated
- Discuss findings and potential implications with woman and mutually determine plan of care

### **2.c Assess fetal well-being**

#### *Knowledge*

- Placental physiology, embryology, fetal growth and development, and indicators of fetal well-being
- Evidence-based guidelines for use of ultrasound

#### *Skills and Behaviors*

- Assess fetal size, amniotic fluid volume, fetal position, activity, and heart rate from examination of maternal abdomen
- Determine whether there are indications for additional assessment/examination and refer accordingly
- Assess fetal movements and ask woman about fetal activity

### **2.d Monitor the progression of pregnancy**

#### *Knowledge*

- Usual physiological and physical changes with advancing pregnancy
- Nutritional requirements of pregnancy
- Common psychological responses to pregnancy and symptoms of psychological distress
- Evidence informed antenatal care policies and guidelines, including frequency of antenatal visits

#### *Skills and Behaviors*

- Conduct assessments throughout pregnancy of woman's physical and psychological well-being, family relationships, and health education needs
- Provide information regarding normal pregnancy to woman, her partner, family members, or other support persons
- Suggest measures to cope with common discomforts of pregnancy
- Provide information (including written and/ or pictorial) about danger signs, (e.g. vaginal bleeding, signs of preterm labor, pre-labor, rupture of membranes) emergency preparedness, and when and where to seek help
- Review findings and revise plan of care with woman as pregnancy progresses

### **2.e Promote and support health behaviors that improve wellbeing**

#### *Knowledge*

- Impact of adverse social, environmental, and economic conditions on maternal -fetal

health

- Effects of inadequate nutrition and heavy physical work
- Effects of tobacco use and exposure to second-hand smoke, use of alcohol and addictive drugs
- Effects of prescribed medications on fetus
- Community resources for income support, food access, and programs to minimize risks of substance abuse
- Strategies to prevent or reduce risks of mother-to-child disease transmission including infant feeding options for HIV infection
- Effects of gender-based violence, emotional abuse, and physical neglect

*Skills and Behaviors*

- Provide emotional support to women to encourage change in health behavior
- Provide information to woman and family about impact on mother and fetus of risk conditions.
- Counsel women about and offer referral to appropriate persons or agencies for assistance and treatment
- Respect women's decisions about participating in treatments and programs
- Make recommendations and identify resources for smoking reduction/cessation in pregnancy

**2.f Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family**

*Knowledge*

- Needs of Individuals and families for different information at different times in their respective life cycles
- Methods of providing information to individuals and groups
- Methods of eliciting maternal feelings and expectations for self, infant, and family

*Skills and Behaviors*

- Participate in--and refer women and support persons to--childbirth education programs
- Convey information accurately and clearly and respond to needs of individuals
- Prepare the woman, partner, and family to recognize labor onset, when to seek care, and progress of labor
- Provide information about postpartum needs including contraception, care of newborn infants, and the importance of exclusive breast feeding for infant health
- Identify needs or problems requiring further expertise or referral such as excessive fear, and dysfunctional relationships

**2.g Detect, stabilise, manage, and refer women with complicated pregnancies**

*Knowledge*

- Complications of early pregnancy such as threatened or actual miscarriage, and ectopic pregnancy
- Fetal compromise, growth restriction, malposition, preterm labor
- Signs and symptoms of maternal pathologic conditions such as pre-eclampsia, gestational diabetes, and other systemic illnesses
- Signs of acute emergencies such as hemorrhage, seizures, and sepsis

*Skills and Behaviors*

- Stabilise in emergencies and refer for treatment as necessary
- Collaborate in care of complications

- Implement critical care activities to support vital body functions (e.g. intravenous (IV) fluids, magnesium sulphate, antihemorrhagics)
- Mobilize blood donors if necessary
- Transfer to higher level facility if needed

## **2.h Assist the woman and her family to plan for an appropriate place of birth**

### *Knowledge*

- Evidence about birth outcomes in different birthplace settings
- Availability of options in specific location; limitations of climate, geography, means of transport, and resources available in facilities
- Local policies and guidelines

### *Skills and Behaviors*

- Discuss options, preferences and contingency plans with woman and support persons and respect their decision
- Provide information about preparing birth site if in community, e.g. travel and admission to facility
- Promote the availability of a full range of birth settings

## **2.i Provide care to women with unintended or mistimed pregnancy**

### *Knowledge*

- Complexity of decision-making about unintended or mistimed pregnancies
- Emergency contraception
- Legal options for induced abortion; eligibility and availability of medical and surgical abortion services
- Medications used to induce abortion; properties, effects, and side effects
- Risks of unsafe abortion
- Family planning methods appropriate for the post-abortion period.
- Care and support (physical and psychological) needed during and after abortion

### *Skills and Behaviors*

- Confirm pregnancy and determine gestational age; refer for ultrasound if unknown gestation and/or symptoms of ectopic pregnancy
- Counsel woman about options to maintain or end the pregnancy and respect the ultimate decision.
- Provide supportive antenatal care if pregnancy continued; refer to agencies, and social services for support and assistance when needed
- Identify from obstetric, medical and social history, contraindications to medication or aspiration methods
- Provide information about legal regulations, eligibility, and access to abortion services
- Provide information about abortion procedures, potential complications, management of pain, and when to seek help
- Refer to provider of abortion services upon request
- Provide post-abortion care
  - Confirm expulsion of products of conception from history, ultrasound, or levels of HCG
  - Review options for contraception and initiate immediate use of method
  - Explore psychological response to abortion

### **ADDITIONAL SKILL**

- Prescribe, dispense, furnish or administer drugs according to scope of practice and

protocol (however authorized to do so in the jurisdiction of practice) in dosages appropriate to induce medication abortion

- Perform manual vacuum aspiration of the uterus up to eight completed weeks of pregnancy
- An additional skill is performed by midwives under either of two circumstances according to the national protocol and guidelines:
  - a) Engage in a broader scope of practice and/or
  - b) Implement certain skills to make a difference in maternal or neonatal outcome

### **Category 3: Care during labor and birth**

#### **3.a Promote physiologic labor and birth**

##### *Knowledge*

- Anatomy of maternal pelvis and fetus; mechanisms of labor for different fetal presentations
- Physiologic onset and progression of labor
- Evidence informed intrapartum care policies and guidelines, including avoidance of routine interventions in normal labor and birth
- Cultural and social beliefs and traditions about birth
- Signs and behaviors of labor progress; factors that impede labor progress
- Methods of assessing fetus during labor

##### *Skills and Behaviors*

- Provide care for a woman in the birth setting of her choice, following policies and protocols
- Obtain relevant obstetric and medical history
- Perform and interpret focused physical examination of the woman and fetus
- Order and interpret laboratory tests if needed
- Assess woman's physical and behavioral responses to labor
- Provide information, support, and encouragement to woman and support persons throughout labor and birth
- Provide respectful one-to-one care
- Encourage freedom of movement and upright positions
- Provide nourishment and fluids
- Offer and support woman to use strategies for coping with labor pain, e.g. controlled breathing, water immersion, relaxation, massage, and pharmacologic modalities when needed
- Assess regularly parameters of maternal-fetal status, and e.g. vital signs, contractions, cervical changes, and fetal descent
- Use labor progress graphic display to record findings and assist in detecting complications, e.g. labor delay, fetal compromise, maternal exhaustion, hypertension, infection
- Augment uterine contractility judiciously using non-pharmacological or pharmacological agents to prevent non-progressive labor
- Prevent unnecessary routine interventions, e.g. amniotomy, electronic fetal monitoring, directed closed glottis pushing, episiotomy

#### **3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications**

##### *Knowledge*

- Manage a safe spontaneous vaginal birth.
- Evidence about conduct of third stage, including use of uterotonics



- Potential complications and their immediate treatment e.g. shoulder dystocia, and excessive bleeding, fetal compromise, eclampsia, retained placenta
- Management of emergencies as covered in emergency skills training programmes such as BEmONC, HMS
- Signs of placental separation; appearance of normal placenta, membranes, and umbilical cord
- Types of perineal and vaginal trauma requiring repair and suturing techniques

#### *Skills and Behaviors*

- Support the woman to give birth in her position of choice
- Ensure clean environment, presence of clean necessary supplies and source of warmth
- Coach woman about pushing to control expulsion of presenting part, avoid routine episiotomy
- Undertake appropriate maneuvers and use maternal position to facilitate vertex, face, or breech birth
- Expedite birth in presence of fetal distress
- Delay cord clamping
- Manage nuchal cord
- Assess immediate condition of newborn
- Provide skin to skin contact and warm environment
- Deliver placenta and membranes and inspect for completeness
- Assess uterine tone, maintain firm contraction, and estimate and record maternal blood loss; manage excessive blood loss including administration of uterotonics
- Inspect vaginal and perineal areas for trauma, and repair as needed, following policies and protocols
- Provide first line measures to treat or stabilize identified conditions
- Refer for continuing treatment of any complications as needed

### **3.c Provide care of the newborn immediately after birth**

#### *Knowledge*

- Normal transition to extra-uterine environment
- Scoring systems to assess newborn status
- Signs indicating need for immediate actions to assist transition
- Interventions to establish breathing and circulation as covered in training programs such as HBS
- Appearance and behavior of healthy newborn infant
- Method of assessing gestational age of newborn infant
- Needs of small for gestational age and low birth weight infants

#### *Skills and Behaviors*

- Use standardized method to assess newborn condition in the first minutes of life (Apgar or other); refer if needed
- Institute actions to establish and support breathing and oxygenation, refer for continuing treatment as needed
- Provide a safe warm environment for initiating breastfeeding and attachment (bonding) in the first hour of life
- Conduct a complete physical examination of newborn in presence of mother/family; explain findings and expected changes e.g. color of extremities, molding of head. Refer for abnormal findings.
- Institute newborn prophylaxis e.g. ophthalmic infection, and hemorrhagic disease, according to policies and guidelines

- Promote care by mother, frequent feeding and close observation
- Involve partner/support persons in providing newborn care

## **Category 4: Ongoing care of women and newborns**

### **4.a Provide postnatal care for the healthy woman**

#### *Knowledge*

- Physiological changes following birth, uterine involution, onset of lactation, healing of perineal-vaginal tissues
- Common discomforts of the postnatal period and comfort measures
- Need for rest, support, and nutrition to support lactation
- Psychological responses to mothering role, addition of infant to family

#### *Skills and Behaviors*

- Review history of pregnancy, labor, and birth
- Conduct a focused physical exam to assess breast changes and involution. Monitor blood loss and other body functions
- Assess mood and feelings about motherhood and demands of infant care
- Provide pain control strategies if needed for uterine contractions, and perineal trauma
- Provide information about self-care that enables mother to meet needs of newborn, e.g. adequate food, nutritional supplements, usual activities, rest periods, and household help
- Provide information about safe sex, family planning methods appropriate for the immediate postnatal period, and pregnancy spacing

### **4.b Provide care to healthy newborn infant**

#### *Knowledge*

- Appearance and behavior of infant in early life; cardio-respiratory changes related to adapting to extra-uterine life
- Growth and development in initial weeks and months of life
- Protocols for screening for metabolic conditions, infectious conditions, and congenital abnormalities
- Protocols/guidelines for immunizations in infancy
- Evidence-based information about infant circumcision; family values, beliefs, and cultural norms

#### *Skills and Behaviors*

- Examine infant at frequent intervals to monitor growth and developmental behavior
- Distinguish normal variation in newborn appearance and behavior from those indicating pathologic conditions
- Administer immunizations, carry out screening tests as indicated
- Provide information to parents about a safe environment for infant, frequent feeding, care of umbilical cord, voiding and stooling, and close physical contact

### **4.c Promote and support breastfeeding**

#### *Knowledge*

- Physiology of lactation
- Nutritional needs of newborn infants, including low birth weight infants
- Social, psychological, and cultural aspects of breastfeeding
- Evidence about benefits of breastfeeding
- Indications and contraindications to use of drugs and substances during lactation
- Awareness of lactation aids

### *Skills and Behaviors*

- Promote early and exclusive breastfeeding while respecting a woman's choice regarding newborn feeding
- Provide information about infant needs, frequency and duration of feedings, and weight gain
- Provide support and information about breastfeeding for a minimum of six months, including combining with work, maintaining milk supply, and storing breast milk
- Identify and manage breastfeeding problems (e.g. mastitis, low milk supply, engorgement, improper latch)
- Provide information to women breastfeeding multiple newborns
- Refer women to breastfeeding support as indicated
- Advocate for breastfeeding in family and community

### **4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary**

#### *Knowledge*

- Signs and symptoms of:
  - conditions in the postnatal period that may respond to early intervention (e.g. sub-involution, anemia, urinary retention, and localized infection)
  - complications that need referral to more specialized provider or facility (e.g. hematoma, thrombophlebitis, sepsis, obstetric fistula, and incontinence)
  - life threatening complications requiring immediate response and specialized care (hemorrhage, amniotic fluid embolus, seizure, and stroke)
- Signs and symptoms of postnatal depression, anxiety, and psychosis
- Mourning process following perinatal death

#### *Skills and Behaviors*

- Provide information to woman and family about potential complications and when to seek help.
- Assess woman during postnatal period to detect signs and symptoms of complications
- Distinguish postnatal depression from transient anxiety about caring for baby, assess availability of help and support at home, and provide emotional support
- Provide counseling and follow-up care for women and family members who experience stillbirth, neonatal death, serious infant illness, and congenital conditions
- Provide first line measures to treat or stabilize identified conditions • Arrange referral and/or transfer as needed

### **4.e Detect, st**



### **abilise, and manage health problems in newborn infant and refer if necessary**

#### *Knowledge*

- Congenital anomalies, and genetic conditions
- Needs of pre-term and low birth weight infants
- Symptoms and treatment of withdrawal from maternal drug use
- Prevention of mother-to-child transmission of infections such as HIV, hepatitis B and C
- Signs and symptoms of common health problems and complications; their immediate and ongoing treatment

#### *Skills and Behaviors*

- Assess and recognise abnormal findings
- Implement protocols for care of low birth weight infants, e.g. ensure warmth, nutrition, monitor condition, “Kangaroo” care as appropriate
- Provide information to mother and support persons about infant condition
- Provide support in situations where infant separated from mother for special care
- Recognise indications of the need for specialized care in the newborn
- Stabilise and transfer the at-risk newborn to emergency care facility

### **4.f Provide family planning services**

#### *Knowledge*

- Anatomy and physiology of female and male related to reproduction and sexual development
- Socio-cultural aspects of human sexuality
- Family planning methods including natural, barrier, hormonal, implantable; emergency contraception, sterilization; their possible side effects, risk of pregnancy, and contraindications to use
- Available written and pictorial resources for teaching about family planning methods
- Pregnancy options for HIV positive women or couples

#### *Skills and Behaviors*

- Provide and protect privacy and confidentiality for discussions about family planning knowledge, goals for limiting and/or spacing of children, and concerns and myths about methods
- Obtain relevant history of use of methods, medical conditions, sociocultural values, and preferences that influence choice of method
- Provide information about how to use, effectiveness, and cost of various methods to support informed decision-making
- Provide methods according to scope of practice and protocols, or refer to another provider
- Provide follow-up assessment of use, satisfaction, and side-effects
- Refer for woman or partner for sterilization procedure

**Note: For further information, visit Nepal Nursing Council's website:  
<http://www.nnc.org.np> or contact Nepal Nursing Council's Office Tel: 4372521.**