



Higher Education Council
Quality Education - Our Aim



National
Benchmark of Midwifery
**Curricula for
Advanced
Diploma
and Bachelor
of Science**
in Midwifery



FOREWORD



The Higher Education Council is pleased to release the benchmark of Competency based Midwifery Science curricula for the Bachelor’s Degree and the Advanced Diploma, along with its implementation guidelines. This curriculum was developed to support competency-based teaching and learning, ensuring consistency and quality in the delivery of midwifery programs across Higher Learning Institutions in Rwanda.

The Government of Rwanda is committed to enhancing the quality of education, particularly in the field of Health care. To achieve this, it places strong emphasis on training that is both standardized and purpose-driven. Effective midwifery education depends on several key elements, including strong practical skills, appropriate pedagogical approaches, robust assessment practices, and high-quality learning resources.

This benchmark curricula and their implementation guidelines provide clear and detailed directions for Higher Learning Institutions (HLIs), government agencies, regulatory bodies for midwifery training, and other stakeholders involved in the midwifery education process. It covers essential aspects such as curricula content, teaching and learning strategies, assessment methods, and quality assurance mechanisms, all aimed at ensuring the effective rollout of the standardized midwifery curricula.

I express my sincere gratitude to all those who contributed to the development and validation of this document, including the Ministry of Health, Higher Education Council, Higher Learning Institutions, the National Council of Nurses and Midwives, and our various partners. I would like to offer special thanks to the United Nations Population Fund (UNFPA) for their financial and technical support and recruiting the expert consultants who provided leadership and technical guidance throughout the development of these curricula. I also acknowledge the dedicated staff of the Health Workforce Development Department, at the Ministry of Health and Higher Education Council, for their tireless efforts in bringing this work to completion.

Together, we are shaping a stronger and more capable midwifery workforce, aligned with the 4x4 reform, to ensure quality maternal and child health services for the people of Rwanda.

I urge all Higher Learning Institutions offering Midwifery programs to begin implementing this Midwifery Benchmark Curricula.

Dr Edward KADOZI

Director General
Higher Education Council

ACKNOWLEDGEMENT

The Higher Education Council expresses its deepest gratitude to all Institutions and individuals who have contributed to the development of these Midwifery benchmark curricula and its implementation guidelines. We extend our profound appreciation to the United Nations Population Fund (UNFPA) for their technical and financial support.

Sincere appreciation is extended to the faculties from University of Rwanda College of Medicine and Health Sciences, East African Christian College, Institut Catholique de Kabgayi, Kibogora Polytechnic, Ruli Higher Institute of Health Sainte Rose de Lima, Adventist University of Central Africa, Institut d'Enseignement Supérieur de Ruhengeri and Africa Health Sciences University. Their collective expertise, creativity, and dedication made these curricula and implementation guidelines a reality.

Their diverse perspectives and collaborative efforts were indispensable in shaping a comprehensive and relevant educational framework. Special acknowledgement goes to different partners of the Ministry of Health namely Rwanda Association of Midwives, World Health Organization, United Nations Children's Fund, Royal College of Paediatric and Child Health, Partners in Health, Health Development Initiatives, Clinton Health Access Initiative, IntraHealth International, Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego), for their specialized expertise in sexual reproductive health and rights. Their contributions ensured that the curricula are both academically sound and responsive to contemporary healthcare needs.

We also recognize the Ministry of Health affiliated agencies namely, National Council of Nurses and Midwives, Rwanda Biomedical Center, and University Teaching Hospital of Butare for providing valuable practical experience to Midwifery professionals, which greatly informed the curriculum design. Their input was essential in aligning the curriculum with best practices in bedside clinic education.

Advance appreciation is extended to the faculties and students for the valuable feedback anticipated during the implementation of this Midwifery Benchmark. Their informed insights and practical experiences will be instrumental in guiding quality improvement efforts and informing evidence-based revisions in subsequent editions, thereby strengthening the relevance and effectiveness of midwifery education in Rwanda.

Dr Edward KADOZI

Director General

Higher Education Council

TABLE OF CONTENT

FOREWORD	ii
ACKNOWLEDGEMENT	iii
TABLE OF CONTENT	iv
ABBREVIATION AND ACRONYMS	viii
DEFINITION OF KEY TERMS	ix
1. Preamble	1
1.1 Introduction.....	1
1.2 Rationale.....	1
1.3 Curriculum development process and methodology.....	2
1.4. Characteristics of the midwifery benchmark curricula.....	2
1.5 Benchmark’s development Team.....	5
1.6 Benchmark’s Technical Validation Team.....	6
1.7 Benchmark and Global Standardization.....	8
1.8 Overview of the Benchmarks of Midwifery Programmes.....	8
1.9 Purpose and use of indicative content.....	9
1.10 Accreditation compliance.....	9
2. Objectives	10
2.1 General objective.....	10
2.2 Specific objectives.....	10
3. Benchmarks’ Curricula Structure	11
3.1 Vision Statement.....	11
3.2 Mission Statement.....	11
3.3 The goal.....	11
3.4 Pedagogical Framework.....	11
3.5 Learning outcome of midwifery program.....	12
3.6 Graduates Profile.....	12
4. Programme Structure: Benchmarks of Advanced diploma of Midwifery	16
5. Programme Structure: Benchmarks of Bachelor of Science in Midwifery	21
PART I: DESCRIPTIONS OF BENCHMARK CURRICULLUM FOR ADVANCED DIPLOMA IN MIDWIFERY SCIENCE	28
Module 1: Foundation of midwifery care.....	29
Module 2: Fundamentals of Midwifery Practice.....	34
Module 3: Human Anatomy and Physiology	41
Module 4: Midwifery Science.....	45

Module 5: Behavioural and Social Science in Health.....	50
Module 6: Communication and Emerging Technologies in Health Care.....	54
Module 7: Supporting Healthy Pregnancy.....	59
Module 8: Nutrition and Dietetics in the Perinatal Period.....	63
Module 9: Midwives and Primary Health Care.....	66
Module 10: Clinical Placement 1 (Fundamentals of midwifery+Supporting Healthy pregnancy Midwives and Primary Health Care).....	70
 CLINICAL ATTACHMENT, ADVANCED DIPLOMA YEAR 1 (Semester 1*2) : ASSESSMENT CHECKLIST.....	 78
 Module 11: Pharmacology for midwives.....	 81
Module 12: Supporting Healthy Labour and Childbirth.....	84
Module 13: Supporting Healthy Post-Partum.....	87
Module 14: Clinical Placement 2: Supporting Healthy Labour and Childbirth and Supporting Healthy Post-Partum.....	91
 CLINICAL PLACEMENT, ADVANCED DIPLOMA , YEAR II SEMESTER I : ASSESSMENT CHECKLIST.....	 96
 Module 15: Sexual and Reproductive Health	 98
Module 16: Perinatal Mental Health.....	105
Module 17: Caring for Complex Pregnancy.....	108
Module 18: Clinical Placement 3 (Sexual and Reproductive Health and Caring for Complex Pregnancy).....	113
 CLINICAL PLACEMENT(#3), ADVANCED DIPLOMA, YEAR II, SEMESTER II ASSESSMENT CHECKLIST: MODULE'SEXUAL & REPRODUCTIVE HEALTH AND COMPLEX PREGNANCY	 117
 Module 19: Caring for Complex Labour and Childbirth.....	 119
Module 20: Caring for Complex Post-Partum.....	122
Module 21: Caring for Unwell Neonates.....	125
Module 22: Clinical placement 4 (Caring for Complex labour and birth + Caring for Complex post-partum + Caring for unwell neonate).....	129
Module 23: Introduction to Research	137
Module 24: Midwives and the Law.....	140
Module 25: Leadership and Management in Midwifery.....	146
Module 26: COMPREHENSIVE CLINICAL PLACEMENT,ADVANCED DIPLOMA, YEAR III,SEMESTER II.....	151
 CLINICAL PLACEMENT (5) ADVANCED DIPLOMA, YEAR III, SEMESTER II : ASSESSMENT CHECKLIST.....	 156

PART II: DESCRIPTIONS OF BENCHMARK CURRICULLUM FOR BACHELOR OF SCIENCE IN MIDWIFERY.....	158
2. Bachelor of Science in Midwifery Program Description.....	159
2.1. Overview of the Bachelor of Science in Midwifery Programme.....	159
2.2 Purpose and use of indicative content.....	159
2.3 Accreditation compliance.....	159
Module 1: Foundations of midwifery care.....	160
Module 2: Fundamentals of Midwifery Practice.....	164
Module 3: Human Anatomy and Physiology	169
Module 4: Midwifery Science.....	173
Module 5: Behavioural and Social Science in Health.....	178
Module 6: Communication and Emerging Technologies in Health Care.....	182
Module 7: Supporting Healthy Pregnancy.....	185
Module 8: Nutrition and Dietetics in the Pre and Postnatal Period.....	188
Module 9: Midwives and Primary Health Care.....	191
Module 10: Clinical Placement 1 (Fundamentals of midwifery+Supporting Healthy pregnancy Midwives and Primary Health Care).....	195
 CLINICAL PLACEMENT 1, YEAR I, SEMESTER I&II: ASSESSMENT CHECKLIST.....	 203
Module 11: Pharmacology for midwives.....	206
Module 12: Supporting Healthy labour and Childbirth.....	209
Module 13: Supporting Healthy Post-Partum.....	212
Module 14: Clinical Placement 2: Supporting Healthy Labour and Birth + Supporting Healthy Post-Partum).....	215
 CLINICAL PLACEMENT 2, YEAR II, SEMESTER I: ASSESSMENT CHECKLIST.....	 218
Module 15: Sexual and Reproductive Health	220
Module 16: Perinatal Mental Health.....	226
Module 17: Caring for Complex Pregnancy.....	229
Module 18: Clinical Placement 3 (Sexual and Reproductive Health and Caring for Complex Pregnancy).....	233
 CLINICAL PLACEMENT (3) YEAR III, SEMESTER II, ASSESSMENT CHECKLIST : MODULE: SEXUAL & REPRODUCTIVE HEALTH AND COMPLEX PREGNANCY.....	 236
Module 19: Caring for Complex Labour and Childbirth.....	239
Module 20: Caring for Complex Post-Partum.....	243
Module 21: CLINICAL PLACEMENT 4, CARING FOR COMPLEX LABOUR AND BIRTH AND CARING FOR COMPLEX POST-PARTUM.....	246

CLINICAL PLACEMENT 4 YEAR III, SEMESTER I : ASSESSMENT CHECKLIST: CARING FOR COMPLEX LABOUR AND POST-PARTUM.....	249
Module 22: Caring for Unwell Neonates.....	252
Module 23: Introduction to research.....	257
Module 24: Midwives and the Law.....	261
Module 25: Leadership and Management in Midwifery.....	265
Module 26: Basic Obstetric Ultrasound Training.....	270
Module 27: Clinical placement 5: Caring for the unwell neonate and Use of ultrasound in pregnancy.....	275
 CLINICAL PLACEMENT (5) YEAR III, SEMESTER II: ASSESSMENT CHECKLIST: CARING FOR THE UNWELL NEONATE AND USE OF ULTRASOUND.....	278
Module 28: Community Midwifery.....	280
Module 29: Preceptorship and mentorship Midwifery Education.....	283
Module 30: Dissertation, an Evidence-Based Practice Project/ Academic Writing Skills and Evidence-Based Practice	286
Module 31: Comprehensive clinical placement Year 4.....	289
 COMPREHENSIVE CLINICAL PLACEMENT YEAR IV, SEMESTER I&II: ASSESSMENT CHECKLIST.....	294
 GUIDELINES FOR THE IMPLEMENTATION OF THE BENCHMARK CURRICULA IN MIDWIFERY SCIENCES.....	297
 REFERENCES	307



ABBREVIATION AND ACRONYMS

CHMS:	College of Medicine and Health Sciences
HEC:	Higher Education Council
HLI:	Higher Learning Institution
HPTI:	Health Professions Training Institution
ICM:	International Confederation of Midwives
MINEDUC:	Ministry of Education
MoH:	Ministry of Health
NCNM:	National Council of Nurses and Midwives
NST:	National Strategy for Transformation
OSCE:	Objective structured Clinical Examination
SDGs:	Sustainable Development Goals
TWG:	Technical Working Group
UNFPA:	United Nations Population Fund
UR:	University of Rwanda
WHO:	World Health Organization
QMNC:	Quality Maternal and Newborn Care

DEFINITION OF KEY TERMS

S/N	Terminology	Explanation
1	Attitude	Attitude is the mindset, behavior, or emotional outlook that influences how someone approaches tasks or interacts with others. It reflects what you <i>feel</i> and <i>believe</i> (your values, motivation, and work ethic).
2	Advanced diploma of Midwifery	It refers to at least three-year undergraduate professional program that prepares students to become qualified midwives as defined by the Rwanda Qualifications Framework ¹ .
3	Award	Is the name of the highest qualification obtainable from the program (e.g., a Bachelor of Education with Honors in given subjects, Advanced Diploma of Education in given subjects, or Diploma of Education in given subjects).
4	Bachelor of Science in Midwifery	It refers to a four-year undergraduate professional program that prepares students to become qualified Midwives as defined by the Rwanda Qualifications Framework.
5	Benchmark for Midwifery programme	Standard for a higher education programme to guide the development and implementation of Midwifery education. This will serve as a guide for the development of Midwifery programmes and monitoring of their implementation.
6	Credit	Credit is a means of measuring and recognizing whether learning has been achieved.
7	Credit weighting	Modules are valued in terms of credit. One credit is equated to 10 hours of notional students' learning efforts.
8	Credit transfer	A student may request to transfer credits obtained from other accredited academic institutions of higher education to the academic institution he/she is enrolling in, provided that such credits are not more than four years old, starting from the last year of enrollment. A student cannot transfer more than 50% of the Credits for the programme he/she is enrolling in. A transferring student is admitted after the examination of his/her application and transferrable credits are written on his/her transcripts.
9	Knowledge	Knowledge refers to the theoretical understanding or information a learner possesses about a subject. It is about facts, concepts, principles, and procedures acquired through learning, study, or experience.
10	Module	A module is a coherent and identifiable unit of learning and teaching with defined learning outcomes running over a specified period. Academic study shall be organized into modules based on a declared number of credits. A module should have 10, 15 or 20 credits representing 100, 150 and 200 hours of notional learning effort.
11	Pre-requisite Module	Modules required to be learnt and successfully passed by a student as a prior condition to be allowed to study the next module. If Module A is a prerequisite for Module B, the student must pass Module A before he/she may register for Module B.

12	Programme leader	Is an academic staff who leads an academic programme implementation. A programme has to be led by a qualified academic staff member in the field related to the programme and/ or one of the specified subjects mentioned in the programme title.
13	Programme Title	Is the official name of an academic programme or course of study.
14	Student mobility/ students exchange	The student mobility/students exchange refers to the movement of students across the accredited academic institutions on the basis of a memorandum of understanding between the concerned academic institutions. A student may register for a module in one academic institution and study the same module in another accredited academic institution. The institution that offers the module sends the marks to the educational institution in which the student is registered for record purposes.
15	Skills	Skills are the practical abilities or competencies to perform tasks effectively. They represent the <i>application</i> of knowledge. It is about what you can do as a result of learning and practice.
16	Subject modules	Modules aiming at equipping learners with competences in the subjects of specialization.
17	Teacher professional competences	The required competences for teachers to effectively facilitate the teaching and learning process. These include knowledge of the subject, knowledge of pedagogy, knowledge of the learner, knowledge of ICT and its integration into education, knowledge education system.
18	Teaching practicum	It refers to familiarizing with the teaching profession. It includes 1) teaching practice and 2) school attachment. The teaching practice passes through three stages: a) Classroom observation whereby a student-teacher goes to the school to familiarize with the school environment, observe other teachers in class, (b) Trial lessons, whereby a student-teacher familiarizes him/herself with the teaching of the lessons he/she has prepared (C) practical lessons whereby a student-teacher puts into practice the teaching-related experience, skills and competences acquired at school. In the school attachment, a student-teacher spends a relatively long period of time at a school carrying out all the activities of a teacher.
19	Values	Values are the core ethical and professional standards that midwifery students are expected to internalize as part of their formation into competent and compassionate practitioners. They influence how a midwife thinks, behaves, interacts with women and families, and provides care. Some of the values that a midwife should have are respect for human dignity, compassion, integrity, confidentiality, and empathy.
20	Core faculty	Core faculty are those who have undertaken Bachelor and Masters training in Midwifery discipline.

1. Preamble

1.1 Introduction

Competent midwives are indispensable frontline healthcare providers in Rwanda’s pursuit of reducing maternal mortality to fewer than 70 deaths per 100,000 live births and neonatal mortality to 12 or fewer per 1,000 live births, as outlined in Sustainable Development Goal 3 (targets 1 and 2). To achieve these targets, Rwanda and its partners have invested significantly in midwifery education, enabling Higher Learning Institutions (HLIs) to design benchmark curricula at multiple levels of the Rwanda Qualification Framework, including Advanced Diploma and Bachelor of Science programs.

While the Government of Rwanda and its partners recognize the vital contributions of HLIs in producing skilled midwives, the establishment of standardized curricula remains critical. Such curricula ensure that all institutions align with national health priorities while meeting international standards set by the International Confederation of Midwives (ICM). In response, Rwanda has developed benchmark midwifery curricula to harmonize education nationwide and prepare competent clinical midwives capable of delivering comprehensive, quality care to women, newborns, and families.

Grounded in midwifery science, the curricula integrate theoretical knowledge with evidence-based practice, anchored in sexual and reproductive health and rights. Midwifery care spans the full life course, from birth to old age, covering sexuality, fertility, contraception, pregnancy, childbirth, breastfeeding, neonatal care, parenthood, abortion care, and menopause. This holistic approach addresses reproductive health from physical, mental, social, cultural, and existential perspectives, thereby advancing public health, gender equality, reproductive rights, and socio-economic development.

The competencies required for effective midwifery practice are articulated in the Quality Maternal and Newborn Care (QMNC) Framework (Renfrew et al., 2014), which emphasizes preventive and supportive care, respectful relationships, and responsiveness to women’s needs. This framework highlights the importance of strengthening women’s capabilities, supporting normal reproductive processes, and managing complications through timely referral when necessary.

Inspired by the 17th National Retreat, a joint assessment conducted by the Ministry of Health and regulatory bodies (December 2022 - February 2023) identified several gaps. These included a weak link between the curriculum and key health priorities, unclear competency definition, and a disconnect between theoretical knowledge and practical application. It is further aligned with Rwanda’s 4x4 Reform Strategy (2023–2028), which aims to quadruple the health workforce within four years while maintaining quality, the benchmark curricula address gaps identified by the Ministry of Health and regulatory bodies. These include weak links between curricula and health priorities, unclear competency definitions, and limited integration of theory with practice.

Developed collaboratively with the Higher Education Council, the National Council of Nurses and Midwives, HLIs, and other stakeholders, the competency-based curricula provide a comprehensive guide for Health Professions Training Institutions (HPTIs). They equip institutions with a practical framework to train professional midwives who are responsive to national health needs and emerging challenges. Structured into 25 competency-based modules for the Advanced Diploma and 30 modules for the Bachelor’s program, the curricula promote a continuum of care from health facilities to communities, contributing to universal health coverage and health system strengthening.

Finally, the Midwifery Benchmark Curricula Implementation Guideline offers detailed instructions on content, teaching strategies, and assessment methods. It serves as a roadmap for educators, administrators, and stakeholders to ensure effective integration and consistent, high-quality midwifery education across Rwanda.

1.2 Rationale

A national assessment of Health Professions Training Institutions (HPTIs), conducted between December 2022 and February 2023, revealed substantial gaps in midwifery education in Rwanda. The review highlighted outdated curricula, limited integration of competency-based training, and weak alignment with international midwifery standards. These deficiencies underscored the need for a modernized and harmonized curriculum capable of producing midwives who can address the country's current and emerging health priorities. In response, the Midwifery Sub-Technical Working Group (TWG), led by the Ministry of Health, initiated the development of a unified and standardized midwifery curriculum in September 2023.

This initiative aligns with Rwanda's 4x4 Health Workforce Reform Strategy (2023), which aims to standardize training across all health disciplines, promote equity among Higher Learning Institutions (HLIs), and enhance both the quality and quantity of the national health workforce. By closing the identified gaps, the reform seeks to ensure that midwives are adequately prepared to deliver safe, effective, and evidence-based care. The designed benchmark curriculum adopts a competency-based approach that emphasizes high-quality learning, practical competence, ethical and professional development, and lifelong learning principles that align with Sustainable Development Goal 4 and UNESCO's vision for transformative education. It establishes a national framework that guides consistent curriculum delivery while allowing HLIs the flexibility to adopt, adapt, or build upon it when reviewing their programs.

The benchmark outlines the expected competencies for midwives at both Bachelor's Level (RQF Level 8) and Advanced Diploma Level (RQF Level 7), ensuring alignment with national health priorities and international midwifery standards. It provides a foundation for producing graduates capable of conducting comprehensive assessments, managing both uncomplicated and complicated cases, and working collaboratively with women, families, obstetricians, and multidisciplinary health teams. Overall, this benchmark curricula represent a critical step toward strengthening midwifery education in Rwanda. It ensures the preparation of competent, confident, and compassionate midwives who can contribute meaningfully to improving maternal and neonatal health outcomes across the country.

1.3 Curriculum Development Process and Methodology

To initiate the curricula development process, a comprehensive situation analysis was conducted, involving feedback from both in-service and pre-service midwifery professionals and their partners. The development of the benchmark curricula took place through a series of results-oriented workshops from December 2023 to August 2024. The development process was led by the Ministry of Health in collaboration with UNFPA, which hired international consultants (Two Professors in midwifery) from the University of Gothenburg in Sweden, alongside a Rwandan consultant (expert in Curriculum development). The program review and validation was led by the Rwanda's Higher Education Council in November 2025.

The steps in the curriculum development process were as follows:

Phase 1: Foundation and Planning (December 2023 - April 2024)

This initial phase focused on identifying needs, securing expertise, and establishing a core team for curricula development.

Step	Date	Description
Initial Workshop	December 2023	Key gaps were identified, and technical assistance was agreed upon, along with the way forward for the project
Hiring of Technical Consultants	January - March 2024	External technical assistance was brought on board to guide the process
Establishment of Core Expert Team	March - April 2024	A team of experts was formed to drive the development of the curricula

Phase 2: Analysis and Initial Development (May 2024 - July 2024)

This phase involved a detailed review of existing curricula and the initial creation of new content.

Step	Date	Description
Situational Analysis Workshop	May 2024	A thorough review of existing curricula was conducted, comparing them with national and international standards
Review of Existing Curricula by Core Team	May - June 2024	The core team assessed the current curricula to identify further areas of improvement
Development Workshop	July 2024	Modules were created, incorporating constructive alignment to ensure consistency in the curricula

Phase 3: Refinement & Validation and Dissemination (August 2024 – December 2025)

This phase focused on refining the developed modules and obtaining necessary validations.

Step	Date	Description
Peer Review and Content Development	August 2024	The modules were peer-reviewed, and content was finalized, with competences, learning outcomes, teaching methodologies, and assessment strategies designed.
Validation by HLI	August – October 2024	The curricula was validated by all relevant stakeholders, including health professionals training institutions.
Development of Guidelines for Implementation	November 2024	Guidelines for the benchmark curricula’s implementation were drafted and validated in the Midwifery Sub-TWG
Curricula Review by the Higher Education Council	February - June 2025	The draft curricula underwent a review by the Higher Education Council to ensure alignment with national educational standards.
Formatting the curriculum in alignment with the national benchmark standards	October-2025	The curriculum, developed using the Module description form and the program Specification form, along with the implementation guidelines, was subsequently reorganized and formatted by the Higher Education Council staff into a standardized benchmark design.
Technical Validation	November 2025	The curriculum and its implementation guidelines were validated by a joint team composed by experts from the Higher Education Council, HEC staff, and UNFPA team.
Midwifery Benchmark curriculum Dissemination	December 2025	Official Launch, Dissemination, and Publication of the Midwifery Benchmark Curriculum by Ministry of Health and Higher Education Council

This structured and comprehensive approach aimed to ensure that designed Rwanda’s midwifery programs are of the highest standard, preparing a skilled workforce aligned with both national needs and international standards.

1.4 Characteristics of the Midwifery Benchmark Curricula

1. The Midwifery benchmark curricula are characterized by incorporating the national Health professions training institutions standards developed 2022, the ICM Essential Competencies for Midwifery Practice as reviewed in 2024, summarized in five interrelated categories:
 - Cross-functional Competencies for Midwifery Practice
 - Sexual and Reproductive Health and Rights
 - Antenatal Care
 - Care during labour and birth
 - Ongoing Care of Women and Newborns
2. Benchmarks of Midwifery curricula are developed with reference to the new HEC's Competence-Based Curriculum guidelines and National Qualification framework.
3. The Benchmark Midwifery curricula is developed in international Midwifery practice standardisation with integration of the Rwandan health professional needs context. Thus, the Advanced Diploma was strengthened to respond to the needs of Rwanda in Maternal and Child health but also ensure career progression academically to meet the ICM competencies requirements by clarifying the way to upgrade from an Advanced Diploma to a Bachelor's Degree.
4. The benchmark of the Bachelor of Science in Midwifery curriculum is weighted with 5380 notional learning hours with respect to ICM notional learning hours of 4600 hours for a competent Midwife globally. To ensure that the Benchmark curriculum is effectively well implemented by Higher Learning Institutions (HLIs), in addition to compulsory Midwifery professional modules, the HLI shall have the room to include their modules credited with 600 hours to incorporate into the Midwifery curriculum their mission, vision and HLI's uniqueness education philosophy.
5. For the Bachelor of Science in Midwifery program, practical modules constitute a substantial portion of the curriculum, totaling 4,320 hours, which represents 80% of the overall program workload. Within these practical modules, 1,272 hours are dedicated to theoretical instruction, while 593 hours are allocated to simulation and laboratory-based skills training, reflecting an approximate 2:1 ratio of theory to skills practice. Students complete 2,455 hours of clinical placement in real healthcare settings.
6. The program is comprised by 3,408 hours of hands-on practical learning, which account for 64% of all program hours and 71% of the total hours within practical modules, underscoring the program's strong emphasis on developing clinical competence.
7. For the Advanced Diploma Benchmark Curriculum, practical modules constitute 3,240 hours, representing approximately 78% of the total program workload. Within these practical modules, 1,122 hours are allocated to theoretical instruction, while 348 hours are devoted to simulation and laboratory skills, reflecting an estimated 3:1 ratio between theory and hands-on practice. Students also undertake 1,770 hours of clinical placement in real healthcare settings. The program includes 2,118 hours of direct practical learning, which account for 51% of all program hours and 65.4% of the total hours within practical modules, highlighting the strong practical orientation of the Advanced Diploma in Midwifery.
8. The benchmark of the Midwifery curricula shall be delivered in respect of the Rwanda Qualification Framework of 2021, whereby the Bachelor's degree in Midwifery shall be delivered in four years cascaded into eight semesters, while advanced diploma shall be delivered in three years cascaded into six semesters.
9. The benchmark of Midwifery curriculum indicates the minimum module contents to be covered in each module and their weights to ensure the standardized learning outcomes achievement in Rwandan Midwifery training.

1.5 Benchmark's Development Team

S/N	Names	Position	Institution/Faculty/Department
1	Dr. Menelas Nkeshimana	Head of Health Workforce Department	Ministry of Health - Health Workforce Department
2	Innocent Nzabahimana	Curriculum and Standards Analyst	Ministry of Health - Health Workforce Department
3	Dr Charles Nsengiyumva	Senior Advisor	Ministry of Health
4	Ass. Prof. Oliva Bazirete	Dean School of Nursing and Midwifery	UR-College of Medicine and Health Sciences
5	Marie Grace Sandra Musabwasoni	Assistant Lecturer/Master Degree in Midwifery Track Leader	UR-College of Medicine and Health Sciences
6	Adrien Chris Kanakuze	Assistant Lecturer	UR-College of Medicine and Health Sciences
7	Olive Tengera	Head of Department Midwifery	UR-College of Medicine and Health Sciences
8	Yvonne Delphine Nsaba Uwera	Assistant Lecturer	UR-College of Medicine and Health Sciences
9	Judith Mbarushimana	Assistant Lecturer	UR-College of Medicine and Health Sciences
10	Jean de Dieu Uwimana	National Consultant	United Nations Population Fund (UNFPA).
11	Josephine Murekezi	President	Rwanda Association of Midwives
12	Dr. Eleazar Ndabarora	Dean Faculty of Health Sciences	Kibogora Polytechnic
13	Jean Claude Twahirwa	Deputy Dean/ Nursing	Kibogora Polytechnic
14	Immaculee Mukandepandasi	Head of Department Midwifery	Kibogora Polytechnic
15	Francine Tuyisenge	Assistant Lecturer	Kibogora Polytechnic
16	Theophile Niyonsenga	Head of Department Midwifery	Ruli Higher Institute of Health Sainte Rose de Lima
17	Eric Karera	Assistant Lecturer	Ruli Higher Institute of Health Sainte Rose de Lima
18	Dr. Pamela Meharry	Programme Development Specialist Midwifery Department	Africa Health Sciences University
19	Jacqueline Nyirandegeya	Dean Faculty of Health Sciences	East African Christian College
20	Marie Jeanne Ingabire	Head of Department Midwifery	East Africa Christian College
21	Jean Bosco Nduwayezu	Assistant Lecturer	East Africa Christian College
22	Emmanuel Habumugisha	Assistant Lecturer	East African Christian College
23	Chantal Akumuntu	Head of Department Nursing	Adventist University of Central Africa
24	Domitille Mukantabana	Dean Faculty of Health Sciences	Institut Catholique de Kabgayi
25	Marie Clarisse Mukamusana	Head of Department Midwifery	Institut Catholique de Kabgayi

S/N	Names	Position	Institution/Faculty/ Department
26	Didace Mugambinumwe	Head of Department Midwifery	Institut d'Enseignement Supérieur-Ruhengeri
27	Emerthe Musabyemariya	Consultant	Institut d'Enseignement Superieur-Ruhengeri
28	Jean Damascene Musabyimana Twahirwa	Director of Education	National Council of Nurses and Midwives
29	Joseph Ngabonziza	Examination Officer	National Council of Nurses and Midwives
30	Dr. Mengistu Hailemariam	Senior Advisor	Ministry of Health
31	Sharon Umutesi	Maternal Health officer	Rwanda Biomedical Center
32	Frida Temple	Midwifery Specialist	UNFPA
33	Marie Claire Iryanyawera	Sexual and Reproductive Health and Rights specialist	UNFPA
34	Dr. Renata Tallarico	Deputy Representative	UNFPA
35	Dr. Malin Bogren	Professor Midwifery	University of Gothenburg
36	Dr. Kerstin Erlandsson	Professor Midwifery	University of Gothenburg
37	Dr. Theopista John Kabuteni	Medical Officer, Reproductive, Maternal and Neonatal Health, Team Lead	World Health Organization (WHO)
38	Stella Matutina Tuyisenge	Health Services Delivery Technical Officer	WHO
39	Dr. Emmanuel Manzi	Health Specialist	United Nations Children's Fund (UNICEF)
40	Liliane Uwamahoro	Field Programme Coordinator	Royal College of Paediatric and Child Health
41	Pauline Jacobs	Intervention Officer in Maternal and Newborn Health	Enabel
42	Saidath Gato	Associate Director/Maternal, Newborn, Child and Adolescent Health	Partners in Health
43	Liliane Uwamahoro	Field Programme Coordinator	Royal College of Paediatric and Child Health
44	Dr. Ruth Byukusenge	Health Systems Strengthening Advisor	Health Development Initiatives
45	Dr Mickel-Ange Karamage	Sexual and Reproductive Health and Rights Advisor	Health Development Initiative
46	Clémence Wihogora	Midwife Hotline Counsellor	Health Development Initiative
47	Dr Claudine Muraraneza	Health Workforce Development	Clinton Health Access Initiative
48	Colyse Nduwimana	Associate	Clinton Health Access Initiative
49	Felix Musabirema	Technical Associate	Clinton Health Access Initiative
50	Vestine Mukanziza	Midwife	University Teaching Hospital of Butare
51	Eric Nshimiyimana	Matron	University Teaching Hospital of Butare

S/N	Names	Position	Institution/Faculty/ Department
52	Dr Jean de la croix Mutabazi	Gynaecologist/Head of Department	University Teaching Hospital of Butare
53	Fortunee Nyiraneza	Midwife/Unit Manager	University Teaching Hospital of Butare
54	Fidèle Nkurunziza	Maternal Health Advisor	IntraHealth International/ MSSFPO
55	Aphrodis Gustave Tuyishime	Maternal and Newborn Technical Officer	Jhpiego
56	Patricia Vasseur	Midwife Anthropologist	Expertise Frances

1.6 Benchmark's Technical Validation Team

S/N	Names	Position	Institution
1	Innocent Nzabahimana	Curriculum and Standards Analyst	Ministry of Health - Health/ Higher Education Council
2	Dr Theoneste Ndikubwimana	Head of Departement	Higher Education Council
3	Mrs. Marie Grace Sandra Musabwasoni	HEC Expert	Higher Education Council
4	Assoc. Prof. Irene Ndayambaje	HEC Expert	Higher Education Council
5	Assoc. Prof. Jean Leonard Buhigiro	HEC Expert	Higher Education Council
6	Assoc. Prof. Gabriel Nizeyimana	HEC Expert	Higher Education Council
7	Mr. Jean de Dieu Uwimana	HEC Expert	Higher Education Council
8	Frida Temple	Midwifery Specialist	UNFPA
9	Dr. Pamela Meharry	Head of Midwifery department	Africa Health Sciences University

1.7 Benchmark and Global Standardization

This Benchmark of the Midwifery curriculum was developed using the International Confederation of Midwives (ICM) Standards for Midwifery Education (ICM, 2024) which includes the ICM Essential Competencies for Midwifery Practice (ICM, 2024). The ICM serves as global guidelines for high quality midwifery education.

This benchmark is indeed aligned with World Health Organisation (WHO) Three Year Regional Prototype Competency-Based Pre-Service Midwifery Curriculum. At the local level, this benchmark was inspired by the National Standards for Health Professionals Training institutions in Rwanda (MoH, 2022) to ensure national compliance. It is furthermore aligned with the Rwandan National Qualifications Framework for Higher Education (MINEDUC, 2022) and the Rwanda Midwives' scope of practice (MoH, 2012).

Thus, this benchmark makes this developed midwifery curriculum robust to train a desired midwife responding to the woman and mother healthcare for the 21st century.

1.8 Overview of the Benchmarks of Midwifery Programmes

The benchmarks of Midwifery programmes are structured into clearly defined modules, comprising both midwifery-specific and related subject modules. Each module specifies the following elements:

- Core Competencies: the essential skills, knowledge, attitudes, and values that students are expected to acquire.
- Indicative Content by domain: organized into Knowledge, Skills, and Attitudes/Behaviours to guide teaching and learning strategies.
- Learning Outcomes: observable and measurable outcomes aligned with professional standards.
- Teaching and Learning Strategies: recommended approaches to facilitate effective learning.
- Assessment Methods: formative and summative assessments to evaluate student achievement.
- Required Resources: instructional materials and tools necessary to deliver the module effectively.

1.9 Purpose and use of Indicative Content

These specifications serve as national benchmarks to support higher education institutions in the design, implementation, review, and continuous improvement of midwifery curricula. They provide a reference framework to ensure that graduates are equipped with the competencies required for safe, ethical, and evidence-based midwifery practice.

1.10 Accreditation Compliance

Institutions applying for accreditation of an advanced diploma of Midwifery programme must ensure that their proposed curriculum:

- Aligns at least with this modular framework;
- Covers the prescribed indicative content and learning outcomes;
- Demonstrates compliance with national educational standards and professional practice requirements.
- This ensures the preparation of competent, ethical, and safe midwifery graduates who meet both national and international standards of midwifery education and practice.

2. Objectives

2.1 General Objective

The general objective of developing a benchmark midwifery curriculum is to ensure that the curriculum is delivered in a high-quality, efficient, and effective manner.

By setting clear standards for teaching, clinical training, resource allocation, and evaluation, these curricula and implementation guidelines ensure that midwifery students receive the best possible education, and that the curriculum evolves to meet the changing needs of maternal and neonatal care nationally and globally.

2.2 Specific Objectives

- To provide a clear, structured framework for delivering the midwifery curriculum consistently across various educational settings and institutions.
- To establish clear and practical instructions for educators on how to teach and implement the curriculum.
- To ensure that the curriculum is implemented in a way that is responsive to the health system's needs, including maternal and neonatal health priorities.
- To provide specific guidance on how to organize and manage clinical placements, mentoring, and supervision to maximize learning outcomes.
- To define the resources (e.g., facilities, equipment, staffing, and teaching materials) required for effective curriculum implementation.
- To provide a framework for integrating interprofessional learning opportunities within the curriculum and fostering collaboration between midwifery students and other healthcare professionals.
- To set out procedures for continuously monitoring and evaluating the implementation of the curriculum to ensure quality and relevance.
- To provide guidelines on how to create a supportive learning environment that focuses on students' needs, learning styles, and developmental progress.
- To guide the integration of ethical principles, professional standards, and codes of conduct into the implementation of the curriculum.
- To ensure that instructors and facilitators have access to professional development opportunities to stay updated on best practices and new developments in midwifery education.
- To provide flexibility in the implementation of the curriculum to accommodate the unique context, culture, and resources of each educational setting.
- To create a culture of lifelong learning and professional growth within the curriculum and across the midwifery community.
- To establish clear accountability mechanisms for the implementation of the curriculum, ensuring that all stakeholders are responsible for their roles.

3. Benchmark Curricula Structure

These curricula are intended to be completed over a minimum of four years (or eight semesters) for the Bachelor's Program and three years (or six semesters) for the Advanced Diploma. They comprise thirty one modules, for the Bachelor's Degree and twenty six modules for the Advanced Diploma.

3.1 Vision Statement

To prepare competent, ethical, and globally recognized midwives who deliver safe, evidence-based, and compassionate care that transforms maternal, newborn, and family health outcomes.

3.2 Mission Statement

Midwifery program is committed to providing high-quality, competency-based education that equips learners with the knowledge, skills, and attitudes required for professional excellence. Through a blend of theory, clinical practice, research, and community engagement, the program seeks to produce midwives who are critical thinkers, effective communicators, and collaborative leaders. Guided by national priorities and aligned with international standards, the curriculum fosters lifelong learning, professional accountability, and innovation to strengthen health systems and promote the well-being of women, newborns, families, and communities.

3.3 The Goal

The aim of the Midwifery program is to prepare highly skilled, ethical, and compassionate midwives who are capable of delivering comprehensive, evidence-based, and culturally sensitive maternal and newborn health care. The program seeks to develop graduates who can integrate theory and practice, demonstrate professional leadership, contribute to research and policy, and respond effectively to the evolving health needs of women, newborns, families, and communities at national, regional, and global levels.

3.4 Pedagogical Framework

The Midwifery curriculum uses a pedagogical framework of competency-based education which emphasizes applied learning and student-centred approach. Competency-based education fosters active and collaborative learning experiences aimed at developing knowledge, skills, and behaviours, while enhancing critical thinking. The focus on learning outcomes motivates students to acquire and apply new skills effectively within clinical settings. By bridging the gap between theory and practice, competency-based education builds students' confidence in delivering evidence-based midwifery care.

Fullerton et al. (2013) presents eleven key attributes of pre-service competency-based midwifery education (Figure 2). These attributes are based on “(a) adult learning theories, (b) strategies that engage and support active learner participation, (c) understanding of learning domains and their respective teaching strategies, and (d) a logical sequencing of learning outcomes, progressing from known to unknown and from simple to complex” (Fullerton, 2013, p.1132).

3.5 Learning Outcome of Midwifery Program.

The purpose of the programme's learning outcomes is to clearly describe what the learners should be able to demonstrate upon completion. According to the Ministerial Order N^o 001/MINEDUC/2021 of 20/10//2021 determining standards in education, the Higher Education Council programme development framework and the Revised Bloom's Taxonomy learning outcomes, the learning outcomes are categorized as follows:

- Knowledge and understanding:
- Applied knowledge, understanding and practice
- Generic cognitive skills
- Communication, ICT and numeracy skills
- Autonomy, responsibility and working with others
- Thus, these learning outcomes serve as benchmarks for the Midwifery curricula.

3.6 Graduates Profile

Upon successful completion of the Midwifery program, learners will be expected to demonstrate the following learning outcomes, and graduates will further be able to apply these outcomes as professional competencies in practice as described below:

Domain	Benchmark Learning Outcomes	Professional Competencies
Knowledge and understanding	<p>Explain the fundamental concepts of anatomy, physiology, and pathology relevant to midwifery practice.</p> <p>Describe the principles of maternal, newborn, and reproductive health.</p> <p>Demonstrate understanding of national health policies, professional regulations, and ethical frameworks guiding midwifery.</p> <p>Analyze social, cultural, and economic factors influencing maternal and child health.</p>	<p>Demonstrates comprehensive understanding of biomedical sciences relevant to pregnancy, childbirth, and neonatal health.</p> <p>Interprets maternal and newborn health concepts within the context of evidence, policy, and ethics.</p> <p>Critically analyzes social, cultural, and economic determinants of maternal and child health.</p>
Applied Knowledge, Understanding, and Practice	<p>Apply evidence-based practices in antenatal, intrapartum, postnatal, and newborn care.</p> <p>Perform midwifery procedures safely and effectively in clinical and community settings.</p> <p>Integrate theoretical knowledge with clinical decision-making in routine and emergency obstetric care.</p> <p>Demonstrate competence in managing normal deliveries and recognizing complications that require referral.</p>	<p>Provides safe, respectful, and evidence-based antenatal, intrapartum, postnatal, and newborn care.</p> <p>Performs midwifery procedures and interventions with competence in both clinical and community settings</p> <p>Recognizes, manages, and refers obstetric and neonatal complications appropriately.</p> <p>Integrates theoretical knowledge into clinical decision-making for both normal and high-risk pregnancies.</p>
Generic Cognitive Skills	<p>Critically evaluate scientific literature and research evidence to inform midwifery practice.</p> <p>Solve complex clinical problems using analytical and reflective thinking.</p> <p>Develop innovative approaches to improving maternal and neonatal health outcomes.</p> <p>Assess the effectiveness of interventions and adapt care plans accordingly.</p>	<p>Critically appraises and applies research evidence to improve midwifery practice.</p> <p>Demonstrates strong problem-solving and reflective thinking in complex clinical scenarios.</p> <p>Designs innovative approaches to strengthen maternal and neonatal health outcomes.</p> <p>Evaluates the effectiveness of care plans and adapts interventions responsively.</p>

Domain	Benchmark Learning Outcomes	Professional Competencies
Communication, ICT, and Numeracy Skills	<p>Communicate effectively with women, families, communities, and multidisciplinary health teams.</p> <p>Use ICT tools to document, manage, and share health information securely.</p> <p>Present clinical findings, reports, and research results clearly in written and oral forms.</p> <p>Apply numeracy skills in calculating medication dosages, interpreting clinical data, and conducting research.</p>	<p>Communicates effectively and empathetically with women, families, and healthcare teams.</p> <p>Utilizes ICT systems for documentation, data management, and information sharing in health settings.</p> <p>Presents health-related information and research findings clearly in oral and written forms.</p> <p>Applies numeracy to calculate drug dosages, interpret vital signs, analyze statistics, and conduct health research.</p>
Autonomy, Responsibility, and Working with Others	<p>Demonstrate professional accountability, ethical decision-making, and respect for human dignity.</p> <p>Work collaboratively with other healthcare professionals to ensure safe and holistic maternal and newborn care.</p> <p>Exercise autonomy and leadership in clinical practice, research, and health promotion activities.</p> <p>Contribute to policy development and implementation for strengthening maternal and child health services.</p>	<p>Demonstrates professional accountability, integrity, and ethical decision-making in all midwifery practice.</p> <p>Works collaboratively within multidisciplinary health teams and contributes to community engagement.</p> <p>Provides leadership in maternal and newborn health promotion, education, and advocacy.</p> <p>Contributes to policy formulation, implementation, and evaluation for health system strengthening.</p>

Figure 1: The Quality Maternal and Newborn Care Framework

	For all childbearing women and infants			For childbearing women and infants with complications	
Practice Categories	Education Information Health promotion*	Assessment Screening Care Planning	Promotion of normal processes, prevention of complications	First-line management of complications	Medical obstetric neonatal services
Organization of Care	Available, accessible, acceptable, good-quality-services - adequate resources, competent workforce. Continuity, services integrated across communities and facilities				
Values	Respect, communication, community knowledge, and understanding. Care tailored to women’s circumstances and needs.				
Philosophy	Optimizing biological, psychological, social, and cultural processes; strengthening women’s capabilities. Expectant management, using interventions only when indicated.				
Care Providers	Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence. Division of roles and responsibilities based on need, competencies, and resources.				

Source: Renfrew et al., (2014)



4. Programme Structure: Benchmarks of Advanced Diploma of Midwifery

YEAR I SEMESTER I						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
I1	Foundations of Midwifery Care	7	70	0	0	70
I1.1	Introduction to midwifery and models of care	3	30	0	0	30
I1.2	Professional midwife and regulatory bodies	3	30	0	0	30
I1.3	Theories of midwifery	1	10	0	0	10
I2	Fundamentals of Midwifery Practice	14	40	20	80*	140
I2.1	Expectations of the midwife in practice	4	20	10	20	40
I2.2	Overview of the processes of childbearing	4	10	0	20	30
I2.3	Infection prevention control	2	10	10	40	60
I3	Human Anatomy and Physiology	10	70	30	0	100
I3.1	Introduction to the Human Body	3	15	15	0	30
I3.2	Systemic Anatomy and Physiology	7	45	25	0	70
I4	Midwifery Science	20	180	20	0	200
I4.1	Reproductive anatomy and physiology	6	50	10	0	60
I4.2	Physiological adaptations in pregnancy, parturition and the puerperium	4	40	0	0	40
I4.3	Pathophysiology of common health conditions of pregnancy	4	40	0	0	40
I4.4	Microbiology – microorganisms	3	20	10	0	30
I4.5	Genetics, embryo and fetal physiology	3	30	0	0	30
I5	Optional Higher Learning Institution module 1	10	100			100
I6	Optional Higher Learning Institution module 2	10	100			100
I7	Optional Higher Learning Institution module 3	10	100			100
	Sub-total Year 1 Semester 1	73	660	70	80*	730

*The eight (8) Clinical placement credits will not be applied to Semester 1; instead, they will be allocated to Semester 2 under Clinical Placement I.

YEAR I SEMESTER 2						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
I8	Behavioural and Social Science in Health	10	100	0	0	100
I8.1	Sociology and behavioural sciences in maternal and child health	3	30	0	0	30
I8.2	Psychology of health and Human development	5	50	0	0	50
I8.3	Health inequality, culture and tradition care and treatment.	2	20	0	0	20
I9	Communication and Emerging Technologies in Health Care	8	61	19	0	80
I9.1	Effective communication within the midwifery profession	2	16	4	0	20
I9.2	Documentation and sharing information	2	15	5	0	20
I9.3	ICT Applications and Innovations in Modern Healthcare Services	4	30	10	0	40
I10	Supporting Healthy Pregnancy	36	95	25	240	360
I10.1	Preconception guidance	3	30	0	0	30
I10.2	First Trimester of Conception and its Complications	18	40	20	120	180
I10.3	Second and third trimester and its complications	15	25	5	120	150
I11	Nutrition and Dietetics in the Pre and Postnatal Period	5	40	10	0	50
I11.1	Nutrition science	2	20	0	0	20
I11.2	Dietetics	3	30	0	0	30
I12	Midwives and Primary Health Care	5	20	0	30	50
I12.1	Concepts of public health	1	10	0	0	10
I12.2	Role of the Midwife in public health	1	10	0	0	10
I13	Clinical placement 1 (Fundamentals of midwifery + Supporting healthy pregnancy + Midwives and primary health care)	35	0	0	350**	350**
I13.1	Fundamentals of midwifery	8	0	0	80	80
I13.2	Supporting healthy pregnancy	24	0	0	240	240
I13.3	Midwives and primary health care	3	0	0	30	30
	Sub-total Year 1 Semester 2	72	316	54	350**	720
	Total Year 1	145	976	124	350	1450

YEAR II SEMESTER 1						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
II1	Pharmacology for Midwives	5	40	10	0	50
II.1.2	General pharmacology	2	20	0	0	20
II.1.2	Drug administration and medication effect	3	20	10	0	30
II2	Supporting Healthy Labour and Birth	28	70	30	180*	280
II2.1	Principles of respectful care, legal and ethical midwifery care	1	10	0	0	10
II2.2	Pre-labour assessment	3	20	10	0	30
II2.3	Stages of labour	3	20	10	0	30
II2.4	Trauma and pain management during labour	3	20	10	0	30
II3	Supporting Healthy Post-Partum	29	100	50	140*	290
II3.1	Care in post-partum period	3.5	25	10	0	35
II3.2	Maternal mental health	1	10	0	0	10
II3.3	Care for the newborn	5.5	30	25	0	55
II3.4	Ongoing care of the neonate	4	25	15	0	40
II3.5	Applied pharmacology in post-partum	1	10	0	0	10
II4	Optional HLI module 4:	10	100	50	50	100
II5	Clinical placement 2 (Supporting healthy labour and birth + Supporting healthy post-partum)	32	0	0	320**	320**
II5.1	Supporting healthy labour and birth	18	0	0	180	180
II5.2	Supporting healthy post-partum	14	0	0	140	140
	Sub-total Year 2 Semester 1	72	310	90	320	720

YEAR II SEMESTER 2						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
II6	Sexual and Reproductive Health	25	120	20	110*	250
II6.1	Gender equality, non-biased care and sexual and reproductive health and rights	3	30	0	0	30
II6.2	Fertility and sexual reproductive health	4	40	10	0	40
II6.3	Sexually transmitted infections, humanitarian crises and reproductive health	1	10	0	0	10
II6.4	Comprehensive abortion care	5	40	10	0	50
II7	Perinatal Mental Health	7	55	15	0	70
II7.1	Perinatal mental health assessment	3.8	30	8	0	38
II7.2	Perinatal mental health care	3.2	25	7	0	32
II8	Caring for Complex Pregnancy	21	42	28	140*	210
II8.1	Midwifery care in complex pregnancy	4.5	30	15	0	45
II8.2	Pathophysiological disorders in pregnancy	3.5	12	13	0	35
II9	Optional Higher Learning Institution Module 5:	10	100			
II9	Clinical placement 3 (Sexual and reproductive health + Caring for complex pregnancy)	25	0	0	250**	250
II9.1	Sexual and reproductive health	11	0	0	110	110
II9.2	Caring for complex pregnancy	14	0	0	140	140
	Sub-total	63	317	63	250	630
	Total Year 2	135	627	153	570	1350
YEAR III SEMESTER 1						
III1	Caring for Complex Labour and Birth	27	70	40	160*	270
III1.1	Signs of complex labour and complications management	4.5	25	20	0	45
III1.2	Health care of women with medical conditions during labour	3	20	10	0	30
III1.3	Fetal and neonatal with complications management	3.5	25	10	0	35
III2	Caring for Complex Post-Partum	23	70	10	150*	230
III2.1	Post-partum complications and management	5	40	10	0	50
III2.2	Management of infection and pelvic floor trauma in post-partum	3	30	0	0	30
III3	Caring for the Unwell Neonate	21	49	21	140*	210

YEAR III SEMESTER 1						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
III3.1	Diagnosis of unwell neonate	4.3	31	12	0	43
III3.2	Health care and management of unwell neonate	2.7	18	9	0	
III4	Clinical placement 4 (Caring for complex labour and childbirth + Caring for complex post-partum + Caring for the unwell neonate)	0	0	0	450	450
III4.1	Caring for complex labour and birth	16	0	0	160	160
III4.2	Caring for complex post-partum	15	0	0	150	150
III4.2	Caring for the unwell neonate	14			140	
III5	Optional Higher Learning Institution module 6	10	100			
	Sub-total Year 3 Semester 1	71	189	71	450	710
YEAR III SEMESTER 2						
III6	Introduction to Research	10	100	0	0	100
III6.1	Foundational elements of research	4	40	0	0	40
III6.2	Development of research proposal	6	60	0	0	60
III7	Midwives and the Law	7	70	0	0	70
III7.1	Professional ethics in midwifery care	5	50	0	0	50
III7.2	Legal framework in midwifery profession	2	20	0	0	20
III8	Leadership and Management for Midwifery	7	70	0	0	70
III8.1	Principles of leadership in health-care settings	3	30	0	0	30
III8.2	Mentorship, advocacy and management in midwifery profession	4	40	0	0	40
III10	Comprehensive clinical placement + Clinical portfolio	40	0	0	400	400
	Sub-total Year 3 Semester 2	64	240	0	400	640
	Total Year 3	135	429	71	850	1350
	Total credits for 3 years	415	2032	348	1770	4150
<p>The practical modules count for 3240 hours, the theory hours in practical modules count for 1122 hours, simulation and laboratory skills count for 348 hours equivalent to a ratio of 3:1, while clinical placements count for 1770 hours.</p> <p>Brief: The practical hours count for 2118 equivalent to 51% of all modules or 65.4% of Clinical modules.</p>						

5. Programme Structure: Benchmarks of Bachelor of Science in Midwifery

YEAR I SEMESTER I						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
I1	Foundations of Midwifery Care	7	70	0	0	70
I1.1	Introduction to midwifery and models of care	3	30	0	0	30
I1.2	Professional midwife and regulatory bodies	3	30	0	0	30
I1.3	Theory of midwifery	1	10	0	0	10
I2	Fundamentals of Midwifery Practice	14	40	20	80*	140
I2.1	Expectations of the midwife in practice	5	20	10	20	50
I2.2	Overview of the processes of childbearing	3	10	0	20	30
I2.3	Infection prevention control	6	10	10	40	60
I3	Human Anatomy and Physiology	10	70	30	0	100
I3.1	Introduction to the Human Body	3	15	15	0	30
I3.2	Systemic Anatomy and Physiology	7	45	25	0	70
I4	Midwifery Science	20	180	20	0	200`
I4.1	Human anatomy and physiology	6	50	10	0	60
I4.2	Physiological adaptations in pregnancy, parturition and the puerperium	4	40	0	0	40
I4.3	Pathophysiology of common health conditions of pregnancy	4	40	0	0	40
I4.4	Microbiology – microorganisms	3	20	10	0	30
I4.5	Genetics, embryo and Fetal physiology	3	30	0	0	30
I5	Optional Higher Learning Institution module 1	10	100			100
I6	Optional Higher Learning Institution module 2	10	100			100
I7	Optional Higher Learning Institution module 3	10	100			100
	Sub-total Year 1 Semester 1	73	660	70	80*	730

***8 credits or 80 hours for clinical placement are counted for semester one, rather, they shall be counted for semester 2 in Clinical placement 1.**

YEAR I SEMESTER 2						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
I8	Behavioural and Social Science in Health	10	100	0	0	100
I8.1	Sociology and behavioural sciences in maternal and child health	3	30	0	0	30
I8.2	Psychology of health and human development	5	50	0	0	50
I8.3	Health inequality, culture and tradition care and treatment	2	20	0	0	20
I9	Communication in Health Care	8	61	19	0	80
I9.1	Effective communication within the midwifery profession	2	16	4	0	20
I9.2	Documentation and sharing information	2	15	5	0	20
I9.3	ICT Applications and Innovations in Modern Healthcare Services	4	30	10	0	40
I10	Supporting Healthy Pregnancy	36	95	25	240	360
I10.1	Preconception guidance	3	30	0	0	30
I10.2	First Trimester of Conception and its Complications	14	40	20	120	180
I10.3	Second and third trimester and its complications	15	25	5	120	150
I11	Nutrition and Dietetics in the Pre and Postnatal Period	5	40	10	0	50
I11.1	Nutrition science	2	20	0	0	20
I11.2	Dietetics	3	30	0	0	30
I12	Midwives and Primary Health Care	5	20	0	30*	50
I12.1	Concepts of public health	1	10	0	0	10
I12.2	Role of the Midwife in public health	1	10	0	0	10
I13	Clinical placement 1 (Fundamentals of midwifery + Supporting healthy pregnancy + Midwives and primary health care)	35	0	0	350**	350**
I13.1	Fundamentals of midwifery	8	0	0	80	80
I13.2	Supporting healthy pregnancy	24	0	0	240	240
I13.3	Midwives and primary health care	3	0	0	30	30
	Sub-total Year 1 Semester 2	72	316	54	350**	720
	Total Year 1	145	976	124	350	1450

YEAR II SEMESTER 1						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
I9	Pharmacology for Midwives	5	40	10	0	50
I9.1	General pharmacology	2	20	0	0	20
I9.2	Drug administration and medication effect	3	20	10	0	30
II1	Supporting Healthy Labour and Birth	28	70	30	180*	280
II1.1	Principles of respectful care, legal and ethical midwifery care	1	10	0	0	10
II1.2	Pre-labour assessment	3	20	10	0	30
II1.3	Stages of labour	3	20	10	0	30
II1.4	Trauma and pain management during labour	3	20	10	0	30
II2	Supporting Healthy Post-Partum	29	100	50	140*	290
II2.1	Care in post-partum period	3.5	25	10	0	35
II2.2	Maternal Mental Health	1	10	0	0	10
II2.3	Care for the newborn	5.5	30	25	0	55
II2.4	Ongoing care of the neonate	4	25	15	0	40
II2.5	Applied pharmacology in post-partum	1	10	0	0	10
II3	Optional Higher Learning Institution module 4	10	100	0	0	100
II4	Clinical placement 2 (Supporting healthy labour and birth + Supporting healthy post-partum)	32	0	0	320**	320**
II4.1	Supporting healthy labour and birth	18	0	0	180	180
II4.2	Supporting healthy post-partum	14	0	0	140	140
	Sub-total Year 2 Semester 1	72	310	90	320	720

YEAR II SEMESTER 2						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
II5	Sexual and Reproductive Health	25	120	20	110*	250
II5.1	Gender equality, non-biased care and sexual and reproductive health and rights	3	30	0	0	30
II5.2	Fertility and sexual reproductive health	5	40	10	0	50
II5.3	Sexually transmitted infections, and humanitarian crises and reproductive health	1	10	0	0	0
II5.4	Comprehensive abortion care	5	40	10	0	0
II6	Perinatal Mental Health	7	55	15	0	70
II6.1	Perinatal mental health assessment	3.8	30	8	0	38
II6.2	Perinatal mental health care	3.2	25	7	0	32
II7	Caring for Complex Pregnancy	21	42	28	140*	210
II7.1	Midwifery care in complex pregnancy	4.5	30	15	0	45
II7.2	Pathophysiological disorders in pregnancy	2.5	12	13	0	25
	Optional Higher Learning Institution module 5	10	100			
II8	Clinical placement 3 (Sexual and reproductive health + Caring for complex pregnancy)	25	0	0	250**	250
II8.1	Sexual and reproductive health	11	0	0	110	110
II8.2	Caring for complex pregnancy	14	0	0	140	140
	Sub-total	67	317	63	250	670
	Total Year 2	135	627	153	570	1350

YEAR III SEMESTER 1						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
III1	Caring for Complex Labour and Birth	27	70	40	160*	270
III1.1	Signs of complex labour and complications management	4.5	25	20	0	45
III1.2	Health care of women with medical conditions during labour	3	20	10	0	30
III1.3	Fetal and neonatal with complications management	3.5	25	10	0	35
III2	Caring for Complex Post-Partum	23	70	10	150*	230
III2.1	Postpartum complications and management	5	40	10	0	50
III2.2	Management of infection and pelvic floor trauma in post-partum	3	30	0	0	30
III3	Optional Higher Learning Institution module 6	10	100			100
III4	Clinical placement 4 (Caring for complex labour and birth + Caring for complex post-partum)	31	0	0	310**	310**
III4.1	Caring for complex labour and birth	16	0	0	160	160
III4.2	Caring for complex post-partum	15	0	0	150	150
	Sub-total Year 3 Semester 1	60	240	50	310	600
YEAR III SEMESTER 2						
III5	Caring for the Unwell Neonate	21	49	21	140*	210
III5.1	Diagnosis of unwell neonate	4.3	31	12	0	43
III5.2	Health care and management of unwell neonate	2.7	18	9	0	27
III6	Introduction to Research	10	100	0	0	100
III6.1	Foundational elements of research	4	40	0	0	40
III6.2	Development of research proposal	6	60	0	0	60
III7	Midwives and the Law	7	70	0	0	70
III7.1	Professional ethics in midwifery care	5	50	0	0	50
III7.2	Legal framework in midwifery profession	2	20	0	0	20
III8	Leadership and Management for Midwifery	7	70	0	0	70
III8.1	Principles of leadership in health-care settings	3	30	0	0	30

YEAR III SEMESTER 2						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
III8.2	Advocacy and management in midwifery profession	4	40	0	0	40
III9	Basic Obstetric Ultrasound Training	20	50	50	100	200
III10	Clinical placement 5 (Caring for the unwell neonate + Use of ultrasound in pregnancy)	24	0	0	240	240
III10.1	Caring for the unwell neonate	14	0	0	140	140
III10.2	Use of ultrasound in pregnancy	10	0	0	100	100
	Sub-total Year 3 Semester 2	65	339	71	240	650
	Total Year 3	125	579	121	550	1250
YEAR IV SEMESTER 1						
IV1	Community Midwifery	9	50	0	40	90
IV1.1	Community health education and promotion	2	30	0	30	30
IV1.2	Environmental hazards including climate change	3	20	0	20	30
IV2a	Dissertation – an Evidence-Based Practice Project	12	20	100	0	120
IV2.1	Seminars on academic writing skills	2	20	0	0	20
IV2.2	Academic writing skills	10	0	100	0	100
IV3	Preceptorship and Mentorship	14	50	20	70	140
IV3.1	Preceptorship in midwifery education and profession	3.5	25	10	0	35
IV3.2	Mentorship in contemporary midwifery practice	3.5	25	10	0	35
IV4a	Comprehensive clinical placement 1	32	0	0	320	320
	Sub-total Year 4 Semester 1	67	120	120	430	670

YEAR IV SEMESTER 2						
Module code	Module name	Credits	Theory hours	Simulation hours	Clinical placement hours	Total hours
IV2b	Dissertation – an Evidence-Based Practice Project	7.5	0	75	0	75
IV2b.1	Academic writing skills					
IV4b	Comprehensive clinical placement 2	58.5	0	0	585	585
	Sub-total Year 4 Semester 2	66	0	75	585	660
	Total Year 4	133.5	120	195	1015	1330
	Total credits for 4 years	538	2302	593	2485	5380

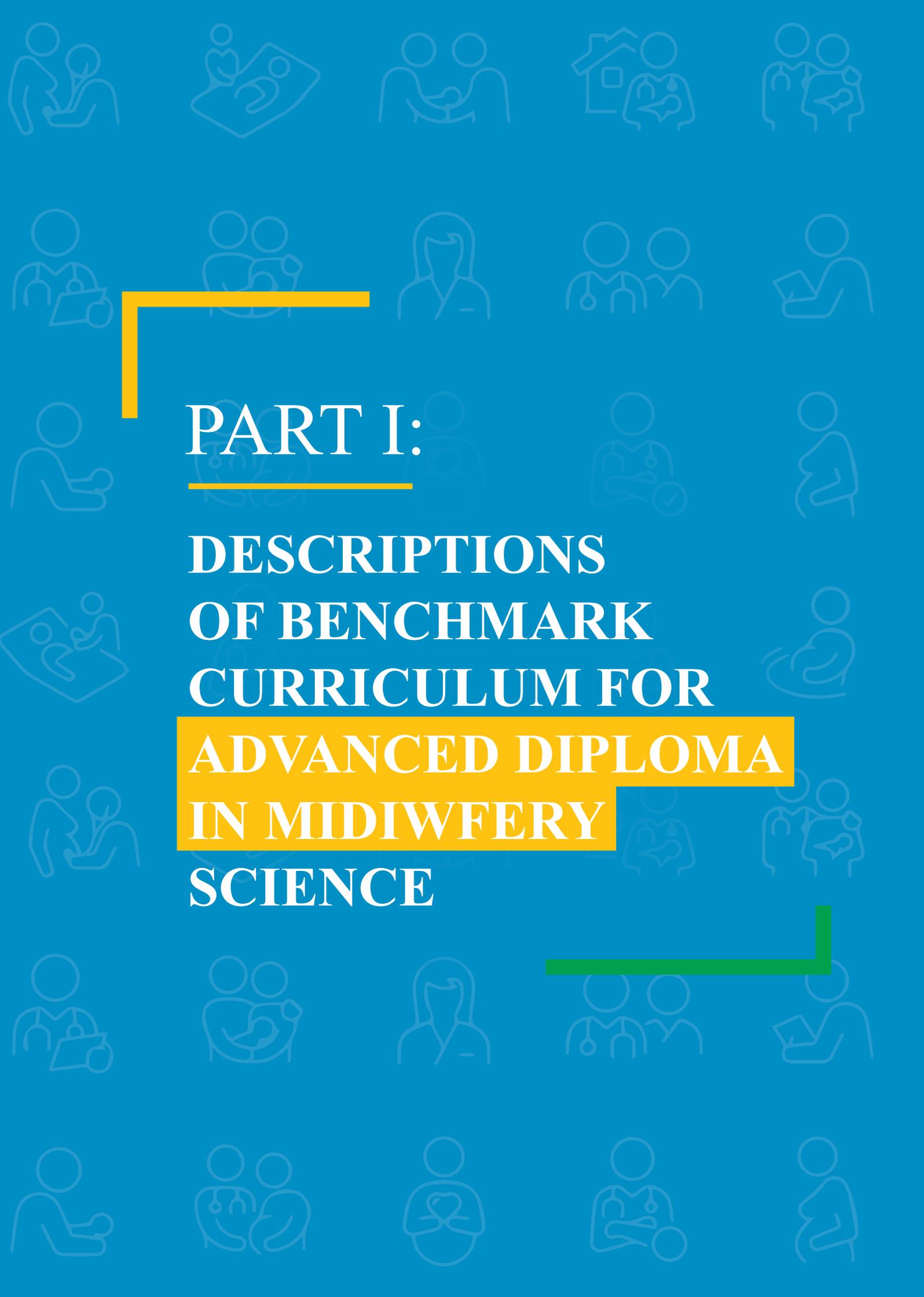
The practical modules count for 4320 hours, the theory hours in practical modules count for 1272 hours, simulation and laboratory skills count for 593 hours approximately equivalent to a ratio of 2:1, while clinical placements count for 2455 hours.

Brief: The practical hours count for 3408 equivalent to 64% of all modules or 71% of Clinical modules.



Notes:

- The clinical hours are not counted as a theoretical component. Instead, they are combined with clinical hours from another theoretical module to fulfil the requirements for clinical placement.
- Clinical learning hours are compiled from the modules within the same semester, except in Year 1, where the clinical placement combines hours from one module in Semester 1 and one module from Semester 2.

The background is a solid blue color with a repeating pattern of white line-art icons. These icons represent various healthcare and educational scenarios, such as a person holding a baby, a person reading a book, a person with a stethoscope, and a person with a clipboard. A yellow L-shaped graphic element is positioned on the left side of the page, partially overlapping the text.

PART I:

DESCRIPTIONS OF BENCHMARK CURRICULUM FOR ADVANCED DIPLOMA IN MIDWIFERY SCIENCE

A green L-shaped graphic element is positioned on the right side of the page, partially overlapping the text.

MIDWIFERY PROGRAM DESCRIPTION YEAR I, SEMESTER I: ADVANCED DIPLOMA IN MIDWIFERY SCIENCES.



Module 1: Foundation of midwifery care

This Module have three learning unit units

Learning unit 1: Sociology and behavioural sciences in maternal and child health

Learning unit 2: Psychology of health and illness, and human development

Learning unit 3: Health inequality, culture and tradition care and treatment

- **Theory: 70 Hrs**
- **Practice: 0 hours (a)Simulation/Skills Lab: 0 hours (b) clinical placement:0 hours**

Purpose statement:

This module introduces learners to the concept and theories of midwifery and how historical, cultural, ethical and political factors shape its practice. Students will explore the role of the midwife in contemporary health-care and recognize its impact on reproductive health outcomes. They will reflect on personal and professional values in providing care, national and global midwifery issues, and the International Confederation of Midwives (ICM) core concepts.

Learning Outcomes

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

1. Explain the role of the International Confederation of Midwives (ICM) in defining global standards for midwifery practice.
2. Analyze the legal, ethical, and professional behaviours that underpin responsible midwifery practice.
3. Demonstrate the ability to provide culturally sensitive and respectful care in diverse contexts.
4. Evaluate how a midwife's personal beliefs can influence women's care in midwifery practice.
5. Examine the national legal frameworks that support maternal and child health policies and programmes.
6. Interpret health professional laws and regulations to ensure accountability in midwifery practice.
7. Apply central theories and models to childbirth and reproductive health.
8. Compare global and national contexts of maternal and child health to inform midwifery practice.
9. Propose evidence-based strategies that integrate research findings into midwifery care.

Competency 1: Midwifery profession						
Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning unit 1: Introduction to midwifery and models of care: 30 hrs.						
1.1. Explain the influence of personal beliefs and perspectives around maternal health and their influence on midwifery practice	<ul style="list-style-type: none"> Explain cultural perspectives and beliefs in maternal health 	<ul style="list-style-type: none"> Analyze influences of beliefs and perspectives in midwifery practices through reflection and debate 	<ul style="list-style-type: none"> Demonstrate cultural sensitivity and openness 	Group debates, reflective essays, oral presentations	Essays, peer-reviewed debates, facilitator feedback	ICM Philosophy & Model of Care (2014), case studies, WHO Cultural Competency Guidelines
1.2. 1.2 Explain the historical evolution, principles, and scope of midwifery	<ul style="list-style-type: none"> Describe historical development, principles, and scope 	<ul style="list-style-type: none"> Document milestones; differentiate professional roles 	<ul style="list-style-type: none"> Value midwifery identity and tradition 	Research assignments, presentations	Written essay, oral presentation, portfolio reflection	Harerimana et al. (2015), ICM Definition (2024), ICM Framework (2021)
1.3. Compare different models of midwifery care and their impact on outcomes	<ul style="list-style-type: none"> Compare medical versus midwifery models of care 	<ul style="list-style-type: none"> Evaluate evidence; synthesize findings 	<ul style="list-style-type: none"> Advocate for woman-centred, collaborative care 	Evidence reviews, peer discussions, group presentations	Comparative essays, group presentations	ICM Competencies (2019), ICM Framework (2021), WHO MCH documents
1.4. Explain the illness health continuum and its relevance to midwifery care	<ul style="list-style-type: none"> Describe the illness–health continuum concept 	<ul style="list-style-type: none"> Apply continuum framework to patient assessment 	<ul style="list-style-type: none"> Promote holistic care recognizing varying health states 	Case studies, interactive lectures, role-play	Written assignments, case analysis	Myles Textbook for Midwives (2020), WHO Maternal Health resources, Renfrew et al. (2014)

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning unit 1: Introduction to midwifery and models of care: 30 hrs.						
1.5. Describe the hierarchical structure of obstetrics, nursing, and midwifery and its implications for practice	<ul style="list-style-type: none"> Outline roles and hierarchy in maternity care 	<ul style="list-style-type: none"> Analyze professional roles and interrelationships 	<ul style="list-style-type: none"> Respect professional boundaries and promote collaboration 	Group discussions, organizational chart exercises	Reports, reflective journals	Rwanda Ministry of Health Guidelines, ICM Framework (2021), WHO Health Workforce reports
1.6. Examine the patriarchal influence on midwifery and its visibility in healthcare	<ul style="list-style-type: none"> Explain historical and societal influences on midwifery 	<ul style="list-style-type: none"> Critically evaluate visibility and recognition of midwives 	<ul style="list-style-type: none"> Demonstrate advocacy for midwifery recognition and gender equity 	Seminar discussions, debate, reflection exercises	Reflective essays, debate reports	Harerimana et al. (2015), WHO Gender and Health reports, ICM Position Statements on gender equity
1.7. Explore pregnancy and birth as a normal life process	<ul style="list-style-type: none"> Describe physiological and psychological processes of pregnancy and birth 	<ul style="list-style-type: none"> Apply knowledge to care planning and patient education 	<ul style="list-style-type: none"> Promote respect for natural processes and women's autonomy 	Simulation exercises, case-based learning, discussions	OSCE, case presentations, reflective journals	Myles Textbook for Midwives (2020), WHO Maternal Health Guidelines, ICM Competencies (2019)
1.8. Discuss the significance of continuity of care versus fragmented care and review evidence	<ul style="list-style-type: none"> Explain concepts of continuity and fragmented care 	<ul style="list-style-type: none"> Analyze care pathways and outcomes 	<ul style="list-style-type: none"> Value sustained care relationships and evidence-based practice 	Literature reviews, group presentations, case studies	Evidence synthesis reports, presentations	Renfrew et al. (2014), ICM Competencies (2019), WHO Continuity of Care Resources

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning unit 1: Introduction to midwifery and models of care: 30 hrs.						
1.9. Demonstrate partnership with women, woman-centred care, and appropriate language/attitudes	<ul style="list-style-type: none"> Describe principles of woman-centred care 	<ul style="list-style-type: none"> Communicate effectively, establish trust 	<ul style="list-style-type: none"> Exhibit respect, empathy, and shared decision-making 	Role-play, patient interviews, reflective discussions	OSCE, peer and facilitator feedback	ICM Philosophy & Model of Care (2014), WHO Respectful Maternity Care Guidelines, case studies
1.10. Introduce principles of trauma-informed care and how midwives support women in crisis	<ul style="list-style-type: none"> Explain trauma-informed care principles 	<ul style="list-style-type: none"> Apply supportive strategies for women experiencing trauma 	<ul style="list-style-type: none"> Show empathy, patience, and non-judgmental attitude 	Interactive workshops, simulation, reflective exercises	Case study analysis, reflective journals, role-play feedback	SAMHSA Trauma-Informed Care Guidelines, WHO Maternal Mental Health resources, Myles Textbook for Midwives (2020)
Learning unit 2: Professional midwife and regulatory bodies: 30 Hrs.						
2.1. Describe the role of midwifery regulatory bodies in professional standards	<ul style="list-style-type: none"> Identify global and national regulatory systems 	<ul style="list-style-type: none"> Interpret regulations; analyze standards 	<ul style="list-style-type: none"> Commit to accountability and integrity 	Flipped classroom, peer discussions, case studies	Reports, peer presentations, quizzes	ICM Framework (2021), Rwanda Ministerial Order (2011), national nursing/midwifery council resources
2.2. Explain legal, ethical, and professional behaviours in midwifery practice	<ul style="list-style-type: none"> Explain ethical principles (autonomy, beneficence, justice) 	<ul style="list-style-type: none"> Apply ethical decision-making frameworks 	<ul style="list-style-type: none"> Exhibit professional integrity and respect 	Interactive lectures, group debates, reflective writing	Written assignments, debate reports, peer evaluations	Myles Textbook for Midwives (2020), ICM Code of Ethics, national legal guidelines

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning unit 2: Professional midwife and regulatory bodies: 30 Hrs.						
2.3. Discuss the role of the ICM in defining global midwifery standards	<ul style="list-style-type: none"> Discuss ICM's role in education, regulation, and standards 	<ul style="list-style-type: none"> Evaluate ICM frameworks against national practice 	<ul style="list-style-type: none"> Embrace global standards, lifelong learning 	Group debates, forum discussions, presentations	Debate reports, reflective journals, presentations	ICM Competencies (2019), ICM Position Statements, WHO Midwifery Guidelines
Learning unit 3: Theory of midwifery 10 hours						
3.1. Compare global and national contexts of maternal and child health	<ul style="list-style-type: none"> Compare global and national health frameworks 	<ul style="list-style-type: none"> Analyze differences; synthesize data for reports 	<ul style="list-style-type: none"> Demonstrate openness to evidence-based solutions 	Group debates, plenary sessions, comparative reports	Group reports, oral presentations, forum postings	Renfrew et al. (2014), WHO MCH data, Rwanda health policy, national health strategic plans
3.2. Describe central theories and models in relation to childbirth and reproductive health	<ul style="list-style-type: none"> Describe theories and conceptual frameworks 	<ul style="list-style-type: none"> Apply theoretical models to practice scenarios 	<ul style="list-style-type: none"> Value evidence-based and theoretical approaches 	Reading, group discussions, forum debates	Written essays, class presentations, peer review	Rosamund & Marlene (2011), ICM Framework (2021), Myles Textbook for Midwives (2020)



Module 2: ***Fundamentals of Midwifery Practice***

The Module has three Learning Units

Unit 1: Expectations of the midwife in practice.

Unit 2: Overview of the processes of childbearing

Unit 3: Infection prevention control

This module has 14 credits, equivalent to 140 hours

- **Theory: 40 hours.**
- **Practice: 100 hours i.e. (a) simulation/Skills Lab: 20 hours (b) clinical placement: 80 hours**

Note: 80 Clinical hours will be covered in clinical attachment 1

Purpose Statement

This module equips learners with an overview of midwifery care processes and professional behaviour expectations, preparing them for clinical practice. The module covers the importance of comprehensive midwifery care in supporting women's health, early breastfeeding, and maternal-infant bonding.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the normal physiological and emotional changes of a woman during pregnancy, labour, birth, and postpartum.
2. Monitor the progression of pregnancy during antenatal care.
3. Explain fetal well-being during antenatal care visits.
4. Describe professional responsibilities and ethical behaviours expected of a midwife.
5. Demonstrate appropriate professional behaviours towards childbearing women.
6. Apply principles of hygiene in clinical and health settings
7. Apply principles of self-protection in clinical practice.
8. Demonstrate competence in supporting physiologic labour and birth.
- 9.
10. Interpret a woman's vital signs during labour and postpartum
11. Explain the significance of supporting lactation during the golden hour after birth
12. Support breastfeeding in postnatal care.
13. Exhibit accountability, empathy, respect, and professional integrity in all midwifery care practices.

Competency 2 : Preparation for caring for women

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning unit 1: expectations of the midwife in practice: 30 Hrs.						
1.1. Describe the appropriate professional behaviours of a midwife in women's health care	<ul style="list-style-type: none"> Describe the roles and responsibilities of a midwife Identify expected attitudes and behaviours; Explain the influence of social norms on the midwifery profession. Outline personal and professional boundaries in midwifery practice Recall key principles from WHO guidelines on preventing disrespect and abuse. 	<ul style="list-style-type: none"> Apply professional behaviours in simulation and clinical settings; Communicate positively Demonstrate positive peer relationships 	<ul style="list-style-type: none"> Demonstrate accountability, integrity, respect, empathy; coping with bullying, harassment, assertiveness; reflective practice and values clarification 	Role play demonstrating professional behaviours; group debates; reflective exercises	OSCE, reflective journals, peer feedback	WHO, Prevention and elimination of disrespect and abuse during childbirth (2014); WHO, Recommendations on antenatal care (2016); Podder et al., SOAP note (2023/2025)

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
1.2. Apply emerging skills in basic midwifery processes in caring for a woman in a birth setting	<ul style="list-style-type: none"> Identify normal and abnormal vital signs (BP, temperature, pulse, respiration, urine, oxygenation) Describe steps in conducting physical assessment; Explain essential comfort measures and wound care principles, Outline basic principles of pain management in maternity care Recall safe practice related to fluids, injections, catheterization; Describe bowel care procedures and self ; self-care support measures Explain the importance of promoting upright positions during labour Identify strategies for supporting labour companion; and enhancing emotional well-being. 	<ul style="list-style-type: none"> Perform assessments and procedures safely; comfort measures; monitor maternal status; assist with mobility and self-care 	<ul style="list-style-type: none"> Show attentiveness, responsiveness, patient-centred care 	Skills lab using manikins; simulation of birth scenarios; debriefing sessions	OSCE, skills lab observation, peer/facilitator feedback	Raynor & Marshall, <i>Myles Textbook for Midwives</i> (2020); WHO, Intrapartum Care Guidelines (2018)

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
1.3. Demonstrate critical thinking in assessing, recording and interpreting a woman's vital signs during labour and postnatal period	<ul style="list-style-type: none"> Define key vital signs and their normal ranges Explain the significance the of vital signs deviations in maternal health; Describe indicators used to monitor progression of labour. 	<ul style="list-style-type: none"> Interpret vital signs accurately 	<ul style="list-style-type: none"> Exhibit thoroughness, critical thinking, clinical judgment 	Case-based discussions, simulation exercises, reflection on clinical scenarios	OSCE, case analysis, reflective journals	WHO, Postnatal care for mother and newborn (2022); Podder et al., SOAP note (2023/2025)
Learning unit 2: overview of the processes of childbearing:10Hrs						
2.1. Describe the basic physiological and emotional processes of childbearing in the post-partum period	<ul style="list-style-type: none"> Describe the process of Conception, pregnancy physiology, labour, birth; Explain postnatal bonding and maternal recovery; Identify common emotional and social adjustment during the transition to motherhood; Outline issues related to loss of autonomy and societal expectations Describe the principles of family planning. 	<ul style="list-style-type: none"> Monitor maternal well-beings; support recovery and emotional adjustment 	<ul style="list-style-type: none"> Demonstrate empathy, support, holistic care 	Flipped learning; plenary discussions; case-based simulations	Written assignments, OSCE, reflective journals	WHO & UNICEF, Baby-Friendly Hospital Initiative (2018); Krausé et al., Compassionate care during childbirth (2020)

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
2.2. Summarize the significance of supporting a woman to establish lactation during the post-partum period	<ul style="list-style-type: none"> • Explain the principles of lactation; • Describe the benefits of early skin-to-skin contact; • Identify components of mother-baby dyad; Outline essential information for educating women on breastfeeding; • Recognize newborn behaviours. 	<ul style="list-style-type: none"> • Facilitate breastfeeding; support mother-baby dyad 	<ul style="list-style-type: none"> • Promote encouragement, patience, respect for mother's choices 	Simulation lab role-play, demonstrations, peer discussions	OSCE, skills checklist, reflective journals	WHO & UNICEF, Baby-Friendly Hospital Initiative (2018); Myles Textbook for Midwives (2020)
2.3. Promote breastfeeding in the golden hour of birth	<ul style="list-style-type: none"> • Explain the Importance of skin-to-skin contact; Describe the process of early bonding; • Identify steps in initiating breastfeeding within the first hour after birth. 	<ul style="list-style-type: none"> • Support mother during first hour post-birth 	<ul style="list-style-type: none"> • Value mother-baby bonding and early attachment 	Simulation exercises, demonstration, case studies	OSCE, reflective journals	WHO & UNICEF, Baby-Friendly Hospital Initiative (2018); WHO Intrapartum Care Guidelines (2018)

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching & Strategy & Learning Activities	Assessment Methods	Resources
Learning unit 3: Infection prevention control: 10Hrs						
3.1. Explain the principles of hygiene in health settings and their surroundings	<ul style="list-style-type: none"> Describe the steps of Safe handwashing; Explain universal precautions and their purpose Outline aseptic techniques used in clinical care Identify procedures for proper ;disposal of sharps and contaminated materials; Describe methods for maintaining clean equipment and a safe workspace. 	<ul style="list-style-type: none"> Apply hygiene principles in clinical settings 	<ul style="list-style-type: none"> Demonstrate conscientiousness, responsibility, patient safety 	Role plays, practical exercises in skills lab, discussion of hygiene practices	OSCE, skills lab evaluation, written assignments	WHO, Infection prevention and control, nd; WHO, Hand hygiene research agenda 2023–2030; Global Health Media, Sterilization videos
3.2. Apply principles of hygiene in clinical settings in midwifery practice	<ul style="list-style-type: none"> Explain the principles of maintaining sterile fields; Describe essential operating theatre standards. 	<ul style="list-style-type: none"> Practice aseptic techniques, hand hygiene; maintain clean workspaces 	<ul style="list-style-type: none"> Show diligence, attentiveness, commitment to safety 	Simulation exercises, skills lab, debriefing	OSCE, checklist, peer and facilitator feedback	WHO, Infection prevention and control, nd; WHO, Hand hygiene research agenda 2023–2030

Learning Outcome	Knowledge	Skills	Attitudes /Values/ Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
3.3. Discuss the principles of self-protection in clinical settings of midwifery care	<p>Identify appropriate Personal protective Equipment for various procedures.</p> <p>Describe safe lifting and handling techniques;</p> <p>Explain self-protection strategies to reduce occupational risks.</p>	Apply PPE correctly; follow self-protection protocols	Demonstrate self-care, safety awareness, professionalism	Role-play, simulation, practical lab sessions	OSCE, skills observation, reflective journals	WHO, Infection prevention and control, and; Global Health Media, Sterilization videos



Module 3: **Human Anatomy and Physiology**

The module has two learning units

Unit 1: Introduction to the human body systems

Unit 2: Systemic Anatomy and Physiology

Number of Credits: 10, equivalent to 100 hours

- **Theory: 70 Hours**
- **Practice: 30 hours, Simulation/Skills lab: 30 hours (b) Clinical placement: 0 hours**

Purpose Statement

This module aims to strengthen learners' ability to connect anatomical and physiological knowledge with culturally sensitive, competency-based approaches to maternal and neonatal care, ensuring that graduates can apply scientific principles to improve outcomes in diverse healthcare settings.

Learning outcomes

By the end of the module, the learner will be able to:

1. Describe the major anatomical structures of the human body, using correct scientific terminology
2. Explain physiological mechanisms that maintain homeostasis across body systems, demonstrating understanding through written exams and case-based discussions
3. Analyze clinical scenarios by applying anatomical and physiological knowledge to recognize deviations from normal function, achieving competency in at least 3 case study evaluations
4. Integrate knowledge of anatomy and physiology with maternal and neonatal health contexts, showing the ability to connect theory to practice in simulation or role-play activities
5. Perform basic anatomical observations and physiological measurements (e.g., pulse, respiration) safely and accurately during lab sessions.

Competency 3: Develop an understanding of the Anatomy and Physiology of the Human Body

Learning Outcomes	Knowledge	Skills	Attitudes/Values / Behaviors	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Introduction to the Human Body: 30 hours						
I.1. Describe the major anatomical structures of the human body, using correct scientific terminology	<ul style="list-style-type: none"> Recall the names, locations, and functions of major anatomical structures (e.g., organs, tissues, systems). Describe the hierarchical organization of the body (cells → tissues → organs → systems). 	<ul style="list-style-type: none"> Apply anatomical knowledge to clinical or case-based scenarios (e.g., maternal and neonatal contexts) 	<ul style="list-style-type: none"> Value accuracy and clarity when describing anatomical structures 	Flip learning, plenary discussions, in-class quizzes, and lab exercises	Quizzes, assignments, and OSCE simulation	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Hall J. E. and Hall M. E. (2021). Guyton and Hall textbook of Medical physiology 14th Ed. PA: Elsevier https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology
I.2. Explain physiological mechanisms that maintain homeostasis across body systems, demonstrating understanding through written exams and case-based discussions	<ul style="list-style-type: none"> Explain the concept of homeostasis and its importance in maintaining internal stability 	<ul style="list-style-type: none"> Apply theoretical knowledge to case-based discussions, analyzing scenarios where homeostasis is challenged 	<ul style="list-style-type: none"> Exhibit professionalism in collaborative case discussions, listening actively, and contributing constructively. 	Lab practical on pelvis/fetal skull models, group presentations	Practical exams, lab reports	Martini and Nath (2018), Fundamentals of anatomy and Physiology 11th ed. US: Pearson

Learning Outcomes	Knowledge	Skills	Attitudes/Values / Behaviors	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Introduction to the Human Body: 30 hours						
1.3. Analyze clinical scenarios by applying anatomical and physiological knowledge to recognize deviations from normal function, achieving competency in at least 3 case study evaluations	<ul style="list-style-type: none"> Describe normal anatomical structures and physiological processes across body systems. 	<ul style="list-style-type: none"> Interpret clinical data (vital signs, lab results, imaging) to detect deviations from normal physiology. 	<ul style="list-style-type: none"> Appreciate the importance of linking theory to practice for effective patient care 	Case-based discussions, role-plays	Written assignments, simulation evaluation	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed: Churchill Livingstone Elsevier.
Learning Unit 2: Systemic Anatomy and Physiology: 70 hours						
2.1. Integrate knowledge of anatomy and physiology with maternal and neonatal health contexts, showing the ability to connect theory to practice in simulation or role-play activities	<ul style="list-style-type: none"> Explain maternal and neonatal physiology, including thermoregulation, respiration, and circulation 	<ul style="list-style-type: none"> Demonstrate integration of anatomy and physiology knowledge in simulation or role-play activities 	<ul style="list-style-type: none"> Show empathy and cultural sensitivity when engaging in role-play scenarios. 	Presentations, quizzes, plenary discussions	Assignments, class participation, and OSCE	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed: Churchill Livingstone Elsevier.

Learning Outcomes	Knowledge	Skills	Attitudes/Values / Behaviors	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 2: Systemic Anatomy and Physiology: 70 hours						
2.2. Demonstrate critical thinking the impact of lifestyle, nutrition, and cultural factors on physiological processes, supported by evidence-based reasoning in assignments	<ul style="list-style-type: none"> Explain the role of nutrition in maintaining homeostasis and preventing disease (e.g., micronutrient deficiencies, obesity) 	<ul style="list-style-type: none"> Critically analyze case studies or scenarios where lifestyle, nutrition, or cultural factors influence health outcomes. 	<ul style="list-style-type: none"> Value the importance of evidence-based reasoning in evaluating health-related factors. 	Group work, care plan drafting, case discussions	Care plan submission, peer assessment	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson. (2014), Ross and Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed: Churchill Livingstone Elsevier.
2.3. Perform basic anatomical observations and physiological measurements (e.g., pulse, respiration) safely and accurately during lab sessions	<ul style="list-style-type: none"> Understand the principles behind basic physiological measurements (pulse, respiration rate, blood pressure, temperature). 	<ul style="list-style-type: none"> Perform accurate measurements of vital signs (pulse, respiration, blood pressure, temperature) using appropriate techniques and equipment. 	<ul style="list-style-type: none"> Show respect for peers, instructors, and specimens during lab activities. 	Group work, care plan drafting, case discussions	Care plan submission, peer assessment	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson. (2014), Ross and Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed: Churchill Livingstone Elsevier.



Module 4: Midwifery Science

The module has five Learning Units namely:

Unit 1: Reproductive Anatomy and physiology

Unit 2: Physiological adaptations in pregnancy, parturition and the puerperium

Unit 3: Pathophysiology of common health conditions of pregnancy

Unit 4: Microbiology-Microorganisms

Unit 5: Genetics, Embryo, and Fetal Physiology

Number of Credits: 20 equivalents to 200 hours

- **Theory:180 hours**
- **Practice: 20 hours (a) Simulation/Skills Lab.: 20 hours (b) Clinical placement: 0 hours**

Purpose statement

This module focuses on the anatomy and physiology of reproduction during pregnancy, parturition, puerperium, and menopause as the biological basis for women's and newborns' health. Emphasizing evidence-based science, students will learn about the adaptation of the maternal body to accommodate fetal growth and development. Other vital midwifery science topics in this module include the pathophysiology of common conditions affecting pregnancy, microbiology, and genetics during the perinatal period.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Describe the anatomy and physiology of the primary body systems related to pregnancy, childbirth, the puerperium, and lactation.
2. Describe the physiological changes that occur during pregnancy.
3. Interpret the unique features of the female pelvis and fetal skull in relation to pregnancy, labour, and birth.
4. Characterize the principles of homeostasis and how these impact pregnancy, labour, and birth.
5. Characterize complicated pregnancies in midwifery practice.
6. Explain the pathophysiology of common microorganisms and parasitic infections and their management.

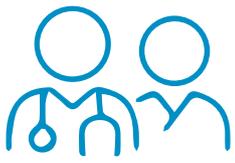
7. Describe the principles of genetics and how they affect fetal development.
8. Explain the etiology, signs, and symptoms associated with major disease processes and disorders in pregnancy.
9. Describe the life cycle, habitat, mode of transmission, medical importance, and nuisance of microorganisms.
10. Apply principles of microbial destruction to control the growth of microorganisms in health facilities.
11. Utilize technology in the identification of common pathogenic microorganisms.
12. Assess fetal well-being.
13. Provide care for the newborn immediately after birth.
14. Provide care to a healthy newborn infant.
15. Manage health problems in a newborn infant and refer if necessary.

Competency 4: Developing a scientific understanding of the anatomy and physiology of reproduction systems						
Learning Outcomes	Knowledge	Skills	Attitudes / Values/ Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Reproductive Anatomy and physiology: 60 hours						
1.1. Describe the anatomy and physiology of primary body systems related to pregnancy, childbirth, the puerperium, and lactation	<ul style="list-style-type: none"> Explain reproductive system structures 	<ul style="list-style-type: none"> Interpret anatomical and physiological features in clinical scenarios 	<ul style="list-style-type: none"> Demonstrate respect for human physiology and ethical application in care 	Flip learning, plenary discussions, in-class quizzes, lab exercises	Quizzes, assignments, OSCE simulation	Blackburn (2012), Marieb & Keller (2018), Myles Textbook (2020)
1.2. Interpret the unique features of the female pelvis and fetal skull in relation to pregnancy, labour, and birth	<ul style="list-style-type: none"> Compare female pelvis and fetal skull structures 	<ul style="list-style-type: none"> Assess labor progress and fetal positioning 	<ul style="list-style-type: none"> Value safe clinical practice and critical thinking 	Lab practicals on pelvis/fetal skull models, group presentations	Practical exams, lab reports	Blackburn (2012), Myles Textbook (2020)
1.3. Characterize principles of homeostasis and impact on pregnancy, labour, and birth	<ul style="list-style-type: none"> Explain homeostatic mechanisms 	<ul style="list-style-type: none"> Monitor maternal and fetal wellbeing 	<ul style="list-style-type: none"> Appreciate importance of physiological balance in care 	Case-based discussions, role-plays	Written assignments, simulation evaluation	Marieb & Keller (2018), StatPearls (2024)
Learning Unit 2: Physiological adaptations in pregnancy, parturition and the puerperium: 40 hours						
2.1. Describe physiological changes during pregnancy, parturition, and puerperium	<ul style="list-style-type: none"> Outline system-specific adaptations 	<ul style="list-style-type: none"> Monitor physiological parameters 	<ul style="list-style-type: none"> Demonstrate vigilance and accuracy in observation 	Presentations, quizzes, plenary discussions	Assignments, class participation, OSCE	Pascual & Langaker (2024), Blackburn (2012)
2.2. Develop a basic midwifery care plan for managing physiological changes	<ul style="list-style-type: none"> Understand clinical relevance of adaptations 	<ul style="list-style-type: none"> Apply care planning for normal pregnancy, labour, puerperium 	<ul style="list-style-type: none"> Show empathy and proactive care planning 	Group work, care plan drafting, case discussions	Care plan submission, peer assessment	Pascual & Langaker (2024), Myles Textbook (2020)

Learning Outcomes	Knowledge	Skills	Attitudes / Values/ Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit3: Pathophysiology of common health conditions of pregnancy: 40 hours						
3.1. Describe pathophysiology of common conditions in pregnancy	<ul style="list-style-type: none"> Explain mechanisms of conditions like DM, HTN, malaria, anemia 	<ul style="list-style-type: none"> Recognize clinical signs and risk factors 	<ul style="list-style-type: none"> Demonstrate clinical vigilance and evidence-based mindset 	Case studies, role plays	Assignments, presentation, quizzes	Ives et al. (2020), Bauserman et al. (2019)
3.2. Explain signs, symptoms, and risk factors	<ul style="list-style-type: none"> List key symptoms and risk factors 	<ul style="list-style-type: none"> Assess maternal/fetal risk 	<ul style="list-style-type: none"> Demonstrate clinical sensitivity and professional accountability 	Case-based discussions	Written exams, peer discussions	MSF Guidelines (2024), Kirthan (2024)
3.3. Evaluate evidence-based care to optimize maternal/fetal health	<ul style="list-style-type: none"> Compare interventions and guidelines 	<ul style="list-style-type: none"> Apply evidence to clinical decision-making 	<ul style="list-style-type: none"> Advocate for patient-centered care 	Literature review, debate, peer discussion	Essays, presentations	Ives et al. (2020), Myles Textbook (2020)
Learning Unit 4: Microbiology -Microorganisms: 30 hours						
4.1. Describe major microorganisms, characteristics, roles in health	<ul style="list-style-type: none"> Classify bacteria, viruses, fungi, parasites 	<ul style="list-style-type: none"> Identify microorganisms in clinical context 	<ul style="list-style-type: none"> Demonstrate infection prevention awareness 	Lectures, lab practical, peer presentations	Lab practical assessment, quizzes	Presterl et al. (2019), Rosenthal et al. (2008)
4.2. Apply microbial destruction principles to control growth	<ul style="list-style-type: none"> Explain sterilization, disinfection methods 	<ul style="list-style-type: none"> Implement infection control practices 	<ul style="list-style-type: none"> Promote hygiene and patient safety 	Simulation lab, case discussions	OSCE, lab assessment	WHO IPC (2023), Presterl (2019)
4.3. Explain microbial infection mechanisms, host response, resistance factors	<ul style="list-style-type: none"> Understand pathogenesis and immune responses 	<ul style="list-style-type: none"> Evaluate infection risk and prevention strategies 	<ul style="list-style-type: none"> Show responsibility and diligence 	Group discussions, role play	Assignments, quizzes	Weimer et al. (2022), Storr et al. (2017)

Learning Outcomes	Knowledge	Skills	Attitudes / Values/ Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 5: Genetics, Embryo, and Fetal Physiology: 30 hours						
5.1. Describe principles of genetics in human development	<ul style="list-style-type: none"> Explain inheritance patterns, DNA/chromosomes 	<ul style="list-style-type: none"> Integrate genetic principles into comprehensive fetal assessment 	<ul style="list-style-type: none"> Appreciate ethical implications in care 	Case studies, presentations	Written assignments, quizzes	Kirk et al. (2011), Doherty et al. (2023)
5.2. Explain effect of genetics on fetal development	<ul style="list-style-type: none"> Describe gene-related fetal growth influences 	<ul style="list-style-type: none"> Use genetic principles to anticipate congenital anomalies 	<ul style="list-style-type: none"> Promote family education and counseling 	Role play, flipped learning	Presentation, forum posts	Kirk et al. (2011), Doherty et al. (2023)
5.3. Describe fetal development processes, including placenta	<ul style="list-style-type: none"> Outline fetal development from conception to birth 	<ul style="list-style-type: none"> Monitor fetal well-being, provide newborn care 	<ul style="list-style-type: none"> Demonstrate care, vigilance, and ethical responsibility 	Simulation labs, case study discussion	OSCE, written exams	Raynor & Marshall (2020), Kirk et al. (2011)

MIDWIFERY PROGRAM DESCRIPTION YEAR I, SEMESTER II: ADVANCED DIPLOMA IN MIDWIFERY SCIENCES.



Module 5: Behavioural and Social Science in Health

This Module has three Units learning outcomes:

Unit 1: Sociology and Behavioural Sciences in Maternal and Child Health

Unit 2: Psychology of Health and Illness, and Human Development

Unit 3: Health Inequality, Culture, and Traditional Care

Number of Credits: 10 equivalents to 100 hours

- **Theory: 100 hours**
- **Practice: 0 hours (a) Simulation/Skills lab 0 hours (b) Clinical placement: 0 hours.**

Purpose Statement:

This module examines how social, economic, and environmental determinants influence health behaviours, particularly for women during the perinatal period. The module emphasizes the importance of culturally competent and safe care, providing midwives with the knowledge to understand and support women's health beliefs and behaviours comprehensively.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Describe how the principles of psychology and sociology apply to midwifery practice.
2. Compare the biomedical, biopsychosocial, and socio-ecological models of health.
3. Analyse factors that influence women's health-seeking behaviours.
4. Evaluate the significance of cultural competence within midwifery practice.
5. Discuss the relationship between stress and health in a woman's life cycle.
6. Explain the psychological effects of illness, the psychology of pain, and management throughout a woman's life cycle.
7. Describe the prevalence of harmful practices in Rwanda during the perinatal period.

Competency 5: Comprehends how social, economic and environmental determinants impact health behaviours						
Learning Outcome	Knowledge	Skills	Attitude / Values/ Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Sociological and Behavioural Sciences in Maternal and Child Health: 30 hours						
1.1. Analyse factors influencing women's health-seeking behaviours	<ul style="list-style-type: none"> Explain social determinants of health, gender and societal norms, biological, psychological, and sociological factors, healthcare access and inequalities 	<ul style="list-style-type: none"> Analyze community and household factors affecting health-seeking; apply assessment frameworks 	<ul style="list-style-type: none"> Demonstrate empathy, cultural sensitivity, and respect for diverse women's perspectives 	Group discussions, role-play, plenary presentations, flipped learning via LMS, forum chat	Written reflection, oral presentation, peer discussion feedback, short quizzes	WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022; WHO 2024
1.2. Discuss significance of cultural competence within midwifery practice	<ul style="list-style-type: none"> Describe principles of cultural competence, cultural safety, and cultural humility in midwifery 	<ul style="list-style-type: none"> Apply culturally competent approaches to care planning and decision-making 	<ul style="list-style-type: none"> Demonstrate respect, ethical behaviour, and sensitivity to cultural diversity 	Case studies, interactive lectures, peer-to-peer learning, plenary discussion	Case study analysis, oral reflection, role-play evaluation	WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022; WHO 2024
1.3. Compare biomedical, biopsychosocial, and socio-ecological models of health	<ul style="list-style-type: none"> Explain the concepts and components of biomedical, biopsychosocial (including behavior change theory), and socio-ecological health models 	<ul style="list-style-type: none"> Compare models; integrate models in health assessment and care planning (behavior change) 	<ul style="list-style-type: none"> Appreciate multi-dimensional approaches to women's health 	Interactive lectures, group discussion, LMS forum discussion	Short quizzes, group presentations, Behavior Change small group project	WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022; WHO 2024

Learning Outcome	Knowledge	Skills	Attitude / Values/ Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Learning Unit 2: Psychology of Health and Illness, and Human Development: 50 hours						
2.1. Discuss relationship between stress and health in a woman's life cycle	<ul style="list-style-type: none"> Explain physiological and psychological effects of stress; understand coping mechanisms; link stress to reproductive health 	<ul style="list-style-type: none"> Identify stressors; apply stress management and counselling techniques 	<ul style="list-style-type: none"> Show empathy; maintain supportive communication; respect individual coping styles 	Case studies, interactive lectures, plenary discussion, forum chat	Written assignments, oral presentations, peer review, case analysis	WHO Mental Health 2022; WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022
2.2. Explain psychological effects of illness, psychology of pain and management throughout life-cycle	<ul style="list-style-type: none"> Describe illness perception, pain theories, psychosocial impacts of disease, and coping strategies 	<ul style="list-style-type: none"> Assess psychological needs; provide counselling and support; guide women through pain and illness 	<ul style="list-style-type: none"> Demonstrate compassion, patience, and professional ethics 	Role-play, case discussion, group activities, plenary sharing	Written case studies, oral reflection, peer evaluation	Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022
2.3. Apply principles of psychology and sociology in midwifery practice	<ul style="list-style-type: none"> Understand theories of human development (Erikson, Bowlby), impact of culture, genetics, epigenetics, and societal structures on health 	<ul style="list-style-type: none"> Apply developmental theories in care planning; assess psychosocial needs; facilitate communication 	<ul style="list-style-type: none"> Exhibit ethical practice, cultural competence, and supportive attitude 	Group work, interactive lectures, plenary discussion, LMS forum posts	Written assignments, oral presentations, peer feedback	Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022

Learning Outcome	Knowledge	Skills	Attitude / Values/ Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Health Inequality, Culture, and Traditional Care: 20 hours						
3.1. Describe prevalence of harmful practices in Rwanda during perinatal period	<ul style="list-style-type: none"> Describe traditional and harmful practices, socio-cultural determinants of health, gender-based violence, over-medicalization, tokophobia 	<ul style="list-style-type: none"> Identify harmful practices; evaluate risks and propose culturally safe interventions 	<ul style="list-style-type: none"> Demonstrate cultural humility, ethical practice, and respect for women 	Case study discussion, group work, plenary presentation, forum posts, flipped learning	Written case studies, oral reflection, peer discussion feedback	Ministry of Health Rwanda 2019; Tesfaye et al. 2022; Burayu & Degefa 2024; WHO 2018; UNFPA 2022
3.2. Discuss significance of cultural competence within midwifery practice	<ul style="list-style-type: none"> Explain principles of cultural competence, cultural safety, and individualised care 	<ul style="list-style-type: none"> Apply culturally safe care in practice scenarios; avoid stereotypes; promote inclusion 	<ul style="list-style-type: none"> Exhibit cultural humility, empathy, and ethical behaviour 	Group discussion, role-play, plenary presentation, forum chat	Oral reflection, peer feedback, written assignments	Ministry of Health Rwanda 2019; Tesfaye et al. 2022; Burayu & Degefa 2024; WHO 2018; UNFPA 2022



Module 6: ***Communication and Emerging Technologies in Health Care***

This module has three units:

Unit 1: Effective Communication within Midwifery Profession

Unit 2: Documentation and Sharing Information

Unit 3: ICT Applications and Innovations in Modern Healthcare Services

Number of credits: 8, equivalent to 80 Hours

- **Theory: 61 hours**
- **Practice: 19 hours i.e. (a) Simulation/Skills Lab.: 14 hours (b) Clinical placement: 0 hours**

Purpose Statement:

This module equips learners with communication and counseling skills necessary for working in partnership with women emphasizing the importance of effective communication to build therapeutic relationships that enhance women's experiences during the perinatal period. The module covers health education facilitation, information sharing, collaboration with colleagues, and accurate clinical documentation.

Through exploring empathetic and compassionate care, learners will develop active and reflective listening, as well as verbal and non-verbal communication skills. Practical skills such as note-taking, recording observations, and charting will be taught, with role-playing scenarios providing hands-on practice. These scenarios will help learners master professional communication, including consultation and referral processes.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the significance of informed consent, personalized decision-making, maintaining privacy and confidentiality, and continuously seeking feedback for improvement.
2. Explain the significance of providing respectful, responsive, and appropriate communication when supporting women in perinatal period, families, and communities.
3. Demonstrate effective communication skills when counselling and providing health education to women and their families, health-care teams, and community groups.
4. Describe the principles of accurate documentation of a woman's care.
5. Distinguish local and international ethical, legal, and policy frameworks in relation to midwifery and women's health.
6. Demonstrate culturally sensitive communication skills when discussing health related issues with women, families, and communities, respecting diverse beliefs, practices, and values.
7. Identify conditions outside midwifery scope of practice.



Competency 6: Communication in partnership with women

Learning Outcomes	Knowledge	Skills	Attitude/Values/Behaviour	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Effective Communication within Midwifery Profession: 20 hours						
1.1. Explain significance of informed consent, personalized decision-making, maintaining privacy, confidentiality, and continuously seeking feedback.	<ul style="list-style-type: none"> Describe principles of informed consent, ethical/legal frameworks, privacy, confidentiality, and professional communication 	<ul style="list-style-type: none"> Apply effective communication, counselling, and health education Use active listening, empathetic responses, questioning, and feedback skills 	<ul style="list-style-type: none"> Exhibit respect, empathy, cultural sensitivity, ethical responsibility, accountability, and commitment to continuous improvement. 	Interactive lectures, simulated women interaction, role plays, collaborative care plan exercises, peer feedback and reflection sessions, discussion of clinical scenarios, reflection on personal communication style.	Portfolio of role plays, peer feedback, facilitator observation, rubric-based assessment of communication skills, written reflection of case scenarios.	Shahid & Thomas, 2018; Kerkin et al., 2018; McCorry & Mason, 2020; Raynor & Marshall, 2020; Maternity Today, 2023.
1.2. Explain significance of providing respectful, responsive and appropriate communication when supporting women, families and communities.	<ul style="list-style-type: none"> Analyze communication methods and their impact on midwifery care. 	<ul style="list-style-type: none"> Demonstrate culturally responsive communication. 				
1.3. Describe local and international ethical, legal and policy frameworks in relation to midwifery and women's health.						
1.4. Demonstrate effective communication skills when counselling and providing health education to women and their families.						

Learning Outcomes	Knowledge	Skills	Attitude/Values/Behaviour	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning Unit 2: Documentation and Sharing Information: 20 hours						
<p>2.1. Describe principles of accurate documentation of a woman's care.</p> <p>2.2. Explain significance of providing respectful, responsive and appropriate communication when supporting women during labour, birth, and postnatal period.</p>	<ul style="list-style-type: none"> Recall legal and professional standards for documentation, data protection, and ethical record-keeping Analyze methods to accurately record and share information. 	<ul style="list-style-type: none"> Apply accurate documentation using charts, digital platforms, and SBAR communication. Demonstrate concise handovers and collaborative care documentation. 	<ul style="list-style-type: none"> Exhibit accountability, ethical responsibility, respect for privacy, timeliness, and attention to detail. 	<p>Interactive lectures, role plays with case scenarios, technology-assisted documentation exercises, collaborative care plan documentation, reflective discussions.</p>	<p>Portfolio of role plays and documentation tasks, facilitator observation, rubric-based assessment, written reflection, demonstration of care plan documentation.</p>	<p>Shahid & Thomas, 2018; Kerkin et al., 2018; McCorry & Mason, 2020; Raynor & Marshall, 2020; Maternity Today, 2023.</p>

Learning Outcomes	Knowledge	Skills	Attitude/Values/Behaviour	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning unit 3: ICT Applications and Innovations in Modern Healthcare Services						
<p>3.1. Describe common ICT applications such as electronic health records, telemedicine, mHealth, and clinical decision support systems.</p> <p>3.2. Discuss ethical, legal, and privacy considerations when using digital technologies in healthcare</p> <p>3.3. Describe emerging innovations such as AI, wearable devices, and remote monitoring</p>	<ul style="list-style-type: none"> Explain concepts such as mHealth, telemedicine, remote monitoring, decision-support systems, and data analytics. Explain basic features of AI, wearables, and remote monitoring tools. 	<ul style="list-style-type: none"> Assess digital health solutions (e.g., mHealth apps, telemedicine) for maternal/newborn care in terms of effectiveness, usability, and safety. Simulate using relevant digital health technologies 	<ul style="list-style-type: none"> Value patient privacy, data security, and equity when considering digital health interventions Professional accountability in using digital technologies ethically and legally 	<p>Case-based learning: present real-world case studies (e.g., ASMAN platform, Rwanda’s Virtual Hospital) to discuss how digital health has been used in maternal/newborn care. Hands-on simulation / role-play:</p>	<p>Reflective report or essay</p> <p>Practical project / presentation</p> <p>Field visit</p> <p>Short demonstrations of digital health tools.</p>	<p>Mondal R. Role of e-health , m-health , and telemedicine or telehealth during the COVID-19 pandemic 2025;12:1531–40.</p> <p>Ferreira JC, Elvas LB, Correia R, Mascarenhas M. Empowering health professionals with digital skills to improve patient care and daily workflows. <i>Healthcare</i>. 2025; 13(3):329. https://doi.org/10.3390/healthcare1303032</p>



Module 7: Supporting Healthy Pregnancy

This module has three main learning Units

Unit 1: Preconception Guidance

Unit 2: First Trimester of Conception and its Complications

Unit 3: Second and third trimester and its complications

Number of credits: 36 Equivalent to 360 hours

- **Theories: 95 hours**
- **Practice: 265 hours i.e. (a) Simulation: 25 hours (b) Clinical placement: 240 hours**

Note: 240 Clinical hours will be covered in clinical attachment 2

Purpose statement:

This module centres on pregnancy as a significant yet normal part of a woman's reproductive lifespan, building on prior knowledge in the programme. It focuses on midwifery care for healthy women during pregnancy, guided by the midwifery model and woman-centred, respectful, and compassionate care. Learning strategies to support and educate women on maintaining health during pregnancy.

Practical skills, including thorough physical assessments and recognizing complications, will be developed in the simulation lab including preconception care and emphasizing preparation for a healthy pregnancy. Following this module, learners will complete clinical placement in an antenatal setting, gaining experience in a midwifery continuity of care model.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate knowledge about preconception care tailored to women's individual needs.
2. Provide appropriate midwifery care throughout the antenatal period.
3. Assess fetal growth and well-being during pregnancy.
4. Effectively and safely care for women in accordance with jurisdictional laws, regulatory requirements, and codes of conduct.
5. Deliver respectful, compassionate, comprehensive, and inclusive care to the woman and her family.
6. Identify conditions outside midwifery scope of practice and consult or refer appropriately when complications arise.
7. Develop a comprehensive care plan for a healthy pregnancy that promotes general health and well-being of women and infants.
8. Demonstrate effective interpersonal communication with women, families, healthcare teams, and community groups.
9. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and changes in the family.

Competency 7: The ability to support and promote a healthy pregnancy

Learning Outcomes	Knowledge	Skills	Attitude/Values/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Preconception Guidance: 30 hours						
<p>1.1. Demonstrate knowledge about preconception care for women's individual needs.</p> <p>1.2. Provide care to the woman and her family in a way that is respectful, compassionate, comprehensive and inclusive.</p> <p>1.3. Create a comprehensive care plan for a healthy pregnancy.</p>	<ul style="list-style-type: none"> Explain preconception care principles, including folic acid supplementation, genetic screening, STI prevention, and environmental risks. Describe psychosocial, nutritional, and cultural considerations. 	<ul style="list-style-type: none"> Assess preconception needs, counsel women and families, conduct screenings, develop individualized care plans, provide health education. 	<ul style="list-style-type: none"> Demonstrate empathy, respect, cultural sensitivity, and professionalism. 	<p>Interactive lectures, group discussions, role-plays, case studies, skills lab simulations, short and extended answer quizzes.</p>	<p>Formative: OSCE, quizzes, assignments, one-minute papers; Summative: end-of-unit exam, comprehensive care plan assignment.</p>	<p>Raynor & Marshall (2020), Mirlashari et al. (2022), Tarzia & Hegarty (2021)</p>

Learning Outcomes	Knowledge	Skills	Attitude/Values/Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 2: First Trimester of Conception and Its Complications: 60 hours						
2.1. Provide care respectfully, compassionately, comprehensively, and inclusively	<ul style="list-style-type: none"> Explain physiological and anatomical changes in early pregnancy, antenatal screening, early pregnancy complications (miscarriage, ectopic pregnancy), national/international guidelines, mental health, adolescent pregnancy considerations. 	<ul style="list-style-type: none"> Conduct comprehensive antenatal assessments, fetal well-being evaluations, apply clinical reasoning for early pregnancy complications, provide anticipatory guidance and health education. 	<ul style="list-style-type: none"> Show professionalism, empathy, patient-centered care, and ethical decision-making. 	Interactive lectures, case discussions, role-plays, skills labs, guided readings, reflective journaling, simulation scenarios.	Formative: OSCE, quizzes, one-minute papers, assignments- Summative: written exams, case study assessments.	Raynor & Marshall (2020), WHO (2016), Mirlashari et al. (2022), Tarzia & Hegarty (2021)
2.2. Demonstrate ability to safely care for women in the antenatal period.						
2.3. Provide appropriate midwifery care in the antenatal period.						
2.4. Consult appropriately when complications in pregnancy arise.						
2.5. Assess fetal growth and well-being during the antenatal period.						

Learning Outcomes	Knowledge	Skills	Attitude/Values/Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 3: Second and third trimester and its complications						
3.1. Provide care respectfully, compassionately, comprehensively, and inclusively.	<ul style="list-style-type: none"> Explain maternal and fetal physiological changes, screening for complications (GDM, pre-eclampsia, malpresentation), fetal monitoring techniques (ultrasound, Doppler, CTG), post-date care, nutrition, pharmacology in pregnancy, birth preparation, and breastfeeding education. 	<ul style="list-style-type: none"> Perform maternal and fetal assessments, monitor fetal growth, palpation, auscultation, interpret investigations, develop and update care plans, educate and counsel families, collaborate with healthcare teams. 	<ul style="list-style-type: none"> Demonstrate empathal cultural sensitivity, collaboration, ethical responsibility, and effective communication skills. 	Interactive lectures, case-based discussions, skills lab simulations, role-plays, team-based learning, clinical observation, reflective journaling, scenario-based problem solving.	Formative: OSCE, quizzes, hands-on assessments, assignments; Summative: written exams, comprehensive care plan evaluation, simulation assessments.	Raynor & Marshall (2020), WHO (2016), Mirlashari et al. (2022), Tarzia & Hegarty (2021)
3.2. Create a comprehensive care plan for a healthy pregnancy.						
3.3. Demonstrate effective interpersonal communication with women, families, and healthcare teams.						
3.4. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family.						



Module 8: ***Nutrition and Dietetics in the Perinatal Period.***

This module has two main learning Units

Unit 1: Nutrition science

Unit 2: Dietetics

Number of credits: 5, equivalent to 50 Hours

- **Theory: 40 hours**
- **Practice: 10 hours i.e. (a) Simulation/Skills Lab: 10 hours (b) Clinical placement: 0 hours**

Purpose Statement

This module emphasizes the importance of nutrition in determining health outcomes for women, neonates, and infants during the pre and postnatal period. The module aims to equip learners with the knowledge and skills necessary to provide evidence-based information on maintaining healthy food choices within the context of their social and physical environment. Learners will learn the foundations of good nutrition, explore disorders related to poor nutritional status, and study treatment modalities including supplements, diet, and attention to daily nutritional requirements during the pre and postnatal period. The benefits of breastfeeding and dietary needs during and after pregnancy will be examined.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Compare the processes of digestion and absorption of food
2. Analyze how digestion and absorption of food adapt during pregnancy.
3. Explain how principles of good food hygiene and safe storage practices prevent illness in women, neonates, and infants.
4. Appraise nutritional deficiency disorders and evaluate appropriate management strategies.
5. Communicate effectively the specific nutritional needs of pregnancy, neonates, and infants, including the benefits of breastfeeding, to women and families.
6. Reflect on socio-cultural, economic, and psychological factors that influence food choices and eating behaviours during pregnancy.
7. Demonstrate effective interpersonal communication with women, families, healthcare teams, and community groups regarding nutrition.
8. Apply principles of nutrition to assess health status, screen for risks, and promote the well-being of women and infants Describe public health policies and programs related to maternal and infant nutrition
9. Integrate ethical and culturally sensitive approaches into nutritional counseling and interventions for women, neonates, and infants

Competency 8 : Balanced Diet in Pre and Postnatal Care						
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Nutrition Science: 20 hours						
1.1. Explain the specific nutritional needs of pregnancy, neonates and infants, including the benefits of breastfeeding to women and families	<ul style="list-style-type: none"> Describe macronutrients and micronutrients and their roles Explain metabolic mechanisms and nutrient absorption Analyze physiological adaptations in pregnancy affecting digestion and absorption Identify environmental, cultural and social determinants of diet. 	<ul style="list-style-type: none"> Demonstrate nutritional assessment techniques Conduct diet history and 24-hour recall interviews Design individualized three-day meal plans for pregnant women with specified conditions Evaluate and compare digestive functions in pregnant vs non-pregnant women 	<ul style="list-style-type: none"> Demonstrate empathy and cultural sensitivity Uphold patient-centred counselling and respect for choices (Respond) Advocate for evidence-based nutrition 	<p>Present: Interactive lectures that explain key concepts (Present).</p> <p>Practice: Role-play breastfeeding and nutrition counselling (Practice, Demonstrate).</p> <p>Workshop: Nutrition assessment and meal-plan design (Create, Apply).</p> <p>Field activity: Market visit to assess food availability (Investigate). - Reflective journaling on cultural influences (Reflect).</p>	<p>Formative: Short quizzes to test understanding (Assess), OSCE role-play for counselling (Observe, Evaluate), peer feedback on meal-plan task (Review). Summative: Written exam (Recall/ Explain), graded case-study report (Analyze/Create).</p>	Chalasani & Ortayli (2017); USAID Momentum guides (2022); Myles Textbook for Midwives (2020); Global Health Learning (2018).
1.2. Analyze factors that influence food choices and eating behaviours during pregnancy						
1.3. Interpret the principles of food digestion and absorption during pregnancy						

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 2: Evidence-Based Nutrition and Dietetics: 30 hours						
2.1. Evaluate different nutritional deficit disorders and design appropriate management plans.	<ul style="list-style-type: none"> Recall common nutritional disorders (anaemia, malnutrition, rickets, scurvy) 	<ul style="list-style-type: none"> Perform nutritional diagnosis using BMI, MUAC, growth charts 	<ul style="list-style-type: none"> Display commitment to evidence-based practice and patient safety 	<p>Teach: Case-based seminars on nutritional disorders</p> <p>Practice: Hands-on workshops for nutritional assessment (</p> <p>Demonstrate: Food hygiene and safe preparation labs</p> <p>Engage: Field visits and community education project planning (Investigate, Create).</p>	<p>Formative: Practical checklists during workshops (Observe, Feedback), OSCE stations on assessment/ counselling (Assess), reflective essays (Reflect). Role play</p> <p>Summative: Written exam with case scenarios (Analyze/Evaluate), graded community education project</p>	Myles Textbook for Midwives (2020); USAID Momentum (2022); WHO/ FAO food safety guidelines; Global Health Media resources.
2.2. Apply principles of food hygiene and safe storage during health education to prevent illness in maternal and infant contexts.	<ul style="list-style-type: none"> Explain evidence-based treatment and supplementation protocols 	<ul style="list-style-type: none"> Construct and justify treatment plans including supplementation and therapeutic feeding 	<ul style="list-style-type: none"> Respect and adapt to cultural food practices while promoting safe choices 			
2.3. Analyze socio-cultural, economic and environmental factors that influence food choices and eating behaviours during pregnancy.	<ul style="list-style-type: none"> Evaluate national and global nutrition policy recommendations Identify pathogens associated with foodborne illness and their control measures 	<ul style="list-style-type: none"> Demonstrate safe preparation of infant formula and safe food handling Design and implement a community food-hygiene education session 	<ul style="list-style-type: none"> Advocate for equitable food access and community interventions (Organize). 			



Module 9: **Midwives and Primary Health Care**

This Module has two learning Units

Unit 1: Concepts of Public Health

Unit 2: Midwifery and Community

Number of Credits: 5, equivalent to 50 hours

- **Theory: 20 hours**
- **Practice hours (a) Simulation/Skills lab: 0 hours (b) clinical placement: 30 hours**

Note: 30 Clinical hours will be covered in clinical attachment 1

Purpose Statement:

This module explores how the principles of primary health care are situated within the public health framework. It contributes to the learner's understanding of how access to universal health coverage improves the community's experience of health. The module encourages learners to reflect on the midwife's role in promoting health and well-being and preventing illness and on how social disadvantages and other vulnerabilities impact health outcomes.

This module has a community health focus, and learners will participate in a health clinic setting, supporting health autonomy for women and families. Learners will learn to recognize and treat common health issues that present in the primary health-care setting and offer best evidence-based health education to support and motivate health-seeking behaviours.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the principles of public health and primary health care.
2. Evaluate the function of primary and public health care systems within the national context.
3. Analyze how social determinants of health, privileges, and cultural constructs influence women's access to universal health care and their health-seeking behaviors.
4. Appraise the midwife's role in delivering primary health care tailored to sexual and reproductive health needs.
5. Empower women to make informed decisions regarding their care through counseling and shared decision-making approaches.
6. Demonstrate effective interpersonal and professional communication skills with women, families, healthcare teams, and community groups, particularly in promoting health and well-being.

Competency 9: Empowering individuals, families and communities to take charge of their Own Health						
Learning Outcomes	Knowledge	Skills	Attitudes/Values/Behaviours	Teaching Strategies/Learning Activities	Assessment Methods	Resources
Learning unit 1: Concepts of public health: 10 hours						
1.1. Evaluate the function of primary and public health care within your country.	<ul style="list-style-type: none"> Explain concepts of health, wellness, and determinants of health; Describe elements/pillars of public health; Identify structures of Rwanda health system, referral pathways, and SDGs related to SRM/NAH. 	<ul style="list-style-type: none"> Analyze national public health policies and programmes; Compare primary health care and public health frameworks; Apply health system mapping to maternal and newborn care. 	<ul style="list-style-type: none"> Appreciate the importance of strong health systems; Demonstrate respect for inter-professional collaboration and equity in healthcare delivery. 	Interactive lectures and group discussions; Case studies on Rwanda health system; Group presentations on SDG targets; Flipped classroom using WHO guidelines.	Written assignment (policy review); Oral presentation with peer feedback; One-minute paper reflection; Portfolio (case study analysis).	WHO guidelines (2022); Rwanda health policy documents; Ottawa Charter; SDG reports; Renfrew et al. Lancet (2014).
1.2. Debate the how privileges and the social determinants of health impact women's ability to access universal health care.	<ul style="list-style-type: none"> Describe social determinants of health (income, education, gender, culture, geography). 	<ul style="list-style-type: none"> Conduct stakeholder analysis; Critically debate barriers to universal health coverage; Interpret health equity frameworks (AAAQ). 	<ul style="list-style-type: none"> Value equity, inclusiveness, and women's rights in healthcare; Demonstrate advocacy for marginalized groups. 	Debates on social determinants and equity; Peer-to-peer role plays exploring health-seeking behaviours; Reflective journals on cultural constructs and access barriers.	Debate performance with rubric; Reflective journal submission; Group work assessment; Written short essay on determinants.	WHO AAAQ framework; WHO UHC resources; Ottawa Charter; Community health policy documents.

Learning Outcomes	Knowledge	Skills	Attitudes/Values/ Behaviours	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
Learning unit 2: Midwifery and community: 10 hours						
2.1. Evaluate the function of primary and public health care within your country.	<ul style="list-style-type: none"> Identify public and primary health care priorities in maternal health; Explain community health organization and referral pathways. 	<ul style="list-style-type: none"> Assess community health programmes Map health services available for women and families Analyze gaps in access and delivery. 	<ul style="list-style-type: none"> Value the role of community-based health interventions; Show commitment to improving community health. 	Group work analyzing Rwanda's primary health care priorities; Simulation of referral pathways; Problem-based learning (case studies).	Written policy review; Group presentation; Scenario-based oral test.	WHO Primary Health Care resources; Rwanda MOH community health policy.
2.2. Appraise the midwife's role in providing primary health care specific to sexual and reproductive health needs.	<ul style="list-style-type: none"> Explain SRH needs in community settings Identify areas of midwifery expertise in community outreach. 	<ul style="list-style-type: none"> Apply counselling and communication theories; Deliver community health education; Engage stakeholders in SRH programmes. 	<ul style="list-style-type: none"> Show empathy, respect, and cultural sensitivity in SRH counselling; Advocate for women's SRH rights. 	Role play on SRH counselling; Peer-to-peer review of health education materials; Flipped classroom with SRH case studies.	OSCE (counselling skills); Health education project assessment; Reflective peer feedback.	WHO SRH and self-care guidelines; UNFPA SRH programme frameworks.

Learning Outcomes	Knowledge	Skills	Attitudes/Values/Behaviours	Teaching Strategies/Learning Activities	Assessment Methods	Resources
2.3. Communicate effectively on health promotion and well-being.	<ul style="list-style-type: none"> Define health promotion principles and communication theories. 	<ul style="list-style-type: none"> Demonstrate effective interpersonal, group, and community communication; Facilitate family health assessments. 	<ul style="list-style-type: none"> Value respectful and inclusive communication; Demonstrate teamwork and accountability. 	<p>Interactive workshops on communication; Community mapping and family assessment simulation; Think-pair-share exercises.</p>	OSCE (communication station); Family assessment portfolio; Peer-assessment in role plays.	WHO Health Promotion frameworks; Ottawa Charter; AAAQ framework.
2.4. Apply community health models and frameworks in midwifery practice.	<ul style="list-style-type: none"> Describe theories and models of community health and their historical development. 	<ul style="list-style-type: none"> Apply community health theories to maternal/neonatal emergencies; Integrate family needs assessment into practice. 	<ul style="list-style-type: none"> Value collaborative, community-driven health solutions; Uphold safety and ethics in community work. 	<p>Case study analysis of maternal emergencies in communities; Group projects designing community interventions; Simulation exercises.</p>	Group project presentation; Written report on case study; Reflective journal on ethics in community practice.	Maternity Worldwide (Three Delays Model); WHO EPMM strategy; UN SDG agenda.



Module 10: Clinical Placement 1 (Fundamentals of midwifery+Supporting Healthy pregnancy Midwives and Primary Health Care)

This module is composed of Three Learning units:

Unit 1: Fundamentals of Midwifery

Unit 2: Supporting Healthy Pregnancy

Unit 3: Midwives and Primary Health Care

Number of Credits: 35, equivalent to 350 hours

- **Theory: 0**
- **Practice: 0 hours (a) simulation: 0 hours (b) clinical placement: 350 hours**

Purpose Statement

This clinical placement module equips learners with the competencies to apply theoretical knowledge in real health-care settings. Learners will demonstrate professional behaviours, safe practice, and clinical skills across midwifery care, antenatal care, and primary health-care services. Competency assessment ensures students provide evidence-based, respectful, woman-centred care. The first unit introduces learners to fundamental midwifery competencies, including essential clinical skills, assessment, and communication with women and families. The second and third units enable learners to apply their understanding of pregnancy-related physiological and emotional changes to provide respectful, evidence-based antenatal care, while developing the ability to make informed clinical decisions and support women throughout the continuum of care.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Monitor the progression of pregnancy using appropriate clinical tools and evidence-based guidelines.
2. Assess fetal well-being through evidence-based monitoring methods.
3. Promote physiological labour and birth by supporting natural processes and minimizing unnecessary interventions.
4. Provide safe and effective postnatal care for the healthy woman, addressing both physical and emotional needs.
5. Demonstrate accountability by taking responsibility for decisions and actions as an autonomous practitioner.

6. Assume responsibility for self-care and continuous professional development as a midwife.
7. Demonstrate effective interpersonal communication with women, families, healthcare teams, and community groups.
8. Assess the health status, screen for risks, and promote the general health and well-being of women and infants.
9. Manage common reproductive and early-life health problems in women.
10. Explain jurisdictional laws, regulatory requirements, and codes of conduct guiding midwifery practice.
11. Identify refer conditions outside the midwife's scope of practice appropriately.
12. Summarize the significance of supporting a woman to establish and sustain lactation.
13. Demonstrate knowledge of preconception care tailored to women's individual needs.
14. Monitor the progression of pregnancy using evidence-based guidelines.
15. Assess fetal growth and well-being during the antenatal period.
16. Explain jurisdictional laws, regulatory requirements, and codes of conduct for antenatal midwifery practice.
17. Determine the health status of the woman through history, physical examination, and investigations.
18. Promote health behaviours that improve maternal and family well-being.
19. Assist women and families in planning for an appropriate place of birth.
20. Detect, manage, and refer women with complicated pregnancies to appropriate levels of care.
21. Develop a comprehensive care plan for a woman with a healthy pregnancy during clinical placement.
22. Demonstrate effective communication with pregnant women, including education, vaccinations, and counselling on danger signs.
23. Provide anticipatory guidance on pregnancy, birth, breastfeeding, parenthood, and family changes



Competency 10: Work in evidence-based, and woman-centred midwifery care across antenatal, intrapartum, postnatal, and primary health-care settings.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Learning Unit 1: Fundamentals of Midwifery (80 Hrs) (≈2 weeks)						
1.1. Apply holistic and woman-centred midwifery care in clinical settings.	<ul style="list-style-type: none"> Examine principles of holistic and woman-centred care in motherhood period; Scrutinize Scope of midwifery practice in providing safe, ethical, and evidence-based care 	<ul style="list-style-type: none"> Perform basic midwifery procedures safely under supervision Communicate clearly with women and families 	<ul style="list-style-type: none"> Demonstrate Professionalism, empathy, and respect for motherhood dignity. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Direct observation, logbook, e-portfolio Observation, reflective journal	Clinical protocols, theoretical module resources, infection control guidelines.
1.2. Apply measures of medical and surgical asepsis, infection control, and patient safety.	<ul style="list-style-type: none"> Establish infection control principles, aseptic techniques, PPE usage, and sterilization methods to protect a woman and her offspring. 	<ul style="list-style-type: none"> Perform hand hygiene and infection control procedures Set up and maintain sterile field Administer IM and SC injections Manage IV fluids and urinary catheterization Demonstrate Perform safe manual handling Provide comfort measures 	<ul style="list-style-type: none"> Show commitment to patient safety and hygiene with attention to detail. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Observation, checklist, logbook Direct observation, logbook Observation, logbook, clinical rubric Observation, logbook, supervisor feedback Observation, checklist Observation, logbook	Clinical protocols, theoretical module resources, infection control guidelines.

Learning Outcomes	Knowledge	Skills	Attitudes/Behaviours	Learning Activities	Assessment Methods	Resources
Learning Unit 1: Fundamentals of Midwifery (80 Hrs) (≈2 weeks)						
1.3. Describe scope, standards, and responsibilities of a midwife.	<ul style="list-style-type: none"> Explain Midwifery scope of practice, professional standards and codes. 	<ul style="list-style-type: none"> Identify tasks within scope; refer appropriately 	<ul style="list-style-type: none"> Uphold accountability, ethical conduct, self-awareness across antenatal, intrapartum, and postnatal periods. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Supervisor assessment, reflective logbook notes	Clinical protocols, theoretical module resources, infection control guidelines.
1.4. Assess vital signs of the woman.	<ul style="list-style-type: none"> Explain normal vital signs, physiology, and relevant pathophysiology. 	<ul style="list-style-type: none"> Measure and record vital signs accurately 	<ul style="list-style-type: none"> Demonstrate accuracy, attentiveness, patient-centered approach while. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Direct observation, logbook, OSCE	Clinical protocols, theoretical module resources, infection control guidelines.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 2: Supporting healthy pregnancy (240 Hours (≈7 weeks))						
2.1. Explain evidence-based information to support a healthy pregnancy.	<ul style="list-style-type: none"> Understand Physiology of pregnancy, fetal development, common discomforts, and health promotion strategies. 	<ul style="list-style-type: none"> Provide antenatal education 	<ul style="list-style-type: none"> Show commitment to respectful, culturally sensitive, compassionate care in antenatal care services. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Logbook tasks, e-portfolio, preceptor feedback Direct observation, logbook	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.
2.2. Communicate effectively with pregnant women and their families.	<ul style="list-style-type: none"> Explain communication theories, and counselling principles in woman care services. 	<ul style="list-style-type: none"> Facilitate discussions and deliver clear information 	<ul style="list-style-type: none"> Uphold empathy, patience, professional interpersonal behaviour in interacting with pregnant woman and her family. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Observation, reflective notes, OSCE	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 2: Supporting healthy pregnancy (240 Hours (≈7 weeks))						
2.3. Conduct antenatal education sessions for pregnant women and families.	<ul style="list-style-type: none"> Contextualize health education content, and teaching strategies to promote women and child wellbeing. 	<ul style="list-style-type: none"> Plan and conduct group or individual education sessions 	<ul style="list-style-type: none"> Accept responsibility for encouraging participation, inclusivity, and empowerment. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Direct observation, session feedback, logbook documentation	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.
2.4. Develop midwifery care plans for pregnant women.	<ul style="list-style-type: none"> Examine care planning principles, risk assessment, and clinical guidelines in woman healthcare setting. 	<ul style="list-style-type: none"> Assess history, vitals, fetal well-being and plan interventions (Assessment: Logbook, supervisor evaluation, e-portfolio review) Advise Provide anticipatory guidance on pregnancy, birth, breastfeeding 	<ul style="list-style-type: none"> Commit to accountability, organization, patient-centered decision-making in healthcare services. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Logbook, supervisor evaluation, e-portfolio review Observation, logbook Observation, logbook	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 3: midwives and primary health care (30 Hours (≈1 week))						
3.1. Apply principles of primary health care within public health and universal access framework.	<ul style="list-style-type: none"> Interpret primary health care principles, public health frameworks, and universal health coverage. 	<ul style="list-style-type: none"> Provide preventive and promotive health services. Screen, assess, and refer patients appropriately. 	<ul style="list-style-type: none"> Promote equity, inclusiveness, accountability, commitment to community health in healthcare setting. 	Supervised practice in community and primary health care settings, patient assessment, health promotion, documentation, referral management, patient education, pre-briefing and debriefing.	Logbook documentation, reflective journal, preceptor assessment. Direct observation, logbook	Apply principles of primary health care within public health and universal access framework.
3.2. Recognize significance of equitable and inclusive care to mitigate poor social determinants of health.	<ul style="list-style-type: none"> Evaluate Social determinants of health, barriers to care, community resources. 	<ul style="list-style-type: none"> Identify at-risk populations and adapt care 	<ul style="list-style-type: none"> Demonstrate empathy, cultural sensitivity, advocacy for underserved populations. 	Supervised practice in community and primary health care settings, patient assessment, health promotion, documentation, referral management, patient education, pre-briefing and debriefing.	Observation, logbook, reflective entries, supervisor feedback	Recognize significance of equitable and inclusive care to mitigate poor social determinants of health.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 3: midwives and primary health care (30 Hours (≈1 week))						
3.3. Provide health services including child, family, antenatal, immunization, family planning, adolescent and women's services.	<ul style="list-style-type: none"> Describe service provision protocols, preventive care guidelines, immunization schedules. 	<ul style="list-style-type: none"> Conduct clinics, deliver immunizations, educate families, refer when needed 	<ul style="list-style-type: none"> Comply with professionalism, respect for patients, accountability, and inclusiveness. 	Supervised practice in community and primary health care settings, patient assessment, health promotion, documentation, referral management, patient education, pre-briefing and debriefing.	Direct observation, logbook completion, clinical rubrics, e-portfolio	Provide health services including child, family, antenatal, immunization, family planning, adolescent and women's services.

CLINICAL ATTACHMENT, ADVANCED DIPLOMA YEAR 1 (Semester 1*2) : ASSESSMENT CHECKLIST

Student Name:
 Year1:
 Semester 2
 Clinical Placement
 Site:
 Preceptor/Supervisor:
 Dates of Placement:

Instructions for Preceptors:

- Observe and evaluate the student's performance for each skill during clinical placement.
- Use the scoring system:
 - 1 – Not Demonstrated**
 - 2 – Partially Demonstrated**
 - 3 – Competently Demonstrated**
 - 4 – Exceeds Expectations**
- Provide comments and feedback for each domain.

A. Fundamentals of Midwifery

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates holistic, woman-centred care	<input type="checkbox"/>		
Performs hand hygiene and infection control procedures	<input type="checkbox"/>		
Sets up and maintains sterile field	<input type="checkbox"/>		
Administers IM and SC injections safely	<input type="checkbox"/>		
Manages IV fluids and urinary catheterization	<input type="checkbox"/>		
Performs safe manual handling of patients	<input type="checkbox"/>		
Provides comfort measures (bed washing, mobilization)	<input type="checkbox"/>		
Communicates effectively with women and families	<input type="checkbox"/>		
Documents findings accurately	<input type="checkbox"/>		
Recognizes scope of practice and refers appropriately	<input type="checkbox"/>		
Measures and records vital signs accurately	<input type="checkbox"/>		

B. Supporting Healthy Pregnancy

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Conducts comprehensive Antenatal assessment	<input type="checkbox"/>		
Monitors maternal vital signs and fetal well-being	<input type="checkbox"/>		
Palpates fetal lie, position, descent, and growth accurately	<input type="checkbox"/>		
Conducts antenatal education and counselling sessions	<input type="checkbox"/>		
Screens for psychosocial risks	<input type="checkbox"/>		
Develops individualized midwifery care plans	<input type="checkbox"/>		
Provides anticipatory guidance on pregnancy, birth, breastfeeding	<input type="checkbox"/>		
Recognizes complications and refers appropriately	<input type="checkbox"/>		
Applies respectful, compassionate, and inclusive care	<input type="checkbox"/>		
Documents assessment findings accurately	<input type="checkbox"/>		

C. Midwives and Primary Health Care

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Applies principles of primary health care in practice	<input type="checkbox"/>		
Recognizes social determinants of health and provides equitable care	<input type="checkbox"/>		
Provides preventive and promotive health services	<input type="checkbox"/>		
Conducts child and family health clinics	<input type="checkbox"/>		
Provides immunizations and family planning services	<input type="checkbox"/>		
Delivers adolescent and women's health services	<input type="checkbox"/>		
Identifies community health needs and adapts care	<input type="checkbox"/>		
Refers patients outside scope appropriately	<input type="checkbox"/>		
Communicates and educates families effectively	<input type="checkbox"/>		
Documents findings accurately	<input type="checkbox"/>		

D. Overall Professionalism

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates accountability and responsibility	<input type="checkbox"/>		
Shows empathy, respect, and cultural sensitivity	<input type="checkbox"/>		
Maintains self-confidence and professional behaviour	<input type="checkbox"/>		
Works effectively in a team and collaborates with staff	<input type="checkbox"/>		
Maintains patient safety and ethical standards	<input type="checkbox"/>		

Preceptor/Supervisor Summary / Recommendations

Strengths:

Areas for Improvement:

Overall Competency Rating:

- Competent**
- Partially Competent**
- Not Yet Competent**

Preceptor Name:

Signature:

Date:

MIDWIFERY PROGRAM DESCRIPTION YEAR II, SEMESTER I: ADVANCED DIPLOMA IN MIDWIFERY SCIENCES.



Module 11: Pharmacology for midwives

The module has two Learning Units:

Unit 1: General Pharmacology

Unit 2: Drug Administration and Medication Effect

Number of Credits: 5, equivalent to 50 Hours

- **Theory: 40 hours**
- **Practice: 10 hours (a) simulation/Skills lab 10 hours (b) clinical placement: 0 hours**

Purpose Statement

This module is an introduction to general pharmacology. Key concepts of pharmacology and medicine preparation and classification will be explored. Safety precautions for medicine storage and administration will be emphasized, along with key observations that the midwife should make during the process of administering medicines. The learner will acquire knowledge and skills in drug dosage determination, desired effects and management of adverse effects of medicines.

Learning Outcomes

By the end of the module, the learner will be able to :

1. Explain the basic principles of pharmacology, including absorption, distribution, metabolism, and elimination of drugs during the perinatal period.
2. Describe different types of medicines relevant to midwifery care.
3. Safely administer medications, including prescription, dosage calculation, and adjustment.
4. Apply appropriate techniques for proper storage of medicines.
5. Educate women and families on the safe use of medications during the perinatal period.
6. Communicate effectively with women and families about medication usage, benefits, and potential side effects.
7. Describe the pharmacokinetic characteristics of neonatal medication administration.
8. Evaluate the responses of women and newborns to medications, identifying desired effects and adverse reactions.

Competency 11: Administer Medications Safely and effectively to the women and infants in their care

Learning Outcomes	Knowledge	Skills	Attitudes/Values/Behaviours	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Unit 1: General Pharmacology (20 hours)						
1.1. Explain basic pharmacology principles (absorption, distribution, metabolism, elimination) during perinatal period.	<ul style="list-style-type: none"> Define medicines control legislation, nomenclature, and terminology. Explain pharmacokinetics (ADME). Discuss pharmacodynamics (effects, therapeutic window, adverse reactions). Interpret pharmacotherapeutics (indications and clinical use). 	<ul style="list-style-type: none"> Perform dosage calculations accurately. Demonstrate safe dilution and preparation of medications. Apply correct frequency and routes of administration. Identify essential drugs relevant to midwifery. Demonstrate proper drug storage and cold chain management. Use classification systems to select appropriate drugs for perinatal care. 	<ul style="list-style-type: none"> Value ethical and legal responsibilities in medicine handling. Show accountability in drug prescription and administration Promote rational use of drugs to prevent resistance. Display caution and safety awareness in medication practices. Respect country-specific prescribing rights. 	Interactive lectures on pharmacology principles. Group discussions on dosage calculation and relevance in midwifery Skills lab simulations on dosage calculations and drug preparation. Case studies on rational drug use and antimicrobial resistance. Individual and group assignments.	Quizzes and written tests on pharmacology principles. OSCE on dosage calculation and drug preparation Oral presentations on drug classifications. Portfolio including case study reflections. Checklist observation in skills lab.	Peate & Hamilton, <i>Fundamentals of Pharmacology</i> (2022). Raynor & Marshall, <i>Myles Textbook for Midwives</i> (2020). WHO ATC classification & Essential Medicines List Rwanda prescribing protocols and drug legislation.
1.2. Categorize different types of medicines and their relevance to midwifery care. 1.3 Demonstrate knowledge and skills in prescription, dosage calculation, and adjustment of medications.	<ul style="list-style-type: none"> Define drug potency, receptor interaction, agonists vs antagonists. Classify medications per WHO ATC and essential medicines list. Describe storage principles (cold chain, light, moisture). Recognize antimicrobial and other drug classes: antibiotics, antivirals, antifungals, antiseptics, anesthetics, antihypertensives, antidiabetics, psychotropics, vitamins/minerals, ARVs, etc. Explain global and local issues in medication use (resistance, rational use). 	<ul style="list-style-type: none"> Use classification systems to select appropriate drugs for perinatal care. 				

Learning Outcomes	Knowledge	Skills	Attitudes/Values/Behaviours	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Unit 2: Drug Administration and Medication Effect (30 hours)						
2.1. Demonstrate knowledge and skills in safe administration of medications.	<ul style="list-style-type: none"> Define the principles of safe drug administration, including the five rights. List units and routes of drug administration. Identify storage requirements and expiry considerations. State patient consent requirements and legal obligations. Recognize post-administration monitoring and adverse reactions. Describe basic principles of blood transfusion. Outline prescribing rights and protocols per national regulations. Describe documentation and medication error reporting procedures. List factors that alter drug effects. Identify barriers to effective patient education. 	<ul style="list-style-type: none"> Safely administer medications by different routes. Calculate dosages and prepare medications. Document drug administration correctly in charts. Monitor patient for side effects and act appropriately. Manage anaphylactic shock and other emergencies. Communicate effectively with women and families about drug use. Educate patients on iron supplementation and perinatal medication use. Obtain informed consent properly. 	<ul style="list-style-type: none"> Show empathy and respect when communicating with patients. Uphold ethical/legal standards in drug administration. Demonstrate professional accountability and responsibility. Promote patient safety and advocacy in midwifery practice. Value clear, culturally sensitive communication. 	<p>Interactive lectures on safe drug use and legal framework.</p> <p>Demonstrations and role-plays on consent and communication.</p> <p>Skills lab practice in administering medications and documentation scenarios on drug errors and adverse reaction management</p> <p>Group discussions on social and biological factors affecting drug efficacy.</p> <p>Community-based assignments (patient/family education).</p>	<p>OSCEs on drug administration (all routes).</p> <p>Written medical calculation tests.</p> <p>Case study presentations.</p> <p>Portfolio evidence (documentation, reflections).</p> <p>Quizzes on drug interactions and effects.</p> <p>Summative exam on pharmacokinetics in pregnancy.</p>	<p>Peate & Hamilton, <i>Fundamentals of Pharmacology</i> (2022).</p> <p>Raynor & Marshall, <i>Myles Textbook for Midwives</i> (2020).</p> <p>WHO safe administration guidelines.</p> <p>National protocols on prescribing & drug safety.</p> <p>Hospital medication charts and reporting tools.</p>
2.2. Practice effective communication with patients about medication use, benefits, side effects.						
2.3. Educate women/families on use of medications during perinatal period.						



Module 12: Supporting Healthy Labour and Childbirth

This module has four learning units

Unit 1: Principles of Respectful Care, Legal and Ethical Midwifery Care

Unit 2: Pre-Labour Assessment

Unit 3: Stages of Labour

Unit 4: Trauma and Pain Management During Labour

Number of credits: 28, equivalent to 280 hours

- **Theory: 70**
- **Practice: 210 hours (a) Simulation/Skills Lab: 30 hours (b) Clinical placement: 180 hours**

Note: 180 Clinical hours will be covered in clinical attachment 2

Purpose Statement:

This module will equip learners with the theoretical knowledge required to care for women during normal labour and birth. Learners will learn to recognize the stages of labour and to understand the rationale for midwifery procedures. An introduction to the complications of labour and birth will enable learners to identify when deviations from normal occur and to refer appropriately. Learners will explore ways in which to support women to have a respected and positive birth experience and gain knowledge and skills in monitoring fetal heart rates during labour and birth.

Learning Outcomes

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

1. Evaluate and interpret the signs and symptoms of all stages of labour.
2. Conduct and interpret fetal heart rate assessments during labour and birth.
3. Describe the boundaries of normal labour and birth processes.
4. Provide effective, respectful, and safe care for women at each stage of labour and birth.
5. Administer pharmacological pain relief appropriately during labour.
6. Manage common complications in labour and birth.
7. Perform effective repair techniques for first- and second-degree perineal tears.
8. Interpret legal and ethical considerations related to respectful and disrespectful care.
9. Document all stages of labour and birth accurately, respectfully, and safely.
10. Inform the woman and her family about planned care and procedures at each stage.
11. Apply principles of respectful, consensual, and gentle vaginal examinations and other procedures.
12. Communicate efficiently and compassionately with women, their families, and healthcare team members.

Competency 12: Provide safe, respectful, compassionate and effective Midwifery Care to transform a Woman's life

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Principles of Respectful Care, Legal and Ethical Midwifery Care: 10 hours						
<p>1.1. Describe effective, respectful and safe care for women at each stage of labour and birth.</p> <p>1.2. Interpret legal and ethical aspects of respectful and disrespectful care</p>	<ul style="list-style-type: none"> Explain the concepts of respectful care, global standards (ICM, WHO, UNFPA), maternity charters, legal/ethical frameworks 	<ul style="list-style-type: none"> Create a safe environment, protect privacy/confidentiality, apply informed consent 	<ul style="list-style-type: none"> Value inclusivity, empathy, and women's rights; maintain professional ethical standards 	<p>Reading, PowerPoint preparation, peer-to-peer learning (Think-Pair-Repair), flipped classroom, brainwriting, summarizing readings</p>	<p>Written assignments, essays, classroom presentations, peer and facilitator feedback; portfolio collection</p>	<p>ICM Respectful Maternity Care Toolkit; White Ribbon Alliance Charter; Laerdal Global Health; Global Health Media videos</p>
Learning Unit 2: Pre-labour Assessment: 30 hours						
<p>2.1. Evaluate the signs and symptoms of all stages of labour.</p> <p>2.2. Document effectively, respectfully and safely the care process.</p> <p>2.3. Inform the family and women of care at each stage.</p> <p>2.4. Explain principles of respectful vaginal exams and other procedures</p>	<ul style="list-style-type: none"> Anatomy and physiology in pregnancy; normal vs abnormal labour parameters; policies for ruptured membranes; rationale for vaginal exams 	<ul style="list-style-type: none"> Conduct assessments of women in early labour; perform vaginal exams with informed consent; record findings accurately; provide education and counselling 	<ul style="list-style-type: none"> Respect patient autonomy, maintain dignity, communicate effectively, reduce trauma and fear 	<p>Role plays, simulation and skills lab practice, brainwriting, presentations, flipped learning, summarizing reading resources</p>	<p>OSCEs, skills lab demonstrations, written reflection, logbook entries</p>	<p>WHO Pregnancy, Childbirth, Postpartum and Newborn Care Guide; Safe Delivery App; Global Health Media videos; Laerdal Global Health</p>

Learning Outcomes	Knowledge	Skills	Attitude / / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Stages of Labour: 30 hours						
3.1. Evaluate signs and symptoms of all stages of labour.	<ul style="list-style-type: none"> Phases of labour, fetal monitoring, maternal and fetal physiology, partograph use, third and fourth stage management, neonatal care (APGAR, golden hour) 	<ul style="list-style-type: none"> Assess labour stages; monitor maternal and fetal parameters; support maternal positions; perform initial neonatal care; assist or perform perineal repair under supervision 	<ul style="list-style-type: none"> Demonstrate empathy, respect, and vigilance; maintain professional communication and transparency; ensure safety 	Role plays, practical simulation, clinical observation, presentations, brainstorming, summarizing readings	OSCE, clinical skills assessment, logbook review, portfolio evaluation	WHO Labour Care Guide; Global Health Media videos; Laerdal Global Health; Country-specific health information systems
3.2. Conduct and interpret fetal heart rate assessment.						
3.3. Recognize boundaries of normal labour and birth.						
3.4. Identify effective repair techniques for first- and second-degree perineal tears						
Learning Unit 4: Trauma and Pain Management During Labour: 30 hours						
4.1. Administer drugs for pain relief.	<ul style="list-style-type: none"> Pain management pharmacology, complications of labour (pre-eclampsia, malpresentation, PPH, fetal distress), perineal trauma assessment and repair 	<ul style="list-style-type: none"> Administer analgesia, manage complications, perform suturing of perineal tears, monitor maternal vital signs, manage IV/CTG setups 	<ul style="list-style-type: none"> Demonstrate professional care under stress, ensure patient comfort and informed choice, maintain hygiene 	Simulation and skills lab, role play, clinical observation, presentations, brainstorming, practical demonstration	OSCE, clinical assessment, reflexive accounts, logbook entries, practical demonstration scoring	Global Health Media videos on perineal repair; WHO Pregnancy and Childbirth Guide; Laerdal Global Health; clinical guidelines
4.2. Manage common complications during labour and birth.						
4.3. Identify effective repair techniques for first- and second-degree perineal tears						



Module 13: Supporting Healthy Post-Partum

This module has five learning units

Learning Unit 1: Care in Post-Partum Period

Learning Unit 2: Maternal Mental Health

Learning Unit 3: Immediate Care of the Newborn

Learning Unit 4: Ongoing Care of the Newborn

Learning Unit 5: Applied Pharmacology in Post-Partum

Number of credits: 29 equivalents to 290 hours

- **Theory s: 100**
- **Practice : 180 hours i.e. (a) Simulation/Skills Lab.: 50 hours (b) Clinical placement: 140 hours**

Note: Note: 140 Clinical hours will be covered in clinical attachment 2

Purpose Statement

This module aims to equip learners with the essential knowledge and skills to support women, their infants, and their families in transitioning safely from birth through the early post-partum period, up to six weeks. The primary focus is on providing women- and family-centered care that promotes early breastfeeding initiation and bonding, thereby protecting the critical early days of the mother-baby.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Provide safe, comprehensive, and holistic postnatal care for a healthy woman.
2. Promote exclusive breastfeeding and support healthy nutrition and lifestyle choices for post-partum women.
3. Conduct comprehensive health assessments of newborns, identifying deviations from normal and initiating appropriate actions.
4. Monitor physiological and psychological changes in post-partum women, identifying and managing common complications effectively.
5. Demonstrate competence in providing emergency obstetric and newborn care in critical situations.
6. Apply safe and evidence-based pharmacological management during the post-partum period for both women and newborns.
7. Provide woman-centered and infant care that is respectful, inclusive, and culturally sensitive, while fostering collaboration with families and health-care teams.
8. Respond promptly and appropriately to complications that arise in the post-partum period, ensuring appropriate documentation, management, and referral.

Competency 13: Provide high-quality care to women and their newborns in the early days post birth and initiate positive mothering experiences					
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Methods	Resources
Learning unit 1: Care in Post-Partum Period (35 hours)					
1.1. Provide postnatal care for the healthy woman.	<ul style="list-style-type: none"> Describe physiological and emotional changes during puerperium. 	<ul style="list-style-type: none"> Perform systematic postpartum assessment. 	<ul style="list-style-type: none"> Respect dignity, privacy, and cultural values. 	<ul style="list-style-type: none"> OSCE (postpartum assessment) 	WHO Postnatal Care 2023
1.2. Support breastfeeding & nutrition.	<ul style="list-style-type: none"> Explain BUBBLE assessment. 	<ul style="list-style-type: none"> Apply protocols for danger sign detection. 	<ul style="list-style-type: none"> Value shared decision-making in care planning. 	<ul style="list-style-type: none"> Simulation checklist 	ACOG Optimizing Postpartum Care 2023
1.3. Monitor changes & manage complications	<ul style="list-style-type: none"> Analyze deviations from normal postpartum recovery. 	<ul style="list-style-type: none"> Apply evidence-based comfort measures and pain-relief techniques tailored to each woman's needs. 	<ul style="list-style-type: none"> Model respectful maternity care. 	<ul style="list-style-type: none"> Written quiz 	CDC Postpartum Care 2023
1.4. Provide respectful, inclusive care.	<ul style="list-style-type: none"> Evaluate discharge plans & continuity of care. 	<ul style="list-style-type: none"> Integrate early breastfeeding initiation into care. 	<ul style="list-style-type: none"> Advocate for women's rights and safe discharge. 	<ul style="list-style-type: none"> Portfolio review Reflective journal 	RCOG 2023 Guidelines
Learning Unit 2: Maternal Mental Health (10 hrs)					
2.1. Recognize/respond to postpartum complications	<ul style="list-style-type: none"> Identify normal vs. abnormal emotional adaptations. 	<ul style="list-style-type: none"> Conduct trauma-informed mental health screening. 	<ul style="list-style-type: none"> Demonstrate empathy and active listening. 	<ul style="list-style-type: none"> Role play (counselling) 	Gressier et al. 2019
2.2. Provide respectful, comprehensive care.	<ul style="list-style-type: none"> Explain psychosocial assessment principles. Differentiate risks for PPD, anxiety, and GBV. Evaluate referral needs. 	<ul style="list-style-type: none"> Apply counselling skills for new mothers. Document and refer cases appropriately. 	<ul style="list-style-type: none"> Value confidentiality and cultural sensitivity. Support maternal bonding and family engagement. Reflect on own biases to ensure non-judgmental care. 	<ul style="list-style-type: none"> Case study analysis Reflective journal Assignment Rubric-based evaluation 	Austin et al. 2021 Hahn-Holbrook 2018 Meltzer-Brody 2018 Robertson-Blackmore 2020

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Methods	Resources
Learning unit 3: Immediate care of the Newborn (55 hours)					
3.1. Conduct safe newborn assessment	<ul style="list-style-type: none"> Recall neonatal physiology & reflexes. 	<ul style="list-style-type: none"> Perform head-to-toe newborn examination. 	<ul style="list-style-type: none"> Value newborn rights and safety. 	<ul style="list-style-type: none"> OSCE (newborn exam & resuscitation) 	WHO Newborn Care 2021
3.2. Support breastfeeding & nutrition.	<ul style="list-style-type: none"> Explain thermoregulation & golden minute principles. 	<ul style="list-style-type: none"> Demonstrate resuscitation & stabilization techniques. 	<ul style="list-style-type: none"> Promote transparency and parent inclusion. 	<ul style="list-style-type: none"> Simulation lab evaluation 	AAP Guidelines 2021
3.3. Manage emergency newborn care.	<ul style="list-style-type: none"> Interpret newborn assessment findings. Critique abnormal findings & management pathways. 	<ul style="list-style-type: none"> Communicate findings clearly with families. 	<ul style="list-style-type: none"> Model family-centered care. Advocate for evidence-based neonatal practices. 	<ul style="list-style-type: none"> Case studies Peer feedback Reflective journal Portfolio evidence 	CDC Newborn Safety 2021 Lee et al. 2019
4.1. Provide respectful, comprehensive, inclusive newborn care & parental education.	<ul style="list-style-type: none"> Describe infection prevention, safe sleep, jaundice recognition. Interpret WHO growth charts. Compare normal vs. pathological newborn behaviours. Evaluate cultural practices in newborn care. 	<ul style="list-style-type: none"> Demonstrate newborn hygiene techniques (eye, mouth, skin, diaper). Educate parents on feeding cues and safe sleeping. Apply immunization and newborn screening protocols. Record growth and follow-up data. 	<ul style="list-style-type: none"> Respect cultural practices while challenging harmful traditions. Encourage parental confidence and self-efficacy. Promote family bonding. Advocate for child rights and safe environments. 	<ul style="list-style-type: none"> OSCE (parental teaching & hygiene demo) Simulation checklist Assignment Peer review Portfolio 	WHO Newborn Care 2021 AAP 2021 Rwanda Immunization Guidelines

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Methods	Resources
Learning unit 5: Applied Pharmacology in Post-Partum (10 Hrs)					
5.1. Apply pharmacological management in postpartum.	<ul style="list-style-type: none"> Recall pharmacokinetics/dynamics in postpartum. List common drugs (analgesics, antibiotics, uterotonics). Analyze drug safety in lactation. Evaluate interactions & contraindications. 	<ul style="list-style-type: none"> Administer safe dosages of postpartum medications. Monitor patients for side effects. Counsel mothers on drug use during breastfeeding. Apply pain management strategies. 	<ul style="list-style-type: none"> Demonstrate accountability in prescribing. Respect patient autonomy and informed choice. Value patient education. Promote adherence and safety. 	<ul style="list-style-type: none"> Quiz (pharmacology) OSCE (drug administration) Case study problem-solving Simulation checklist Reflective journal 	<ul style="list-style-type: none"> Briggs et al. 2017 Hale 2017 ACOG 2020 WHO PPH 2013
5.2. Manage side effects of drugs.					



Module 14: Clinical Placement 2: Supporting Healthy Labour and Childbirth and Supporting Healthy Post-Partum

This Module has two clinical learning Units

Clinical learning unit 1: Supporting Healthy Labour and Childbirth

Clinical learning unit 2: Supporting healthy post-partum

Number of Credits: 32 equivalent to 320 hours

- **Theory hours: 0**
- **Practice: 320 hours i.e. (a) Simulation: 0 hours (b) Clinical placement: 320 hours**

Purpose statement

This module is designed to immerse learners in both labour/birth and postnatal care environments, enabling them to develop comprehensive competencies in supporting women and newborns. Learners engage directly with registered midwives and other birth attendants, gaining hands-on experience in managing both normal and complex childbirth situations. Through this exposure, they strengthen their ability to apply theoretical knowledge to practice, particularly in relation to maternal physiological and psychological adaptations after birth. The module emphasizes the delivery of safe, respectful, and inclusive midwifery care that upholds dignity, promotes family involvement, and responds effectively to diverse needs.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate competence in assessing fetal well-being during labour and Childbirth.
2. Demonstrate respectful, gentle, and consensual vaginal examinations and other physical procedures.
3. Perform effective repair techniques for first- and second-degree perineal tears.
4. Provide safe care for women during labour and childbirth in line with professional, legal, and ethical standards.
5. Collaborate and communicate effectively with colleagues, women, families, and health-care teams.
6. Provide care to women and infants that is respectful, comprehensive, and inclusive.
7. Identify complications during labour and birth and refer appropriately.
8. Respond appropriately when complications arise in the post-partum period.
9. Deliver midwifery care that reflects sound knowledge of physical, psychological, and social changes in women during the post-partum period.
10. Facilitate initiation and maintenance of exclusive breastfeeding practices, where possible and desired by the mother.
11. Conduct safe and effective newborn health assessments.
12. Stabilize postnatal complications in women, and respond to emergency situations using emergency obstetric and newborn care (EmONC) skills.

Competency 14: Provide safe, respectful and effective midwifery care and providing high-quality care to women and their newborns in the early days' post birth to initiate positive mothering experiences

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Clinical learning unit 1: Supporting Healthy Labour and Birth (180 hrs, Five weeks)						
<p>1.1. Apply principles of women's rights and privacy during labour and birth.</p> <p>1.2. Communicate efficiently with women/family about progress of labour and birth.</p> <p>1.3. Provide safe and effective midwifery care during labour and birth as per WHO standards.</p>	<ul style="list-style-type: none"> Describe physiological changes during labour. Explain WHO labour and birth standards. Identify fetal lie, position, and station. Summarize labour stages and maternal adaptations. Recognize principles of privacy, consent, and respectful care. Outline multidisciplinary team roles. 	<ul style="list-style-type: none"> Create a welcoming, safe, and supportive labour environment that promotes comfort and psychological well-being Ensure privacy and confidentiality by appropriately using curtains, screens, respectful communication, and secure handling of patient information. Conduct vaginal examination using aseptic technique while maintaining consent, dignity, and clear communication. Palpate and accurately determine fetal lie, presentation, position, and descent using abdominal examination skills Auscultate fetal heart using Pinard stethoscope and Doppler. 	<ul style="list-style-type: none"> Demonstrate professionalism, compassion, and respect. Maintain confidentiality and patient dignity. Display accountability, self-confidence, and ethical responsibility. Collaborate effectively within multidisciplinary teams. 	<ul style="list-style-type: none"> Supervised Clinical placement in hospital/ community. Demonstrations of technical skills (vaginal exams, palpation, auscultation, perineal repair). Health education and counselling sessions with women/family. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<p>Formative: Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professional-ism.</p> <p>Summative: End-of-unit integrated assessment</p>	<ul style="list-style-type: none"> Clinical protocols Labour and birth guidelines Partograph and monitoring tools E-portfolio & logbook Clinical performance rubrics

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
<p>1.4. Establish a midwifery care plan for women in labour and birth stage.</p>		<ul style="list-style-type: none"> • Monitor maternal vital signs (BP, HR, Temp) and labour progress. • Document findings accurately in partograph/ logbook. • Recognize complications: dystocia, fetal distress, hemorrhage. • Refer appropriately when complications arise. • Repair first- and second-degree perineal tears using aseptic suturing. • Initiate immediate skin-to-skin contact and bonding post-birth. 				

Clinical learning unit 2: supporting healthy post-partum (140 hrs, 4 Weeks)

<p>2.1. Apply understanding of adaptations of women and infants in early post-partum.</p> <p>2.2. Demonstrate principles of respectful, inclusive midwifery care.</p> <p>2.3. Identify complex post-partum cases.</p> <p>2.4. Manage complications of normal post-partum for woman and infant.</p> <p>2.5. Promote breastfeeding and early newborn attachment.</p>	<ul style="list-style-type: none"> Describe maternal physiological and psychosocial changes post-partum. Explain neonatal adaptation and development. Identify normal vs. abnormal lochia, uterine involution, and vital signs. Summarize breastfeeding physiology, attachment, and positioning. Recognize post-partum complications (PPH, infection, mastitis). Outline national immunization schedule and postnatal guidelines. 	<ul style="list-style-type: none"> Prepare a safe and supportive post-partum environment. Measure/ Monitor maternal vitals, fundal height, and lochia. Conduct full newborn assessment (APGAR, weight, length, head circumference, reflexes). Support breastfeeding: attachment, positioning, suck/swallow coordination. Provide evidence-based comfort measures, using appropriate non-pharmacological and pharmacological techniques. (perineal care, pain relief). Teach mother/family correct infant formula preparation and safe feeding hygiene practices. Identify complications (post-partum hemorrhage, neonatal jaundice) and refer. Facilitate maternal-newborn bonding and early attachment. Document findings accurately in clinical records/logbook. 	<ul style="list-style-type: none"> Demonstrate empathy, inclusivity, and professionalism. Maintain confidentiality. Exhibit accountability, self-confidence, and ethical responsibility. Collaborate with a multidisciplinary team for maternal and neonatal care. 	<ul style="list-style-type: none"> Supervised clinical placements Demonstrations of technical skills: fundal assessment, lochia evaluation, newborn assessment, breastfeeding support. Health education and counselling sessions. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<p>Formative: Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professionalism.</p> <p>Summative: End-of-unit integrated assessment (44% of module weight).</p>	<ul style="list-style-type: none"> Clinical protocols Post-partum and newborn care guidelines. Breastfeeding manuals. E-portfolio & logbook. Clinical performance rubrics
--	---	---	--	--	---	--

CLINICAL PLACEMENT, ADVANCED DIPLOMA , YEAR II SEMESTER I : ASSESSMENT CHECKLIST

Student Name:
 Year II Semester I:
 Preceptor Name:
 Clinical Site:
 Date:

Instructions for Preceptors:

- Observe and evaluate the student's performance for each skill during Clinical Placement.

Use the scoring system:

- 1 – Not Demonstrated**
- 2 – Partially Demonstrated**
- 3 – Competently Demonstrated**
- 4 – Exceeds Expectations**

- Provide comments and feedback for each domain.

A. Supporting Healthy Labour and Birth

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates holistic, woman-centred care during labour	<input type="checkbox"/>		
Applies principles of women's rights, privacy, and informed consent	<input type="checkbox"/>		
Creates a safe and welcoming labour environment	<input type="checkbox"/>		
Conducts vaginal examination using aseptic technique	<input type="checkbox"/>		
Palpates fetal lie, position, and descent accurately	<input type="checkbox"/>		
Auscultates fetal heart using Pinard/Doppler correctly	<input type="checkbox"/>		
Monitors maternal vital signs and labour progress	<input type="checkbox"/>		
Recognizes complications and initiates referral	<input type="checkbox"/>		
Repairs perineal tears aseptically	<input type="checkbox"/>		
Initiates skin-to-skin contact and bonding	<input type="checkbox"/>		
Documents findings accurately in partograph/logbook	<input type="checkbox"/>		
Communicates effectively with woman and family	<input type="checkbox"/>		
Collaborates effectively with multidisciplinary team	<input type="checkbox"/>		

B. Supporting Healthy Post-Partum

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates holistic, woman- and family-centred post-partum care	<input type="checkbox"/>		
Maintains confidentiality and ethical responsibility	<input type="checkbox"/>		
Prepares safe and supportive post-partum environment	<input type="checkbox"/>		
Measures and monitors maternal vitals, fundus, and lochia accurately	<input type="checkbox"/>		
Conducts full newborn assessment (APGAR, weight, length, reflexes)	<input type="checkbox"/>		
Supports breastfeeding: positioning, attachment, suck/swallow coordination	<input type="checkbox"/>		
Provides evidence-based comfort measures	<input type="checkbox"/>		
Educates mother/family on safe infant feeding and hygiene	<input type="checkbox"/>		
Facilitates maternal-newborn bonding and early attachment	<input type="checkbox"/>		
Recognizes post-partum complications and initiates referral	<input type="checkbox"/>		
Documents findings accurately in clinical records/logbook	<input type="checkbox"/>		
Communicates effectively with mother and family	<input type="checkbox"/>		
Collaborates effectively with multidisciplinary team	<input type="checkbox"/>		

Preceptor/Supervisor Summary / Recommendations

Strengths:

Areas for Improvement:

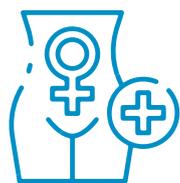
Overall Competency Rating:

- Competent**
- Partially Competent**
- Not Yet Competent**

Preceptor Name / Signature:

Date:

MIDWIFERY PROGRAM DESCRIPTION YEAR II, SEMESTER II: ADVANCED DIPLOMA IN MIDWIFERY SCIENCES.



Module 15: Sexual and Reproductive Health

This Module has four learning units

Unit 1: Gender Equality, Non-Biased Care, and Sexual and Reproductive Health and Rights

Unit 2: Fertility and Sexual Reproductive Health

Unit 3: Sexually Transmitted Infections, and Humanitarian Crises and Reproductive Health

Unit 4: Comprehensive Abortion Care

Number of credits: 25, equivalent to 250 hours

- **Theory: 120 Hours**
- **Practice: 130 hours i.e. (a) Simulation/Skills Lab.: 20 hours (b) Clinical placement: 110 hours**

Note: 110 Clinical hours will be covered in clinical attachment 3

Purpose statement

This module explores sexual and reproductive health across the lifespan, emphasizing midwifery care, advocacy, and the protection of sexual and reproductive health rights. Learners will engage in clinical practice to develop competencies in family planning, contraception, health screenings, and treatment referrals for conditions such as cervical cancer, HIV, and STIs. The module also trains learners in health literacy to educate women, adolescents, and their partners on healthy sexual behaviours. Additionally, it examines the impacts of pandemics, humanitarian crises, and environmental challenges on sexual and reproductive health, preparing learners to provide evidence-based guidance.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate knowledge on how to protect women's sexual and reproductive health and rights by delivering equitable, non-discriminatory midwifery care.
2. Analyse how global and national guidelines regarding gender-based violence (GBV) impact midwifery care.
3. Provide comprehensive family planning services including counselling women and couples on the efficacy, side effects, and appropriate use of contraceptive methods.
4. Identify common sexual and reproductive health conditions and treatment options.
5. Demonstrate how to provide respectful and age-appropriate sexual health care to adolescents.
6. Demonstrate respectful cervical screening techniques, providing appropriate treatment or referral.
7. Describe the role of the midwife in communicating and supporting public health orders to women and families during pandemics and humanitarian crises.
8. Evaluate the significance of providing empathetic, evidence-based counselling to women wishing to discontinue their pregnancy.
9. Provide trauma-informed care for women who experience physical and sexual violence and abuse.



Competency 15: Protect a woman's or adolescent's sexual and reproductive rights by providing evidence-based care and information, tailored to suit the individual's specific needs

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Gender Equality, Non-Biased Care, and SRHR (10 Hours)						
1.1. Demonstrate knowledge on how to prewomen's sexual and reproductive health and rights (SRHR)	<ul style="list-style-type: none"> Define SRHR concepts, explain CEDAW & SDGs 	<ul style="list-style-type: none"> Apply SRHR guidelines in practice 	<ul style="list-style-type: none"> Respect women's rights, advocate equity 	Interactive lecture, case discussion	Formative: short quizzes; Summative: MCQ/SAQ	UN conventions, Rwanda SRHR policy
1.2. Analyse global and national GBV guidelines	<ul style="list-style-type: none"> Interpret GBV guidelines, analyse their application in Rwanda 	<ul style="list-style-type: none"> Apply trauma-informed care, demonstrate screening 	<ul style="list-style-type: none"> Empathise with survivors, uphold confidentiality 	Case studies, role play, group work	Formative: role play feedback; Summative: OSCE on GBV response	Rwanda GBV guidelines, WHO protocols
1.3. Demonstrate respectful, non-biased care	<ul style="list-style-type: none"> Summarise respectful maternity care principles 	<ul style="list-style-type: none"> Demonstrate respectful interaction, communicate effectively 	<ul style="list-style-type: none"> Show empathy, reject discrimination 	Simulation, reflective journaling	Summative: OSCE, reflective essay	Respectful Maternity Care Charter

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 2: Fertility and Sexual Reproductive Health (15 hours)						
2.1. Outline efficacy & side effects of contraceptives	<ul style="list-style-type: none"> Classify methods, explain mechanisms, analyse risks/benefits 	<ul style="list-style-type: none"> Demonstrate counselling on choice & side effects 	<ul style="list-style-type: none"> Respect autonomy, support informed decision 	Demonstration, peer teaching, contraceptive kit practice	Formative: case vignettes; Summative: OSCE counselling	WHO Family Planning Handbook
2.2. Provide family planning services	<ul style="list-style-type: none"> Explain protocols for short- & long-acting methods 	<ul style="list-style-type: none"> Perform insertion and removal of contraceptive devices in a simulated setting and safely administer injectable medications according to clinical guidelines. 	<ul style="list-style-type: none"> Ensure confidentiality, maintain professionalism 	Simulation lab, role play	Summative: OSCE, logbook	Family planning models, national guidelines
2.3. Identify menstrual disorders, infertility, menopause	Describe excessive bleeding, PCOS, endometritis, menopause symptoms	<ul style="list-style-type: none"> Screen women for common sexual and reproductive health conditions, recognize complications, and refer appropriately to higher levels of care. 	<ul style="list-style-type: none"> Show empathy, reduce stigma 	Case-based learning, clinical practicum	Summative: SAQ/ OSCE on case recognition	Gynecology manuals, MoH protocols

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies / Learning Activities	Assessment Methods	Resources
2.4. Provide adolescent SRH services	Explain adolescent development, risks, confidentiality	<ul style="list-style-type: none"> Provide age-appropriate counselling, use peer education 	<ul style="list-style-type: none"> Respect confidentiality, demonstrate cultural sensitivity 	Role play, group discussions	Formative: peer assessment; Summative: OSCE adolescent care	WHO Adolescent SRH toolkit
2.5. Perform cervical screening (VIA, Pap smear, HPV)	Interpret screening guidelines, explain HPV	<ul style="list-style-type: none"> Perform Pap smear sampling safely and respectfully, following clinical guidelines. 	<ul style="list-style-type: none"> Show gentleness, respect dignity 	Simulation, clinical skills lab	Summative: OSCE practical	Speculums, acetic acid, WHO HPV toolkit
2.6. Provide abortion counselling & care	<ul style="list-style-type: none"> Explain abortion laws, differentiate safe vs unsafe 	<ul style="list-style-type: none"> Perform MVA/ medical abortion (where legal), provide PAC 	<ul style="list-style-type: none"> Demonstrate empathy, adhere to ethics 	Simulation, values clarification exercises	Summative: OSCE abortion counselling	National abortion care protocol, PAC guidelines

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Sexually Transmitted Infections (STIs) & Humanitarian Crises (10hrs)						
3.1. Identify and explain common STIs (Chlamydia, Gonorrhoea, Herpes, Syphilis, Hepatitis B & C, Trichomoniasis, HIV/AIDS)	<ul style="list-style-type: none"> Define causes, explain transmission, analyse risk factors, summarise complications 	<ul style="list-style-type: none"> Screen patients, differentiate symptoms, counsel on testing & treatment 	<ul style="list-style-type: none"> Respect confidentiality, show non-judgment, demonstrate empathy 	Interactive lectures, case-based learning	Formative: case scenarios; Summative: MCQ/SAQ	Rwanda STI guidelines, WHO STI protocols
3.2. Provide syndromic management & referral of STIs	<ul style="list-style-type: none"> Explain syndromic management approach 	<ul style="list-style-type: none"> Perform assessment, prescribe/refer per protocol, demonstrate counselling 	<ul style="list-style-type: none"> Adhere to ethical standards, promote respect 	Simulation, clinical practicum	Summative: OSCE syndromic management	Jhpiego STI manuals, clinical practice models
3.3. Demonstrate age-appropriate sexual health care (esp. adolescents)	<ul style="list-style-type: none"> Explain adolescent SRH needs 	<ul style="list-style-type: none"> Counsel adolescents with age-appropriate language 	<ul style="list-style-type: none"> Respect confidentiality, demonstrate cultural sensitivity 	Role play, group discussion	Formative: peer review; Summative: OSCE adolescent STI counselling	WHO Adolescent SRH toolkit
3.4. Apply infection prevention & control (IPC) in STI care	<ul style="list-style-type: none"> List universal precautions, explain rationale 	<ul style="list-style-type: none"> Apply PPE, demonstrate safe disposal, follow IPC protocols 	<ul style="list-style-type: none"> Commit to safety, model accountability 	Simulation, skills lab	Summative: OSCE IPC checklist	IPC manuals, PPE kits
3.5. Describe midwife's role in crises (pandemics, displacement, disasters)	<ul style="list-style-type: none"> Explain MISP, analyse crisis impact on SRHR 	<ul style="list-style-type: none"> Support SRHR services in camps, communicate public health orders 	<ul style="list-style-type: none"> Adapt to crises, advocate for vulnerable groups 	Group projects, scenario-based drills	Summative: scenario exam, reflective journal	UNFPA MISP, WHO humanitarian response guides

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 4: Comprehensive Abortion Care (8 Hours)						
4.1. Explain abortion laws & policies (Rwanda & global)	<ul style="list-style-type: none"> Interpret legal framework, differentiate safe vs unsafe abortion 	<ul style="list-style-type: none"> Apply legal guidelines in practice 	<ul style="list-style-type: none"> Respect women's rights, adhere to professional ethics 	Interactive lecture, values clarification exercise	Formative: reflective essay; Summative: MCQ/SAQ	Rwanda abortion law, WHO safe abortion guidelines
4.2. Provide safe abortion care (MVA, medical abortion where legal)	<ul style="list-style-type: none"> Describe indications, contraindications, protocols 	<ul style="list-style-type: none"> Perform MVA/ medical abortion in simulation, assist in clinical care 	<ul style="list-style-type: none"> Demonstrate empathy, maintain confidentiality 	Simulation lab, clinical practicum	Summative: OSCE on MVA/ medical abortion	MVA kits, WHO abortion care manuals
4.3. Provide post-abortion care (PAC)	<ul style="list-style-type: none"> Explain PAC protocols, summarise counselling approaches 	<ul style="list-style-type: none"> Demonstrate PAC procedures, manage complications, refer appropriately 	<ul style="list-style-type: none"> Show compassion, support recovery 	Clinical rotation, case discussions	Summative: OSCE PAC; SAQ	National PAC guidelines
4.4. Provide empathetic, evidence-based counselling	<ul style="list-style-type: none"> Explain psychological and social aspects of unintended pregnancy 	<ul style="list-style-type: none"> Counsel women respectfully, refer for psychosocial support 	<ul style="list-style-type: none"> Demonstrate respect, empathy, non-judgment 	Role play, simulation	Formative: role play feedback; Summative: OSCE counselling	Counselling manuals, values clarification tools
4.5. Apply ethical decision-making & referral systems	<ul style="list-style-type: none"> Summarise ethical principles, explain referral pathways 	<ul style="list-style-type: none"> Follow referral protocols, coordinate care 	<ul style="list-style-type: none"> Demonstrate integrity, protect confidentiality 	Seminar, debates	Summative: written exam, case-based OSCE	Rwanda MoH referral guidelines



Module 16: Perinatal Mental Health

This module has two Learning units:

Unit 1: Perinatal Mental Health Assessment

Unit 2: Perinatal Mental Health Care

Number of credits: 7 Equivalent to 70 hours

- **Theory: 55 hours**
- **Practice: 15 hours (a) Simulation /Skills Lab 15 hours (b) Clinical placement: 0 hours**

Purpose statement

This module examines the physiological, social, psychological, and physical factors affecting women's mental health during the perinatal period. Learners will explore mental health changes related to pregnancy, post-partum, and parenting while providing coping support to individuals and couples.

Key topics include the impact of stigma, harmful health-care practices, early identification of perinatal mental health issues, and appropriate referral pathways. Emphasis is placed on the connection between maternal mental health, newborn attachment, and early parenting. The module benefits expert guest speakers, such as clinical psychologists, maternal health specialists, and individuals with lived experience.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Assess perinatal mental health by identifying signs and symptoms of common PMH conditions and determining appropriate evidence-based interventions or referrals.
2. Demonstrate effective and empathetic communication skills in conducting a comprehensive psychosocial health assessment.
3. Analyse the impact of poor maternal attachment on infant development and behaviour.
4. Critique how social determinants of health and experiences of violence and mistreatment impact a woman's risk of PMH conditions.
5. Apply knowledge of perinatal mental health within the Rwandan context, considering local resources, cultural practices, and healthcare system structures.
6. Explain the effects of stigma on a woman's experience of seeking support for mental health conditions.

Competency 15: Demonstrate Empathetic collaborative maternity care for women who are experiencing, or who are at risk of developing a perinatal mental health condition

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Perinatal Mental Health Assessment (38 Hours)						
1.1. Assess the health status and well-being of women and infants.	<ul style="list-style-type: none"> Define perinatal mental health and common disorders. Explain prevalence (global/national) and impact on women, infants, families, and communities. Describe social, physical, economic, and cultural determinants affecting PMH. Recognize stigma, biases, and societal beliefs. Identify signs and symptoms of anxiety, depression, bipolar disorder, schizophrenia, substance abuse, puerperal psychosis, PTSD. Understand suicidal ideation: thoughts, planning, lethality, means. Explain validated screening tools (EPDS, Kessler, national tools). 	<ul style="list-style-type: none"> Conduct comprehensive psychosocial assessments Screen for PMH issues and substance abuse. Identify strengths, protective factors, and risk factors including GBV. Use validated screening tools. Record, analyze, interpret findings. Apply supportive counselling and health education. 	<ul style="list-style-type: none"> Demonstrate empathy, active listening, and non-judgment. Maintain confidentiality. Exhibit cultural sensitivity and ethical responsibility Promote patient-centered care. Collaborate with families and communities. 	<p>Self-directed readings and interactive resources.</p> <p>Role plays and simulations of psychosocial assessment.</p> <p>Discussions, debates, presentations, peer-to-peer learning.</p> <p>Flipped classroom activities.</p> <p>Skills lab: conducting psychosocial history, exploring risk factors, using screening tools, providing counselling.</p>	<p>Reflection papers and peer assessments.</p> <p>Observation of simulation and skills lab performance.</p> <p>Portfolio assessment including essays and presentations.</p> <p>Checklists and scoring rubrics.</p>	<p>Perinatal Mental Health Project: https://pmhp.za.org/</p> <p>COPE: https://www.cope.org.au/health-professionals/fact-sheets/</p> <p>Global Alliance for Maternal Mental Health: https://maternalmentalhealthalliance.org/resources/</p> <p>Ward J. Feminist approaches: https://www.unwomen.org/en/digital-library/publications/2020/12/feminist-approaches-to-mental-health-care</p> <p>Maternal Health Network: https://www.maternalhealthnetwork.org/resources/basic-counseling-skills</p> <p>McNab SE et al., BMC Pregnancy Childbirth. 2022;22:342.</p>
1.2. Screen for health risks in women and infants.						
1.3. Demonstrate promotion of general health and well-being of women and infants.						

Learning Unit 2: Perinatal Mental Health Care (32 Hours)

<p>2.1. Explain effects of stigma on seeking support</p> <p>2.2. Demonstrate empathetic communication for psychosocial assessment</p> <p>2.3. Determine the health status of a woman in Rwanda.</p> <p>2.4. Critique social determinants and experiences of violence impacting PMH risk.</p>	<ul style="list-style-type: none"> Describe psychological first aid and principles (look, listen, link). Explain empathetic and compassionate care, privacy, and confidentiality. Define counselling skills, CBT, and EMDR therapies. Understand inclusive care and community support networks. Explain pharmacological treatments, efficacy, side effects, contraindications, and herbal/traditional methods. Summarize referral pathways, collaborative networks, and country-specific support. Describe neonatal outcomes from untreated maternal PMH (premature birth, low birth weight, malnutrition, poor attachment, etc.). Recognize self-care strategies for midwives, stress management, reflection, prevention of burnout and vicarious trauma. 	<ul style="list-style-type: none"> Conduct comprehensive psychosocial health assessments. Apply psychological first aid for acute distress. Use counselling skills including talking therapy and CBT/EMDR. Communicate empathetically with women and families. Assess maternal health and neonatal risk. Plan and coordinate referrals within midwifery scope. Implement self-care strategies. 	<ul style="list-style-type: none"> Demonstrate compassion, ethical responsibility, professional boundaries Maintain confidentiality and inclusive care. Exhibit empathy and cultural sensitivity. Collaborate with families and community networks. Promote resilience and reflective practice. 	<p>Self-directed readings and interactive resources.</p> <p>Role plays and simulation for psychosocial assessment and counselling.</p> <p>Classroom discussions, debates, presentations, peer-to-peer learning.</p> <p>Flipped learning activities.</p> <p>Skills lab: practicing screening tools, supportive counselling, referral planning.</p>	<p>Reflection papers and peer assessments.</p> <ul style="list-style-type: none"> Observation during simulation and skills lab. Portfolio evaluation of essays and classroom activities. Checklist and scoring rubrics. 	<ul style="list-style-type: none"> Gajaria A, Ravindran A., Asian J Psychiatr. 2018;37:112–120. Global Alliance for Maternal Mental Health: https://www.globalalliance-maternalmentalhealth.org/resources/ WHO Guide for integration of PMH: https://www.who.int/news/item/19-09-2022-launch-of-the-who-guide-for-integration-of-perinatal-men-tal-health
--	--	---	--	---	--	--



Module 17: Caring for Complex Pregnancy

This module has two learning Units:

Unit 1: Midwifery care in complex pregnancy

Unit 2: Pathophysiological disorders in pregnancy

Number of Credits: 21 equivalents to 210 hours

- **Theory: 42 hours**
- **Practice: 168 hours (a) Simulation/Skills Lab.: 28 hours (b) Clinical placement: 140 hours**

Note: 140 Clinical hours will be covered in clinical attachment 3

Purpose statement

This module builds on previous clinical experience, focusing on identifying and managing complex pregnancies to prevent further complications. Emphasis is placed on understanding the anatomy and physiology of pregnancy, as well as recognizing and addressing perinatal mental health conditions such as antenatal depression and anxiety. Learners will create collaborative care pathways and provide respectful, evidence-based midwifery care aligned with hospital policies and current literature.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Manage maternal and fetal complications in pregnancy using evidence-based clinical guidelines, including assessment, treatment, stabilization, and referral.
2. Demonstrate effective and empathetic communication with women, families, and healthcare teams when caring for pregnancies complicated by maternal or fetal conditions.

Competency 17: Provide safe, effective care and support women and families in complex pregnancies

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Strategy & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Midwifery Care in Complex Pregnancy (45 hours)						
<p>1.1. Manage maternal and fetal complications in pregnancy, including treatment and management options.</p> <p>1.2. Communicate effectively and empathetically with women, families and community groups who experience complications during pregnancy through interprofessional collaboration.</p>	<ul style="list-style-type: none"> Analyze global and national maternal and perinatal morbidity and mortality data. Interpret MPDSR reports and referral pathways. Explain anatomy and physiology of pregnancy. Describe aetiology, diagnosis, and management of miscarriage, ectopic and molar pregnancies, antepartum hemorrhage, genetic disorders, growth restrictions, multiple pregnancies, fetal death. Identify placental complications (previa, abruption, accreta, abnormal cord insertion, succenturiate lobe, insufficiencies). 	<ul style="list-style-type: none"> Identify high-risk pregnancies Conduct clinical examinations and fetal assessments. Monitor fetal growth and maternal complications. Create collaborative care plans. Provide empathetic communication and counselling. Use ultrasound technology to assess fetal health. 	<ul style="list-style-type: none"> Demonstrate empathy and respect in communication Exhibit cultural sensitivity. Maintain professional and ethical conduct. Collaborate with healthcare teams and community networks. Show accountability and reflective practice. 	<ul style="list-style-type: none"> Case studies and role play. Simulation and skills lab practice. Brainwriting exercises on legal and ethical midwifery care. Presentations and classroom discussions. Clinical work in hospital/community settings. Summarizing indicative reading resources. 	<ul style="list-style-type: none"> OSCE in clinical and simulation settings. Quiz on theoretical knowledge. Logbook and portfolio assessment. Marking rubrics for practical skills. 	<ul style="list-style-type: none"> WHO. Managing complications in pregnancy and childbirth, 2017: https://www.who.int/publications/item/9789241545877 WHO. Antenatal care: positive pregnancy experience, 2016: https://www.who.int/publications/item/9789241549912 WHO. Preterm birth, 2018: https://www.who.int/news-room/fact-sheets/detail/preterm-birth Blackburn ST. Maternal, fetal and neonatal physiology, 5th ed. Raynor M, Marshall J. Myles textbook for midwives, 17th ed. Naughton S et al., Midwifery, 2021.

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Strategy & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Assess gynaecological conditions affecting pregnancy (fibroids, HPV, uterine malformations, ovarian cysts, uterine rupture, endometriosis, PID). Evaluate fetal movements and indications for concern. Apply guidelines for ultrasound use (cardiac/kidney defects, amniotic fluid index, fetal lie). Examine psychosocial and psychosocial factors affecting pregnancy and their influence on maternal and fetal outcomes. 	<ul style="list-style-type: none"> Recognize obstetric and newborn emergencies and initiate appropriate first-line management, followed by timely referral according to clinical guidelines. Debrief and provide grief counselling. 				

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Strategy & Learning Activities	Assessment Methods	Resources
Learning Unit 2: Pathophysiological Disorders in Pregnancy (25 hours)						
2.1. Identify maternal complications in pregnancy, including treatment and management options.	<ul style="list-style-type: none"> Describe recurrent infections and maternal bacterial sepsis. Compare HIV and STI pathogens, transmission, screening, and treatment. Summarize vector-borne diseases and their implications for pregnancy. Explain endocrine and metabolic disorders: hyper/hypothyroidism, autoimmune, gestational diabetes, PCOS, cholestasis, hyperemesis. Analyze hypertensive disorders: gestational hypertension, pre-eclampsia, eclampsia. Interpret cardiovascular disorders: congenital, shunt/obstructive/complex lesions, cardiomyopathy, arrhythmias, murmurs. 	<ul style="list-style-type: none"> Perform maternal and fetal assessments. Conduct laboratory and bedside diagnostic procedures. Apply infection prevention and management protocols. Administer treatments per guidelines. Monitor maternal and fetal responses to therapy. Implement vector control measures and patient education Collaborate with interdisciplinary teams 	<ul style="list-style-type: none"> Demonstrate professionalism and ethical conduct. Exhibit empathy and patient-centered care. Maintain confidentiality. Practice evidence-based decision-making. Show accountability and interprofessional collaboration. 	<ul style="list-style-type: none"> Case studies and role play. Simulation and skills lab. Brainwriting on legal, ethical, and patient rights. Presentations and discussions. Clinical practice and lab exercises (virtual/ biomedical). 	<ul style="list-style-type: none"> OSCE and quizzes on theoretical knowledge. Skills assessment in clinical and simulation labs. Portfolio/logbook documentation. Marking rubrics for practical and cognitive skills. 	<ul style="list-style-type: none"> Laerdal Global Health, Jhpiego. Pre-eclampsia: Helping Mothers Survive: https://hms.jhpiego.org/pre-eclampsia_eclampsia/ WHO Adolescent pregnancy, 2020: https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy WHO Guidelines for management of symptomatic STIs, 2021: https://www.who.int/publications/item/9789240024168

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Strategy & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Assess respiratory disorders: asthma, viral pneumonia, SARS. Evaluate hematological disorders: anemia, thrombocytopenia, clotting disorders, sickle cell. Apply national and international guidelines for screening, diagnosis, and management. 	<ul style="list-style-type: none"> Use virtual and biomedical labs for simulation exercises. 				



Module 18: Clinical Placement 3 (Sexual and Reproductive Health and Caring for Complex Pregnancy)

Number of credits: 25 equivalents to 250 Hours.

- **Theory: 0**
- **Practice: 250 hours (a) Simulation/Skills Lab: 0 hours (b) Clinical Placement: 250 hours**

This Module has two learning units

Unit 1: Sexual and Reproductive Health and Midwifery Care

Unit 2: Caring for Complex Pregnancy

Purpose statement

This module advances learners' application of theoretical knowledge from prior learning in Sexual and Reproductive Health, Midwifery Care, and the management of complex pregnancies. It provides a structured clinical practice where learners collaborate closely with registered midwives and other skilled birth personnel. Learning experiences occur in diverse clinical settings, including health facilities, community contexts, and youth-friendly services, allowing students to develop practical competencies in real-world scenarios, integrate evidence-based practices, and enhance their professional, ethical, and empathetic approach to maternal and reproductive healthcare.

Learning Outcomes

By the end of the module, the trainee will be able to:

1. Facilitate women in making informed decisions about their care and provide family planning counselling and services.
2. Uphold fundamental human rights, dignity, and non-discrimination in all aspects of midwifery care.
3. Assess health status, screen for risks, and promote overall well-being of women and infants.
4. Facilitate normal birth processes in various settings, including health facilities, communities, and women's homes.
5. Demonstrate effective interpersonal communication with women, families, health-care teams, and community groups.
6. Address complications in pregnancy by providing timely stabilization, initial care, and appropriate referral according to clinical guidelines.

Competency 18: Provide evidence-based care and information about sexual and reproductive rights; empowering individuals, families and communities to take charge of their own health and preventing complications and poor outcomes during pregnancy						
Learning Outcomes	Knowledge	Skills	Behaviour / Attitude	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 1: Sexual and Reproductive Health and Midwifery Care: 110 hours						
1.1. Provide care for women and adolescents seeking advice, treatment, and education on sexual and reproductive health issues, including family planning and sexual health screenings.	<ul style="list-style-type: none"> Explain evidence-based sexual and reproductive health issues. Compare contraceptive methods, efficacy, and side effects. Interpret STI identification, screening, and treatment protocols. 	<ul style="list-style-type: none"> Conduct comprehensive sexual and reproductive health history. Perform gentle and effective cervical screening. Administer and counsel on contraception (pills, injectables, implants, IUDs). Conduct STI screening (rapid tests) and interpret results. Provide sensitive inquiry and support for GBV survivors. Deliver evidence-based health education to patients and families. Accurate documentation of clinical findings and care plans. 	<ul style="list-style-type: none"> Demonstrate empathy, respect, and inclusivity. Maintain professionalism and ethical conduct. Uphold human rights and patient confidentiality. Exhibit patience, cultural sensitivity, and non-judgmental attitude. Practice accountability and reflective clinical practice. 	<ul style="list-style-type: none"> Clinical placement supervised by a preceptor. Logbook-based task completion and competency tracking Role plays on counselling, GBV inquiry, and contraception counseling. Peer discussions and reflective journaling. Case-based learning for ethical and cultural dilemmas. Demonstration of cervical screening techniques on models/simulators. Debriefing and feedback sessions. 	<ul style="list-style-type: none"> Daily formative assessment via preceptor evaluation and logbook review. Reflective journals and e-portfolio entries. Competency checklists for professionalism, technical skills, and patient interaction. Observation of patient-centered communication. Objective Structured Clinical Examination (OSCE) for selected skills. 	<ul style="list-style-type: none"> Clinical protocols. WHO and national SRH guidelines. Simulation models for cervical screening and contraceptive techniques. Theoretical module resources and evidence-based references. Patient education materials and counseling guides.
1.2. Demonstrate understanding of sexual and reproductive health experiences to support women across their lifespan.	<ul style="list-style-type: none"> Analyze psychosocial, GBV, and cultural factors influencing sexual health. Apply patient confidentiality, privacy, and ethical principles. Evaluate midwifery continuity of care model. 	<ul style="list-style-type: none"> Conduct STI screening (rapid tests) and interpret results. Provide sensitive inquiry and support for GBV survivors. Deliver evidence-based health education to patients and families. Accurate documentation of clinical findings and care plans. 	<ul style="list-style-type: none"> Exhibit patience, cultural sensitivity, and non-judgmental attitude. Practice accountability and reflective clinical practice. 	<ul style="list-style-type: none"> Professionalism, technical skills, and patient interaction. Observation of patient-centered communication. Objective Structured Clinical Examination (OSCE) for selected skills. 	<ul style="list-style-type: none"> Professionalism, technical skills, and patient interaction. Observation of patient-centered communication. Objective Structured Clinical Examination (OSCE) for selected skills. 	<ul style="list-style-type: none"> Theoretical module resources and evidence-based references. Patient education materials and counseling guides.

Learning Outcomes	Knowledge	Skills	Behaviour / Attitude	Teaching Strategies / Learning Activities	Assessment Methods	Resources
1.3. Demonstrate respectful, compassionate, non-discriminatory and inclusive midwifery care.	<ul style="list-style-type: none"> Design effective health education strategies for adolescents and women. Document and report clinical findings accurately. 	<ul style="list-style-type: none"> Demonstrate patient-centered communication techniques (active listening, motivational interviewing). 				
Clinical Learning Unit 2: Caring for Complex Pregnancy: 140 hours						
2.1. Identify potential and existing complications in pregnancy	<ul style="list-style-type: none"> Identify maternal and fetal complications (miscarriage, ectopic pregnancy, antepartum hemorrhage, hypertensive disorders, gestational diabetes, infections, vector-borne diseases). 	<ul style="list-style-type: none"> Conduct comprehensive maternal and fetal assessments. Monitor maternal vital signs, fundal height, and fetal movements. Perform obstetric ultrasound assessment (basic interpretation: fetal lie, amniotic fluid, growth parameters). Evaluate lab results and recognize abnormal findings. Implement individualized care plans. 	<ul style="list-style-type: none"> Demonstrate empathy, patience, and professional integrity. Respect patient autonomy, confidentiality, and cultural beliefs. Exhibit professionalism, ethical decision-making, and accountability. Maintain composure in stressful clinical scenarios. 	<ul style="list-style-type: none"> Clinical placement supervised by preceptor. Logbook-based competency tracking. Simulation of obstetric emergencies and fetal monitoring. Case studies on complex pregnancy scenarios. Role play for counseling women with complications. Reflective journaling on professional practice and ethical dilemmas. 	<ul style="list-style-type: none"> Daily formative assessment via preceptor evaluation and logbook review. Reflective journals and e-portfolio. Competency checklists for clinical, technical, and communication skills. Summative assessment integrating knowledge and clinical practice at unit end. 	<ul style="list-style-type: none"> Clinical protocols. National and WHO pregnancy complication management guidelines. Simulation models for fetal monitoring and emergency response. Theoretical module references and evidence-based practice guidelines.
2.2. Demonstrate principles of respectful, inclusive midwifery care.						
2.3. Refer appropriately when complications exceed competence.						
2.4. Communicate effectively with women during stressful clinical scenarios.	<ul style="list-style-type: none"> Interpret fetal monitoring principles (growth restriction, multiple pregnancy, abnormal movements). 					

Learning Outcomes	Knowledge	Skills	Behaviour / Attitude	Teaching Strategies / Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Analyze maternal investigations (blood work, urinalysis, ultrasound findings). Evaluate psychosocial, environmental, and GBV risk factors in pregnancy. Explain referral pathways and interprofessional collaboration principles. Apply ethical, legal, and cultural considerations in managing complex pregnancies. 	<ul style="list-style-type: none"> Provide evidence-based counseling on complications. Screen for psychosocial risks and provide referrals. Demonstrate emergency response skills (e.g., manage pre-eclampsia, antepartum hemorrhage). Document findings accurately and communicate results effectively. 	<ul style="list-style-type: none"> Collaborate effectively with healthcare teams. Demonstrate resilience and self-care strategies. 	<ul style="list-style-type: none"> Peer discussion and debriefing. Skill demonstration on models and in clinical setting. 	<ul style="list-style-type: none"> OSCE for emergency and routine pregnancy management skills. 	<ul style="list-style-type: none"> Patient education and counseling materials. Clinical placement handbook.

CLINICAL PLACEMENT(#3), ADVANCED DIPLOMA, YEAR II, SEMESTER II ASSESSMENT CHECKLIST: MODULE'SEXUAL & REPRODUCTIVE HEALTH AND COMPLEX PREGNANCY

Student Name:
 Year II Semester II :
 Clinical Placement Site:.....
 Preceptor/Supervisor:
 Dates of Placement:

Instructions for Preceptors:

- Observe and evaluate the student's performance for each skill during clinical placement.
- Use the scoring system:

- 1 – Not Demonstrated**
- 2– Partially Demonstrated**
- 3– Competently Demonstrated**
- 4 – Exceeds Expectations**

- Provide comments and feedback for each domain.

A. Sexual and Reproductive Health Care

Skill/Competency	Observed /Performed	Score 1-4	Comments
Creates a welcoming and safe environment	<input type="checkbox"/>		
Maintains privacy and confidentiality	<input type="checkbox"/>		
Provides respectful, compassionate, and inclusive care	<input type="checkbox"/>		
Conducts comprehensive sexual health and well-being assessment	<input type="checkbox"/>		
Provides evidence-based contraception counseling	<input type="checkbox"/>		
Screens for STIs and counsels on results, treatment, and risks	<input type="checkbox"/>		
Supports GBV survivors appropriately	<input type="checkbox"/>		
Performs gentle cervical screening	<input type="checkbox"/>		
Recognizes complications and refers appropriately	<input type="checkbox"/>		
Documents findings accurately in clinical records	<input type="checkbox"/>		
Communicates effectively with women, adolescents, and families	<input type="checkbox"/>		

B. Caring for Complex Pregnancy

Skill/Competency	Observed/ Performed	Score 1-4	Comments
Identifies potential and existing complications in pregnancy	<input type="checkbox"/>		
Develops individualized midwifery care plans	<input type="checkbox"/>		
Monitors maternal vital signs and fetal well-being	<input type="checkbox"/>		
Assesses fundal height and fetal movements	<input type="checkbox"/>		
Evaluates laboratory results and ultrasound findings	<input type="checkbox"/>		
Provides evidence-based information and education with empathy	<input type="checkbox"/>		
Screens for psychosocial risk factors	<input type="checkbox"/>		
Practices respectful, compassionate, and inclusive care	<input type="checkbox"/>		
Recognizes when referral is needed beyond scope	<input type="checkbox"/>		
Documents assessments accurately	<input type="checkbox"/>		
Communicates effectively during stressful clinical scenarios	<input type="checkbox"/>		

C. Overall Professionalism

Skill/Competency	Observed/ Performed	Score 1-4	Comments
Demonstrates accountability and responsibility	<input type="checkbox"/>		
Exhibits empathy, respect, and cultural sensitivity	<input type="checkbox"/>		
Maintains self-confidence and professional behavior	<input type="checkbox"/>		
Works collaboratively with healthcare team	<input type="checkbox"/>		
Maintains patient safety and ethical standards	<input type="checkbox"/>		

Preceptor/Supervisor Summary / Recommendations

Strengths:

Areas for Improvement:

Overall Competency Rating:

- Competent**
- Partially Competent**
- Not Yet Competent**

Preceptor Name :

Signature:

Date:

MIDWIFERY PROGRAM DESCRIPTION YEAR III, SEMESTER I: ADVANCED DIPLOMA IN MIDWIFERY SCIENCES.



Module 19: Caring for Complex Labour and Childbirth

This module has three learning units:

Unit 1: Signs of Complex Labour and Complications Management

Unit 2: Healthcare of Women with Medical Conditions During Labour

Unit 3: Fetal and Neonatal Complications and Management

Number of credits: 27 equivalents to 270 Hours.

- **Theory: 70,**
- **Practice: 200 hours (a) Simulation/Skills Lab: 40 hours (b) Clinical placement: 160 hours**

Note: 160 Clinical hours will be covered in clinical attachment 4

Purpose statement

This module aims to equip students with the knowledge and skills to manage complex labour and childbirth scenarios. It focuses on identifying risk factors, anticipating and responding to complications, and making timely referrals. Through theoretical learning and simulation, students will develop clinical judgment, communication, and compassionate care essential for midwifery practice in challenging situations, including stillbirth and unexpected outcomes.

Learning Outcomes

By the end of the module, the learner will be able to :

1. Demonstrate professional accountability and support women's choices in care.
2. Apply legal, regulatory, and ethical principles in midwifery practice.
3. Assess and manage fetal and neonatal well-being, including responding to distress and providing care after stillbirth or loss.
4. Identify and manage complications in labour and birth and refer cases beyond midwifery scope appropriately.
5. Use research and evidence-based practice to inform and evaluate care in complex labour and childbirth situations.
6. Communicate effectively and empathetically with women, families, healthcare providers, and community groups.

Competency 19 : Managing Complex Labour and Childbirth						
Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching strategies/ Learning Activities	Assessment Methods	Resources
Learning Unit 1: Signs of Complex Labour & Complications Management: 45 Hours						
1.1. Identify indicators of complications	<ul style="list-style-type: none"> Describe signs & pathophysiology 	<ul style="list-style-type: none"> Assess women, diagnose complications, perform emergency procedures 	<ul style="list-style-type: none"> Accountability, autonomy, respect for women's rights, critical judgment. 	<ul style="list-style-type: none"> Review anatomy/ physiology of labour in small groups. Analyse real patient case studies on pre-eclampsia, haemorrhage, sepsis. Role play informed consent in emergency induction. Practice balloon tamponade and bimanual compression in a skills lab with mannequins. Debrief after simulations to reflect on decision-making. Summarize current WHO guidelines in student presentations. 	OSCE (emergency drills), written case analysis, quizzes, oral exams, reflective portfolio.	Myles Textbook for Midwives (2020), WHO Managing Complications (2017), Foley et al. (2018).
1.2. Demonstrate midwife's role in management	<ul style="list-style-type: none"> Classify complications by severity 					
1.3. Apply EBP to care	<ul style="list-style-type: none"> Explain management principles 					
1.4. Evaluate interventions	<ul style="list-style-type: none"> Analyze rationale for interventions. 					
Learning Unit 2: Healthcare of Women with Medical Conditions During Labour (30 Hours)						
2.1. Explain conditions complicating labour	<ul style="list-style-type: none"> Explain malpositions/ malpresentations 	<ul style="list-style-type: none"> Perform instrumental deliveries, assist in theatre prep, manage referrals, apply trauma-informed communication 	<ul style="list-style-type: none"> Empathy, professionalism, trauma-informed care, cultural sensitivity. 	<ul style="list-style-type: none"> Demonstrate forceps & vacuum techniques in a simulation lab with feedback. Practice using partograph/labour care guide on real and simulated cases. 	OSCE (assisted birth), written exam (case analysis), reflective essays, portfolio, quizzes.	WHO Safe Surgery Checklist, WHO MPDSR (2021), Myles Textbook (2020).
2.2. Perform assisted births).	<ul style="list-style-type: none"> Differentiate between assisted birth methods 					
2.3. Analyse maternal death causes						

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching strategies/ Learning Activities	Assessment Methods	Resources
2.4. Demonstrate safe caesarean care 2.5. Provide compassionate care	<ul style="list-style-type: none"> Discuss causes & audits of maternal death Summarize legal/ethical responsibilities Examine cultural perspectives on maternal death 			<ul style="list-style-type: none"> Analyse maternal death audit reports (MPDSR) in group discussion. Role play breaking bad news to families after maternal death. Reflect in a journal on legal & ethical dilemmas midwives face. Present cultural practices around maternal death from country-specific research. 		
Learning unit 3: Fetal & Neonatal Complications and Management (35 Hours)						
3.1. Recognize fetal/neonatal distress 3.2. Interpret fetal monitoring 3.3. Demonstrate neonatal resuscitation 3.4. Analyse stillbirth causes/impact 3.5. Provide bereavement care	<ul style="list-style-type: none"> Explain abnormal FHR patterns Interpret APGAR & cord pH. Describe causes of stillbirth Discuss neonatal complications Summarize legal documentation 	<ul style="list-style-type: none"> Perform neonatal resuscitation, interpret monitoring results, provide bereavement counselling, document care 	<ul style="list-style-type: none"> Sensitivity, empathy, resilience, professional self-care. 	<ul style="list-style-type: none"> Interpret CTG/fetal heart traces in group case discussions. Practice neonatal resuscitation with mannequins (bag-mask ventilation, chest compressions). Role play counselling a family after stillbirth using empathetic communication. Reflect in writing on emotional challenges of caring for grieving families. Debrief after simulations on self-care strategies. Analyse WHO global stillbirth data in seminar format. 	OSCE (neonatal resuscitation), quizzes, reflective journals, written assignments, portfolio.	WHO <i>Stillbirth</i> (2020), WHO MPDSR (2021), <i>Helping Mothers Survive & Babies Breathe</i> (Jhpiego/Laerdal).



Module 20: **Caring for Complex Post-Partum**

This Module has two learning Units:

Unit 1: Post-Partum Complications and Management

Unit 2: Management of Infection and Pelvic Floor Trauma in Post-Partum

Number of credits: 23 Equivalent to 230 hours

- **Theory: 70 hours**
- **Practice: 160 hours i.e. (a) Simulation/Skills Lab.: 10 hours (b) Clinical placement: 150 hours**

Note: 150 Clinical hours will be covered in clinical attachment 4

Purpose statement

This module prepares learners to provide expert, evidence-based midwifery care for women with complex needs during the critical post-partum period (24 hours to 6 weeks after birth). Learners develop and evaluate individualized care plans, respond to complications, and collaborate with health-care teams to support maternal and infant health. Through theory and practical experience, learners build the skills needed to improve outcomes and save lives during this vulnerable time. Learning is assumed to be in place.

Learning Outcomes

By the end of the module, the learner will be able to :

1. Detects common maternal complications during the post-partum period.
2. Apply evidence-based treatment, stabilization, and referral procedures for women experiencing post-partum complications.
3. Demonstrate competence in Emergency Obstetric and Newborn Care (EmONC) through simulations, drills, and supervised clinical practice.
4. Conduct thorough assessments of women in the postnatal ward.
5. Communicate professionally and empathetically with women and families experiencing post-partum complications.
6. Collaborate efficiently with health-care teams and community groups.
7. Take responsibility for decisions and actions as an autonomous practitioner.
8. Apply critical thinking and reflective practice principles to post-partum care.

Competency 20: Manage complex post-partum						
Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Post-Partum Complications and Management (50 hours)						
1.1. Analyze maternal morbidity and mortality data to identify post-partum complications	<ul style="list-style-type: none"> Interpret global and national maternal morbidity/mortality statistics. Describe WHO and Rwanda MoH postnatal care protocols, guidelines, packages. 	<ul style="list-style-type: none"> Conduct systematic postnatal assessments (BUBBLE, vitals, breastfeeding). 	<ul style="list-style-type: none"> Display empathy and professionalism. Apply a patient-centered approach. 	<ul style="list-style-type: none"> Simulation: EmONC, IV therapy, post-resuscitation care. Clinical placement: supervised assessment and management. Flipped classroom, peer-to-peer review, case study discussions. Brainwriting on legal/ethical issues. OSCE preparation and practice. 	<ul style="list-style-type: none"> OSCE on EmONC and postnatal assessments. Written assignments, quizzes, portfolio documentation. Clinical skills checklist evaluation. 	<ul style="list-style-type: none"> Laerdal Global Health, Jhpiego modules. Myles Textbook for Midwives, 17th ed. WHO postnatal care guidelines. WHO MPDSR documents. Hoffman et al., Williams Gynecology, 4th ed. Rwanda MoH postnatal care protocols.
1.2. Apply evidence-based guidelines to prevent and manage complications	<ul style="list-style-type: none"> Classify high-risk post-partum complications. Explain MPDSR purpose, process, and midwife's role. 	<ul style="list-style-type: none"> Manage complications. Perform EmONC drills. Administer IV therapy, drug calculations, post-resuscitation care. Facilitate referral and follow-up. 	<ul style="list-style-type: none"> Collaborate effectively with health-care teams. Uphold ethical and legal standards. 			
1.3. Demonstrate competence in EmONC drills	<ul style="list-style-type: none"> Analyze psychological, social, and family support systems. Identify pathophysiology, signs, and management of haemorrhage, sepsis, thrombo-embolic disorders, pre-eclampsia/eclampsia, HELLP, DIC, endometritis, breastfeeding complications, PMH issues, Rhesus incompatibility. 					
1.4. Assess and monitor women in the postnatal ward.						

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 2: Management of Infection and Pelvic Floor Trauma in Post-Partum (30 hours)						
2.1. Manage infections and pelvic floor trauma in post-partum women	<ul style="list-style-type: none"> Describe HIV post-partum care, PMTCT, antiretroviral protocols. Analyze diagnosis, signs, and management of pelvic floor trauma and fistula. 	<ul style="list-style-type: none"> Deliver specialized care to HIV-positive women. Perform post-partum pelvic floor assessments and follow-up care. 	<ul style="list-style-type: none"> Respectful, empathetic, and culturally sensitive care. Ethical decision-making and professional accountability. 	<ul style="list-style-type: none"> Simulation: counseling, infection control, pelvic floor management. Clinical placement: supervised care for infection and trauma cases. Flipped learning, peer-to-peer review, case discussions. OSCE practice and debrief. 	<ul style="list-style-type: none"> OSCE on infection and pelvic floor trauma management. Written assignments and quizzes. Portfolio of clinical performance. 	<ul style="list-style-type: none"> Laerdal Global Health, Jhpigo modules. WHO eMTCT guidelines. Myles Textbook for Midwives, 17th ed. Lowdermilk et al., Maternity & Women's Health Care, 12th ed. Rwanda MoH post-partum care guidelines.
2.2. Communicate effectively and empathetically with women and families.	<ul style="list-style-type: none"> Explain urinary/faecal incontinence, prolapse, overactive bladder. 	<ul style="list-style-type: none"> Stabilize, counsel, and educate women and families. 	<ul style="list-style-type: none"> Reflective practice and patient advocacy. 			
2.3. Reflect on post-partum care practices in relation to critical thinking and reflective practice.	<ul style="list-style-type: none"> Assess challenges in rural post-partum care and referral pathways. Interpret Ministry of Health post-partum guidelines. 	<ul style="list-style-type: none"> Implement safe referral and transport procedures in rural areas. 				



Module 21: ***Caring for Unwell Neonates***

This Module has two Learning Units

Unit 1: Diagnosis of unwell neonate

Unit 2: Healthcare and management of unwell neonate

Number of credits: 21 equivalents to 210 hours

- **Theory: 49 hours**
- **Practice: 161 hours (a) Simulation/Skills Lab: 21 hours (b) Clinical placement: 140 hours**

Note: 140 Clinical hours will be covered in clinical attachment 4

Purpose statement

This module equips learners with knowledge and skills to provide timely, evidence-based care for neonates with health conditions requiring intervention. It covers early identification and management of issues such as prematurity, respiratory distress, jaundice, and congenital abnormalities. Emphasis is placed on family-centred, respectful midwifery care, effective communication, and the importance of practices like skin-to-skin contact, APGAR assessment, and breastfeeding support to promote optimal neonatal outcomes.

Learning Outcomes

By the end of the module, the learner will be able to :

1. Identify common neonatal complications in the post-partum period.
2. Identify clinical signs and symptoms of unwell neonate.
3. Assess neonatal infections and apply infection prevention and control measures.
4. Demonstrate the ability to safely use oxygen therapy for unwell neonates.
5. Manage resuscitation of a neonate.
6. Explain the treatment and management options for a deteriorating neonate.
7. Demonstrate the ability to provide evidence-based information effectively and empathetically to women with an unwell neonate.

Competency 21: Manage unwell neonates						
Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning unit 1: Diagnosis of Unwell Neonate: 43 Hours						
1.1. Identify common neonatal complications	<ul style="list-style-type: none"> Analyze neonatal adaptations to extrauterine life. Interpret APGAR scores and golden minute/hour significance. Classify premature infants and evaluate associated risks Identify birth trauma types (soft tissue, intracranial, fractures). Explain congenital malformations and related syndromes. Describe hyperbilirubinemia causes, signs, treatment. Recognize neonatal infections and apply IPC measures. Evaluate global and national neonatal mortality and morbidity data. 	<ul style="list-style-type: none"> Assess neonate vital signs and oxygen saturation. Perform APGAR scoring. Detect clinical signs of deterioration (feeding, tone, thermoregulation, cry, urine, skin). Administer oxygen therapy safely. Perform neonatal resuscitation. Identify premature neonate needs (warmth, hydration, nutrition, NEC risks). Recognize birth trauma and congenital anomalies. Document findings accurately. 	<ul style="list-style-type: none"> Demonstrates vigilance and critical observation. Communicates empathetically with family. Maintains patience and professionalism in emergencies. Adheres strictly to hygiene and infection prevention protocols. Respects neonatal safety and family-centered care principles. 	<ul style="list-style-type: none"> Bedside clinical observation and hands-on neonatal assessment. Simulation of neonatal emergencies, including resuscitation and oxygen therapy. OSCE practice sessions with stepwise skills demonstration. Case-based learning on neonatal complications and birth trauma. Problem-based learning (PBL) on deterioration signs and interventions. Peer-to-peer teaching: think-pair-share, skill demonstrations. Reflection and debriefing sessions after clinical encounters. Flipped classroom preparation: reviewing guidelines and protocols before practice. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments and quizzes. Skills lab evaluation and checklists. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczytor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol UNFPA, UNICEF, WHO neonatal guidelines Myles Textbook for Midwives, 17th Ed
1.2. Identify clinical signs and symptoms of an unwell neonate.						
1.3. Assess neonatal infections and apply infection prevention and control measures						
1.4. Demonstrate the ability to safely use oxygen therapy for an unwell neonate						
1.5. Manage resuscitation of a neonate.						

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Apply knowledge of neonatal resuscitation protocols. 			<ul style="list-style-type: none"> Brainwriting and discussion on ethical/legal issues in neonatal care. PowerPoint presentations and group discussions of epidemiology and complications. 		
Learning unit 2: Healthcare and Management of Unwell Neonate: 27 Hours						
2.1. Identify common neonatal complications in the post-partum period	<ul style="list-style-type: none"> Explain care principles for preterm and low-birth-weight infants. Demonstrate thermoregulation strategies and low-stimulation environment needs. Apply nutrition and hydration principles for term and preterm neonates. Analyze NEC risk factors and implement preventive strategies. 	<ul style="list-style-type: none"> Provide essential care to preterm and low-birth-weight neonates. Monitor and record vital signs, fluid balance, and nutrition. Administer nasogastric feeds according to gestation/weight. Manage hyper-/hypoglycemia in neonates. Educate and counsel parents effectively. Coordinate care with health teams and refer when necessary. 	<ul style="list-style-type: none"> Demonstrates empathy and patient-centered communication. Maintains professional conduct and confidentiality. Shows critical thinking in clinical decision-making. Exhibits responsibility and accountability in neonatal care. Promotes safety, vigilance, and collaborative practice. 	<ul style="list-style-type: none"> Hands-on care of preterm and low-birth-weight neonates in the clinical setting. Simulation of NEC management, hypoglycemia, and feeding interventions. Clinical observation and bedside assessment. Case-based learning and problem-solving workshops. OSCE sessions on feeding, fluid balance, and parental counseling. Reflection and peer debriefing on complex neonatal cases. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments/quizzes. Skills lab evaluation. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol WHO Essential Newborn Care, 2020 USAID Healthy Newborn Network PNC Checklist
2.2. Explain treatment and management options for deteriorating neonates						
2.3. Demonstrate the ability to provide evidence-based information effectively and empathetically to women with unwell neonates.						

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Describe complications of GDM/diabetic mothers and their neonatal impact. Interpret fluid balance charts and neonatal observations. Evaluate referral pathways and collaborative care systems. Apply principles of family-centered, compassionate, and inclusive care. 	<ul style="list-style-type: none"> Document accurately and respond appropriately to findings. 		<ul style="list-style-type: none"> E-learning modules on family-centered care and ethical issues. Flipped classroom preparation on neonatal complications. PowerPoint presentations and group discussions of treatment guidelines. 		



Module 22: Clinical placement 4 (Caring for Complex labour and birth + Caring for Complex post-partum + Caring for unwell neonate)

This Module has three learning units

Unit 1: Caring for Complex Labour and Birth

Unit 2: Caring for Complex Post-Partum

Unit 3: Caring for an Unwell Neonate

Number of credits: 45 Equivalent to 450 Hours.

- **Theory: 0**
- **Practice: 450 hours (a) Simulation: 0 hours (b) clinical placement: 450 hours**

Purpose statement

This clinical placement equips students with skills in caring for women who experience complex labour, births, and complications post birth. Students provide midwifery care to women under the direct supervision of registered midwives and other skilled birth and post-partum personnel. It is anticipated that students will observe clinical situations where women require additional care as the labour, birth and post-partum become more complex.

Students will gain experience and expertise in communicating with women and their families during labour, birth and post-partum and will be able to recognize the need to collaborate and refer when complications arise. Feedback is provided in a supportive manner, and students are given opportunities to become more adept in required competencies.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate professional accountability by taking responsibility for independent decisions and actions as an autonomous midwife.
2. Apply legal, ethical, and regulatory frameworks in all aspects of midwifery practice, ensuring adherence to professional codes of conduct.
3. Support women's autonomy by facilitating informed decision-making and individualized choices about their care.
4. Assess, manage, and provide appropriate care for physiological and pathophysiological complications during labour, birth, and the postpartum period.
5. Provide appropriate midwifery care for physiological and pathophysiological complications during labour and birth.
6. Identify and respond effectively to deviations and complications in the post-partum period.
7. Assess fetal well-being and manage neonatal distress through timely and appropriate interventions.
8. Integrate critical thinking, reflective practice, and current evidence into clinical decision-making to improve the quality of care in complex situations.
9. Provide compassionate and empathetic care to women and families experiencing grief, loss, or unexpected outcomes.
10. Promote health and well-being by assessing health status, screening for risks, and providing education to women and infants.
11. Assess and stabilize postnatal complications and ensure appropriate referral when necessary.
12. Communicate effectively with women, families, healthcare professionals, and community groups to provide holistic and respectful care.

Competency 22: Caring for women who experience complications						
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 1: Caring for Complex Labour and Birth (160 hours / 5 Weeks)						
1.1. Apply evidence-based midwifery care in managing complex labour and birth	<ul style="list-style-type: none"> Explain the physiology and pathophysiology of complex labour. 	<ul style="list-style-type: none"> Perform vacuum/forceps-assisted deliveries safely. Execute hand manoeuvres for malpresentation. 	<ul style="list-style-type: none"> Exhibit confidence, empathy, and professionalism. 	<ul style="list-style-type: none"> Clinical demonstrations and simulations. Case studies and problem-based learning. 	<ul style="list-style-type: none"> OSCE and direct observation. Clinical logbook and reflective journal. 	<ul style="list-style-type: none"> Neonatal care and resuscitation protocols. WHO newborn health guidelines.
1.2. Demonstrate critical thinking and decision-making in obstetric emergencies	<ul style="list-style-type: none"> Differentiate between normal and abnormal labour patterns. 	<ul style="list-style-type: none"> Implement emergency obstetric protocols. Coordinate multidisciplinary teamwork in emergencies. 	<ul style="list-style-type: none"> Value teamwork and collaboration. Demonstrate accountability and ethical integrity. 	<ul style="list-style-type: none"> Role plays and reflective discussions. Clinical placements with supervision. 	<ul style="list-style-type: none"> Case presentations and debriefings. Portfolio and supervisor evaluation. 	<ul style="list-style-type: none"> Simulation manikins and clinical tools. Hospital neonatal charts and documentation
1.3. Perform safe interventions such as assisted deliveries and malpresentation management	<ul style="list-style-type: none"> Interpret fetal monitoring results and obstetric assessments. 	<ul style="list-style-type: none"> Demonstrate effective and compassionate communication. 	<ul style="list-style-type: none"> Accept feedback and reflect for self-improvement. 			
1.4. Communicate effectively with women, families, and healthcare teams.						
1.5. Reflect on practice to improve the quality of care.	<ul style="list-style-type: none"> Discuss ethical and legal aspects of emergency care. 					

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 2: Caring for Complex Post-Partum (150 hours / 4 Weeks)						
<p>2.1. Manage post-partum complications.</p> <p>2.2. Evaluate pharmacological treatments safely.</p> <p>2.3. Develop individualized care, discharge, and follow-up plans.</p> <p>2.4. Educate women and families on post-partum recovery.</p>	<ul style="list-style-type: none"> Describe post-partum physiology and common complications. Identify indications for pharmacological interventions. Summarize principles of infection control and wound care. Explain referral pathways and continuity of care. 	<ul style="list-style-type: none"> Monitor and record vital signs accurately. Administer medications and evaluate their effects. Implement discharge and follow-up plans. Demonstrate effective post-partum counselling and education. 	<ul style="list-style-type: none"> Show compassion and cultural sensitivity. Maintain respect for privacy and dignity. Demonstrate responsibility and empathy. Engage women in shared decision-making. 	<ul style="list-style-type: none"> Simulation and practical demonstrations. Clinical observation and bedside mentoring. Case-based discussions. E-learning and reflective journaling. Clinical seminars and peer learning. 	<ul style="list-style-type: none"> Continuous clinical observation. OSCE and written assessment. Reflective journals and logbooks. Portfolio review and preceptor feedback. 	<p>Neonatal care and resuscitation protocols.</p> <p>WHO newborn health guidelines.</p> <p>Simulation manikins and clinical tools.</p> <p>Hospital neonatal charts and documentation</p>

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 3: Caring for an Unwell Neonate (140 Hours / 4 Weeks)						
3.1. Analyze neonatal complications.	• Describe neonatal physiology and developmental needs.	• Assess neonatal vital signs.	• Demonstrate empathy and family-centered care.	• Simulation and neonatal drills.	• OSCE and practical demonstration.	Neonatal care and resuscitation protocols.
3.2. Interpret neonatal danger signs and respond appropriately.	• Explain common neonatal disorders (asphyxia, infection, prematurity).	• Perform neonatal resuscitation per protocol.	• Respect cultural diversity and parental roles.	• Problem-based and reflective learning.	• Reflective journals and logbooks.	WHO newborn health guidelines.
3.3. Formulate individualized neonatal care plans.	• Discuss ethical decision-making in neonatal care.	• Implement care plans for unwell newborns.	• Exhibit professional ethics and accountability.	• Supervised clinical placements.	• Case analysis and summative assessments.	Simulation and manikins and clinical tools.
3.4. Apply ethical principles and communicate effectively with families.	• Interpret neonatal assessment findings.	• Communicate and counsel families with sensitivity.	• Commit to lifelong learning and continuous improvement.	• Case reviews and mentorship.	• Portfolio and supervisor feedback.	Hospital neonatal charts and documentation
3.5. Provide evidence-based counselling and support.		• Document accurately and comprehensively.		• Post-clinical debriefings.		

CLINICAL PLACEMENT (4), ADVANCED DIPLOMA Year III/ Semester I, ASSESSMENT CHECKLIST: COMPLEX LABOUR, POST-PARTUM, AND NEONATAL CARE.

Student Name:

Clinical Placement Site:

Preceptor/Supervisor:

Dates of Placement:

Instructions for Preceptors:

- Observe and evaluate the student's performance for each skill during clinical placement.
- Use the scoring system:
 - 1 – Not Demonstrated**
 - 2 – Partially Demonstrated**
 - 3 – Competently Demonstrated**
 - 4 – Exceeds Expectations**
- Provide comments and feedback for each domain.

A. Caring for Complex Labour and Birth

Skill/Competency	Observed / Performed <input type="checkbox"/>	Score 1-4	Comments
Explains physiology and pathophysiology of complex labour			
Differentiates normal vs abnormal labour patterns			
Interprets fetal monitoring results and obstetric assessments			
Performs vacuum/forceps-assisted deliveries safely			
Executes hand manoeuvres for malpresentation			
Implements emergency obstetric protocols			
Coordinates multidisciplinary teamwork during emergencies			
Demonstrates effective, compassionate communication with women and families			
Exhibits professional confidence, empathy, and accountability			
Reflects on practice for self-improvement			

B. Caring for Complex Post-Partum

Skill/Competency	Observed / Performed <input type="checkbox"/>	Score 1-4	Comments
Identifies and manages post-partum complications			
Monitors maternal vital signs accurately			
Administers medications and evaluates effects			
Implements individualized discharge and follow-up plans			
Provides evidence-based post-partum education and counselling			
Demonstrates compassion and cultural sensitivity			
Maintains privacy, dignity, and ethical standards			
Recognizes when referral is needed beyond scope			
Documents assessments and interventions accurately			
Engages women in shared decision-making			

C. Caring for an Unwell Neonate

Skill/Competency	Observed / Performed <input type="checkbox"/>	Score 1-4	Comments
Recognizes and responds to neonatal danger signs			
Assesses and monitors neonatal vital signs			
Performs neonatal resuscitation per protocol			
Implements individualized neonatal care plans			
Communicates and counsels families sensitively			
Demonstrates empathy and family-centered care			
Respects cultural diversity and parental roles			
Documents neonatal assessments and interventions accurately			
Exhibits professional ethics, accountability, and lifelong learning			
Participates in post-clinical debriefing and reflection			



D. Overall Professionalism

Skill/Competency	Observed / Performed <input type="checkbox"/>	Score 1-4	Comments
Demonstrates accountability and responsibility			
Exhibits empathy, respect, and cultural sensitivity			
Maintains self-confidence and professional behavior			
Works collaboratively with healthcare team			
Maintains patient safety and ethical standards			

Preceptor/Supervisor Summary / Recommendations

Strengths:.....

Areas for Improvement:

Overall Competency Rating:

Competent

Partially Competent

Not Yet Competent

Preceptor Name / Signature:

Date:.....

MIDWIFERY PROGRAM DESCRIPTION YEAR III, SEMESTER II: ADVANCED DIPLOMA IN MIDWIFERY SCIENCES.



Module 23: Introduction to Research

This Module has two learning units:

Unit 1: Foundational elements of research

Unit 2: Development of research proposal

Number of credits: 10 equivalents to 100 hours.

- **Theory: 100 hours**
- **Practice: 0 hours (a) Simulation/Skills lab: 0 hours (b) clinical placement: 0 hours**

Purpose statement:

This module equips the learners to develop knowledge and understanding of the research process. It aims to facilitate the development of research skills relevant to midwifery science. Learners will learn to use an experiential approach to facilitate an understanding of research, the research process, and use scientific writing to develop a proposal for a potential research topic in the future.

Learning Outcomes

By the end of the module, the student will be able to:

1. Explain the role and significance of research in midwifery practice.
2. Differentiate between various research designs and methods used in research articles.
3. Apply ethical principles in research by completing an online research ethics certificate course.
4. Develop an epidemiologic study proposal relevant to maternal and newborn health, including abstract, background, literature review, and methods sections.
5. Present a research proposal relevant to maternal and newborn health to peers and stakeholders.

Competency 23: Conduct research in midwifery practice

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 1: Foundational Elements of Research: 40 hours						
1.1. Explain the role and significance of research in midwifery practice	<ul style="list-style-type: none"> Explain the role and significance of research in midwifery 	<ul style="list-style-type: none"> Critically evaluate research articles 	<ul style="list-style-type: none"> Demonstrate accountability and professionalism 	<ul style="list-style-type: none"> Interactive lectures Blended learning 	<ul style="list-style-type: none"> Written assignment on research methodologies 	<ul style="list-style-type: none"> International Confederation of Midwives (2025)
1.2. Differentiate various research designs and methods in research articles	<ul style="list-style-type: none"> Differentiate research designs: systematic reviews, meta-analyses, RCTs, cohort studies, observational/epidemiologic studies 	<ul style="list-style-type: none"> Apply knowledge to interpret study designs Complete online research ethics training 	<ul style="list-style-type: none"> Exhibit ethical responsibility Value evidence-based practice 	<ul style="list-style-type: none"> Assigned readings Online research ethics certificate course Group discussions and reflective exercises 	<ul style="list-style-type: none"> Submission of research ethics certificate Portfolio documentation and evaluation 	<ul style="list-style-type: none"> - Polit & Beck (2020) - Kviz (2019) - Adams & Lawrence (2019)
1.3. Analyze the role of quantitative and qualitative methods in assessing population health	<ul style="list-style-type: none"> Understand quantitative, qualitative, and mixed methods Describe ethical guidelines and researcher responsibilities 	<ul style="list-style-type: none"> Summarize key findings and ethical considerations Demonstrate computer literacy skills for research 	<ul style="list-style-type: none"> Show curiosity and commitment to research 			
1.4. Apply ethical principles by completing an online research ethics certificate course	<ul style="list-style-type: none"> Recognize the structure of research papers: abstract, introduction, methods, results, discussion, recommendations, references 					

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 2: Development of research Proposal: 60 Hours						
2.1. Design a study proposal relevant to maternal and newborn health, including abstract, background, literature review, and methods sections	<ul style="list-style-type: none"> Explain the research process: identifying concepts, formulating aim and objectives Describe proposal components: introduction, background, literature review, methods, ethical considerations Understand academic writing and presentation principles Recognize IRB and consent form requirements 	<ul style="list-style-type: none"> Formulate aims, objectives, and research questions Develop methods section: design, population, sample, data collection, instruments, analysis, reliability, validity Write a full research proposal Use scientific writing skills to refine proposal Deliver oral presentation to peers and stakeholders Apply computer literacy for proposal development 	<ul style="list-style-type: none"> Exhibit confidence in scientific communication Accept feedback constructively Show accountability and collaboration Demonstrate commitment to lifelong learning and ethical research practice 	<ul style="list-style-type: none"> Interactive lectures Blended learning Readings Proposal development workshops Peer-reviewed presentations Mentorship and feedback 	<ul style="list-style-type: none"> Submission of written research proposal Oral presentation with peer feedback Portfolio assessment using rubric 	<ul style="list-style-type: none"> Same as LU1 IRB forms Consent forms Questionnaires Presentation tools (PowerPoint, computers)
2.2. Present the study proposal effectively to peers and stakeholders						



Module 24: Midwives and the Law

This Module has two Learning Units

Unit 1: Professional ethics in midwifery care

Unit 2: Legal framework in midwifery profession

- **Number of Credits: 7 equivalent to 70 hours**
- **Practice: 0 hours (a) Simulation/Skills lab 0 hours (b) clinical placement: 0 hours**

Purpose statement:

This module examines the professional, legal, and ethical responsibilities of midwives, including regulation, advocacy, and the impact of laws on midwifery practice. Learners explore issues such as misconduct, ethical dilemmas, and decision-making in complex situations, while emphasizing integrity, self-respect, equality, and justice in midwifery care.

Learning Outcomes

By the end of the module, the learner will be able to :

1. Analyse how the principles of ethics impact midwifery practice.
2. Analyse ethical dilemmas and demonstrate the ability to make sound decisions in complex situations.
3. Describe Rwanda's regulatory requirements for the midwifery profession and explain how these impact a midwife's responsibilities and duty of care.
4. Evaluate the processes of decision-making in challenging ethical scenarios.

Competency 24: Apply legal Framework for Midwifery Practice						
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 1: Professional Ethics in Midwifery Care: 50 hours						
1.1. Analyse how the principles of ethics impact midwifery practice.	<ul style="list-style-type: none"> Define ethics in the context of working with survivors of GBV. Differentiate between GBV guiding principles and the survivor-centered approach. Interpret legal, ethical, and professional responsibilities underpinning midwifery. Examine the ICM International Code of Ethics. Analyse Rwanda's national codes of professional practice. Apply ethical principles, values, and concepts to decision-making in midwifery care. 	<ul style="list-style-type: none"> Apply ethical principles in GBV-related cases; Demonstrate informed consent; Apply confidentiality; Integrate codes into care. 	<ul style="list-style-type: none"> Respect women's dignity and rights; Uphold survivor-centered approach; Sensitivity to cultural and legal frameworks. 	<p>Lectures on ethics; Group discussions; Case studies of GBV; Review of codes; Simulations of consent/ confidentiality.</p>	<p>Formative: Reflection on GBV scenarios. Summative: Written exam with case analysis on ethical principles.</p>	<p>ICM Code of Ethics (2008); Clarke, Law & Ethics (2015); WHO Respectful Maternity Care Charter (2011).</p>

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
1.2. Analyse ethical dilemmas and be able to make good decisions in complex situations.	<ul style="list-style-type: none"> Explain the importance of respecting oneself and maintaining a personal moral code. Analyse the ethics of decision-making in complex clinical situations. Describe how midwives act as models of ethical behaviour in practice. Evaluate ethical dilemmas in the workplace arising from values, beliefs, and moral opposition. Examine cultural expectations and country-specific issues that influence ethical practice. Reflect on experiences from the clinical setting to identify ethical challenges. Differentiate between personal and professional boundaries in midwifery care. 	<ul style="list-style-type: none"> Identify ethical dilemmas; Use ethical reasoning; Role-play handling dilemmas; reflect on cultural expectations; Develop boundary management skills. 	<ul style="list-style-type: none"> Accountability; Courage to act ethically; Integrity in professional and personal conduct. 	<ul style="list-style-type: none"> Role-play scenarios; Ethical debates; Reflective journaling on personal experiences; Group sharing of dilemmas. 	<ul style="list-style-type: none"> Formative: Peer feedback, journals. Summative: OSCE scenario testing decision-making. 	<ul style="list-style-type: none"> Kirkham & Newman (2019); WHO SEA/H (2023); Rwanda Biomedical Centre ethics guidelines.

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
1.3. Evaluate the processes of decision-making in challenging ethical scenarios.	<ul style="list-style-type: none"> Describe professional standards required for midwifery practice. Demonstrate techniques for gaining informed and challenging consent. Explain methods to ensure privacy and maintain confidentiality. Apply accurate documentation practices in clinical settings. Analyse accountability and transparency requirements in midwifery care. Evaluate strategies for full disclosure and ethical communication with clients. Discuss collaboration and referral responsibilities with other health professionals. Interpret reporting protocols for HIV+, GBV, and child abuse cases. Apply safe and ethical data practices, including telemedicine data collection, storage, and use. 	<ul style="list-style-type: none"> Apply decision-making models; Document ethical rationale; Ensure compliance with reporting; Handle sensitive data safely. 	<ul style="list-style-type: none"> Transparency; Professional maturity; Respect for privacy and confidentiality; Commitment to accountability. 	Decision-making framework workshops; Documentation practice; Mock referral/reporting scenarios; Group presentations on ethical case analysis.	Formative: Case presentations and documentation review. Summative: Oral defence of decision-making in case study.	WHO Midwives Voices (2016); Rwanda MOH ethics protocols; Clarke (2015).

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
<p>1.4. Evaluate the processes of decision-making in challenging ethical scenarios.</p>	<ul style="list-style-type: none"> Describe professional standards required for midwifery practice. Demonstrate techniques for gaining informed and challenging consent. Explain methods to ensure privacy and maintain confidentiality. Apply accurate documentation practices in clinical settings. Analyse accountability and transparency requirements in midwifery care. Evaluate strategies for full disclosure and ethical communication with clients. Discuss collaboration and referral responsibilities with other health professionals. Interpret reporting protocols for HIV+, GBV, and child abuse cases. Apply safe and ethical data practices, including telemedicine data collection, storage, and use. 	<ul style="list-style-type: none"> Evaluate and apply decision-making models; Document ethical rationale; Ensure compliance with reporting; Handle sensitive data safely. 	<ul style="list-style-type: none"> Transparency; Professional maturity; Respect for privacy and confidentiality; Commitment to accountability. 	<p>Decision-making framework workshops; Documentation practice; Mock referral/reporting scenarios; Group presentations on ethical case analysis.</p>	<p>Formative: Case presentations and documentation review. Summative: Oral defence of decision-making in case study.</p>	<p>WHO Midwives Voices (2016); Rwanda MOH ethics protocols; Clarke (2015).</p>

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 2: Legal Framework in Midwifery Profession: 20 hours						
2.1. Describe Rwanda's regulatory requirements for the midwifery profession and their impact.	<ul style="list-style-type: none"> Identify registration and licensing requirements for midwives in Rwanda. Explain the roles and responsibilities of legislative bodies in midwifery regulation. Analyse ongoing professional development requirements and recency of practice obligations. Interpret national codes of practice and their implications for midwifery. Evaluate disciplinary frameworks designed to protect the public. Describe mechanisms for complaints against midwives, including misconduct, malpractice, negligence, poor performance, misbehavior, false records, and breaches of confidentiality/data. Analyse systems and structures supporting midwives under review. Reflect on the psychological experiences of midwives undergoing disciplinary processes. Evaluate support mechanisms available for midwives facing legal or professional scrutiny 	<ul style="list-style-type: none"> Apply laws and codes; Analyse real cases; Prepare compliance strategies for documentation, consent, and confidentiality; Participate in mock disciplinary hearings. 	<ul style="list-style-type: none"> Professional accountability; Honesty and transparency; Respect for law and duty of care; Empathy for midwives under legal scrutiny. 	Lectures on Rwanda's laws; Research projects on regulatory frameworks; Mock disciplinary hearings; Group case discussions.	Formative: Group presentations on regulatory frameworks. Summative: Written exam and legal case analysis.	Rwanda Nursing and Midwifery Council documents; Clarke (2015); Myles Textbook for Midwives (2020).



Module 25: Leadership and Management in Midwifery

This Module has two Learning Units

Unit 1: Principles of Leadership and Management in Healthcare Settings

Unit 2: Advocacy and Management in Midwifery Profession

Number of Credits: 7 Equivalent to 70 Hours.

- **Theory: 70 hours**
- **Practice: 0 hours (a) Simulation/Skills lab: 0 hours (b) Clinical placement: 0 hours**

Purpose Statement:

This module prepares midwives to develop effective leadership and communication skills by exploring leadership styles, models, and attributes. Learners reflect on their own leadership traits, practice giving feedback, and understand the role of health education and information systems in professional midwifery leadership.

Learning Outcomes

1. By the end of the module, the learner will be able to:
2. Demonstrate role model principles in midwifery practice.
3. Evaluate and compare leadership roles of midwives across different contexts.
4. Assess personal leadership traits in practice.
5. Explain the importance of self-care and apply effective self-care strategies.
6. Apply effective leadership skills when delegating care and supervising others.
7. Communicate effectively with women, families, health-care teams, and community groups.

Competency 25: Apply Leadership and Management in Midwifery practice						
Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
Learning Unit 1: Principles of Leadership and Management in Healthcare Settings (30 hours)						
<p>1.1. Identify personal leadership traits in midwifery practice</p> <p>1.2. Compare, differentiate, and evaluate roles that midwives take in leadership across different contexts.</p>	<ul style="list-style-type: none"> Differentiate between leadership and management in healthcare settings. Analyze the roles of leaders and managers in midwifery practice. Explain various leadership theories and their application in healthcare. Compare the effectiveness of different leadership approaches in team settings. Identify personal leadership traits relevant to midwifery practice. Demonstrate key leadership traits in clinical and administrative scenarios. Develop strategies for effective team building in healthcare teams. Facilitate collaboration and communication among team members. Describe significant historical leaders in healthcare and their contributions. 	<ul style="list-style-type: none"> Analyse personal leadership traits, conduct audits, use HMIS, design QI projects, public speaking, team facilitation. 	<ul style="list-style-type: none"> Accountability, confidence, openness, resilience, ethical practice, professionalism. 	<ul style="list-style-type: none"> Interactive lectures with Q&A Case studies (real-world midwifery leadership dilemmas) Role plays (conflict resolution, counselling, team leadership) Simulations (audit, HMIS data analysis, QI cycle) Peer teaching (mini-presentations on leadership models) Debates (leader vs. manager roles) Reflective journaling (self-assessment of leadership style) Workshops (SOP development, audit planning, PDCA cycle application) 	<ul style="list-style-type: none"> Formative: <ul style="list-style-type: none"> Written assignments (short & long) Quizzes & in-class polls Peer assessment of role plays Self-assessment checklists on leadership traits Reflective journals evaluated with rubrics Summative: <ul style="list-style-type: none"> Portfolio of leadership activities Audit or QI project report & oral defense OSCE-style stations (e.g. handling leadership conflict, data interpretation) 	<p>Carragher & Gormley (2016); Carter et al. (2017); Hunter & Warren (2022); Ngabonzima et al. (2020); UNFPA (2021); WHO/ UNICEF/ USAID POCQI workbook</p>

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> • Evaluate the impact of leadership styles on healthcare systems over time. • Utilize HMIS tools for collecting, analyzing, and reporting healthcare data. • Interpret HMIS reports to inform decision-making in midwifery services. • Conduct clinical and administrative audits according to established standards. • Assess audit findings to improve healthcare quality and compliance. • Design monitoring and evaluation plans for healthcare programs. • Analyze data from M&E activities to measure performance and outcomes. • Prepare budgets for healthcare departments or programs. • Manage financial resources efficiently to optimize service delivery. • Implement QI initiatives to enhance patient care and safety. • Evaluate the effectiveness of QI interventions using data-driven methods. 				<ul style="list-style-type: none"> • Written exam with scenario-based questions 	

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
Learning Unit 2: Advocacy and Management in Midwifery Profession (40 hours)						
2.1. Explain and demonstrate principles of role model in midwifery.	<ul style="list-style-type: none"> Advocate for patients, communities, and professional standards in healthcare. Apply WHO and ICM toolkits to guide midwifery practice and decision-making. Develop and manage HR plans and staff rostering effectively. Promote a culture of no blame and patient safety within healthcare teams. Generate innovative solutions to address healthcare challenges. Implement anti-bullying policies and practices in clinical settings. Apply PSEAH (Prevention of Sexual Exploitation, Abuse, and Harassment) principles in professional conduct. Engage in lifelong learning to enhance professional competence. 	<ul style="list-style-type: none"> Advocate for profession, conflict management, mentoring, design CPD, implement self-care, critique leadership, design and monitor QI. 	<ul style="list-style-type: none"> Empathy, resilience, compassion, self-care commitment, lifelong learning, integrity, supportive collaboration. 	<ul style="list-style-type: none"> Interactive lectures (advocacy, stress management, CPD) Problem-based learning (PBL) (real advocacy case studies) Simulation (handling harassment complaints, leadership under pressure) Peer mentoring (students coaching each other on self-care) Reflective practice groups (burnout experiences, resilience strategies) Service-learning projects (community advocacy, CPD design) 	<ul style="list-style-type: none"> Formative: <ul style="list-style-type: none"> Reflective journals on self-care & resilience Group presentations on advocacy projects Peer & self-assessment of role-model behaviour Case study analysis worksheets Summative: <ul style="list-style-type: none"> QI project proposal & oral presentation Written exam (scenario-based advocacy & management) OSCE-style assessment (e.g. leading a team meeting, responding to workplace conflict) 	<ul style="list-style-type: none"> Carter et al. (2017); Hunter & Warren (2022); Jhpiego (2021); Marshall & Raynor (2020); Ngabonzima et al. (2020); Rambod et al. (2018); UNFPA (2021); WHO/ UNICEF/ USAID POCQI workbook
2.2. Identify, and apply, and evaluate importance of self-care strategies.						
2.3. Describe, critique, and analyse effective leadership skills.						
2.4. Design, implement, and evaluate a QI project using PDCA.						

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> • Identify signs of stress and burnout in self and colleagues. • Demonstrate resilience in challenging clinical and organizational environments. • Practice mindfulness techniques to improve focus and emotional well-being. • Evaluate quality improvement (QI) projects in healthcare settings. 			<ul style="list-style-type: none"> - Workshops (stress management, mindfulness, resilience building) - Project-based learning (designing QI project with PDCA cycle) - Debates (effective leadership approaches in crisis) 	<ul style="list-style-type: none"> • Portfolio (evidence of advocacy, self-care strategies, peer mentoring) 	



Module 26: Comprehensive Clinical Placement, Advanced Diploma, Year III, Semester II

This module has five learning units

Unit 1: Antenatal Care Services in Clinical Setting and Community

Unit 2: Obstetrics and Gynaecology

Unit 3: Post-Partum and Neonatology

Unit 4: Sexual & Reproductive Health

Unit 5: Community Midwifery and Paediatrics

Number of credits: 40 equivalents to 400 Hours

- **Theory: 0**
- **Practice: hours (a) Simulation/Skills Lab : 0 hours (b) Clinical placement: 400 hours**

Purpose statement:

This module builds on the theoretical component of Transition to practice - theory and places students in the clinical field for 400 hours (approximately 27 weeks). Students will work alongside registered midwives and other skilled birth personnel in the clinical setting and rotate across all areas of maternity care. Where possible, it is recommended that students are placed in a continuity of midwifery care model. This is the final practicum experience in this 3-year programme and is designed to consolidate the student's midwifery knowledge, skills and behaviours prior to graduation. It is anticipated that midwives will develop advanced critical thinking skills and continue to progress their midwifery clinical diagnostic and treatment skills, becoming competent and confident practitioners during this extended clinical placement.

Students are re-exposed to the full scope of maternal health-care services which encompass the pregnancy, labour, birth and post-partum period, and sexual and reproductive health-care in the community setting.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate the full scope of practice for a midwife entering the profession.
2. Provide postnatal care for the healthy woman.
3. Manage postnatal complications in women by ensuring timely detection, treatment, stabilization, and referral when necessary.
4. Detect, stabilize, and manage health problems in the newborn infant and refer if necessary.
5. Demonstrate proficiency in providing anticipatory guidance for new parents.
6. Demonstrate how midwifery care can support vulnerable and marginalized women as they transition to parenthood.

Competency 26: Create Self-Confidence and Self-esteem in Caring women seeking health-care services						
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Antenatal Care Services in Clinical Setting & Community (80 hours)						
1.1. Utilize gained competencies to solve problems in antenatal care services.	<ul style="list-style-type: none"> Explain physiological and psychological changes during pregnancy. 	<ul style="list-style-type: none"> Conduct antenatal assessments and individualized care plans 	<ul style="list-style-type: none"> Show empathy, respect, and cultural sensitivity. 	<ul style="list-style-type: none"> Group discussions on pregnancy changes. 	<ul style="list-style-type: none"> OSCE, case presentations, daily logbook, reflective journal, clinical portfolio. 	<ul style="list-style-type: none"> WHO guidelines (2016), Rwanda ANC quality studies, clinical protocols.
1.2. Propose established techniques of enquiry or research methods.	<ul style="list-style-type: none"> Identify nutrition and lifestyle factors affecting antenatal outcomes. 	<ul style="list-style-type: none"> Support women in pregnancy preparation, labour, and post-partum life. 	<ul style="list-style-type: none"> Maintain professional accountability in antenatal services. 	<ul style="list-style-type: none"> Case-based problem-solving. 		
1.3. Demonstrate working autonomy in antenatal service.				<ul style="list-style-type: none"> Role play and simulation. 		
				<ul style="list-style-type: none"> Clinical rotations under preceptor guidance. 		
Learning Unit 2: Obstetrics & Gynaecology (80 hours)						
2.1. Autonomously apply infection control in OBGYN.	<ul style="list-style-type: none"> Recall infection prevention guidelines. 	<ul style="list-style-type: none"> Monitor maternal/fetal status. 	<ul style="list-style-type: none"> Demonstrate confidence and ethical conduct under pressure. 	<ul style="list-style-type: none"> Simulated birthing scenarios. 	<ul style="list-style-type: none"> OSCE, clinical checklist, case-based discussions, supervisor evaluations. 	<ul style="list-style-type: none"> Facility protocols, WHO intrapartum care guidelines.
2.2. Perform gynecological examinations and manage conditions	<ul style="list-style-type: none"> Explain pathophysiology of obstetric complications. 	<ul style="list-style-type: none"> Assist in labour and birth. 	<ul style="list-style-type: none"> Show teamwork and accountability. 	<ul style="list-style-type: none"> Clinical observation & supervised practice. 		
2.3. Interpret maternal and fetal vital signs.	<ul style="list-style-type: none"> Identify criteria for emergency interventions. 	<ul style="list-style-type: none"> Manage emergencies such as PPH or shoulder dystocia. 		<ul style="list-style-type: none"> Pre-briefing & debriefing. 		
2.4. Provide comprehensive intrapartum care.				<ul style="list-style-type: none"> Interprofessional teamwork. 		
2.5. Intervene in obstetric emergencies.						

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Post-Partum & Neonatology (80 hours)						
3.1. Apply infection control in post-partum and neonatology.	<ul style="list-style-type: none"> Explain breastfeeding physiology & benefits. 	<ul style="list-style-type: none"> Manage neonatal complications. 	<ul style="list-style-type: none"> Show compassion and respect for mother–infant dyad. 	<ul style="list-style-type: none"> Case studies & simulation. 	<ul style="list-style-type: none"> OSCE, reflective journals, clinical portfolio, direct observation. 	WHO newborn care protocols, Rwanda neonatal care guidelines.
3.2. Manage post-partum and neonatal conditions.	<ul style="list-style-type: none"> Identify danger signs in mother and newborn. 	<ul style="list-style-type: none"> Provide breastfeeding counseling. 	<ul style="list-style-type: none"> Uphold professional ethics and responsibility. 	<ul style="list-style-type: none"> CPD/self-directed learning. 		
3.3. Support breastfeeding and address problems.	<ul style="list-style-type: none"> Understand neonatal resuscitation principles. 	<ul style="list-style-type: none"> Perform post-partum assessments and interventions. 		<ul style="list-style-type: none"> Seminar presentations. 		
3.4. Demonstrate ethical decision-making.				<ul style="list-style-type: none"> Clinical demonstration with feedback. 		
Learning Unit 4: Sexual & Reproductive Health (80 hours)						
4.1. Provide quality midwifery care respecting gender, ethical and legal aspects.	<ul style="list-style-type: none"> Describe SRH services and family planning methods. 	<ul style="list-style-type: none"> Provide contraceptive services. 	<ul style="list-style-type: none"> Respect gender equity and human rights. 	<ul style="list-style-type: none"> Clinical observation & supervised practice. 	<ul style="list-style-type: none"> OSCE, case studies, reflective journals, logbook. 	Facility protocols, WHO SRH guidelines, HIV/TB/Malaria manuals.
4.2. Deliver appropriate reproductive health services.	<ul style="list-style-type: none"> Explain pathophysiology of STIs and HIV. 	<ul style="list-style-type: none"> Manage common SRH conditions. 	<ul style="list-style-type: none"> Demonstrate non-discrimination and advocacy. 	<ul style="list-style-type: none"> Simulation of SRH scenarios. 		
4.3. Demonstrate understanding of reproductive physiology and family planning.	<ul style="list-style-type: none"> Identify community SRH needs. 	<ul style="list-style-type: none"> Integrate prevention strategies for HIV, TB, malaria. 		<ul style="list-style-type: none"> Case-based group discussions. 		
4.4. Demonstrate understanding of emerging/re-emerging diseases in SRH.				<ul style="list-style-type: none"> CPD activities. 		

Competency 26: Create Self-Confidence and Self-esteem in Caring women seeking health-care services

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 5: Community Midwifery & Paediatrics (80 hours)						
5.1. Apply quality improvement for women's safety	<ul style="list-style-type: none"> Explain determinants of maternal and child health. 	<ul style="list-style-type: none"> Conduct community health assessments. 	<ul style="list-style-type: none"> Demonstrate cultural humility and advocacy. 	<ul style="list-style-type: none"> Community fieldwork & outreach. 	<ul style="list-style-type: none"> Case presentations, OSCE, clinical portfolio, community project reports. 	<ul style="list-style-type: none"> WHO child health guidelines, Rwanda community health protocols.
5.2. Identify children at risk of abuse or neglect.	<ul style="list-style-type: none"> Identify signs of child abuse and neglect. 	<ul style="list-style-type: none"> Manage acute and chronic pediatric illnesses. 	<ul style="list-style-type: none"> Show community engagement and accountability. 	<ul style="list-style-type: none"> Group debates. 		
5.3. Use nursing process in management of pediatric illnesses.	<ul style="list-style-type: none"> Recall pediatric growth and development milestones. 	<ul style="list-style-type: none"> Implement safety initiatives in women's environments. 		<ul style="list-style-type: none"> Simulation-based practice. 		
5.4. Demonstrate understanding of socio-cultural factors affecting women's life cycle.				<ul style="list-style-type: none"> Supervised case management. 		

CLINICAL PLACEMENT (5) ADVANCED DIPLOMA, YEAR III, SEMESTER II : ASSESSMENT CHECKLIST

Student Name:

Year/Semester:

Clinical Placement Site:

Preceptor/Supervisor:.....

Dates of Placement:

1. Antenatal Care

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains physiology of pregnancy and normal maternal adaptation.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Performs complete antenatal assessment (history, physical exam, vital signs, abdominal palpation, fetal heart monitoring).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies maternal/fetal danger signs and documents findings accurately.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Provides counselling on nutrition, birth preparedness, and danger signs.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Demonstrates respect, empathy, and confidentiality with pregnant women.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

2. Intrapartum / Labour & Delivery Care

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Describes stages of labour, partograph use, and safe delivery practices.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Assesses and monitors labour progress using a partograph.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Conducts normal vaginal delivery safely under supervision.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Assists in emergency situations (e.g., PPH, shoulder dystocia, eclampsia).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Practices infection prevention and control at all times.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Provides woman-centered care, ensuring dignity and cultural sensitivity.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

3. Postnatal Care (Mother & Newborn)

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains physiology of puerperium and newborn adaptation.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Provides postnatal examination for the mother (lochia, uterine involution, vitals).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Performs essential newborn care (thermal regulation, cord care, breastfeeding initiation).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies and responds to complications (maternal sepsis, neonatal jaundice, poor feeding).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Encourages bonding and provides psychosocial support.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

4. Sexual & Reproductive Health (SRH)

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains family planning methods and reproductive rights.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Provides counselling and education on contraception.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Assists in provision of contraceptive methods (pills, injectables, condoms, IUD insertion observation/assistance).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies and manages common SRH problems (e.g., STIs) or refers appropriately.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Respects client privacy, confidentiality, and informed choice.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

5. Community & Public Health Engagement

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains principles of health promotion and disease prevention.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Conducts community education sessions (ANC, breastfeeding, family planning, child spacing).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Participates in community outreach or home visits for follow-up.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies children/women at risk (abuse, malnutrition, neglect) and follows referral pathways.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/Behaviour	Engages respectfully with community leaders and groups.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

6. Professionalism & Communication

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Understands professional code of ethics and client rights.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Communicates effectively with women, families, and healthcare team members.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Provides clear explanations before and after procedures.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Uses documentation and reporting tools accurately.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Demonstrates accountability, punctuality, self-care, and openness to feedback.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Rating Scale

3 – Competently Demonstrated

2 – Partially Demonstrated (needs improvement/supervision)

1 – Not Demonstrated

Supervisor’s Overall Feedback

.....

.....

.....

.....

Supervisor’s Signature:

Date:

Student’s Signature

Date:



2. BACHELOR OF SCIENCE IN MIDWIFERY PROGRAM DESCRIPTION

2.1. Overview of the Bachelor of Science in Midwifery Programme

The Bachelor of Science in Midwifery programme is structured into clearly defined modules, comprising both midwifery-specific and related subject modules. Each module specifies the following elements:

- Core competencies, the essential skills, knowledge, and attitudes and values that students are expected to acquire.
- Indicative content by domain, organized into Knowledge, Skills, and Attitudes, Behaviours, and Values to guide teaching and learning strategies.
- Learning Outcomes, observable and measurable outcomes aligned with professional standards.
- Teaching and Learning Strategies, recommended approaches to facilitate effective learning.
- Assessment Methods: both formative and summative assessments. to evaluate student achievement.
- Required Resources, Instructional materials and tools necessary to deliver the module effectively.

2.2 Purpose and use of indicative content

The purpose and indicative content serve as national benchmarks to support higher education institutions in the design, implementation, review, and continuous improvement of midwifery curricula. They provide a reference framework to ensure that graduates are equipped with the competencies required for safe, ethical, and evidence-based midwifery practice.

2.3 Accreditation compliance

Institutions applying for accreditation of a Bachelor of Science in Science in Midwifery programme must ensure that their proposed curriculum:

- Aligns fully with the modular framework.
- Covers the prescribed indicative content and learning outcomes.
- Demonstrates compliance with national educational standards and professional practice requirements.

This ensures the preparation of competent, ethical, and safe midwifery graduates who meet both national and international standards of midwifery education and practice.

MIDWIFERY PROGRAM DESCRIPTION YEAR I, SEMESTER I: BACHELOR'S IN MIDWIFERY SCIENCES.



Module 1: Foundations of midwifery care

This Module has three learning units:

Unit 1: Sociology and behavioral sciences in maternal and child health

Unit 2: Psychology of health and illness, and human development

Unit 3: Health inequality, culture and tradition care and treatment

Number of credits: 7, equivalent to 70 hours.

- **Theory: 70 hrs**
- **Practice: 0 hours (a) simulation: 0 hours (b) clinical placement: 0 hours**

Purpose statement

This module introduces learners to the concept and theories of midwifery and how historical, cultural, ethical and political factors shape its practice. Students will explore the role of the midwife in contemporary healthcare and recognize its impact on reproductive health outcomes. They will reflect on personal and professional values in providing care, national and global midwifery issues, and the International Confederation of Midwives (ICM) core concepts.

Learning Outcomes

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

1. Explain the role of the International Confederation of Midwives (ICM) in defining global standards for midwifery practice.
2. Analyze the legal, ethical, and professional behaviours that underpin responsible midwifery practice.
3. Provide culturally sensitive and respectful care in diverse contexts.
4. Evaluate a midwife's personal beliefs' and its influence on women's care in midwifery practice.
5. Examine the national legal frameworks that support maternal and child health policies and programmes.
6. Interpret health professional laws and regulations to ensure accountability in midwifery practice.
7. Apply central theories and models to childbirth and reproductive health.
8. Utilize the global and national contexts of maternal and child health to inform midwifery practice.
9. Propose evidence-based strategies that integrate research findings into midwifery care.

Competency 1: Demonstrate midwifery profession and accountability in practice

Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning unit 1: Introduction to midwifery and models of care: 30 Hrs.						
1.1. Explain the influence of personal beliefs and maternal health and their influence on midwifery practice	<ul style="list-style-type: none"> Explain cultural perspectives and beliefs in maternal health 	<ul style="list-style-type: none"> Analyze influences through reflection and debate 	<ul style="list-style-type: none"> Demonstrate cultural sensitivity and openness 	Group debates, reflective essays, oral presentations	Quizzes, essays, peer-reviewed debates, facilitator feedback	ICM Philosophy & Model of Care (2014), case studies, WHO Cultural Competency Guidelines
1.2. Explain the historical evolution, principles, and scope of midwifery practice	<ul style="list-style-type: none"> Describe historical development, principles, and scope of the work 	<ul style="list-style-type: none"> Document milestones; differentiate professional roles 	<ul style="list-style-type: none"> Value midwifery identity and tradition 	Flexible learning, presentations	Written essay, oral presentation, portfolio reflection	Hareimana et al. (2015), ICM Definition (2024), ICM Framework (2021)
1.3. Compare different models of midwifery care and their impact on women's health outcomes	<ul style="list-style-type: none"> Compare medical vs. midwifery models of care 	<ul style="list-style-type: none"> Evaluate evidence; synthesize findings 	<ul style="list-style-type: none"> Advocate for woman-centred, collaborative care 	Evidence reviews, peer discussions, group presentations	Comparative essays, group presentations	ICM Competencies (2019), ICM Framework (2021), WHO MCH documents
1.4. Explain the illness-health continuum and its relevance to midwifery care	<ul style="list-style-type: none"> Describe the illness–health continuum concept 	<ul style="list-style-type: none"> Apply continuum framework to patient assessment 	<ul style="list-style-type: none"> Promote holistic care recognizing varying health states 	Case studies, interactive lectures, role-play	Written assignments, case analysis	Myles Textbook for Midwives (2020), WHO Maternal Health resources, Renfrew et al. (2014)
1.5. Describe the hierarchical structure of obstetrics, nursing, and midwifery and its implications for practice	<ul style="list-style-type: none"> Outline roles and hierarchy in maternity care 	<ul style="list-style-type: none"> Analyze professional roles and interrelationships 	<ul style="list-style-type: none"> Respect professional boundaries and promote collaboration 	Group discussions, organizational chart exercises	Reports, reflective journals	Rwanda Ministry of Health Guidelines, ICM Framework (2021), WHO Health Workforce reports

1.6. Examine the patriarchal influence on midwifery and its visibility in healthcare	<ul style="list-style-type: none"> Explain historical and societal influences on midwifery 	<ul style="list-style-type: none"> Critically evaluate visibility and recognition of midwives 	<ul style="list-style-type: none"> Demonstrate advocacy for midwifery recognition and gender equity 	Seminar discussions, debate, reflection exercises	Reflective essays, debate reports	Harerimana et al. (2015), WHO Gender and Health reports, ICM Position Statements on gender equity
1.7. Explore pregnancy and birth as a normal life process	<ul style="list-style-type: none"> Describe physiological and psychological processes of pregnancy and birth 	<ul style="list-style-type: none"> Apply knowledge to care planning and patient education 	<ul style="list-style-type: none"> Promote respect for natural processes and women's autonomy 	Simulation exercises, case-based learning, discussions	OSCE, case presentations, reflective journals	Myles Textbook for Midwives (2020), WHO Maternal Health Guidelines, ICM Competencies (2019)
1.8. Discuss the significance of continuity of care versus fragmented care and review evidence	<ul style="list-style-type: none"> Explain concepts of continuity and fragmented care 	<ul style="list-style-type: none"> Analyze care pathways and outcomes 	<ul style="list-style-type: none"> Value sustained care relationships and evidence-based practice 	Literature reviews, group presentations, case studies	Evidence synthesis reports, presentations	Renfrew et al. (2014), ICM Competencies (2019), WHO Continuity of Care Resources
1.9. Demonstrate partnership with women, woman-centred care, and appropriate language/attitudes	<ul style="list-style-type: none"> Describe principles of woman-centred care 	<ul style="list-style-type: none"> Communicate effectively, establish trust 	<ul style="list-style-type: none"> Exhibit respect, empathy, and shared decision-making 	Role-play, patient interviews, reflective discussions	OSCE, peer and facilitator feedback	ICM Philosophy & Model of Care (2014), WHO Respectful Maternity Care Guidelines, case studies
1.10. Introduce principles of trauma-informed care and how midwives support women in crisis	<ul style="list-style-type: none"> Explain trauma-informed care principles 	<ul style="list-style-type: none"> Apply supportive strategies for women experiencing trauma 	<ul style="list-style-type: none"> Show empathy, patience, and non-judgmental attitude 	Interactive workshops, simulation, reflective exercises	Case study analysis, reflective journals, role-play feedback	SAMHSA Trauma-Informed Care Guidelines, WHO Maternal Mental Health resources, Myles Textbook for Midwives (2020)

Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning unit 2: Professional midwife and regulatory bodies: 30 Hrs.						
2.1. Identify the role of midwifery regulatory bodies in professional standards	<ul style="list-style-type: none"> Identify global and national regulatory systems 	<ul style="list-style-type: none"> Interpret regulations; analyze standards 	<ul style="list-style-type: none"> Show commitment to accountability and integrity 	Flipped classroom, peer discussions, case studies	Reports, peer presentations, quizzes	ICM Framework (2021), Rwanda Ministerial Order (2011), national nursing/midwifery council resources
2.2. Explain legal, ethical, and professional behaviours in midwifery practice	<ul style="list-style-type: none"> Explain ethical principles (autonomy, beneficence, justice) 	<ul style="list-style-type: none"> Apply ethical decision-making frameworks 	<ul style="list-style-type: none"> Exhibit professional integrity and respect 	Interactive lectures, group debates, reflective writing	Written assignments, debate reports, peer evaluations	Myles Textbook for Midwives (2020), ICM Code of Ethics, national legal guidelines
2.3. Discuss the role of the ICM in defining global midwifery standards	<ul style="list-style-type: none"> Discuss ICM's role in education, regulation, and standards 	<ul style="list-style-type: none"> Evaluate ICM frameworks against national practice 	<ul style="list-style-type: none"> Embrace global standards, lifelong learning 	Group debates, forum discussions, presentations	Debate reports, reflective journals, presentations	ICM Competencies (2019), ICM Position Statements, WHO Midwifery Guidelines
Learning unit 3: Theories of midwifery						
3.1. Compare global and national contexts of maternal and child health	<ul style="list-style-type: none"> Compare global and national health frameworks 	<ul style="list-style-type: none"> Analyze differences; synthesize data for reports 	<ul style="list-style-type: none"> Demonstrate openness to evidence-based solutions 	Group debates, plenary sessions, comparative reports	Group reports, oral presentations, forum postings	Renfrew et al. (2014), WHO MCH data, Rwanda health policy, national health strategic plans
3.2. Describe central theories and models in relation to childbirth and reproductive health	<ul style="list-style-type: none"> Describe theories and conceptual frameworks 	<ul style="list-style-type: none"> Apply theoretical models to practice scenarios 	<ul style="list-style-type: none"> Value evidence-based and theoretical approaches 	Reading, group discussions, forum debates	Written essays, class presentations, peer review	Rosamund & Marlene (2011), ICM Framework (2021), Myles Textbook for Midwives (2020)



Module 2: ***Fundamentals of Midwifery Practice***

The Module has three Learning units:

Learning unit 1: expectations of the midwife in practice.

Learning unit 2: overview of the processes of childbearing

Learning unit 3: infection prevention control

Number of credits: 14 equivalents to 140 hours

- **Theory: 40 hours,**
- **Practice: 100 hours (a) simulation: 20 hours, (b) clinical placement: 80 hours**

Note: 80 Clinical hours will be covered in clinical attachment 1

Purpose Statement:

This module equips learners with an overview of midwifery care processes and professional behaviour expectations, preparing them for clinical practice. The module covers the importance of comprehensive midwifery care in supporting women's health, early breastfeeding, and maternal-infant bonding.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the normal physiological and emotional changes of a woman during pregnancy, labour, birth, and postpartum.
2. Monitor the progression of pregnancy during antenatal care.
3. Assess fetal well-being during antenatal care visits.
4. Describe professional responsibilities and ethical behaviours expected of a midwife
5. Demonstrate appropriate professional behaviours towards childbearing women.
6. Apply principles of hygiene in clinical and health settings
7. Utilise principles of self-protection in clinical practice.
8. Demonstrate competence in supporting physiologic labour and birth.
9. Interpret a woman's vital signs during labour and postpartum
10. Explain the significance of supporting lactation during the golden hour after birth
11. Support breastfeeding in postnatal care.
12. Exhibit accountability, empathy, respect, and professional integrity in all midwifery care practices.

Competency 2 : Preparation for caring for women						
Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning unit 1: expectations of the midwife in practice: 30 Hrs.						
1.1. Describe the appropriate professional behaviours of a midwife in women's health care	<ul style="list-style-type: none"> Describe the roles and responsibilities of a midwife Identify expected attitudes and behaviours; Explain the influence of social norms on the midwifery profession. Outline personal and professional boundaries in midwifery practice Recall key principles from WHO guidelines on preventing disrespect and abuse. 	<ul style="list-style-type: none"> Apply professional behaviours in simulation and clinical settings; Communicate positively Demonstrate positive peer relationships 	<ul style="list-style-type: none"> Demonstrate accountability, integrity, respect, empathy; coping with bullying, harassment, assertiveness; reflective practice and values clarification 	Role play demonstrating professional behaviours; group debates; reflective exercises	OSCE, reflective journals, peer feedback	WHO, Prevention and elimination of disrespect and abuse during childbirth (2014); WHO, Recommendations on antenatal care (2016); Podder et al., SOAP note (2023/2025)
1.2. Apply emerging skills in basic midwifery processes in caring for a woman in a birth setting	<ul style="list-style-type: none"> Identify normal and abnormal vital signs (BP, temperature, pulse, respiration, urine, oxygenation) Describe steps in conducting physical assessment; Explain essential comfort measures and wound care principles ; Outline basic principles of pain management in maternity care 	<ul style="list-style-type: none"> Perform assessments and procedures safely; comfort measures; monitor maternal status; assist with mobility and self-care 	<ul style="list-style-type: none"> Show attentiveness, responsiveness, patient-centred care 	Skills lab using manikins; simulation of birth scenarios; debriefing sessions	OSCE, skills lab observation, peer/facilitator feedback	Raynor & Marshall, Myles Textbook for Midwives (2020); WHO, Intrapartum Care Guidelines (2018)

Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Recall safe practice related to fluids, injections, catheterization; Describe bowel care procedures and self ; self-care support measures Explain the importance of promoting upright positions during labour Identify strategies for supporting labour companion; and enhancing emotional well-being 					
1.3. Demonstrate critical thinking in assessing, recording and interpreting a woman's vital signs during labour and postnatal period	<ul style="list-style-type: none"> Interpret vital signs; significance in maternal health; monitoring progression of labour Define key vital signs and their normal ranges Explain the significance of vital signs deviations in maternal health; Describe indicators used to monitor progression of labour. 	<ul style="list-style-type: none"> Interpret vital signs accurately 	<ul style="list-style-type: none"> Exhibit thoroughness, critical thinking, clinical judgment 	Case-based discussions, simulation exercises, reflection on clinical scenarios	OSCE, case analysis, reflective journals	WHO, Postnatal care for mother and newborn (2022); Podder et al., SOAP note (2023/2025)

Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning unit 2: overview of the processes of childbearing: 10Hrs						
2.1. Describe the basic physiological and emotional processes of childbearing in the post-partum period	<ul style="list-style-type: none"> Describe the process of Conception, pregnancy physiology, labour, birth; Explain postnatal bonding and maternal recovery; Identify common emotional and social adjustment during the transition to motherhood; Outline issues related to loss of autonomy and societal expectations Describe the principles of family planning 	<ul style="list-style-type: none"> Monitor maternal well-being; support recovery and emotional adjustment 	<ul style="list-style-type: none"> Demonstrate empathy, support, holistic care 	Flipped learning; plenary discussions; case-based simulations	Written assignments, OSCE, reflective journals	WHO & UNICEF, Baby-Friendly Hospital Initiative (2018); Krausé et al., Compassionate care during childbirth (2020)
2.2. Summarize the significance of supporting a woman to establish lactation during the post-partum period	<ul style="list-style-type: none"> Explain the principles of lactation; Describe the benefits of early skin-to-skin contact; Identify components of mother-baby dyad; Outline essential information for educating women on breastfeeding; Recognize newborn behaviours 	<ul style="list-style-type: none"> Facilitate breastfeeding; support mother-baby dyad 	<ul style="list-style-type: none"> Promote encouragement, patience, respect for mother's choices 	Simulation lab role-play, demonstrations, peer discussions	OSCE, skills checklist, reflective journals	WHO & UNICEF, Baby-Friendly Hospital Initiative (2018); Myles Textbook for Midwives (2020)
2.3. Promote breastfeeding in the golden hour of birth	<ul style="list-style-type: none"> Explain the Importance of skin-to-skin contact; Describe the process of early bonding; Identify steps in initiating breastfeeding within the first hour after birth. 	<ul style="list-style-type: none"> Support mother during first hour post-birth 	<ul style="list-style-type: none"> Value mother-baby bonding and early attachment 	Simulation exercises, demonstration, case studies	OSCE, reflective journals	WHO & UNICEF, Baby-Friendly Hospital Initiative (2018); WHO Intrapartum Care Guidelines (2018)

Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning unit 3: Infection prevention control: 10Hrs						
3.1. Explain the principles of hygiene in health settings and their surroundings	<ul style="list-style-type: none"> Describe the steps of Safe handwashing; Explain universal precautions and their purpose Outline aseptic techniques used in clinical care Identify procedures for proper ;disposal of sharps and contaminated materials; Describe methods for maintaining clean equipment and a safe workspace 	<ul style="list-style-type: none"> Apply hygiene principles in clinical settings 	<ul style="list-style-type: none"> Demonstrate conscientiousness, responsibility, patient safety 	Role plays, practical exercises in skills lab, discussion of hygiene practices	OSCE, skills lab evaluation, written assignments	WHO, Infection prevention and control, nd; WHO, Hand hygiene research agenda 2023–2030; Global Health Media, Sterilization videos
3.2. Apply principles of hygiene in clinical settings in midwifery practice	<ul style="list-style-type: none"> Maintain sterile fields; operating theatre standards 	<ul style="list-style-type: none"> Practice aseptic techniques, hand hygiene; maintain clean workspaces 	<ul style="list-style-type: none"> Show diligence, attentiveness, commitment to safety 	Simulation exercises, skills lab, debriefing	OSCE, checklist, peer and facilitator feedback	WHO, Infection prevention and control, nd; WHO, Hand hygiene research agenda 2023–2030
3.3. Discuss the principles of self-protection in clinical settings of midwifery care	<ul style="list-style-type: none"> Identify appropriate Personal protective Equipment for various procedures. Describe safe lifting and handling techniques; Explain self-protection strategies to reduce occupational risks. 	<ul style="list-style-type: none"> Apply PPE correctly; follow self-protection protocols 	<ul style="list-style-type: none"> Demonstrate self-care, safety awareness, professionalism 	Role-play, simulation, practical lab sessions	OSCE, skills observation, reflective journals	WHO, Infection prevention and control, and; Global Health Media, Sterilization videos



Module 3: Human Anatomy and Physiology

The module has two learning units with sub-units, namely:

Unit 1: Introduction to the human body systems

Unit 2: Systemic Anatomy and Physiology

Number of Credits: 10, equivalent to 100 hours

- **Theory: 70 Hours**
- **Practice: 30 hours, (a) Simulation/Skills lab: 30 hours (b) Clinical placement: 0 hours**

Purpose Statement

This module aims to strengthen learners' ability to connect anatomical and physiological knowledge with culturally sensitive, competency-based approaches to maternal and neonatal care, ensuring that graduates can apply scientific principles to improve outcomes in diverse healthcare settings.

Learning outcomes

By the end of the module, the learner will be able to:

1. Describe the major anatomical structures of the human body, using correct scientific terminology
2. Explain physiological mechanisms that maintain homeostasis across body systems, demonstrating understanding through written exams and case-based discussions
3. Analyze clinical scenarios by applying anatomical and physiological knowledge to recognize deviations from normal function, achieving competency in at least 3 case study evaluations
4. Integrate knowledge of anatomy and physiology with maternal and neonatal health contexts, showing the ability to connect theory to practice in simulation or role-play activities
5. Perform basic anatomical observations and physiological measurements (e.g., pulse, respiration) safely and accurately during lab sessions.

Competency 3: Develop an understanding of the Anatomy and Physiology of the Human Body						
Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Introduction to the Human Body: 30 hours						
1.1. Describe the major anatomical structures of the human body, using correct scientific terminology	<ul style="list-style-type: none"> Recall the names, locations, and functions of major anatomical structures (e.g., organs, tissues, systems). Describe the hierarchical organization of the body (cells → tissues → organs → systems). 	<ul style="list-style-type: none"> Apply anatomical knowledge to clinical or case-based scenarios (e.g., maternal and neonatal contexts) 	<ul style="list-style-type: none"> Value accuracy and clarity when describing anatomical structures 	Flip learning, plenary discussions, in-class quizzes, and lab exercises	Quizzes, assignments, and OSCE simulation	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Hall J. E. and Hall M. E. (2021). Guyton and Hall textbook of Medical physiology 14th Ed. PA: Elsevier
1.2. Explain physiological mechanisms that maintain homeostasis across body systems, demonstrating understanding through written exams and case-based discussions	<ul style="list-style-type: none"> Explain the concept of homeostasis and its importance in maintaining internal stability 	<ul style="list-style-type: none"> Apply theoretical knowledge to case-based discussions, analyzing scenarios where homeostasis is challenged 	<ul style="list-style-type: none"> Exhibit professionalism in collaborative case discussions, listening actively, and contributing constructively. 	Lab practical on pelvis/fetal skull models, group presentations	Practical exams, lab reports	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Martini and Nath (2018), Fundamentals of anatomy and Physiology 11th ed. US: Pearson

Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
1.3. Analyze clinical scenarios by applying anatomical and physiological knowledge to recognize deviations from normal function, achieving competency in at least 3 case study evaluations	<ul style="list-style-type: none"> Describe normal anatomical structures and physiological processes across body systems. 	<ul style="list-style-type: none"> Interpret clinical data (vital signs, lab results, imaging) to detect deviations from normal physiology. 	<ul style="list-style-type: none"> Appreciate the importance of linking theory to practice for effective patient care 	Case-based discussions, role-plays	Written assignments, simulation evaluation	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson. (2014), Ross and Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed.
Learning Unit 2: Systemic Anatomy and Physiology: 70 hours						
2.1. Integrate knowledge of anatomy and physiology with maternal and neonatal health contexts, showing the ability to connect theory to practice in simulation or role-play activities	<ul style="list-style-type: none"> Explain maternal and neonatal physiology, including thermoregulation, respiration, and circulation 	<ul style="list-style-type: none"> Demonstrate integration of anatomy and physiology knowledge in simulation or role-play activities 	<ul style="list-style-type: none"> Show empathy and cultural sensitivity when engaging in role-play scenarios. 	Presentations, quizzes, plenary discussions	Assignments, class participation, and OSCE	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson. (2014), Ross and Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed.

Learning Outcome	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
2.2. Demonstrate critical thinking the impact of lifestyle, nutrition, and cultural factors on physiological processes, supported by evidence-based reasoning in assignments	<ul style="list-style-type: none"> Explain the role of nutrition in maintaining homeostasis and preventing disease (e.g., micronutrient deficiencies, obesity) 	<ul style="list-style-type: none"> Critically analyze case studies or scenarios where lifestyle, nutrition, or cultural factors influence health outcomes. 	<ul style="list-style-type: none"> Value the importance of evidence-based reasoning in evaluating health-related factors. 	Group work, care plan drafting, case discussions	Care plan submission, peer assessment	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson. (2014), Ross and Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed: Churchill Livingstone Elsevier.
2.3. Perform basic anatomical observations and physiological measurements (e.g., pulse, respiration) safely and accurately during lab sessions	Understand the principles behind basic physiological measurements (pulse, respiration rate, blood pressure, temperature).	Perform accurate measurements of vital signs (pulse, respiration, blood pressure, temperature) using appropriate techniques and equipment.	Show respect for peers, instructors, and specimens during lab activities.	Group work, care plan drafting, case discussions	Care plan submission, peer assessment	https://www.khanacademy.org/science/health-and-medicine/human-anatomy-and-physiology Education Ross, & Wilson. (2014), Ross and Wilson Anatomy & Physiology in Health & Illness. Edinburgh 12th ed: Churchill Livingstone Elsevier.



Module 4: **Midwifery Science**

The module has five Learning Units namely :

Unit 1: Reproductive Anatomy and physiology

Unit 2: Physiological adaptations in pregnancy, parturition and the puerperium

Unit 3: Pathophysiology of common health conditions of pregnancy

Unit 4: Microbiology-Microorganisms

Unit 5: Genetics, Embryo, and Fetal Physiology

Number of Credits: 20 equivalents to 200 hours

- **Theory:180 hours**
- **Practice: 20 hours (a) Simulation/Skills Lab.: 20 hours (b) Clinical placement: 0 hours**

Purpose statement

This module focuses on the anatomy and physiology of reproduction during pregnancy, parturition, puerperium, and menopause as the biological basis for women's and newborns' health. Emphasizing evidence-based science, students will learn about the adaptation of the maternal body to accommodate fetal growth and development. Other vital midwifery science topics in this module include the pathophysiology of common conditions affecting pregnancy, microbiology, and genetics during the perinatal period.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Describe the anatomy and physiology of the primary body systems related to pregnancy, childbirth, the puerperium, and lactation.
2. Describe the physiological changes that occur during pregnancy.
3. Interpret the unique features of the female pelvis and fetal skull in relation to pregnancy, labour, and birth.
4. Characterize the principles of homeostasis and how these impact pregnancy, labour, and birth.
5. Characterize complicated pregnancies in midwifery practice.
6. Explain the pathophysiology of common microorganisms and parasitic infections and their management.
7. Describe the principles of genetics and how they affect fetal development.

8. Explain the etiology, signs, and symptoms associated with major disease processes and disorders in pregnancy.
9. Describe the life cycle, habitat, mode of transmission, medical importance, and nuisance of microorganisms.
10. Apply principles of microbial destruction to control the growth of microorganisms in health facilities.
11. Utilize technology in the identification of common pathogenic microorganisms.
12. Assess fetal well-being.
13. Provide care for the newborn immediately after birth.
14. Provide care to a healthy newborn infant.
15. Manage health problems in a newborn infant and refer if necessary.

Competency 4: Developing a scientific understanding of the anatomy and physiology of reproduction systems						
Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit1: Reproductive Anatomy and physiology: 60 hours						
1.1. Describe the anatomy and physiology of primary body systems related to pregnancy, childbirth, the puerperium, and lactation	<ul style="list-style-type: none"> Explain reproductive system structures 	<ul style="list-style-type: none"> Interpret anatomical and physiological features in clinical scenarios 	<ul style="list-style-type: none"> Demonstrate respect for human physiology and ethical application in care 	Flip learning, plenary discussions, in-class quizzes, lab exercises	Quizzes, assignments, OSCE simulation	Blackburn (2012), Marieb & Keller (2018), Myles Textbook (2020)
1.2. Interpret the unique features of the female pelvis and fetal skull in relation to pregnancy, labour, and birth	<ul style="list-style-type: none"> Compare female pelvis and fetal skull structures 	<ul style="list-style-type: none"> Assess labor progress and fetal positioning 	<ul style="list-style-type: none"> Value safe clinical practice and critical thinking 	Lab practicals on pelvis/fetal skull models, group presentations	Practical exams, lab reports	Blackburn (2012), Myles Textbook (2020)
1.3. Characterize principles of homeostasis and impact on pregnancy, labour, and birth	<ul style="list-style-type: none"> Explain homeostatic mechanisms 	<ul style="list-style-type: none"> Monitor maternal/fetal wellbeing 	<ul style="list-style-type: none"> Appreciate importance of physiological balance in care 	Case-based discussions, role-plays	Written assignments, simulation evaluation	Marieb & Keller (2018), StatPearls (2024)
Learning Unit 2: Physiological adaptations in pregnancy, parturition and the puerperium: 40 hours						
2.1. Describe physiological changes during pregnancy, parturition, and puerperium	<ul style="list-style-type: none"> Outline system-specific adaptations 	<ul style="list-style-type: none"> Monitor physiological parameters 	<ul style="list-style-type: none"> Demonstrate vigilance and accuracy in observation 	Presentations, quizzes, plenary discussions	Assignments, class participation, OSCE	Pascual & Langaker (2024), Blackburn (2012)
2.2. Develop a basic midwifery care plan for managing physiological changes	<ul style="list-style-type: none"> Understand clinical relevance of adaptations 	<ul style="list-style-type: none"> Apply care planning for normal pregnancy, labour, puerperium 	<ul style="list-style-type: none"> Show empathy and proactive care planning 	Group work, care plan drafting, case discussions	Care plan submission, peer assessment	Pascual & Langaker (2024), Myles Textbook (2020)

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit3: Pathophysiology of common health conditions of pregnancy: 40 hours						
3.1. Describe pathophysiology of common conditions in pregnancy	<ul style="list-style-type: none"> Explain mechanisms of conditions like DM, HTN, malaria, anemia 	<ul style="list-style-type: none"> Recognize clinical signs and risk factors 	<ul style="list-style-type: none"> Demonstrate clinical vigilance and evidence-based mindset 	Case studies, role plays	Assignments, presentation, quizzes	Ives et al. (2020), Bauserman et al. (2019)
3.2. Explain signs, symptoms, and risk factors	<ul style="list-style-type: none"> List key symptoms and risk factors 	<ul style="list-style-type: none"> Assess maternal/fetal risk 	<ul style="list-style-type: none"> Demonstrate clinical sensitivity and professional accountability 	Case-based discussions	Written exams, peer discussions	MSF Guidelines (2024), Kirthan (2024)
3.3. Evaluate evidence-based care to optimize maternal/fetal health	<ul style="list-style-type: none"> Compare interventions and guidelines 	<ul style="list-style-type: none"> Apply evidence to clinical decision-making 	<ul style="list-style-type: none"> Advocate for patient-centered care 	Literature review, debate, peer discussion	Essays, presentations	Ives et al. (2020), Myles Textbook (2020)
Learning Unit 4: Microbiology -Microorganisms: 30 hours						
4.1. Describe major microorganisms, characteristics, roles in health	<ul style="list-style-type: none"> Classify bacteria, viruses, fungi, parasites 	<ul style="list-style-type: none"> Identify microorganisms in clinical context 	<ul style="list-style-type: none"> Demonstrate infection prevention awareness 	Lectures, lab practical, peer presentations	Lab practical assessment, quizzes	Presterl et al. (2019), Rosenthal et al. (2008)
4.2. Apply microbial destruction principles to control growth	<ul style="list-style-type: none"> Explain sterilization, disinfection methods 	<ul style="list-style-type: none"> Implement infection control practices 	<ul style="list-style-type: none"> Promote hygiene and patient safety 	Simulation lab, case discussions	OSCE, lab assessment	WHO IPC (2023), Presterl (2019)
4.3. Explain microbial infection mechanisms, host response, resistance factors	<ul style="list-style-type: none"> Understand pathogenesis and immune responses 	<ul style="list-style-type: none"> Evaluate infection risk and prevention strategies 	<ul style="list-style-type: none"> Show responsibility and diligence 	Group discussions, role play	Assignments, quizzes	Weimer et al. (2022), Storr et al. (2017)

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching & Learning Activities	Assessment Methods	Resources
Learning Unit 5: Genetics, Embryo, and Fetal Physiology: 30 hours						
5.1. Integrate genetic principles into comprehensive fetal assessment	<ul style="list-style-type: none"> Explain inheritance patterns, DNA/chromosomes 	<ul style="list-style-type: none"> Apply genetics knowledge in fetal assessment 	<ul style="list-style-type: none"> Appreciate ethical implications in care 	Case studies, presentations	Written assignments, quizzes	Kirk et al. (2011), Doherty et al. (2023)
5.2. Use genetic principles to anticipate congenital anomalies	<ul style="list-style-type: none"> Describe gene-related fetal growth influences 	<ul style="list-style-type: none"> Apply genetic understanding to anticipate anomalies 	<ul style="list-style-type: none"> Promote family education and counseling 	Role play, flipped learning	Presentation, forum posts	Kirk et al. (2011), Doherty et al. (2023)
5.3 Describe fetal development processes, including placenta	<ul style="list-style-type: none"> Outline fetal development from conception to birth 	<ul style="list-style-type: none"> Monitor fetal well-being, provide newborn care 	<ul style="list-style-type: none"> Demonstrate care, vigilance, and ethical responsibility 	Simulation labs, case study discussion	OSCE, written exams	Raynor & Marshall (2020), Kirk et al. (2011)

MIDWIFERY PROGRAM DESCRIPTION YEAR I, SEMESTER II: BACHELOR'S IN MIDWIFERY SCIENCES.



Module 5: Behavioural and Social Science in Health

This Module has three Units learning outcomes:

Unit 1: Sociology and Behavioural Sciences in Maternal and Child Health

Unit 2: Psychology of Health and Illness, and Human Development

Unit 3: Health Inequality, Culture, and Traditional Care

Number of Credits: 10 equivalents to 100 hours

- **Theory: 100 hours**
- **Practice: 0 hours (a) Simulation/Skills lab 0 hours (b) Clinical placement: 0 hours.**

Purpose Statement:

This module examines how social, economic, and environmental determinants influence health behaviours, particularly for women during the perinatal period. The module emphasizes the importance of culturally competent and safe care, providing midwives with the knowledge to understand and support women's health beliefs and behaviours comprehensively.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Describe how the principles of psychology and sociology apply to midwifery practice.
2. Compare the biomedical, biopsychosocial, and socio-ecological models of health.
3. Analyse factors that influence women's health-seeking behaviours.
4. Evaluate the significance of cultural competence within midwifery practice.
5. Discuss the relationship between stress and health in a woman's life cycle.
6. Explain the psychological effects of illness, the psychology of pain, and management throughout a woman's life cycle.
7. Describe the prevalence of harmful practices in Rwanda during the perinatal period.

Competency 5: Comprehends how social, economic and environmental determinants impact health behaviours

Learning Outcome	Knowledge	Skills	Attitude / Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Sociological and Behavioural Sciences in Maternal and Child Health: 30 hours						
Analyse factors influencing women's health-seeking behaviours	<ul style="list-style-type: none"> Explain social determinants of health, gender and societal norms, biological, psychological, and sociological factors, healthcare access and inequalities 	<ul style="list-style-type: none"> Analyze community and household factors affecting health-seeking; apply assessment frameworks 	<ul style="list-style-type: none"> Demonstrate empathy, cultural sensitivity, and respect for diverse women's perspectives 	Group discussions, role-play, plenary presentations, flipped learning via LMS, forum chat	Written reflection, oral presentation, peer discussion feedback, short quizzes	WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022; WHO 2024
Discuss significance of cultural competence within midwifery practice	<ul style="list-style-type: none"> Describe principles of cultural competence, cultural safety, and cultural humility in midwifery 	<ul style="list-style-type: none"> Apply culturally competent approaches to care planning and decision-making 	<ul style="list-style-type: none"> Demonstrate respect, ethical behaviour, and sensitivity to cultural diversity 	Case studies, interactive lectures, peer-to-peer learning, plenary discussion	Case study analysis, oral reflection, role-play evaluation	WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022; WHO 2024
Compare biomedical, biopsychosocial, and socio-ecological models of health	<ul style="list-style-type: none"> Explain the concepts and components of biomedical, biopsychosocial (including behavior change theory), and socio-ecological health models 	<ul style="list-style-type: none"> Compare models; integrate models in health assessment and care planning (behavior change) 	<ul style="list-style-type: none"> Appreciate multi-dimensional approaches to women's health 	Interactive lectures, group discussion, LMS forum discussion	Short quizzes, group presentations, Behavior Change small group project	WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022; WHO 2024

Learning Outcome	Knowledge	Skills	Attitude / Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Learning Unit 2: Psychology of Health and Illness, and Human Development: 50 hours						
Discuss relationship between stress and health in a woman's life cycle	<ul style="list-style-type: none"> Explain physiological and psychological effects of stress; understand coping mechanisms; link stress to reproductive health 	<ul style="list-style-type: none"> Identify stressors; apply stress management and counselling techniques 	<ul style="list-style-type: none"> Show empathy; maintain supportive communication; respect individual coping styles 	Case studies, interactive lectures, plenary discussion, forum chat	Written assignments, oral presentations, peer review, case analysis	WHO Mental Health 2022; WHO Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022
Explain psychological effects of illness, psychology of pain and management throughout life-cycle	<ul style="list-style-type: none"> Describe illness perception, pain theories, psychosocial impacts of disease, and coping strategies 	<ul style="list-style-type: none"> Assess psychological needs; provide counselling and support; guide women through pain and illness 	<ul style="list-style-type: none"> Demonstrate compassion, and patience, and professional ethics 	Role-play, case discussion, group activities, plenary sharing	Written case studies, oral reflection, peer evaluation	Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022
Apply principles of psychology and sociology in midwifery practice	<ul style="list-style-type: none"> Understand theories of human development (Erikson, Bowlby), impact of culture, genetics, epigenetics, and societal structures on health 	<ul style="list-style-type: none"> Apply developmental theories in care planning; assess psychosocial needs; facilitate communication 	<ul style="list-style-type: none"> Exhibit ethical practice, cultural competence, and supportive attitude 	Group work, interactive lectures, plenary discussion, LMS forum posts	Written assignments, oral presentations, peer feedback	Bulletin on Behavioural Sciences 2021; ALiGN 2017; UNFPA 2022

Learning Outcome	Knowledge	Skills	Attitude / Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Health Inequality, Culture, and Traditional Care: 20 hours						
Describe prevalence of harmful practices in Rwanda during perinatal period	<ul style="list-style-type: none"> Describe traditional and harmful practices, socio-cultural determinants of health, gender-based violence, over-medicalization, tokophobia 	<ul style="list-style-type: none"> Identify harmful practices; evaluate risks and propose culturally safe interventions 	<ul style="list-style-type: none"> Demonstrate cultural humility, ethical practice, and respect for women 	Case study discussion, group work, plenary presentation, forum posts, flipped learning	Written case studies, oral reflection, peer discussion feedback	Ministry of Health Rwanda 2019; Tesfaye et al. 2022; Burayu & Degefa 2024; WHO 2018; UNFPA 2022
Discuss significance of cultural competence within midwifery practice	<ul style="list-style-type: none"> Explain principles of cultural competence, cultural safety, and individualised care 	<ul style="list-style-type: none"> Apply culturally safe care in practice scenarios; avoid stereotypes; promote inclusion 	<ul style="list-style-type: none"> Exhibit cultural humility, empathy, and ethical behaviour 	Group discussion, role-play, plenary presentation, forum chat	Oral reflection, peer feedback, written assignments	Ministry of Health Rwanda 2019; Tesfaye et al. 2022; Burayu & Degefa 2024; WHO 2018; UNFPA 2022



Module 6: ***Communication and Emerging Technologies in Health Care.***

This module has three units:

Unit 1: Effective Communication within Midwifery Profession

Unit 2: Documentation and Sharing Information

Unit 3: ICT Applications and Innovations in Modern Healthcare Services

Number of credits: 8, equivalent to 80 Hours

- **Theory: 61 hours**
- **Practice: 19 hours i.e. (a) Simulation/Skills Lab.: 14 hours (b) Clinical placement: 0 hours**

Purpose Statement:

This module equips learners with communication and counseling skills necessary for working in partnership with women emphasizing the importance of effective communication to build therapeutic relationships that enhance women's experiences during the perinatal period. The module covers health education facilitation, information sharing, collaboration with colleagues, and accurate clinical documentation. Through exploring empathetic and compassionate care, learners will develop active and reflective listening, as well as verbal and non-verbal communication skills. Practical skills such as note-taking, recording observations, and charting will be taught, with role-playing scenarios providing hands-on practice. These scenarios will help learners master professional communication, including consultation and referral processes.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the significance of informed consent, personalized decision-making, maintaining privacy and confidentiality, and continuously seeking feedback for improvement.
2. Explain the significance of providing respectful, responsive, and appropriate communication when supporting women in perinatal period, families, and communities.
3. Demonstrate effective communication skills when counselling and providing health education to women and their families, health-care teams, and community groups.
4. Describe the principles of accurate documentation of a woman's care.
5. Distinguish local and international ethical, legal, and policy frameworks in relation to midwifery and women's health.
6. Demonstrate culturally sensitive communication skills when discussing health related issues with women, families, and communities, respecting diverse beliefs, practices, and values.
7. Identify conditions outside midwifery scope of practice.

Competency 6: Communication in partnership with women

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategy & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Effective Communication within Midwifery Profession: 20 hours						
1.1. Explain significance of informed consent, personalized decision-making, maintaining privacy, confidentiality, and continuously seeking feedback.	<ul style="list-style-type: none"> Describe principles of informed consent, ethical/legal frameworks, privacy, confidentiality, and professional communication Analyze communication methods and their impact on midwifery care. 	<ul style="list-style-type: none"> Apply effective communication, counselling, and health education Use active listening, empathetic responses, questioning, and feedback skills Demonstrate culturally responsive communication. 	<ul style="list-style-type: none"> Exhibit respect, empathy, cultural sensitivity, ethical responsibility, accountability, and commitment to continuous improvement. 	Interactive lectures, simulated women interaction, role plays, collaborative care plan exercises, peer feedback and reflection sessions, discussion of clinical scenarios, reflection on personal communication style.	Portfolio of role plays, peer feedback, facilitator observation, rubric-based assessment of communication skills, written reflection of case scenarios.	Shahid & Thomas, 2018; Kerkin et al., 2018; McCorry & Mason, 2020; Raynor & Marshall, 2020; Maternity Today, 2023.
1.2. Explain significance of providing respectful, responsive and appropriate communication when supporting women, families and communities.						
1.3. Describe local and international ethical, legal and policy frameworks in relation to midwifery and women's health.						
1.4. Demonstrate effective communication skills when counselling and providing health education to women and their families.						

Learning Unit 2: Documentation and Sharing Information: 20 hours						
2.1. Describe principles of accurate documentation of a woman's care.	<ul style="list-style-type: none"> Recall legal and professional standards for documentation, data protection, and ethical record-keeping. 	<ul style="list-style-type: none"> Apply accurate documentation using charts, digital platforms, and SBAR 	<ul style="list-style-type: none"> Exhibit accountability, ethical responsibility, respect for privacy, timeliness, and attention to detail. 	Interactive lectures, role plays with case scenarios, technology-assisted documentation exercises, collaborative care plan documentation, reflective discussions.	Portfolio of role plays and documentation tasks, facilitator observation, rubric-based assessment, written reflection, demonstration of care plan documentation.	Shahid & Thomas, 2018; Kerkin et al., 2018; McCorry & Mason, 2020; Raynor & Marshall, 2020; Maternity Today, 2023.
2.2. Explain significance of providing respectful, responsive and appropriate communication when supporting women during labour, birth, and postnatal period.	<ul style="list-style-type: none"> Analyze methods to accurately record and share information. 	<ul style="list-style-type: none"> Demonstrate concise handovers and collaborative care documentation. 				
Learning unit 3: ICT Applications and Innovations in Modern Healthcare Services						
3.1. Describe common ICT applications such as electronic health records, telemedicine, mHealth, and clinical decision support systems.	<ul style="list-style-type: none"> Explain concepts such as mHealth, telemedicine, remote monitoring, decision-support systems, and data analytics. 	<ul style="list-style-type: none"> Assess digital health solutions (e.g., mHealth apps, telemedicine) for maternal/newborn care in terms of effectiveness, usability, and safety. 	<ul style="list-style-type: none"> Value patient privacy, data security, and equity when considering digital health interventions Professional accountability in using digital technologies ethically and legally 	Case-based learning: present real-world case studies (e.g., ASMAN platform, Rwanda's Virtual Hospital) to discuss how digital health has been used in maternal/newborn care. Hands-on simulation / role-play:	Reflective report or essay Practical project / presentation Field visit Short demonstrations of digital health tools.	Mondal R. Role of e-health, m-health, and telemedicine or telehealth during the COVID-19 pandemic 2025;12:1531–40. Ferreira JC, Elvas LB, Correia R, Mascarenhas M. Empowering health professionals with digital skills to improve patient care and daily workflows. <i>Healthcare</i> . 2025; 13(3):329. https://doi.org/10.3390/healthcare1303032
3.2. Discuss ethical, legal, and privacy considerations when using digital technologies in healthcare	<ul style="list-style-type: none"> Explain basic features of AI, wearables, and remote monitoring tools. 	<ul style="list-style-type: none"> Simulate using relevant digital health technologies 				
3.3. Describe emerging innovations such as AI, wearable devices, and remote monitoring						



Module 7: Supporting Healthy Pregnancy

This module has three main learning Units

Unit 1: Preconception Guidance

Unit 2: First Trimester of Conception and its Complications

Unit 3: Second and third trimester and its complications

Number of credits: 36 Equivalent to 360 hours

- **Theories: 95 hours**
- **Practice: 265 hours i.e. (a) Simulation: 25 hours (b) Clinical placement: 240 hours**

Note: 240 Clinical hours will be covered in clinical attachment 2

Purpose statement:

This module centres on pregnancy as a significant yet normal part of a woman's reproductive lifespan, building on prior knowledge in the programme. It focuses on midwifery care for healthy women during pregnancy, guided by the midwifery model and woman-centred, respectful, and compassionate care. Learning strategies to support and educate women on maintaining health during pregnancy. Practical skills, including thorough physical assessments and recognizing complications, will be developed in the simulation lab including preconception care and emphasizing preparation for a healthy pregnancy. Following this module, learners will complete clinical placement in an antenatal setting, gaining experience in a midwifery continuity of care model.

Learning Outcomes

By the end of the module, the learner will be able to :

1. Demonstrate knowledge about preconception care tailored to women's individual needs.
2. Provide appropriate midwifery care throughout the antenatal period.
3. Assess fetal growth and well-being during pregnancy.
4. Effectively and safely care for women in accordance with jurisdictional laws, regulatory requirements, and codes of conduct.
5. Deliver respectful, compassionate, comprehensive, and inclusive care to the woman and her family.
6. Identify conditions outside midwifery scope of practice and consult or refer appropriately when complications arise.
7. Develop a comprehensive care plan for a healthy pregnancy that promotes general health and well-being of women and infants.
8. Demonstrate effective interpersonal communication with women, families, healthcare teams, and community groups.
9. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and changes in the family.

Competency 7: The ability to support and promote a healthy pregnancy

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Preconception Guidance: 30 hours						
1.1. Demonstrate knowledge about preconception care for women's individual needs.	<ul style="list-style-type: none"> Explain preconception care principles, including folic acid supplementation, genetic screening, STI prevention, and environmental risks. Describe psychosocial, nutritional, and cultural considerations. 	<ul style="list-style-type: none"> Assess preconception needs, counsel women and families, conduct screenings, develop individualized care plans, provide health education. 	<ul style="list-style-type: none"> Demonstrate empathy, respect, cultural sensitivity, and professionalism. 	Interactive lectures, group discussions, role-plays, case studies, skills lab simulations, short and extended answer quizzes.	Formative: OSCE, quizzes, assignments, one-minute papers; Summative: end-of-unit exam, comprehensive care plan assignment.	Raynor & Marshall (2020), Mirlashari et al. (2022), Tarzia & Hegarty (2021)
1.2. Provide care to the woman and her family in a way that is respectful, compassionate, comprehensive and inclusive.						
1.3. Create a comprehensive care plan for a healthy pregnancy.						
Learning Unit 2: First Trimester of Conception and Its Complications: 60 hours						
2.1. Provide care respectfully, compassionately, comprehensively, and inclusively	<ul style="list-style-type: none"> Explain physiological and anatomical changes in early pregnancy, antenatal screening, early pregnancy complications (miscarriage, ectopic pregnancy), national/international guidelines, mental health, adolescent pregnancy considerations. 	<ul style="list-style-type: none"> Conduct comprehensive antenatal assessments, fetal well-being evaluations, apply clinical reasoning for early pregnancy complications, provide anticipatory guidance and health education. 	<ul style="list-style-type: none"> Show professionalism, empathy, patient-centered care, and ethical decision-making. 	Interactive lectures, case discussions, role-plays, skills labs, guided readings, reflective journaling, simulation scenarios.	Formative: OSCE, quizzes, one-minute papers, assignments- Summative: written exams, case study assessments.	Raynor & Marshall (2020), WHO (2016), Mirlashari et al. (2022), Tarzia & Hegarty (2021)
2.2. Demonstrate ability to safely care for women in the antenatal period.						
2.3. Provide appropriate midwifery care in the antenatal period.						
2.4. Consult appropriately when complications in pregnancy arise.						
2.5. Assess fetal growth and well-being during the antenatal period.						

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 3: Second and third trimester and its complications						
3.1. Provide care respectfully, compassionately, comprehensively, and inclusively.	<ul style="list-style-type: none"> Explain maternal and fetal physiological changes, screening for complications (GDM, pre-eclampsia, malpresentation), fetal monitoring techniques (ultrasound, Doppler, CTG), post-date care, nutrition, pharmacology in pregnancy, birth preparation, and breastfeeding education. 	<ul style="list-style-type: none"> Perform maternal and fetal assessments, monitor fetal growth, palpation, auscultation, interpret investigations, develop and update care plans, educate and counsel families, collaborate with healthcare teams. 	<ul style="list-style-type: none"> Demonstrate empathy, cultural sensitivity, collaboration, ethical responsibility, and effective communication skills. 	Interactive lectures, case-based discussions, skills lab simulations, role-plays, team-based learning, clinical observation, reflective journaling, scenario-based problem solving.	Formative: OSCE, quizzes, hands-on assessments, assignments; Summative: written exams, comprehensive care plan evaluation, simulation assessments.	Raynor & Marshall (2020), WHO (2016), Mirlashari et al. (2022), Tarzia & Hegarty (2021)
3.2. Create a comprehensive care plan for a healthy pregnancy.						
3.3. Demonstrate effective interpersonal communication with women, families, and healthcare teams.						
3.4. Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family.						



Module 8: ***Nutrition and Dietetics in the Pre and Postnatal Period***

This module has two main learning Units

Unit 1: Nutrition science

Unit 2: Dietetics

Number of credits: 5, equivalent to 50 Hours

- **Theory: 40 hours**
- **Practice: 10 hours (a) Simulation/Skills Lab: 10 hours (b) Clinical placement: 0 hours**

Purpose Statement

This module emphasizes the importance of nutrition in determining health outcomes for women, neonates, and infants during the pre and postnatal period. The module aims to equip learners with the knowledge and skills necessary to provide evidence-based information on maintaining healthy food choices within the context of their social and physical environment. Learners will learn the foundations of good nutrition, explore disorders related to poor nutritional status, and study treatment modalities including supplements, diet, and attention to daily nutritional requirements during the pre and postnatal period. The benefits of breastfeeding and dietary needs during and after pregnancy will be examined.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Compare the processes of digestion and absorption of food
2. Analyze how digestion and absorption of food adapt during pregnancy.
3. Explain how principles of good food hygiene and safe storage practices prevent illness in women, neonates, and infants.
4. Appraise nutritional deficiency disorders and evaluate appropriate management strategies.
5. Communicate effectively the specific nutritional needs of pregnancy, neonates, and infants, including the benefits of breastfeeding, to women and families.
6. Reflect on socio-cultural, economic, and psychological factors that influence food choices and eating behaviours during pregnancy.
7. Demonstrate effective interpersonal communication with women, families, healthcare teams, and community groups regarding nutrition.
8. Apply principles of nutrition to assess health status, screen for risks, and promote the well-being of women and infants
9. Describe public health policies and programs related to maternal and infant nutrition
10. Integrate ethical and culturally sensitive approaches into nutritional counseling and interventions for women, neonates, and infants

Competency 8 : Balanced Diet in Pre and Postnatal Care						
Learning Outcomes	Knowledge	Skills	Attitude/Values/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Nutrition Science: 20 hours						
1.1. Explain the specific nutritional needs of pregnancy, neonates and infants, including the benefits of breastfeeding to women and families	<ul style="list-style-type: none"> Describe macronutrients and micronutrients and their roles Explain metabolic mechanisms and nutrient absorption Analyze physiological adaptations in pregnancy affecting digestion and absorption Identify environmental, cultural and social determinants of diet. 	<ul style="list-style-type: none"> Demonstrate nutritional assessment techniques Conduct diet history and 24-hour recall interviews Design individualized three-day meal plans for pregnant women with specified conditions Evaluate and compare digestive functions in pregnant vs non-pregnant women 	<ul style="list-style-type: none"> Demonstrate empathy and cultural sensitivity Uphold patient-centred counselling and respect for choices (Respond). Advocate for evidence-based nutrition 	<ul style="list-style-type: none"> Present: Interactive lectures that explain key concepts (Present). Practice: Role-play for breastfeeding and nutrition counselling (Practice, Demonstrate). Workshop: Nutrition assessment and meal-plan design (Create, Apply). Field activity: Market visit to assess food availability (Investigate). Reflective journaling on cultural influences (Reflect). 	<ul style="list-style-type: none"> Formative: Short quizzes to test understanding (Assess), OSCE role-play for counselling (Observe, Evaluate), peer feedback on meal-plan task (Review). Summative: Written exam (Recall/ Explain), graded case-study report (Analyze/Create). 	<ul style="list-style-type: none"> Chalasanani & Ortayli (2017); USAID Momentum guides (2022); Myles Textbook for Midwives (2020); Global Health Learning (2018).
1.2. Analyze factors that influence food choices and eating behaviours during pregnancy	<ul style="list-style-type: none"> Analyze factors that influence food choices and eating behaviours during pregnancy 	<ul style="list-style-type: none"> Design individualized three-day meal plans for pregnant women with specified conditions 	<ul style="list-style-type: none"> Advocate for evidence-based nutrition 	<ul style="list-style-type: none"> Workshop: Nutrition assessment and meal-plan design (Create, Apply). 	<ul style="list-style-type: none"> Summative: Written exam (Recall/ Explain), graded case-study report (Analyze/Create). 	
1.3. Interpret the principles of food digestion and absorption during pregnancy	<ul style="list-style-type: none"> Identify environmental, cultural and social determinants of diet. 	<ul style="list-style-type: none"> Evaluate and compare digestive functions in pregnant vs non-pregnant women 		<ul style="list-style-type: none"> Field activity: Market visit to assess food availability (Investigate). 	<ul style="list-style-type: none"> Summative: Written exam (Recall/ Explain), graded case-study report (Analyze/Create). 	

Learning Outcomes	Knowledge	Skills	Attitude/Values/Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 2: Evidence-Based Nutrition and Dietetics: 30 hours						
2.1. Evaluate different nutritional deficit disorders and design appropriate management plans	<ul style="list-style-type: none"> Recall common nutritional disorders (anaemia, malnutrition, rickets, scurvy) Explain evidence-based treatment and supplementation protocols Evaluate national and global nutrition policy recommendations Identify pathogens associated with foodborne illness and their control measures 	<ul style="list-style-type: none"> Perform nutritional diagnosis using BMI, MUAC, growth charts Construct and justify treatment plans including supplementation and therapeutic feeding Demonstrate safe preparation of infant formula and safe food handling Design and implement a community food-hygiene education session 	<ul style="list-style-type: none"> Display commitment to evidence-based practice and patient safety Respect and adapt to cultural food practices while promoting safe choices Advocate for equitable food access and community interventions (Organize). 	<ul style="list-style-type: none"> Teach: Case-based seminars on nutritional disorders Practice: Hands-on workshops for nutritional assessment (Demonstrate: Food hygiene and safe preparation labs Engage: Field visits and community education project planning (Investigate, Create). 	Formative: Practical checklists during workshops (Observe, Feedback), OSCE stations on assessment/counselling (Assess), reflective essays (Reflect). Role play Summative: Written exam with case scenarios (Analyze/Evaluate), graded community education project	Myles Textbook for Midwives (2020); USAID Momentum (2022); WHO/FAO food safety guidelines; Global Health Media resources.
2.2. Apply principles of food hygiene and safe storage during health education to prevent illness in maternal and infant contexts.						
2.3. Analyze socio-cultural, economic and environmental factors that influence food choices and eating behaviours during pregnancy.						



Module 9: **Midwives and Primary Health Care**

This Module has two learning Units

Unit 1: Concepts of Public Health

Unit 2: Midwifery and Community

Number of Credits: 5, equivalent to 50 hours

- **Theory: 20 hours**
- **Practice hours (a) Simulation/Skills lab: 0 hours (b) clinical placement: 30 hours**

Note: 30 Clinical hours will be covered in clinical attachment 1

Purpose Statement:

This module explores how the principles of primary health care are situated within the public health framework. It contributes to the learner's understanding of how access to universal health coverage improves the community's experience of health. The module encourages learners to reflect on the midwife's role in promoting health and well-being and preventing illness and on how social disadvantages and other vulnerabilities impact health outcomes. This module has a community health focus, and learners will participate in a health clinic setting, supporting health autonomy for women and families. Learners will learn to recognize and treat common health issues that present in the primary health-care setting and offer best evidence-based health education to support and motivate health-seeking behaviours.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the principles of public health and primary health care.
2. Evaluate the function of primary and public health care systems within the national context.
3. Analyze how social determinants of health, privileges, and cultural constructs influence women's access to universal health care and their health-seeking behaviors.
4. Appraise the midwife's role in delivering primary health care tailored to sexual and reproductive health needs.
5. Empower women to make informed decisions regarding their care through counseling and shared decision-making approaches.
6. Demonstrate effective interpersonal and professional communication skills with women, families, healthcare teams, and community groups, particularly in promoting health and well-being.

Competency 9: Empowering individuals, families and communities to take charge of their own health						
Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
Learning unit 1: Concepts of public health: 10 hours						
1.1. Evaluate the function of primary and public health care within your country.	<ul style="list-style-type: none"> Explain concepts of health, wellness, and determinants of health; Describe elements/pillars of public health; Identify structures of Rwanda health system, referral pathways, and SDGs related to SRM/NAH. 	<ul style="list-style-type: none"> Analyze national public health policies and programmes; Compare primary health care and public health frameworks; Apply health system mapping to maternal and newborn care. 	<ul style="list-style-type: none"> Appreciate the importance of strong health systems; Demonstrate respect for inter-professional collaboration and equity in healthcare delivery. 	<p>Interactive lectures and group discussions;</p> <p>Case studies on Rwanda health system; Group presentations on SDG targets; Flipped classroom using WHO guidelines.</p>	<p>Written assignment (policy review); Oral presentation with peer feedback; One-minute paper reflection; Portfolio (case study analysis).</p>	<p>WHO guidelines (2022); Rwanda health policy documents; Ottawa Charter; SDG reports; Renfrew et al. Lancet (2014).</p>
1.2. Debate the how privileges and the social determinants of health impact women's ability to access universal health care.	<ul style="list-style-type: none"> Describe social determinants of health (income, education, gender, culture, geography). 	<ul style="list-style-type: none"> Conduct stakeholder analysis; Critically debate barriers to universal health coverage; Interpret health equity frameworks (AAAQ). 	<ul style="list-style-type: none"> Value equity, inclusiveness, and women's rights in healthcare; Demonstrate advocacy for marginalized groups. 	<p>Debates on social determinants and equity; Peer-to-peer role plays exploring health-seeking behaviours; Reflective journals on cultural constructs and access barriers.</p>	<p>Debate performance with rubric; Reflective journal submission; Group work assessment; Written short essay on determinants.</p>	<p>WHO AAAQ framework; WHO UHC resources; Ottawa Charter; Community health policy documents.</p>

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
Learning unit 2: Midwifery and community: 10 hours						
2.1. Evaluate the function of primary and public health care within your country.	<ul style="list-style-type: none"> Identify public and primary health care priorities in maternal health; Explain community health organization and referral pathways. 	<ul style="list-style-type: none"> Assess community health programmes; Map health services available for women and families; Analyze gaps in access and delivery. 	<ul style="list-style-type: none"> Value the role of community-based interventions; Show commitment to improving community health. 	Group work analyzing Rwanda's primary health care priorities; Simulation of referral pathways; Problem-based learning (case studies).	Written policy review; Group presentation; Scenario-based oral test.	WHO Primary Health Care resources; Rwanda MOH community health policy.
Learning unit 2: Midwifery and community: 10 hours						
2.2. Appraise the midwife's role in providing primary health care specific to sexual and reproductive health needs.	<ul style="list-style-type: none"> Explain SRH needs in community settings; Identify areas of midwifery expertise in community outreach. 	<ul style="list-style-type: none"> Apply counselling and communication theories; Deliver community health education; Engage stakeholders in SRH programmes. 	<ul style="list-style-type: none"> Show empathy, respect, and cultural sensitivity in SRH counselling; Advocate for women's SRH rights. 	Role play on SRH counselling; Peer-to-peer review of health education materials; Flipped classroom with SRH case studies.	OSCE (counselling skills); Health education project assessment; Reflective peer feedback.	WHO SRH and self-care guidelines; UNFPA SRH programme frameworks.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
2.3. Communicate effectively on health promotion and well-being.	<ul style="list-style-type: none"> Define health promotion principles and communication theories. 	<ul style="list-style-type: none"> Demonstrate effective interpersonal, group, and community communication; Facilitate family health assessments. 	<ul style="list-style-type: none"> Value respectful and inclusive communication; Demonstrate teamwork and accountability. 	Interactive workshops on communication; Community mapping and family assessment simulation; Think-pair-share exercises.	OSCE (communication station); Family assessment portfolio; Peer-assessment in role plays.	WHO Health Promotion frameworks; Ottawa Charter; AAAQ framework.
2.4. Apply community health models and frameworks in midwifery practice.	<ul style="list-style-type: none"> Describe theories and models of community health and their historical development. 	<ul style="list-style-type: none"> Apply community health theories to maternal/neonatal emergencies; Integrate family needs assessment into practice. 	<ul style="list-style-type: none"> Value collaborative, community-driven health solutions; Uphold safety and ethics in community work. 	Case study analysis of maternal emergencies in communities; Group projects designing community interventions; Simulation exercises.	Group project presentation; Written report on case study; Reflective journal on ethics in community practice.	Maternity Worldwide (Three Delays Model); WHO EPMM strategy; UN SDG agenda.



Module 10: Clinical Placement 1 (Fundamentals of midwifery+Supporting Healthy pregnancy Midwives and Primary Health Care)

This module is composed of Three Learning units:

Unit 1: Fundamentals of Midwifery

Unit 2: Supporting Healthy Pregnancy

Unit 3: Midwives and Primary Health Care

Number of Credits: 35, equivalent to 350 hours

- **Theory: 0**
- **Practice: 0 hours (a) simulation: 0 hours (b) clinical placement: 350 hours**

Purpose Statement

This clinical placement module equips learners with the competencies to apply theoretical knowledge in real health-care settings. Learners will demonstrate professional behaviours, safe practice, and clinical skills across midwifery care, antenatal care, and primary health-care services. Competency assessment ensures students provide evidence-based, respectful, woman-centred care. The first unit introduces learners to fundamental midwifery competencies, including essential clinical skills, assessment, and communication with women and families. The second and third units enable learners to apply their understanding of pregnancy-related physiological and emotional changes to provide respectful, evidence-based antenatal care, while developing the ability to make informed clinical decisions and support women throughout the continuum of care.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Monitor the progression of pregnancy using appropriate clinical tools and evidence-based guidelines.
2. Assess fetal well-being through evidence-based monitoring methods.
3. Promote physiological labour and birth by supporting natural processes and minimizing unnecessary interventions.
4. Provide safe and effective postnatal care for the healthy woman, addressing both physical and emotional needs.

5. Demonstrate accountability by taking responsibility for decisions and actions as an autonomous practitioner.
6. Assume responsibility for self-care and continuous professional development as a midwife.
7. Demonstrate effective interpersonal communication with women, families, healthcare teams, and community groups.
8. Assess the health status, screen for risks, and promote the general health and well-being of women and infants.
9. Manage common reproductive and early-life health problems in women.
10. Explain jurisdictional laws, regulatory requirements, and codes of conduct guiding midwifery practice.
11. Identify refer conditions outside the midwife's scope of practice appropriately.
12. Summarize the significance of supporting a woman to establish and sustain lactation.
13. Demonstrate knowledge of preconception care tailored to women's individual needs.
14. Monitor the progression of pregnancy using evidence-based guidelines.
15. Assess fetal growth and well-being during the antenatal period.
16. Explain jurisdictional laws, regulatory requirements, and codes of conduct for antenatal midwifery practice.
17. Determine the health status of the woman through history, physical examination, and investigations.
18. Promote health behaviours that improve maternal and family well-being.
19. Assist women and families in planning for an appropriate place of birth.
20. Detect, manage, and refer women with complicated pregnancies to appropriate levels of care.
21. Develop a comprehensive care plan for a woman with a healthy pregnancy during clinical placement.
22. Demonstrate effective communication with pregnant women, including education, vaccinations, and counselling on danger signs.
23. Provide anticipatory guidance on pregnancy, birth, breastfeeding, parenthood, and family changes.

Competency 10: Work in evidence-based, and woman-centred midwifery care across antenatal, intrapartum, postnatal, and primary health-care settings.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Learning Unit 1: Fundamentals of Midwifery (80 Hrs) (≈2 weeks)						
1.1. Apply holistic and woman-centred midwifery care in clinical settings.	<ul style="list-style-type: none"> Examine principles of holistic and woman-centred care in motherhood period; Scrutinize Scope of midwifery practice in providing safe, ethical, and evidence-based care 	<ul style="list-style-type: none"> Perform basic midwifery procedures safely under supervision Communicate clearly with women and families 	<ul style="list-style-type: none"> Demonstrate Professionalism, empathy, and respect for motherhood dignity. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Direct observation, logbook, e-portfolio Observation, reflective journal	Clinical protocols, theoretical module resources, infection control guidelines.
1.2. Apply measures of medical and surgical asepsis, infection control, and patient safety.	<ul style="list-style-type: none"> Establish infection control principles, aseptic techniques, PPE usage, and sterilization methods to protect a woman and her offspring. 	<ul style="list-style-type: none"> Perform hand hygiene and infection control procedures Set up and maintain sterile field Administer IM and SC injections Manage IV fluids and urinary catheterization Demonstrate manual handling Provide comfort measures 	<ul style="list-style-type: none"> Show commitment to patient safety and hygiene with attention to detail. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Observation, checklist, logbook Direct observation, logbook Observation, logbook, clinical rubric Observation, logbook, supervisor feedback Observation, checklist Observation, logbook	Clinical protocols, theoretical module resources, infection control guidelines.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Learning Unit 1: Fundamentals of Midwifery (80 Hrs) (≈2 weeks)						
1.3. Describe scope, standards, and responsibilities of a midwife.	<ul style="list-style-type: none"> Explain Midwifery scope of practice, professional standards and codes. 	<ul style="list-style-type: none"> Identify tasks within scope; refer appropriately 	<ul style="list-style-type: none"> Uphold accountability, ethical conduct, self-awareness across antenatal, intrapartum, and postnatal periods. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Supervisor assessment, reflective logbook notes	Clinical protocols, theoretical module resources, infection control guidelines.
1.4. Assess vital signs of the woman.	<ul style="list-style-type: none"> Explain normal vital signs, physiology, and relevant pathophysiology. 	<ul style="list-style-type: none"> Measure and record vital signs accurately 	<ul style="list-style-type: none"> Demonstrate accuracy, attentiveness, patient-centered approach while. 	Clinical observation, guided practice under supervision, pre-briefing and debriefing sessions, peer discussion, hands-on patient care.	Direct observation, logbook, OSCE	Clinical protocols, theoretical module resources, infection control guidelines.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 2: Supporting healthy pregnancy (240 Hours (≈7 weeks))						
2.1. Explain evidence-based information to support a healthy pregnancy.	<ul style="list-style-type: none"> Understand Physiology of pregnancy, fetal development, common discomforts, and health promotion strategies. 	<ul style="list-style-type: none"> Provide antenatal education 	<ul style="list-style-type: none"> Show commitment to respectful, culturally sensitive, compassionate care in antenatal care services. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Logbook tasks, e-portfolio, preceptor feedback Direct observation, logbook	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.
2.2. Communicate effectively with pregnant women and their families.	<ul style="list-style-type: none"> Explain communication theories, and counselling principles in woman care services. 	<ul style="list-style-type: none"> Facilitate discussions and deliver clear information 	<ul style="list-style-type: none"> Uphold empathy, patience, professional interpersonal behaviour in interacting with pregnant woman and her family. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Observation, reflective notes, OSCE	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 2: Supporting healthy pregnancy (240 Hours (≈7 weeks))						
2.3. Conduct antenatal education sessions for pregnant women and families.	<ul style="list-style-type: none"> Contextualize health education content, and teaching strategies to promote women and child wellbeing. 	<ul style="list-style-type: none"> Plan and conduct group or individual education sessions 	<ul style="list-style-type: none"> Accept responsibility for encouraging participation, inclusivity, and empowerment. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Direct observation, session feedback, logbook documentation	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.
2.4. Develop midwifery care plans for pregnant women.	<ul style="list-style-type: none"> Examine care planning principles, risk assessment, and clinical guidelines in woman healthcare setting. 	<ul style="list-style-type: none"> Assess history, vitals, fetal well-being and plan interventions (Assessment: Logbook, supervisor evaluation, e-portfolio review) Advise Provide anticipatory guidance on pregnancy, birth, breastfeeding 	<ul style="list-style-type: none"> Commit to accountability, organization, patient-centered decision-making in healthcare services. 	Clinical placements with preceptor supervision, direct patient care, antenatal assessments, fetal monitoring, health education, reflective practice, pre-briefing and debriefing.	Logbook, supervisor evaluation, e-portfolio review Observation, logbook Observation, logbook	Clinical protocols, antenatal guidelines, theoretical module resources, health education materials.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 3: midwives and primary health care (30 Hours (≈1 week))						
3.1. Apply principles of primary health care within public health and universal access framework.	<ul style="list-style-type: none"> Interpret primary health care principles, public health frameworks, and universal health coverage. 	<ul style="list-style-type: none"> Provide preventive and promotive health services. Screen, assess, and refer patients appropriately. 	<ul style="list-style-type: none"> Promote equity, inclusiveness, accountability, commitment to community health in healthcare setting. 	Supervised practice in community and primary health care settings, patient assessment, health promotion, documentation, referral management, patient education, pre-briefing and debriefing.	Logbook documentation, reflective journal, preceptor assessment Direct observation, logbook	Apply principles of primary health care within public health and universal access framework.
3.2. Recognize significance of equitable and inclusive care to mitigate poor social determinants of health.	<ul style="list-style-type: none"> Evaluate Social determinants of health, barriers to care, community resources. 	<ul style="list-style-type: none"> Identify at-risk populations and adapt care 	<ul style="list-style-type: none"> Demonstrate empathy, cultural sensitivity, advocacy for underserved populations. 	Supervised practice in community and primary health care settings, patient assessment, health promotion, documentation, referral management, patient education, pre-briefing and debriefing.	Observation, logbook, reflective entries, supervisor feedback	Recognize significance of equitable and inclusive care to mitigate poor social determinants of health.

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Learning Activities	Assessment Methods	Resources
Clinical learning unit 3: midwives and primary health care (30 Hours (≈1 week))						
3.3. Provide health services including child, family, antenatal, immunization, family planning, adolescent and women's services.	<ul style="list-style-type: none"> Describe service provision protocols, preventive care guidelines, immunization schedules. 	<ul style="list-style-type: none"> Conduct clinics, deliver immunizations, educate families, refer when needed 	<ul style="list-style-type: none"> Comply with professionalism, respect for patients, accountability, and inclusiveness. 	Supervised practice in community and primary health care settings, patient assessment, health promotion, documentation, referral management, patient education, pre-briefing and debriefing.	Direct observation, logbook completion, clinical rubrics, e-portfolio	Provide health services including child, family, antenatal, immunization, family planning, adolescent and women's services.

CLINICAL PLACEMENT 1, YEAR I, SEMESTER I&II: ASSESSMENT CHECKLIST

Student Name:
 Year I: Semester II
 Clinical Placement Site:
 Preceptor/Supervisor:
 Dates of Placement:

Instructions for Preceptors:

- Observe and evaluate the student’s performance for each skill during clinical placement.
- Use the scoring system:
 - 1 – Not Demonstrated**
 - 2 – Partially Demonstrated**
 - 3 – Competently Demonstrated**
 - 4 – Exceeds Expectations**
- Provide comments and feedback for each domain.

A. Fundamentals of Midwifery

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates holistic, woman-centred care	<input type="checkbox"/>		
Performs hand hygiene and infection control procedures	<input type="checkbox"/>		
Sets up and maintains sterile field	<input type="checkbox"/>		
Administers IM and SC injections safely	<input type="checkbox"/>		
Manages IV fluids and urinary catheterization	<input type="checkbox"/>		
Performs safe manual handling of patients	<input type="checkbox"/>		
Provides comfort measures (bed washing, mobilization)	<input type="checkbox"/>		
Communicates effectively with women and families	<input type="checkbox"/>		
Documents findings accurately	<input type="checkbox"/>		
Recognizes scope of practice and refers appropriately	<input type="checkbox"/>		
Measures and records vital signs accurately	<input type="checkbox"/>		

B. Supporting Healthy Pregnancy

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Conducts comprehensive Antenatal assessment	<input type="checkbox"/>		
Monitors maternal vital signs and fetal well-being	<input type="checkbox"/>		
Palpates fetal lie, position, descent, and growth accurately	<input type="checkbox"/>		
Conducts antenatal education and counselling sessions	<input type="checkbox"/>		
Screens for psychosocial risks	<input type="checkbox"/>		
Develops individualized midwifery care plans	<input type="checkbox"/>		
Provides anticipatory guidance on pregnancy, birth, breastfeeding	<input type="checkbox"/>		
Recognizes complications and refers appropriately	<input type="checkbox"/>		
Applies respectful, compassionate, and inclusive care	<input type="checkbox"/>		
Documents assessment findings accurately	<input type="checkbox"/>		

C. Midwives and Primary Health Care

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Applies principles of primary health care in practice	<input type="checkbox"/>		
Recognizes social determinants of health and provides equitable care	<input type="checkbox"/>		
Provides preventive and promotive health services	<input type="checkbox"/>		
Conducts child and family health clinics	<input type="checkbox"/>		
Provides immunizations and family planning services	<input type="checkbox"/>		
Delivers adolescent and women's health services	<input type="checkbox"/>		
Identifies community health needs and adapts care	<input type="checkbox"/>		
Refers patients outside scope appropriately	<input type="checkbox"/>		
Communicates and educates families effectively	<input type="checkbox"/>		
Documents findings accurately	<input type="checkbox"/>		

D. Overall Professionalism

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates accountability and responsibility	<input type="checkbox"/>		
Shows empathy, respect, and cultural sensitivity	<input type="checkbox"/>		
Maintains self-confidence and professional behaviour	<input type="checkbox"/>		
Works effectively in a team and collaborates with staff	<input type="checkbox"/>		
Maintains patient safety and ethical standards	<input type="checkbox"/>		

Preceptor/Supervisor Summary / Recommendations

Strengths:

Areas for Improvement:

Overall Competency Rating:

- Competent**
- Partially Competent**
- Not Yet Competent**

Preceptor Name / Signature:

Date:



MIDWIFERY PROGRAM DESCRIPTION YEAR II, SEMESTER I: BACHELOR'S IN MIDWIFERY SCIENCES.



Module 11: Pharmacology for midwives

The module has two Learning Units:

Unit 1: General Pharmacology

Unit 2: Drug Administration and Medication Effect

Number of Credits: 5, equivalent to 50 Hours

- **Theory: 40 hours**
- **Practice: 10 hours (a) simulation/Skills lab 10 hours (b) clinical placement: 0 hours**

Purpose Statement

This module is an introduction to general pharmacology. Key concepts of pharmacology and medicine preparation and classification will be explored. Safety precautions for medicine storage and administration will be emphasized, along with key observations that the midwife should make during the process of administering medicines. The learner will acquire knowledge and skills in drug dosage determination, desired effects and management of adverse effects of medicines.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the basic principles of pharmacology, including absorption, distribution, metabolism, and elimination of drugs during the perinatal period.
2. Describe different types of medicines relevant to midwifery care.
3. Safely administer medications, including prescription, dosage calculation, and adjustment.
4. Apply appropriate techniques for proper storage of medicines.
- 5.
6. Educate women and families on the safe use of medications during the perinatal period.
7. Communicate effectively with women and families about medication usage, benefits, and potential side effects.
8. Describe the pharmacokinetic characteristics of neonatal medication administration.
9. Evaluate the responses of women and newborns to medications, identifying desired effects and adverse reactions.

Competency 11: Administer Medications Safely and effectively to the women and infants in their care						
Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Unit 1: General Pharmacology (20 hours)						
1.1. Explain basic pharmacology principles (absorption, distribution, metabolism, elimination) during perinatal period.	<ul style="list-style-type: none"> Define medicines control legislation, nomenclature, and terminology. Explain pharmacokinetics (ADME). Discuss pharmacodynamics (effects, therapeutic window, adverse reactions). Interpret pharmacotherapeutics (indications and clinical use). Define drug potency, receptor interaction, agonists vs antagonists. Classify medications per WHO ATC and essential medicines list. Describe storage principles (cold chain, light, moisture). Recognize antimicrobial and other drug classes: antibiotics, antivirals, antifungals, antiseptics, anesthetics, antihypertensives, antidiabetics, psychotropics, vitamins/minerals, ARV's, etc. Explain global and local issues in medication use (resistance, rational use). 	<ul style="list-style-type: none"> Perform dosage calculations accurately. Demonstrate safe dilution and preparation of medications. Apply correct frequency and routes of administration. Identify essential drugs relevant to midwifery. Demonstrate proper drug storage and cold chain management. Use classification systems to select appropriate drugs for perinatal care. 	<ul style="list-style-type: none"> Value ethical and legal responsibilities in medicine handling. Show accountability in drug prescription and administration Promote rational use of drugs to prevent resistance. Display caution and safety awareness in medication practices. Respect country-specific prescribing rights. 	<p>Interactive lectures on pharmacology principles.</p> <p>Group discussions on classification and relevance in midwifery Skills lab simulations on dosage calculations and drug preparation.</p> <p>Case studies on rational drug use and antimicrobial resistance.</p> <p>Individual and group assignments.</p>	<p>Quizzes and written tests on pharmacology principles.</p> <p>OSCE on dosage calculation and drug preparation Oral presentations on drug classifications.</p> <p>Portfolio including case study reflections.</p> <p>Checklist observation in skills lab.</p>	<p>Peate & Hamilton, <i>Fundamentals of Pharmacology</i> (2022).</p> <p>Raynor & Marshall, <i>Myles Textbook for Midwives</i> (2020).</p> <p>WHO ATC classification & Essential Medicines List Rwanda prescribing protocols and drug legislation.</p>
1.2. Categorize different types of medicines and their relevance to midwifery care.						
1.3. Demonstrate knowledge and skills in prescription, dosage calculation, and adjustment of medications.						

Learning Outcomes	Knowledge	Skills	Attitudes/ Behaviours	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Unit 2: Drug Administration and Medication Effect (30 hours)						
2.1. Demonstrate knowledge and skills in safe administration of medications.	<ul style="list-style-type: none"> Define the principles of safe drug administration, including the five rights. List units and routes of drug administration. Identify storage requirements and expiry considerations. State patient consent requirements and legal obligations. Recognize post-administration monitoring and adverse reactions. Describe basic principles of blood transfusion. Outline prescribing rights and protocols per national regulations. Describe documentation and medication error reporting procedures. List factors that alter drug effects. Identify barriers to effective patient education. 	<ul style="list-style-type: none"> Safely administer medications by different routes. Calculate dosages and prepare medications. Document drug administration correctly in charts. Monitor patient for side effects and act appropriately. Manage anaphylactic shock and other emergencies. Communicate effectively with women and families about drug use. Educate patients on iron supplementation and perinatal medication use. Obtain informed consent properly. 	<ul style="list-style-type: none"> Show empathy and respect when communicating with patients. Uphold ethical/legal standards in drug administration. Demonstrate professional accountability and responsibility. Promote patient safety and advocacy in midwifery practice. Value clear, culturally sensitive communication. 	<p>Interactive lectures on safe drug use and legal framework.</p> <p>Demonstrations and role-plays on consent and communication.</p> <p>Skills lab practice in administering medications and documentation.</p> <p>Case scenarios on drug errors and adverse reaction management</p> <p>Group discussions on social and biological factors affecting drug efficacy.</p> <p>Community-based assignments (patient/family education).</p>	<p>OSCEs on drug administration (all routes).</p> <p>Written medical calculation tests.</p> <p>Case study presentations.</p> <p>Portfolio evidence (documentation, reflections).</p> <p>Quizzes on drug interactions and effects.</p> <p>Summative exam on pharmacokinetics in pregnancy.</p>	<p>Peate & Hamilton, <i>Fundamentals of Pharmacology</i> (2022).</p> <p>Raynor & Marshall, <i>Myles Textbook for Midwives</i> (2020).</p> <p>WHO safe administration guidelines.</p> <p>National protocols on prescribing & drug safety.</p> <p>Hospital medication charts and reporting tools.</p>
2.2. Practice effective communication with patients about medication use, benefits, side effects.						
2.3. Educate women/families on use of medications during perinatal period.						



Module 12: **Supporting Healthy labour and Childbirth**

This module has four learning units

Unit 1: Principles of Respectful Care, Legal and Ethical Midwifery Care

Unit 2: Pre-Labour Assessment

Unit 3: Stages of Labour

Unit 4: Trauma and Pain Management During Labour

Number of credits: 28, equivalent to 280 hours

- **Theory: 70**
- **Practice: 210 hours (a) Simulation/Skills Lab: 30 hours (b) Clinical placement: 180 hours**

Note: 180 Clinical hours will be covered in clinical attachment 2

Purpose Statement:

This module will equip learners with the theoretical knowledge required to care for women during normal labour and birth. Learners will learn to recognize the stages of labour and to understand the rationale for midwifery procedures. An introduction to the complications of labour and birth will enable learners to identify when deviations from normal occur and to refer appropriately. Learners will explore ways in which to support women to have a respected and positive birth experience and gain knowledge and skills in monitoring fetal heart rates during labour and birth.

Learning Outcomes

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

1. Evaluate and interpret the signs and symptoms of all stages of labour.
2. Conduct and interpret fetal heart rate assessments during labour and birth.
3. Describe the boundaries of normal labour and birth processes.
4. Provide effective, respectful, and safe care for women at each stage of labour and birth.
5. Administer pharmacological pain relief appropriately during labour.
6. Manage common complications in labour and birth.
7. Perform effective repair techniques for first- and second-degree perineal tears.
8. Interpret legal and ethical considerations related to respectful and disrespectful care.
9. Document all stages of labour and birth accurately, respectfully, and safely.
10. Inform the woman and her family about planned care and procedures at each stage.
11. Apply principles of respectful, consensual, and gentle vaginal examinations and other procedures.
12. Communicate efficiently and compassionately with women, their families, and healthcare team members.

Competency 12: Provide safe, respectful, compassionate and effective Midwifery Care to transform a Woman's life.

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Principles of Respectful Care, Legal and Ethical Midwifery Care: 10 hours						
1.1. Describe effective, respectful and safe care for women at each stage of labour and birth.	<ul style="list-style-type: none"> Explain the concepts of respectful care, global standards (ICM, WHO, UNFPA), maternity charters, legal/ethical frameworks 	<p>Create a safe environment, protect privacy/confidentiality, apply informed consent</p>	<ul style="list-style-type: none"> Value inclusivity, empathy, and women's rights; maintain professional ethical standards 	<ul style="list-style-type: none"> Reading, PowerPoint preparation, peer-to-peer learning (Think-Pair-Re-pair), flipped classroom, brainstorming, summarizing readings 	<p>Written assignments, essays, classroom presentations, peer and facilitator feedback; portfolio collection</p>	<p>ICM Respectful Maternity Care Toolkit; White Ribbon Alliance Charter; Laerdal Global Health; Global Health Media videos</p>
1.2. Interpret legal and ethical aspects of respectful and disrespectful care						
Learning Unit 2: Pre-labour Assessment: 30 hours						
2.1. Evaluate the signs and symptoms of all stages of labour.	<ul style="list-style-type: none"> Anatomy and physiology in pregnancy; normal vs abnormal labour parameters; policies for ruptured membranes; rationale for vaginal exams 	<ul style="list-style-type: none"> Conduct assessments of women in early labour; perform vaginal exams with informed consent; record findings accurately; provide education and counselling 	<ul style="list-style-type: none"> Respect patient autonomy, maintain dignity, communicate effectively, reduce trauma and fear 	<ul style="list-style-type: none"> Role plays, simulation and skills lab practice, brainstorming, presentations, flipped learning, summarizing reading resources 	<p>OSCEs, skills lab demonstrations, written reflection, logbook entries</p>	<p>WHO Pregnancy, Childbirth, Postpartum and Newborn Care Guide; Safe Delivery App; Global Health Media videos; Laerdal Global Health</p>
2.2. Document effectively, respectfully and safely the care process.						
2.3. Inform the family and women of care at each stage.						
2.4. Explain principles of respectful vaginal exams and other procedures						

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Stages of Labour: 30 hours						
3.1. Evaluate signs and symptoms of all stages of labour.	<ul style="list-style-type: none"> Phases of labour, fetal monitoring, maternal and fetal physiology, partograph use, third and fourth stage management, neonatal care (APGAR, golden hour) 	<ul style="list-style-type: none"> Assess labour stages; monitor maternal and fetal parameters; support maternal positions; perform initial neonatal care; assist or perform perineal repair under supervision 	<ul style="list-style-type: none"> Demonstrate empathy, respect, and vigilance; maintain professional communication and transparency; ensure safety 	Role plays, practical simulation, clinical observation, presentations, brainwriting, summarizing readings	OSCE, clinical skills assessment, logbook review, portfolio evaluation	WHO Labour Care Guide; Global Health Media videos; Laerdal Global Health; Country-specific health information systems
3.2. Conduct and interpret fetal heart rate assessment						
3.3. Recognize boundaries of normal labour and birth.						
3.4. Identify effective repair techniques for first- and second-degree perineal tears						
Learning Unit 4: Trauma and Pain Management During Labour: 30 hours						
4.1. Administer drugs for pain relief.	<ul style="list-style-type: none"> Pain management pharmacology, complications of labour (pre-eclampsia, malpresentation, PPH, fetal distress), perineal trauma assessment and repair 	<ul style="list-style-type: none"> Administer analgesia, manage complications, perform suturing of perineal tears, monitor maternal vital signs, manage IV/CTG setups 	<ul style="list-style-type: none"> Demonstrate professional care under stress, ensure patient comfort and informed choice, maintain hygiene 	Simulation and skills lab, role play, clinical observation, presentations, brainwriting, practical demonstration	OSCE, clinical assessment, reflexive accounts, logbook entries, practical demonstration scoring	Global Health Media videos on perineal repair; WHO Pregnancy and Childbirth Guide; Laerdal Global Health; clinical guidelines
4.2. Manage common complications during labour and birth.						
4.3. Identify effective repair techniques for first- and second-degree perineal tears						



Module 13: Supporting Healthy Post-Partum

This module has five learning units

Unit 1: Care in Post-Partum Period

Unit 2: Maternal Mental Health

Unit 3: Immediate Care of the Newborn

Unit 4: Ongoing Care of the Neonate

Unit 5: Applied Pharmacology in Post-Partum

Number of credits: 29, equivalents to 290 hours

- **Theory: 100**
- **Practice: 190 hours (a) Simulation/Skills Lab: 50 hours (b) Clinical placement: 140 hours**

Note: 140 Clinical hours will be covered in clinical attachment 2

Purpose Statement:

This module aims to equip learners with the essential knowledge and skills to support women, their infants, and their families in transitioning safely from birth through the early post-partum period, up to 6 weeks. The primary focus is on providing women- and family-centered care that promotes early breastfeeding initiation and bonding, thereby protecting the critical early days of the mother-baby.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate correct procedures for immediate newborn care, including drying, stimulating, ensuring airway patency, initiating skin-to-skin contact, and supporting early breastfeeding, in accordance with WHO and national guidelines
2. Demonstrate the ability to provide safe, comprehensive, and holistic postnatal care for a healthy woman.
3. Apply knowledge and skills to promote exclusive breastfeeding and support healthy nutrition and lifestyle choices for post-partum women.
4. Conduct thorough and accurate health assessments of newborns to ensure early detection of deviations from normal.
5. Monitor physiological and psychological changes in post-partum women, identifying and managing common complications effectively.
6. Demonstrate competence in providing emergency obstetric and newborn care in critical situations.
7. Apply safe and evidence-based pharmacological management during the post-partum period for both women and newborns.
8. Provide woman-centered and infant care that is respectful, inclusive, and culturally sensitive, while fostering collaboration with families and health-care teams.
9. Respond promptly and appropriately to complications that arise in the post-partum period, ensuring timely referral to higher levels of care.

Competency 13: Provide high-quality care to women and their newborns in the early days post birth and initiate positive mothering experiences					
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Methods	Resources
Learning unit 1: Care in Post-Partum Period (35 Hours)					
<p>1.1. Demonstrate correct procedures for immediate newborn care, including drying, stimulating, ensuring airway patency, initiating skin-to-skin contact, and supporting early breastfeeding, in accordance with WHO and national guidelines</p> <p>1.2. Provide postnatal care for the healthy woman.</p> <p>1.2 Support breastfeeding & nutrition.</p> <p>1.3. Monitor changes & manage complications.</p> <p>1.4 Provide respectful, inclusive care.</p>	<ul style="list-style-type: none"> Describe physiological and emotional changes during puerperium. Explain BUBBLE assessment. Analyze deviations from normal postpartum recovery. Evaluate discharge plans & continuity of care. 	<ul style="list-style-type: none"> Perform systematic postpartum assessment. Apply protocols for danger sign detection. Demonstrate comfort measures and pain relief. Integrate early breastfeeding initiation into care. 	<ul style="list-style-type: none"> Respect dignity, privacy, and cultural values. Value shared decision-making in care planning. Model respectful maternity care. Advocate for women's rights and safe discharge. 	<ul style="list-style-type: none"> OSCE (postpartum assessment) Simulation checklist Written quiz Portfolio review Reflective journal 	<p>WHO Postnatal Care 2023</p> <p>ACOG Optimizing Postpartum Care 2023</p> <p>CDC Postpartum Care 2023</p> <p>RCOG 2023 Guidelines</p>
Learning Unit 2: Maternal Mental Health (10 Hours)					
<p>2.1. Recognize/respond to postpartum complications.</p> <p>2.2 Provide respectful, comprehensive care.</p>	<ul style="list-style-type: none"> Identify normal vs. abnormal emotional adaptations. Explain psychosocial assessment principles. Differentiate risks for PPD, anxiety, and GBV. Evaluate referral needs. 	<ul style="list-style-type: none"> Conduct trauma-informed mental health screening. Apply counselling skills for new mothers. Document and refer cases appropriately. 	<ul style="list-style-type: none"> Demonstrate empathy and active listening. Value confidentiality and cultural sensitivity. Support maternal bonding and family engagement. Reflect on your own biases to ensure non-judgmental care. 	<ul style="list-style-type: none"> Role play (counselling) Case study analysis Reflective journal Assignment Rubric-based evaluation 	<p>Gressier et al. 2019</p> <p>Austin et al. 2021</p> <p>Hahn-Holbrook 2018</p> <p>Meltzer-Brody 2018</p> <p>Robertson-Blackmore 2020</p>

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Methods	Resources
Learning unit 3: Care for the Newborn (55 Hours)					
3.1. Conduct safe newborn assessment.	<ul style="list-style-type: none"> Recall neonatal physiology & reflexes. Explain thermoregulation & golden minute principles. 	<ul style="list-style-type: none"> Perform head-to-toe newborn examination. Demonstrate resuscitation & stabilization techniques. 	<ul style="list-style-type: none"> Value newborn rights and safety. Promote transparency and parent inclusion 	<ul style="list-style-type: none"> OSCE (newborn exam & resuscitation) Simulation lab evaluation 	WHO Newborn Care 2021
3.2. Support breastfeeding & nutrition.	<ul style="list-style-type: none"> Interpret newborn assessment findings. 	<ul style="list-style-type: none"> Apply growth monitoring and immunization protocols. 	<ul style="list-style-type: none"> Model family-centered care. 	<ul style="list-style-type: none"> Case studies 	AAP Guidelines 2021
3.3. Manage emergency newborn care.	<ul style="list-style-type: none"> Critique abnormal findings & management pathways. 	<ul style="list-style-type: none"> Communicate findings clearly with families. 	<ul style="list-style-type: none"> Advocate for evidence-based neonatal practices. 	<ul style="list-style-type: none"> Peer feedback Reflective journal Portfolio evidence 	CDC Newborn Safety 2021 Lee et al. 2019
Learning unit 4: Ongoing Care of the Neonate (40 Hrs.)					
4.1. Provide respectful, comprehensive, inclusive newborn care & parental education.	<ul style="list-style-type: none"> Describe infection prevention, safe sleep, jaundice recognition. Interpret WHO growth charts. Compare normal vs. pathological newborn behaviours. Evaluate cultural practices in newborn care. 	<ul style="list-style-type: none"> Demonstrate newborn hygiene techniques (eye, mouth, skin, diaper). Educate parents on feeding cues and safe sleeping. Apply immunization and newborn screening protocols. Record growth and follow-up data. 	<ul style="list-style-type: none"> Respect cultural practices while challenging harmful traditions. Encourage parental confidence and self-efficacy. Promote family bonding. Advocate for child rights and safe environments. 	<ul style="list-style-type: none"> OSCE (parental teaching & hygiene demo) Simulation checklist Assignment Peer review Portfolio 	WHO Newborn Care 2021 AAP 2021 Rwanda Immunization Guidelines
Learning unit 5: Applied Pharmacology in Post-Partum (10 Hrs)					
5.1. Apply pharmacological management in postpartum.	<ul style="list-style-type: none"> Recall pharmacokinetics/dynamics in postpartum. List common drugs (analgesics, antibiotics, uterotonics). 	<ul style="list-style-type: none"> Administer safe dosages of postpartum medications. Monitor patients for side effects. Counsel mothers on drug use during breastfeeding. Apply pain management strategies. 	<ul style="list-style-type: none"> Demonstrate accountability in prescribing. Respect patient autonomy and informed choice. Value patient education. Promote adherence and safety. 	<ul style="list-style-type: none"> Quiz (pharmacology) OSCE (drug administration) Case study problem-solving Simulation checklist Reflective journal 	Briggs et al. 2017 Hale 2017 ACOG 2020 WHO PPH 2013
5.2. Manage side effects of drugs.	<ul style="list-style-type: none"> Analyze drug safety in lactation. Evaluate interactions & contraindications. 				



Module 14: Clinical Placement 2: Supporting Healthy Labour and Birth + Supporting Healthy Post-Partum)

This Module has two learning Units

Unit 1: Supporting Healthy Labour and Childbirth

Unit 2: Supporting healthy post-partum

Number of Credits: 32, equivalent to 320 Hours

- **Theory: 0 Hours**
- **Practice: 320 Hours (a) Simulation/Skills Lab: 0 hours (b) Clinical placement: 320 hours**

Purpose statement

This module is designed to immerse learners in both labour/birth and postnatal care environments, enabling them to develop comprehensive competencies in supporting women and newborns. Learners engage directly with registered midwives and other birth attendants, gaining hands-on experience in managing both normal and complex childbirth situations. Through this exposure, they strengthen their ability to apply theoretical knowledge to practice, particularly in relation to maternal physiological and psychological adaptations after birth. The module emphasizes the delivery of safe, respectful, and inclusive midwifery care that upholds dignity, promotes family involvement, and responds effectively to diverse needs.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Assess fetal well-being during Labor and Birth.
2. Demonstrate respectful, gentle, and consensual vaginal examinations and other physical procedures.
3. Perform effective repair techniques for first- and second-degree perineal tears.
4. Provide effective and safe care for women during labour and birth in line with professional, legal, and ethical standards.
5. Collaborate and communicate effectively with colleagues, women, families, and health-care teams.
6. Provide care to women and infants that is respectful, comprehensive, and inclusive.
7. Recognize complications during labour and birth and refer appropriately.
8. Respond appropriately when complications arise in the post-partum period.
9. Deliver midwifery care that reflects sound knowledge of physical, psychological, and social changes in women during the post-partum period.
10. Facilitate initiation and maintenance of exclusive breastfeeding practices, where possible and desired by the mother.
11. Conduct safe and effective newborn health assessments.
12. Detect, treat, and stabilize postnatal complications in women, and respond to emergency situations using emergency obstetric and newborn care (EmONC) skills.

Competency 14: Provide safe, respectful and effective midwifery care and providing high-quality care to women and their newborns in the early days' post birth to initiate positive mothering experience						
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Clinical learning unit 1: Supporting Healthy Labour and Childbirth (180 hrs, Five weeks)						
1.1. Apply principles of women's rights and privacy during labour and birth.	<ul style="list-style-type: none"> Describe physiological changes during labour. Explain WHO labour and birth standards. Identify fetal lie, position, and station. Summarize labour stages and maternal adaptations. Recognize principles of privacy, consent and respectful care. Outline multidisciplinary team roles. 	<ul style="list-style-type: none"> Create a welcoming, safe labour environment. Demonstrate privacy and confidentiality. Conduct vaginal examination using aseptic technique. Palpate fetal lie, position, descent. Auscultate fetal heart using Pinard stethoscope and Doppler. Monitor maternal vital signs (BP, HR, Temp) and labour progress. Document findings accurately in partograph/ logbook. Recognize complications: dystocia, fetal distress, hemorrhage. Refer appropriately when complications arise. Repair first- and second-degree perineal tears using aseptic suturing. Initiate immediate skin-to-skin contact and bonding post-birth. 	<ul style="list-style-type: none"> Demonstrate professionalism, compassion, and respect. Maintain confidentiality and patient dignity. Display accountability, self-confidence, and ethical responsibility. Collaborate effectively within multidisciplinary teams. 	<ul style="list-style-type: none"> Supervised clinical placement in hospital/community. Demonstrations of technical skills (vaginal exams, palpation, auscultation, perineal repair). Health education and counselling sessions with woman/family. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<ul style="list-style-type: none"> Formative Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professionalism. Summative: End-of-unit integrated assessment (56% of module weight). 	<ul style="list-style-type: none"> Clinical protocols Labour and birth guidelines Partograph and monitoring tools E-portfolio & logbook Clinical performance rubrics
1.2. Communicate efficiently with woman/family about progress of labour and birth.						
1.3. Provide safe and effective midwifery care during labour and birth as per WHO standards.						
1.4. Establish a midwifery care plan for women in labour and birth stage.						

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Clinical learning unit 2: Supporting healthy post-partum (140 hrs, 4 Weeks)						
2.1. Apply understanding of adaptations of woman and infant in early post-partum.	<ul style="list-style-type: none"> Describe maternal physiological and psychosocial changes post-partum. Explain neonatal adaptation and development. Identify normal vs. abnormal lochia, uterine involution, and vital signs. Summarize breastfeeding physiology, attachment, and positioning. Recognize post-partum complications (PPH, infection, mastitis). Outline national immunization schedule and postnatal guidelines. 	<ul style="list-style-type: none"> Prepare a safe and supportive post-partum environment. Measure/ Monitor maternal vitals, fundal height, and lochia. Conduct full newborn assessment (APGAR, weight, length, head circumference, reflexes). Support breastfeeding: attachment, positioning, suck/swallow coordination. Provide evidence-based comfort measures (perineal care, pain relief). Educate mother/family on infant formula preparation and hygiene. Recognize complications (post-partum hemorrhage, neonatal jaundice) and refer. Facilitate maternal-newborn bonding and early attachment. Document findings accurately in clinical records/logbook. 	<ul style="list-style-type: none"> Demonstrate empathy, inclusivity, and professionalism. Maintain confidentiality. Exhibit accountability, self-confidence, and ethical responsibility. Collaborate with multidisciplinary team for maternal and neonatal care. 	<ul style="list-style-type: none"> Supervised clinical placement Demonstrations of technical skills: fundal assessment, lochia evaluation, newborn assessment, breastfeeding support. Health education and counselling sessions. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<p>Formative</p> <p>Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professionalism.</p> <p>Summative:</p> <p>End-of-unit integrated assessment (44% of module weight).</p>	<ul style="list-style-type: none"> Clinical protocols Post-partum and newborn care guidelines Breastfeeding manuals E-portfolio & logbook Clinical performance rubrics
2.2. Demonstrate principles of respectful, inclusive midwifery care.	<ul style="list-style-type: none"> Describe maternal physiological and psychosocial changes post-partum. Explain neonatal adaptation and development. Identify normal vs. abnormal lochia, uterine involution, and vital signs. Summarize breastfeeding physiology, attachment, and positioning. Recognize post-partum complications (PPH, infection, mastitis). Outline national immunization schedule and postnatal guidelines. 	<ul style="list-style-type: none"> Prepare a safe and supportive post-partum environment. Measure/ Monitor maternal vitals, fundal height, and lochia. Conduct full newborn assessment (APGAR, weight, length, head circumference, reflexes). Support breastfeeding: attachment, positioning, suck/swallow coordination. Provide evidence-based comfort measures (perineal care, pain relief). Educate mother/family on infant formula preparation and hygiene. Recognize complications (post-partum hemorrhage, neonatal jaundice) and refer. Facilitate maternal-newborn bonding and early attachment. Document findings accurately in clinical records/logbook. 	<ul style="list-style-type: none"> Demonstrate empathy, inclusivity, and professionalism. Maintain confidentiality. Exhibit accountability, self-confidence, and ethical responsibility. Collaborate with multidisciplinary team for maternal and neonatal care. 	<ul style="list-style-type: none"> Supervised clinical placement Demonstrations of technical skills: fundal assessment, lochia evaluation, newborn assessment, breastfeeding support. Health education and counselling sessions. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<p>Formative</p> <p>Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professionalism.</p> <p>Summative:</p> <p>End-of-unit integrated assessment (44% of module weight).</p>	<ul style="list-style-type: none"> Clinical protocols Post-partum and newborn care guidelines Breastfeeding manuals E-portfolio & logbook Clinical performance rubrics
2.3. Identify complex post-partum cases.	<ul style="list-style-type: none"> Describe maternal physiological and psychosocial changes post-partum. Explain neonatal adaptation and development. Identify normal vs. abnormal lochia, uterine involution, and vital signs. Summarize breastfeeding physiology, attachment, and positioning. Recognize post-partum complications (PPH, infection, mastitis). Outline national immunization schedule and postnatal guidelines. 	<ul style="list-style-type: none"> Prepare a safe and supportive post-partum environment. Measure/ Monitor maternal vitals, fundal height, and lochia. Conduct full newborn assessment (APGAR, weight, length, head circumference, reflexes). Support breastfeeding: attachment, positioning, suck/swallow coordination. Provide evidence-based comfort measures (perineal care, pain relief). Educate mother/family on infant formula preparation and hygiene. Recognize complications (post-partum hemorrhage, neonatal jaundice) and refer. Facilitate maternal-newborn bonding and early attachment. Document findings accurately in clinical records/logbook. 	<ul style="list-style-type: none"> Demonstrate empathy, inclusivity, and professionalism. Maintain confidentiality. Exhibit accountability, self-confidence, and ethical responsibility. Collaborate with multidisciplinary team for maternal and neonatal care. 	<ul style="list-style-type: none"> Supervised clinical placement Demonstrations of technical skills: fundal assessment, lochia evaluation, newborn assessment, breastfeeding support. Health education and counselling sessions. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<p>Formative</p> <p>Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professionalism.</p> <p>Summative:</p> <p>End-of-unit integrated assessment (44% of module weight).</p>	<ul style="list-style-type: none"> Clinical protocols Post-partum and newborn care guidelines Breastfeeding manuals E-portfolio & logbook Clinical performance rubrics
2.4. Manage complications of normal post-partum for woman and infant.	<ul style="list-style-type: none"> Describe maternal physiological and psychosocial changes post-partum. Explain neonatal adaptation and development. Identify normal vs. abnormal lochia, uterine involution, and vital signs. Summarize breastfeeding physiology, attachment, and positioning. Recognize post-partum complications (PPH, infection, mastitis). Outline national immunization schedule and postnatal guidelines. 	<ul style="list-style-type: none"> Prepare a safe and supportive post-partum environment. Measure/ Monitor maternal vitals, fundal height, and lochia. Conduct full newborn assessment (APGAR, weight, length, head circumference, reflexes). Support breastfeeding: attachment, positioning, suck/swallow coordination. Provide evidence-based comfort measures (perineal care, pain relief). Educate mother/family on infant formula preparation and hygiene. Recognize complications (post-partum hemorrhage, neonatal jaundice) and refer. Facilitate maternal-newborn bonding and early attachment. Document findings accurately in clinical records/logbook. 	<ul style="list-style-type: none"> Demonstrate empathy, inclusivity, and professionalism. Maintain confidentiality. Exhibit accountability, self-confidence, and ethical responsibility. Collaborate with multidisciplinary team for maternal and neonatal care. 	<ul style="list-style-type: none"> Supervised clinical placement Demonstrations of technical skills: fundal assessment, lochia evaluation, newborn assessment, breastfeeding support. Health education and counselling sessions. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<p>Formative</p> <p>Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professionalism.</p> <p>Summative:</p> <p>End-of-unit integrated assessment (44% of module weight).</p>	<ul style="list-style-type: none"> Clinical protocols Post-partum and newborn care guidelines Breastfeeding manuals E-portfolio & logbook Clinical performance rubrics
2.5. Promote breastfeeding and early newborn attachment.	<ul style="list-style-type: none"> Describe maternal physiological and psychosocial changes post-partum. Explain neonatal adaptation and development. Identify normal vs. abnormal lochia, uterine involution, and vital signs. Summarize breastfeeding physiology, attachment, and positioning. Recognize post-partum complications (PPH, infection, mastitis). Outline national immunization schedule and postnatal guidelines. 	<ul style="list-style-type: none"> Prepare a safe and supportive post-partum environment. Measure/ Monitor maternal vitals, fundal height, and lochia. Conduct full newborn assessment (APGAR, weight, length, head circumference, reflexes). Support breastfeeding: attachment, positioning, suck/swallow coordination. Provide evidence-based comfort measures (perineal care, pain relief). Educate mother/family on infant formula preparation and hygiene. Recognize complications (post-partum hemorrhage, neonatal jaundice) and refer. Facilitate maternal-newborn bonding and early attachment. Document findings accurately in clinical records/logbook. 	<ul style="list-style-type: none"> Demonstrate empathy, inclusivity, and professionalism. Maintain confidentiality. Exhibit accountability, self-confidence, and ethical responsibility. Collaborate with multidisciplinary team for maternal and neonatal care. 	<ul style="list-style-type: none"> Supervised clinical placement Demonstrations of technical skills: fundal assessment, lochia evaluation, newborn assessment, breastfeeding support. Health education and counselling sessions. Reflection, case discussions, pre-briefing and debriefing. Maintain clinical logbook and e-portfolio for competency tracking. 	<p>Formative</p> <p>Daily preceptor assessment via logbook/e-portfolio; checklist for technical skills and professionalism.</p> <p>Summative:</p> <p>End-of-unit integrated assessment (44% of module weight).</p>	<ul style="list-style-type: none"> Clinical protocols Post-partum and newborn care guidelines Breastfeeding manuals E-portfolio & logbook Clinical performance rubrics

CLINICAL PLACEMENT 2, YEAR II, SEMESTER I: ASSESSMENT CHECKLIST

Student Name:
 Year 2 Semester 1:
 Preceptor Name:
 Clinical Site:
 Date:

Instructions for Preceptors:

- Observe and evaluate the student’s performance for each skill during Clinical Placement.
- Use the scoring system:
 - 1 – Not Demonstrated**
 - 2 – Partially Demonstrated**
 - 3 – Competently Demonstrated**
 - 4 – Exceeds Expectations**
- Provide comments and feedback for each domain.

Supporting Healthy Labour and ChildBirth

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates holistic, woman-centred care during labour	<input type="checkbox"/>		
Applies principles of women’s rights, privacy, and informed consent	<input type="checkbox"/>		
Creates a safe and welcoming labour environment	<input type="checkbox"/>		
Conducts vaginal examination using aseptic technique	<input type="checkbox"/>		
Palpates fetal lie, position, and descent accurately	<input type="checkbox"/>		
Auscultates fetal heart using Pinard/Doppler correctly	<input type="checkbox"/>		
Monitors maternal vital signs and labour progress	<input type="checkbox"/>		
Recognizes complications and initiates referral	<input type="checkbox"/>		
Repairs perineal tears aseptically	<input type="checkbox"/>		
Initiates skin-to-skin contact and bonding	<input type="checkbox"/>		
Documents findings accurately in partograph/logbook	<input type="checkbox"/>		
Communicates effectively with woman and family	<input type="checkbox"/>		
Collaborates effectively with multidisciplinary team	<input type="checkbox"/>		

Supporting Healthy Post-Partum

Skill / Competency	Observed (☑)	Score (1-4)	Comments
Demonstrates holistic, woman- and family-centred post-partum care	<input type="checkbox"/>		
Maintains confidentiality and ethical responsibility	<input type="checkbox"/>		
Prepares safe and supportive post-partum environment	<input type="checkbox"/>		
Measures and monitors maternal vitals, fundus, and lochia accurately	<input type="checkbox"/>		
Conducts full newborn assessment (APGAR, weight, length, reflexes)	<input type="checkbox"/>		
Supports breastfeeding: positioning, attachment, suck/swallow coordination	<input type="checkbox"/>		
Provides evidence-based comfort measures	<input type="checkbox"/>		
Educates mother/family on safe infant feeding and hygiene	<input type="checkbox"/>		
Facilitates maternal-newborn bonding and early attachment	<input type="checkbox"/>		
Recognizes post-partum complications and initiates referral	<input type="checkbox"/>		
Documents findings accurately in clinical records/logbook	<input type="checkbox"/>		
Communicates effectively with mother and family	<input type="checkbox"/>		
Collaborates effectively with multidisciplinary team	<input type="checkbox"/>		

Preceptor/Supervisor Summary / Recommendations

Strengths :

Areas for Improvement:

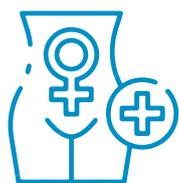
Overall Competency Rating:

- Competent**
- Partially Competent**
- Not Yet Competent**

Preceptor Name / Signature:

Date :

MIDWIFERY PROGRAM DESCRIPTION YEAR II, SEMESTER II: BACHELOR'S OF SCIENCE



Module 15: Sexual and Reproductive Health

This Module has four learning units

Unit 1: Gender Equality, Non-Biased Care, and Sexual and Reproductive Health and Rights

Unit 2: Fertility and Sexual Reproductive Health

Unit 3: Sexually Transmitted Infections, and Humanitarian Crises and Reproductive Health

Unit 4: Comprehensive Abortion Care

Number of credits: 25, equivalent to 250 hours

- **Theory: 120 Hours**
- **Practice: 130 hours (a) Simulation 20 hours (b) Clinical placement: 110 hours**

Note: 110 Clinical hours will be covered in clinical attachment 3

Purpose statement

This module explores sexual and reproductive health across the lifespan, emphasizing midwifery care, advocacy, and the protection of sexual and reproductive health rights. Learners will engage in a clinical practicum to develop competencies in family planning, contraception, health screenings, and treatment referrals for conditions such as cervical cancer, HIV, and STIs.

The module also trains learners in health literacy to educate women, adolescents, and their partners on healthy sexual behaviours. Additionally, it examines the impacts of pandemics, humanitarian crises, and environmental challenges on sexual and reproductive health, preparing learners to provide evidence-based guidance.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Appraise the significance of protecting a woman's sexual and reproductive health and rights, including providing non-biased midwifery care.
2. Analyse how global and national guidelines regarding gender-based violence (GBV) impact midwifery care.
3. Outline the efficacy and side effects of contraception options.
4. Provide family planning services.
5. Identify common sexual and reproductive health conditions and treatment options.
6. Demonstrate how to provide respectful and age-appropriate sexual health care to adolescents.
7. Demonstrate effective and respectful cervical screening techniques.
8. Describe the role of the midwife in communicating and supporting public health orders to women and families during pandemics and humanitarian crises.
9. Evaluate the significance of providing empathetic, evidence-based counselling to women wishing to discontinue their pregnancy.
10. Provide care for women who experience physical and sexual violence and abuse.



Competency 15: Protect a woman's or adolescent's sexual and reproductive rights by providing evidence-based care and information, tailored to suit the individual's specific needs

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Gender Equality, Non-Biased Care, and SRHR (10 Hours)						
1.1. Appraise women's sexual and reproductive health and rights (SRHR)	<ul style="list-style-type: none"> Define SRHR concepts, explain CEDAW & SDGs 	<ul style="list-style-type: none"> Apply SRHR guidelines in practice 	<ul style="list-style-type: none"> Respect women's rights, advocate equity 	Interactive lecture, case discussion	Formative: short quizzes; Summative: MCQ/SAQ	UN conventions, Rwanda SRHR policy
1.2. Analyse global and national GBV guidelines	<ul style="list-style-type: none"> Interpret GBV guidelines, analyse their application in Rwanda 	<ul style="list-style-type: none"> Apply trauma-informed care, demonstrate screening 	<ul style="list-style-type: none"> Empathise with survivors, uphold confidentiality 	Case studies, role play, group work	Formative: role play feedback; Summative: OSCE on GBV response	Rwanda GBV guidelines, WHO protocols
1.3. Demonstrate respectful, non-biased care	<ul style="list-style-type: none"> Summarise respectful maternity care principles 	<ul style="list-style-type: none"> Demonstrate respectful interaction, communicate effectively 	<ul style="list-style-type: none"> Show empathy, reject discrimination 	Simulation, reflective journaling	Summative: OSCE, reflective essay	Respectful Maternity Care Charter

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 2: Fertility and Sexual Reproductive Health (15 hrs)						
2.1. Outline efficacy & side effects of contraceptives	<ul style="list-style-type: none"> Classify methods, explain mechanisms, analyse risks/benefits 	<ul style="list-style-type: none"> Demonstrate counselling on choice & side effects 	<ul style="list-style-type: none"> Respect autonomy, support informed decision 	Demonstration, peer teaching, contraceptive kit practice	Formative: case vignettes; Summative: OSCE counselling	WHO Family Planning Handbook
2.2. Provide family planning services	<ul style="list-style-type: none"> Explain protocols for short- & long-acting methods 	<ul style="list-style-type: none"> Insert and remove devices (simulation), administer injectables 	<ul style="list-style-type: none"> Ensure confidentiality, maintain professionalism 	Simulation lab, role play	Summative: OSCE, logbook	Family planning models, national guidelines
2.3. Identify menstrual disorders, infertility, menopause	<ul style="list-style-type: none"> Describe excessive bleeding, PCOS, endometritis, menopause symptoms 	<ul style="list-style-type: none"> Screen cases, refer appropriately 	<ul style="list-style-type: none"> Show empathy, reduce stigma 	Case-based learning, clinical practicum	Summative: SAQ/OSCE on case recognition	Gynecology manuals, MoH protocols
2.4. Provide adolescent SRH services	<ul style="list-style-type: none"> Explain adolescent development, risks, confidentiality 	<ul style="list-style-type: none"> Provide age-appropriate counselling, use peer education 	<ul style="list-style-type: none"> Respect confidentiality, demonstrate cultural sensitivity 	Role play, group discussions	Formative: peer assessment; Summative: OSCE adolescent care	WHO Adolescent SRH toolkit
2.5. Perform cervical screening (VIA, Pap smear, HPV)	<ul style="list-style-type: none"> Interpret screening guidelines, explain HPV 	<ul style="list-style-type: none"> Demonstrate VIA, Pap smear, perform speculum exam respectfully 	<ul style="list-style-type: none"> Show gentleness, respect dignity 	Simulation, clinical skills lab	Summative: OSCE practical	Speculums, acetic acid, WHO HPV toolkit
2.6. Provide abortion counselling & care	<ul style="list-style-type: none"> Explain abortion laws, differentiate safe vs unsafe 	<ul style="list-style-type: none"> Perform MVA/ medical abortion (where legal), provide PAC 	<ul style="list-style-type: none"> Demonstrate empathy, adhere to ethics 	Simulation, values clarification exercises	Summative: OSCE abortion counselling	National abortion care protocol, PAC guidelines

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Sexually Transmitted Infections (STIs) & Humanitarian Crises (10Hrs)						
3.1. Identify and explain common STIs (Chlamydia, Gonorrhea, Herpes, Syphilis, Hepatitis B & C, Trichomoniasis, HIV/AIDS)	<ul style="list-style-type: none"> Define causes, explain transmission, analyse risk factors, summarise complications 	<ul style="list-style-type: none"> Screen patients, differentiate symptoms, counsel on testing & treatment 	<ul style="list-style-type: none"> Respect confidentiality, non-judgment, demonstrate empathy 	Interactive lectures, case-based learning	Formative: case scenarios; Summative: MCQ/SAQ	Rwanda STI guidelines, WHO STI protocols
3.2. Provide syndromic management & referral of STIs	<ul style="list-style-type: none"> Explain syndromic management approach 	<ul style="list-style-type: none"> Perform assessment, prescribe/refer per protocol, demonstrate counselling 	<ul style="list-style-type: none"> Adhere to ethical standards, promote respect 	Simulation, clinical practicum	Summative: OSCE syndromic management	Jhpiego STI manuals, clinical practice models
3.3. Demonstrate age-appropriate sexual health care (esp. adolescents)	<ul style="list-style-type: none"> Explain adolescent SRH needs 	<ul style="list-style-type: none"> Counsel adolescents with age-appropriate language 	<ul style="list-style-type: none"> Respect confidentiality, demonstrate cultural sensitivity 	Role play, group discussion	Formative: peer review; Summative: OSCE adolescent STI counselling	WHO Adolescent SRH toolkit
3.4. Apply infection prevention & control (IPC) in STI care	<ul style="list-style-type: none"> List universal precautions, explain rationale 	<ul style="list-style-type: none"> Apply PPE, demonstrate safe disposal, follow IPC protocols 	<ul style="list-style-type: none"> Commit to safety, model accountability 	Simulation, skills lab	Summative: OSCE IPC checklist	IPC manuals, PPE kits
3.5. Describe midwife's role in crises (pandemics, displacement, disasters)	<ul style="list-style-type: none"> Explain MISP, analyse crisis impact on SRHR 	<ul style="list-style-type: none"> Support SRHR services in camps, communicate public health orders 	<ul style="list-style-type: none"> Adapt to crises, advocate for vulnerable groups 	Group projects, scenario-based drills	Summative: scenario exam, reflective journal	UNFPA MISP, WHO humanitarian response guides

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 4: Comprehensive Abortion Care (Hours 8)						
4.1. Explain abortion laws & policies (Rwanda & global)	<ul style="list-style-type: none"> Interpret legal framework, differentiate safe vs unsafe abortion 	<ul style="list-style-type: none"> Apply legal guidelines in practice 	<ul style="list-style-type: none"> Respect women's rights, adhere to professional ethics 	Interactive lecture, values clarification exercise	Formative: reflective essay; Summative: MCQ/SAQ	Rwanda abortion law, WHO safe abortion guidelines
4.2. Provide safe abortion care (MVA, medical abortion where legal)	<ul style="list-style-type: none"> Describe indications, contraindications, protocols 	<ul style="list-style-type: none"> Perform MVA/ medical abortion in simulation, assist in clinical care 	<ul style="list-style-type: none"> Demonstrate empathy, maintain confidentiality 	Simulation lab, clinical practicum	Summative: OSCE on MVA/medical abortion	MVA kits, WHO abortion care manuals
4.3. Provide post-abortion care (PAC)	<ul style="list-style-type: none"> Explain PAC protocols, summarize counselling approaches 	<ul style="list-style-type: none"> Demonstrate PAC procedures, manage complications, refer appropriately 	<ul style="list-style-type: none"> Show compassion, support recovery 	Clinical rotation, case discussions	Summative: OSCE PAC; SAQ	National PAC guidelines
4.4. Provide empathetic, evidence-based counselling	<ul style="list-style-type: none"> Explain psychological and social aspects of unintended pregnancy 	<ul style="list-style-type: none"> Counsel women respectfully, refer for psychosocial support 	<ul style="list-style-type: none"> Demonstrate respect, empathy, non-judgment 	Role play, simulation	Formative: role play feedback; Summative: OSCE counselling	Counselling manuals, values clarification tools
4.5. Apply ethical decision-making & referral systems	<ul style="list-style-type: none"> summarize ethical principles, explain referral pathways 	<ul style="list-style-type: none"> Follow referral protocols, coordinate care 	<ul style="list-style-type: none"> Demonstrate integrity, protect confidentiality 	Seminar, debates	Summative: written exam, case-based OSCE	Rwanda MoH referral guidelines



Module 16: Perinatal Mental Health

This module has two Learning units

Unit 1: Perinatal Mental Health Assessment

Unit 2: Perinatal Mental Health Care

Number of credits: 7, equivalent to 70 hours

- **Theory: 55 hours**
- **Practice: 15 hours (a) Simulation /Skills Lab 15 hours (b) Clinical placement: 0 hours**

Purpose Statement

This module examines the physiological, social, psychological, and physical factors affecting women's mental health during the perinatal period. Learners will explore mental health changes related to pregnancy, post-partum, and parenting while providing coping support to individuals and couples. Key topics include the impact of stigma, harmful health-care practices, early identification of perinatal mental health issues, and appropriate referral pathways. Emphasis is placed on the connection between maternal mental health, newborn attachment, and early parenting. The module benefits expert guest speakers, such as clinical psychologists, maternal health specialists, and individuals with lived experience.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Identify signs, symptoms, and treatment options for perinatal mental health (PMH) conditions.
2. Demonstrate effective and empathetic communication skills in conducting a comprehensive psychosocial health assessment.
3. Assess the impact of poor maternal attachment on infant development and behaviour.
4. Critique how social determinants of health and experiences of violence and mistreatment impact a woman's risk of PMH conditions.
5. Determine the health status of a woman in Rwanda.
6. Explain the effects of stigma on a woman's experience of seeking support for mental health conditions.

Competency 15: Demonstrate Empathetic collaborative maternity care for women who are experiencing, or who are at risk of developing a perinatal mental health condition

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Perinatal Mental Health Assessment (38 Hours)						
<p>1.1. Assess the health status and well-being of women and infants.</p> <p>1.2. Screen for health risks in women and infants.</p> <p>1.3. Demonstrate promotion of general health and well-being of women and infants.</p>	<ul style="list-style-type: none"> Define perinatal mental health and common disorders. Explain prevalence (global/national) and impact on women, infants, families, and communities. Describe social, physical, economic, and cultural determinants affecting PMH. Recognize stigma, biases, and societal beliefs. Identify signs and symptoms of anxiety, depression, bipolar disorder, schizophrenia, substance abuse, puerperal psychosis, PTSD Understand suicidal ideation: thoughts, planning, lethality, means. Explain validated screening tools (EPDS, Kessler, national tools). 	<ul style="list-style-type: none"> Conduct comprehensive psychosocial assessments Screen for PMH issues and substance abuse. Identify strengths, protective factors, and risk factors including GBV. Use validated screening tools. Record, analyze, interpret findings. Apply supportive counselling and health education. 	<ul style="list-style-type: none"> Demonstrate empathy, active listening, and non-judgment. Maintain confidentiality. Exhibit cultural sensitivity and ethical responsibility. Promote patient-centered care. Collaborate with families and communities. 	<p>Self-directed readings and interactive resources.</p> <p>Role plays and simulations of psychosocial assessment.</p> <p>Discussions, debates, presentations, peer-to-peer learning.</p> <p>Flipped classroom activities.</p> <p>Skills lab: conducting psychosocial history, exploring risk factors, using screening tools, providing counselling</p>	<p>Reflection papers and peer assessments.</p> <p>Observation of simulation and skills lab performance.</p> <p>Portfolio assessment including essays and presentations.</p> <p>Checklists and scoring rubrics.</p>	<p>Perinatal Mental Health Project: https://pmhp.za.org/</p> <p>COPE: https://www.cope.org.au/health-professionals/fact-sheets/</p> <p>Global Alliance for Maternal Mental Health: https://maternalmentalhealthalliance.org/resources/</p> <p>Ward J. Feminist approaches: https://www.unwomen.org/en/digital-library/publications/2020/12/feminist-approaches-to-mental-health-care</p> <p>Maternal Health Network: https://www.maternalhealthnetwork.org/resources/basic-counseling-skills</p> <p>McNab SE et al., BMC Pregnancy Childbirth. 2022;22:342.</p>

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategy / Learning Activities	Assessment Methods	Resources
Perinatal Mental Health Care (32 Hours)						
2.1. Explain effects of stigma on seeking support.	<ul style="list-style-type: none"> Describe psychological first aid and principles (look, listen, link). 	<ul style="list-style-type: none"> Conduct comprehensive psychosocial health assessments 	<ul style="list-style-type: none"> Demonstrate compassion, ethical responsibility, professional boundaries. 	<ul style="list-style-type: none"> Self-directed readings and interactive resources. 	<ul style="list-style-type: none"> Reflection papers and peer assessments. 	<ul style="list-style-type: none"> Gajaria A, Ravindran A., Asian J Psychiatr. 2018;37:112–120.
2.2. Demonstrate empathetic communication for psychosocial assessment.	<ul style="list-style-type: none"> Explain empathetic and compassionate care, privacy, and confidentiality. 	<ul style="list-style-type: none"> Apply psychological first aid for acute distress. 	<ul style="list-style-type: none"> Maintain confidentiality and inclusive care. 	<ul style="list-style-type: none"> Role plays and simulation for psychosocial assessment and counselling. 	<ul style="list-style-type: none"> Observation during simulation and skills lab. 	<ul style="list-style-type: none"> Global Alliance for Maternal Mental Health: https://www.globalallianceformentalhealth.org/resources/
2.3. Determine the health status of a woman in Rwanda.	<ul style="list-style-type: none"> Understand inclusive care and community support networks. 	<ul style="list-style-type: none"> Use counselling skills including talking therapy and CBT/EMDR. 	<ul style="list-style-type: none"> Exhibit empathy and cultural sensitivity. 	<ul style="list-style-type: none"> Classroom discussions, debates, presentations, peer-to-peer learning. 	<ul style="list-style-type: none"> Portfolio evaluation of essays and classroom activities. 	<ul style="list-style-type: none"> WHO Guide for integration of PMH: https://www.who.int/news/item/19-09-2022-launch-of-the-who-guide-for-integration-of-perinatal-mental-health
2.4. Critique social determinants and experiences of violence impacting PMH risk.	<ul style="list-style-type: none"> Summarize referral pathways, collaborative networks, and country-specific support. Describe neonatal outcomes from untreated maternal PMH (premature birth, low birth weight, malnutrition, poor attachment, etc.). Recognize self-care strategies for midwives, stress management, reflection, prevention of burnout and vicarious trauma. 	<ul style="list-style-type: none"> Communicate empathetically with women and families. Assess maternal health and neonatal risk. Plan and coordinate referrals within midwifery scope. Implement self-care strategies. 	<ul style="list-style-type: none"> Collaborate with families and community networks. Promote resilience and reflective practice. 	<ul style="list-style-type: none"> Flipped learning activities. Skills lab: practicing screening tools, supportive counselling, referral planning. 	<ul style="list-style-type: none"> Checklist and scoring rubrics. 	



Module 17: Caring for Complex Pregnancy

This module has two learning Units:

Unit 1: Midwifery care in complex pregnancy

Unit 2: Pathophysiological disorders in pregnancy

Number of Credits: 21 equivalents to 210 hours.

- **Theory: 42 hours**
- **Practice: 168 hours (a) Simulation/Skills Lab.: 28 hours (b) Clinical placement: 140 hours**

Note: 140 Clinical hours will be covered in clinical attachment 3

Purpose statement

This module builds on previous clinical experience, focusing on identifying and managing complex pregnancies to prevent further complications. Emphasis is placed on understanding the anatomy and physiology of pregnancy, as well as recognizing and addressing perinatal mental health conditions such as antenatal depression and anxiety. Learners will create collaborative care pathways and provide respectful, evidence-based midwifery care aligned with hospital policies and current literature.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Manage maternal and fetal complications in pregnancy using evidence-based clinical guidelines, including assessment, treatment, stabilization, and referral.
2. Demonstrate effective and empathetic communication with women, families, and healthcare teams when caring for pregnancies complicated by maternal or fetal conditions.

Competency 17: Provide safe, effective care and support women and families in complex pregnancies

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Strategy & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Midwifery Care in Complex Pregnancy (45 hours)						
<p>1.1. Manage maternal and fetal complications in pregnancy, including treatment and management options</p> <p>1.2. Communicate effectively and empathetically with women, families and community groups who experience complications during pregnancy through inter-professional collaboration.</p>	<ul style="list-style-type: none"> Analyze global and national maternal and perinatal morbidity and mortality data. Interpret MPDSR reports and referral pathways. Explain anatomy and physiology of pregnancy. Describe aetiology, diagnosis, and management of miscarriage, ectopic and molar pregnancies, antepartum hemorrhage, genetic disorders, growth restrictions, multiple pregnancies, fetal death. Identify placental complications (previa, abruptio, accreta, abnormal cord insertion, succenturiate lobe, insufficiencies). Assess gynaecological conditions affecting pregnancy (fibroids, HPV, uterine malformations, ovarian cysts, uterine rupture, endometriosis, PID). 	<ul style="list-style-type: none"> Identify high-risk pregnancies. Conduct clinical examinations and fetal assessments. Monitor fetal growth and maternal complications. Create collaborative care plans. Provide empathetic communication and counselling. Use ultrasound technology to assess fetal health. 	<ul style="list-style-type: none"> Demonstrate empathy and respect in communication. Exhibit cultural sensitivity. Maintain professional and ethical conduct. Collaborate with healthcare teams and community networks. Show accountability and reflective practice. 	<ul style="list-style-type: none"> Case studies and role play. Simulation and skills lab practice. Brainwriting exercises on legal and ethical midwifery care. Presentations and classroom discussions. Clinical work in hospital/community settings. Summarizing indicative reading resources. 	<ul style="list-style-type: none"> OSCE in clinical and simulation settings. Quiz on theoretical knowledge. Logbook and portfolio assessment. Marking rubrics for practical skills. 	<ul style="list-style-type: none"> WHO. Managing complications in pregnancy and childbirth, 2017: https://www.who.int/publications/item/9789241545877 WHO. Antenatal care: positive pregnancy experience, 2016: https://www.who.int/publications/item/9789241549912 WHO. Preterm birth, 2018: https://www.who.int/news-room/fact-sheets/detail/preterm-birth Blackburn ST. Maternal, fetal and neonatal physiology, 5th ed. Raynor M, Marshall J. Myles textbook for midwives, 17th ed. Naughton S et al., Midwifery, 2021.

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Assessment Strategy & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Evaluate fetal movements and indications for concern. Apply guidelines for ultrasound use (cardiac/ kidney defects, amniotic fluid index, fetal lie). Examine psychosocial and psychosocial factors affecting pregnancy and their influence on maternal and fetal outcomes. 	<ul style="list-style-type: none"> Recognize obstetric and newborn emergencies and initiate appropriate first-line management, followed by timely referral according to clinical guidelines. Debrief and provide grief counselling. 				

Learning Unit 2: Pathophysiological Disorders in Pregnancy (25 hours)

<p>2.1. Identify maternal complications in pregnancy, including treatment and management options.</p>	<ul style="list-style-type: none"> Describe recurrent infections and maternal bacterial sepsis. Compare HIV and STI pathogens, transmission, screening, and treatment. Summarize vector-borne diseases and their implications for pregnancy. Explain endocrine and metabolic disorders: hyper/hypothyroidism, autoimmune, gestational diabetes, PCOS, cholestasis, hyperemesis. Analyze hypertensive disorders: gestational hypertension, pre-eclampsia, eclampsia. Interpret cardiovascular disorders: congenital, shunt/obstructive/complex lesions, cardiomyopathy, arrhythmias, murmurs. Assess respiratory disorders: asthma, viral pneumonia, SARS. Evaluate hematological disorders: anemia, thrombocytopenia, clotting disorders, sickle cell. Apply national and international guidelines for screening, diagnosis, and management. 	<ul style="list-style-type: none"> Perform maternal and fetal assessments. Conduct laboratory and bedside diagnostic procedures. Apply infection prevention and management protocols. Administer treatments per guidelines. Monitor maternal and fetal responses to therapy. Implement vector control measures and patient education. Collaborate with interdisciplinary teams. Use virtual and biomedical labs for simulation exercises. 	<ul style="list-style-type: none"> Demonstrate professionalism and ethical conduct. Exhibit empathy and patient-centered care. Maintain confidentiality. Practice evidence-based decision-making. Show accountability and interprofessional collaboration. 	<ul style="list-style-type: none"> Case studies and role play. Simulation and skills lab. Brainwriting on legal, ethical, and patient rights. Presentations and discussions. Clinical practice and lab exercises (virtual/biomedical). 	<ul style="list-style-type: none"> OSCE and quizzes on theoretical knowledge. Skills assessment in clinical and simulation labs. Portfolio/logbook documentation. Marking rubrics for practical and cognitive skills. 	<ul style="list-style-type: none"> Laerdal Global Health, Jhpiego. Pre-eclampsia: Helping Mothers Survive: https://hms.jhpiego.org/pre-eclampsia_eclampsia/ WHO Adolescent pregnancy, 2020: https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy WHO Guidelines for management of symptomatic STIs, 2021: https://www.who.int/publications/item/9789240024168
---	---	---	---	---	---	--



Module 18: Clinical Placement 3 (Sexual and Reproductive Health and Caring for Complex Pregnancy)

This Module has two learning units

Unit 1: Sexual and Reproductive Health and Midwifery Care

Unit 2: Caring for Complex Pregnancy

Number of credits: 25 equivalents to 250 Hours.

- **Theory: 0**
- **Practice: 250 hours (a) Simulation/Skills Lab: 0 hours (b) Clinical Placement: 250 hours**

Purpose statement

This module advances learners' application of theoretical knowledge from prior learning in Sexual and Reproductive Health, Midwifery Care, and the management of complex pregnancies. It provides a structured clinical practice where learners collaborate closely with registered midwives and other skilled birth personnel. Learning experiences occur in diverse clinical settings, including health facilities, community contexts, and youth-friendly services, allowing students to develop practical competencies in real-world scenarios, integrate evidence-based practices, and enhance their professional, ethical, and empathetic approach to maternal and reproductive healthcare.

Learning Outcomes

By the end of the module, the trainee will be able to:

1. Facilitate women in making informed decisions about their care and provide family planning counselling and services.
2. Uphold fundamental human rights, dignity, and non-discrimination in all aspects of midwifery care.
3. Assess health status, screen for risks, and promote overall well-being of women and infants.
4. Facilitate normal birth processes in various settings, including health facilities, communities, and women's homes.
5. Demonstrate effective interpersonal communication with women, families, health-care teams, and community groups.
6. Address complications in pregnancy by providing timely stabilization, initial care, and appropriate referral according to clinical guidelines.

Competency 18: Provide evidence-based care and information about sexual and reproductive rights; empowering individuals, families and communities to take charge of their own health and preventing complications and poor outcomes during pregnancy

Learning Outcomes	Knowledge	Skills / Techniques	Behaviour / Attitude	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 1: Sexual and Reproductive Health and Midwifery Care: 110 hours						
1.1. Provide care for women and adolescents seeking advice, treatment, and education on sexual and reproductive health issues, including family planning and sexual health screenings.	<ul style="list-style-type: none"> Explain evidence-based sexual and reproductive health issues. Compare contraceptive methods, efficacy, and side effects. Interpret STI identification, screening, and treatment protocols. Analyze psychosocial, GBV, and cultural factors influencing sexual health. 	<ul style="list-style-type: none"> Conduct comprehensive sexual and reproductive health history. Perform gentle and effective cervical screening. Administer and counsel on contraception (pills, injectables, implants, IUDs). Conduct STI screening (rapid tests) and interpret results. 	<ul style="list-style-type: none"> Demonstrate empathy, respect, and inclusivity. Maintain professionalism and ethical conduct. Uphold human rights and patient confidentiality. Exhibit patience, cultural sensitivity, and non-judgmental attitude. Practice accountability and reflective clinical practice. 	<ul style="list-style-type: none"> Clinical placement supervised by a preceptor. Logbook-based task completion and competency tracking Role plays on counselling, GBV inquiry, and contraception counseling. Peer discussions and reflective journaling. Case-based learning for ethical and cultural dilemmas. Demonstration of cervical screening techniques on models/simulators. Debriefing and feedback sessions. 	<ul style="list-style-type: none"> Daily formative assessment via preceptor evaluation and logbook review. Reflective journals and e-portfolio entries. Competency checklists for professionalism, technical skills, and patient interaction. Observation of patient-centered communication. Objective Structured Clinical Examination (OSCE) for selected skills. 	<ul style="list-style-type: none"> Clinical protocols. WHO and national SRH guidelines. Simulation models for cervical screening and contraceptive techniques. Theoretical module resources and evidence-based references. Patient education materials and counseling guides.
1.2. Demonstrate understanding of sexual and reproductive health experiences to support women across their lifespan.	<ul style="list-style-type: none"> Apply patient confidentiality, privacy, and ethical principles. Evaluate midwifery continuity of care model. Design effective health education strategies for adolescents and women. 	<ul style="list-style-type: none"> Provide sensitive inquiry and support for GBV survivors. Deliver evidence-based health education to patients and families. Accurate documentation of clinical findings and care plans. 				
1.3. Demonstrate respectful, compassionate, non-discriminatory and inclusive midwifery care.	<ul style="list-style-type: none"> Document and report clinical findings accurately. 	<ul style="list-style-type: none"> Demonstrate patient-centered communication techniques (active listening, motivational interviewing). 				

Learning Outcomes	Knowledge	Skills / Techniques	Behaviour / Attitude	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 2: Caring for Complex Pregnancy: 140 hours						
2.1. Identify potential and existing complications in pregnancy	<ul style="list-style-type: none"> Identify maternal and fetal complications (miscarriage, ectopic pregnancy, antepartum hemorrhage, hypertensive disorders, gestational diabetes, infections, vector-borne diseases). 	<ul style="list-style-type: none"> Conduct comprehensive maternal and fetal assessments. 	<ul style="list-style-type: none"> Demonstrate empathy, patience, and professional integrity. 	<ul style="list-style-type: none"> Clinical placement supervised by preceptor. 	<ul style="list-style-type: none"> Daily formative assessment via preceptor evaluation and logbook review. 	<ul style="list-style-type: none"> Clinical protocols.
2.2. Demonstrate principles of respectful, inclusive midwifery care.	<ul style="list-style-type: none"> Interpret fetal monitoring principles (growth restriction, multiple pregnancy, abnormal movements). 	<ul style="list-style-type: none"> Measure and monitor maternal vital signs, fundal height, and fetal movements. Perform obstetric ultrasound assessment (basic interpretation: fetal lie, amniotic fluid, growth parameters). 	<ul style="list-style-type: none"> Respect patient autonomy, confidentiality, and cultural beliefs. 	<ul style="list-style-type: none"> Logbook-based competency tracking. 	<ul style="list-style-type: none"> Reflective journals and e-portfolio. 	<ul style="list-style-type: none"> National and WHO pregnancy complication management guidelines.
2.3. Refer appropriately when complications exceed competence.	<ul style="list-style-type: none"> Analyze maternal investigations (blood work, urinalysis, ultrasound findings). 	<ul style="list-style-type: none"> Evaluate lab results and recognize abnormal findings. 	<ul style="list-style-type: none"> Exhibit professionalism, ethical decision-making, and accountability. 	<ul style="list-style-type: none"> Simulation of obstetric emergencies and fetal monitoring. 	<ul style="list-style-type: none"> Competency checklists for clinical, technical, and communication skills. 	<ul style="list-style-type: none"> Simulation models for fetal monitoring and emergency response.
2.4. Communicate effectively with women during stressful clinical scenarios.	<ul style="list-style-type: none"> Explain referral pathways and interprofessional collaboration principles. Apply ethical, legal, and cultural considerations in managing complex pregnancies. 	<ul style="list-style-type: none"> Develop and implement individualized care plans. Provide evidence-based counseling on complications. Screen for psychosocial risks and provide referrals. Demonstrate emergency response skills (e.g., antepartum hemorrhage). Document findings accurately and communicate results effectively. 	<ul style="list-style-type: none"> Maintain composure in stressful clinical scenarios. Collaborate effectively with healthcare teams. Demonstrate resilience and self-care strategies. 	<ul style="list-style-type: none"> Case studies on complex pregnancy scenarios. Role play for counseling women with complications. Reflective journaling on professional practice and ethical dilemmas. Peer discussion and debriefing. Skill demonstration on models and in clinical setting. 	<ul style="list-style-type: none"> Summative assessment integrating knowledge and clinical practice at unit end. OSCE for emergency and routine pregnancy management skills. 	<ul style="list-style-type: none"> Theoretical module references and evidence-based practice guidelines. Patient education and counseling materials. Clinical placement handbook.

CLINICAL PLACEMENT (3) YEAR III, SEMESTER II, ASSESSMENT CHECKLIST : MODULE: SEXUAL & REPRODUCTIVE HEALTH AND COMPLEX PREGNANCY

Student Name:
Year: II Semester II :
Clinical Placement Site:
Preceptor/Supervisor:
Dates of Placement:.....

Instructions for Preceptors:

- Observe and evaluate the student's performance for each skill during clinical placement.
- Use the scoring system:

1 – Not Demonstrated

2– Partially Demonstrated

3– Competently Demonstrated

4 – Exceeds Expectations

- Provide comments and feedback for each domain.

A. Sexual and Reproductive Health Care

Skill/Competency	Observed /Performed	Score 1-4	Comments
Creates a welcoming and safe environment	<input type="checkbox"/>		
Maintains privacy and confidentiality	<input type="checkbox"/>		
Provides respectful, compassionate, and inclusive care	<input type="checkbox"/>		
Conducts comprehensive sexual health and well-being assessment	<input type="checkbox"/>		
Provides evidence-based contraception counseling	<input type="checkbox"/>		
Screens for STIs and counsels on results, treatment, and risks	<input type="checkbox"/>		
Supports GBV survivors appropriately	<input type="checkbox"/>		
Performs gentle cervical screening	<input type="checkbox"/>		
Recognizes complications and refers appropriately	<input type="checkbox"/>		
Documents findings accurately in clinical records	<input type="checkbox"/>		
Communicates effectively with women, adolescents, and families	<input type="checkbox"/>		

B. Caring for Complex Pregnancy

Skill/Competency	Observed/ Performed	Score 1-4	Comments
Identifies potential and existing complications in pregnancy	<input type="checkbox"/>		
Develops individualized midwifery care plans	<input type="checkbox"/>		
Monitors maternal vital signs and fetal well-being	<input type="checkbox"/>		
Assesses fundal height and fetal movements	<input type="checkbox"/>		
Evaluates laboratory results and ultrasound findings	<input type="checkbox"/>		
Provides evidence-based information and education with empathy	<input type="checkbox"/>		
Screens for psychosocial risk factors	<input type="checkbox"/>		
Practices respectful, compassionate, and inclusive care	<input type="checkbox"/>		
Recognizes when referral is needed beyond scope	<input type="checkbox"/>		
Documents assessments accurately	<input type="checkbox"/>		
Communicates effectively during stressful clinical scenarios	<input type="checkbox"/>		

C. Overall Professionalism

Skill/Competency	Observed/ Performed	Score 1-4	Comments
Demonstrates accountability and responsibility	<input type="checkbox"/>		
Exhibits empathy, respect, and cultural sensitivity	<input type="checkbox"/>		
Maintains self-confidence and professional behavior	<input type="checkbox"/>		
Works collaboratively with healthcare team	<input type="checkbox"/>		
Maintains patient safety and ethical standards	<input type="checkbox"/>		

Preceptor/Supervisor Summary / Recommendations

Strengths:

Areas for Improvement:.....

Overall Competency Rating:

- Competent**
- Partially Competent**
- Not Yet Competent**

Preceptor Name / Signature:

Date:

MIDWIFERY PROGRAM DESCRIPTION YEAR III, SEMESTER I: BACHELOR'S IN MIDWIFERY SCIENCES.



Module 19: Caring for Complex Labour and Childbirth

This module has three learning units:

Unit 1: Signs of Complex Labour and Complications Management

Unit 2: Healthcare of Women with Medical Conditions During Labour

Unit 3: Fetal and Neonatal Complications and Management

Number of credits: 27 equivalent to 270 Hours.

- **Theory: 70,**
- **Practice: 200 hours (a) Simulation/Skills Lab: 40 hours (b) Clinical placement: 160 hours**

Note: 160 Clinical hours will be covered in clinical attachment 4

Purpose statement

This module aims to equip students with the knowledge and skills to manage complex labour and childbirth scenarios. It focuses on identifying risk factors, anticipating and responding to complications, and making timely referrals. Through theoretical learning and simulation, students will develop clinical judgment, communication, and compassionate care essential for midwifery practice in challenging situations, including stillbirth and unexpected outcomes.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate professional accountability and support women's choices in care.
2. Apply legal, regulatory, and ethical principles in midwifery practice.
3. Assess and manage fetal and neonatal well-being, including responding to distress and providing care after stillbirth or loss.
4. Identify and manage complications in labour and birth and refer cases beyond midwifery scope appropriately.
5. Use research and evidence-based practice to inform and evaluate care in complex labour and childbirth situations.

6. Communicate effectively and empathetically with women, families, healthcare providers, and community groups.
7. Demonstrate accountability for own decisions and actions as an autonomous midwifery practitioner.
8. Facilitate women's informed choices about their care.
9. Practice in accordance with jurisdictional laws, codes of conduct, and ethical principles.
10. Assess fetal and neonatal well-being during labour and birth.
11. Assess signs of fetal/neonatal distress and describe appropriate intervention pathways.
12. Implement appropriate interventions in response to fetal/neonatal distress.
13. Analyse the impact of stillbirth and provide appropriate care for women and families experiencing grief and loss.
14. Identify conditions outside the midwifery scope of practice and refer appropriately.
15. Apply care in both physiological and pathophysiological complications in labour and birth.
16. Appraise the clinical, emotional, and systemic impacts of maternal death.
17. Identify physiological and pathophysiological indicators leading to complications in labour and birth.
18. Apply evidence-based practices in managing complex labour and birth.
19. Critically evaluate the effectiveness of evidence-based practices in maternity care.
20. Demonstrate effective, empathetic, and professional communication with women, families, healthcare providers, and community groups.
21. Provide compassionate care and emotional support to women and families experiencing grief, loss, or unexpected outcomes.

Competency 19 : Managing Complex Labour and Childbirth						
Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching strategies/ Learning Activities	Assessment Methods	Resources
Learning Unit 1: Signs of Complex Labour & Complications Management: 45 Hours						
1.1. Identify indicators of complications	Describe signs & pathophysiology	Assess women, diagnose complications, perform emergency procedures	Accountability, autonomy, respect for women's rights, critical judgment.	Review anatomy/physiology of labour in small groups.	OSCE (emergency drills), written case analysis, quizzes, oral exams, reflective portfolio.	Myles Textbook for Midwives (2020), WHO (2020), WHO Managing Complications (2017), Foley et al. (2018).
1.2. Demonstrate midwife's role in management	Classify complications by severity			Analyse real patient case studies on pre-eclampsia, haemorrhage, sepsis.		
1.3. Apply EBP to care	Explain management principles			Role play informed consent in emergency induction.		
1.4. Evaluate interventions	Analyze rationale for interventions.			Practice balloon tamponade and bimanual compression in a skills lab with mannequins.		
				Debrief after simulations to reflect on decision-making.		
				Summarize current WHO guidelines in student presentations.		
Learning Unit 2: Healthcare of Women with Medical Conditions During Labour (30 Hours)						
2.1. Explain conditions complicating labour	Explain malpositions malpresentations	Perform instrumental deliveries, assist in theatre prep, manage referrals, apply trauma-informed communication	Empathy, professionalism, trauma-informed care, cultural sensitivity.	Demonstrate forceps & vacuum techniques in a simulation lab with feedback.	OSCE (assisted birth), written exam (case analysis), reflective essays, portfolio, quizzes.	WHO Safe Surgery Checklist, WHO MPDSR (2021), Myles Textbook (2020).
2.2. Perform assisted births).	Differentiate between assisted birth methods			Practice using partograph/labour care guide on real and simulated cases.		
2.3. Analyse maternal death causes	Discuss causes & audits of maternal death			Analyse maternal death audit reports (MPDSR) in group discussion.		
2.4. Demonstrate safe caesarean care	Summarize legal/ethical responsibilities			Role play breaking bad news to families after maternal death.		
2.5. Provide compassionate care	Examine cultural perspectives on maternal death			Reflect in a journal on legal & ethical dilemmas midwives face.		
				Present cultural practices around maternal death from country-specific research.		

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching strategies/ Learning Activities	Assessment Methods	Resources
Learning unit 3: Fetal & Neonatal Complications and Management (35 Hours)						
3.1. Recognize fetal/neonatal distress	<ul style="list-style-type: none"> Explain abnormal FHR patterns 	<ul style="list-style-type: none"> Perform neonatal resuscitation, interpret monitoring results, provide bereavement counselling, document care 	<ul style="list-style-type: none"> Sensitivity, empathy, resilience, professional self-care. 	<ul style="list-style-type: none"> Interpret CTG/fetal heart traces in group case discussions. Practice neonatal resuscitation with mannequins (bag-mask ventilation, chest compressions). Role play counselling a family after stillbirth using empathetic communication. Reflect in writing on emotional challenges of caring for grieving families. Debrief after simulations on self-care strategies. Analyse WHO global stillbirth data in seminar format. 	OSCE (neonatal resuscitation), quizzes, reflective journals, written assignments, portfolio.	WHO <i>Stillbirth</i> (2020), WHO (2021), MPDSR <i>Helping Mothers Survive & Babies Breathe</i> (Jhpiego/Laerdal).
3.2. Interpret fetal monitoring	<ul style="list-style-type: none"> Interpret APGAR & cord pH. 					
3.3. Demonstrate neonatal resuscitation	<ul style="list-style-type: none"> Describe causes of stillbirth Discuss neonatal complications 					
3.4. Analyse stillbirth causes/ impact	<ul style="list-style-type: none"> Summarize legal documentation 					
3.5. Provide bereavement care						



Module 20: **Caring for Complex Post-Partum**

This Module has two learning Units:

Unit 1: Post-Partum Complications and Management

Unit 2: Management of Infection and Pelvic Floor Trauma in Post-Partum

Number of credits: 23 Equivalent to 230 hours

- **Theory: 70 hours**
- **Practice: 160 hours i.e. (a) Simulation/Skills Lab.: 10 hours (b) Clinical placement: 150 hours**

Note: 150 Clinical hours will be covered in clinical attachment 4

Purpose statement

This module prepares learners to provide expert, evidence-based midwifery care for women with complex needs during the critical post-partum period (24 hours to 6 weeks after birth). Learners develop and evaluate individualized care plans, respond to complications, and collaborate with health-care teams to support maternal and infant health. Through theory and practical experience, learners build the skills needed to improve outcomes and save lives during this vulnerable time. Learning is assumed to be in place.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Detects common maternal complications during the post-partum period.
2. Apply evidence-based treatment, stabilization, and referral procedures for women experiencing post-partum complications.
3. Demonstrate competence in Emergency Obstetric and Newborn Care (EmONC) through simulations, drills, and supervised clinical practice.
4. Conduct thorough assessments of women in the postnatal ward.
5. Communicate professionally and empathetically with women and families experiencing post-partum complications.
6. Collaborate efficiently with health-care teams and community groups.
7. Take responsibility for decisions and actions as an autonomous practitioner.
8. Apply critical thinking and reflective practice principles to post-partum care.

Competency 20: Manage complex post-partum						
Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 1: Post-Partum Complications and Management (50 hours)						
1.1. Analyze maternal morbidity and mortality data to identify post-partum complications.	<ul style="list-style-type: none"> Interpret global and national maternal morbidity/ mortality statistics. Describe WHO and Rwanda MoH postnatal care protocols, guidelines, packages. 	<ul style="list-style-type: none"> Conduct systematic postnatal assessments (BUBBLE, vitals, breastfeeding). 	<ul style="list-style-type: none"> Display empathy and professionalism. 	<ul style="list-style-type: none"> Simulation: EmONC, IV therapy, post-resuscitation care. 	<ul style="list-style-type: none"> OSCE on EmONC and postnatal assessments. 	<ul style="list-style-type: none"> Laerdal Global Health, Jhpiego modules.
1.2. Apply evidence-based guidelines to prevent and manage complications.	<ul style="list-style-type: none"> Classify high-risk post-partum complications. Explain MPDSR purpose, process, and midwife's role. 	<ul style="list-style-type: none"> Manage complications. Perform EmONC drills. Administer IV therapy, drug calculations, post-resuscitation care. Facilitate referral and follow-up. 	<ul style="list-style-type: none"> Apply a patient-centered approach. Collaborate effectively with health-care teams. Uphold ethical and legal standards. 	<ul style="list-style-type: none"> Clinical placement: supervised assessment and management. Flipped classroom, peer-to-peer review, case study discussions. 	<ul style="list-style-type: none"> Written assignments, quizzes, portfolio documentation. Clinical skills checklist evaluation. 	<ul style="list-style-type: none"> Myles Textbook for Midwives, 17th ed. WHO postnatal care guidelines. WHO MPDSR documents. Hoffman et al., Williams Gynecology, 4th ed. Rwanda MoH postnatal care protocols.
1.3. Demonstrate competence in EmONC drills.	<ul style="list-style-type: none"> Analyze psychological, social, and family support systems. 			<ul style="list-style-type: none"> Brainwriting on legal/ethical issues. 		
1.4. Assess and monitor women in the postnatal ward.	<ul style="list-style-type: none"> Identify pathophysiology, signs, and management of haemorrhage, sepsis, thrombo-embolic disorders, pre-eclampsia/eclampsia, HELLP, DIC, endometritis, breastfeeding complications, PMH issues, Rhesus incompatibility. 			<ul style="list-style-type: none"> OSCE preparation and practice. 		

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning Unit 2: Management of Infection and Pelvic Floor Trauma in Post-Partum (30 hours)						
2.1. Manage infections and pelvic floor trauma in post-partum women.	<ul style="list-style-type: none"> Describe HIV post-partum care, PMTCT, antiretroviral protocols. Analyze diagnosis, signs, and management of pelvic floor trauma and fistula. 	<ul style="list-style-type: none"> Deliver specialized care to HIV-positive women. Perform post-partum pelvic floor assessments and follow-up care. 	<ul style="list-style-type: none"> Respectful, empathetic, and culturally sensitive care. Ethical decision-making and professional accountability. Reflective practice and patient advocacy. 	<ul style="list-style-type: none"> Simulation: counseling, infection control, pelvic floor management. Clinical placement: supervised care for infection and trauma cases. Flipped learning, peer-to-peer review, case discussions. OSCE practice and debrief. 	<ul style="list-style-type: none"> OSCE on infection and pelvic floor trauma management. Written assignments and quizzes. Portfolio documentation of clinical performance. 	<ul style="list-style-type: none"> Laerdal Global Health, Jhpiego modules. WHO eMTCT guidelines. Myles Textbook for Midwives, 17th ed. Lowdermilk et al., Maternity & Women's Health Care, 12th ed. Rwanda MoH post-partum care guidelines.
2.2. Communicate effectively and empathetically with women and families.	<ul style="list-style-type: none"> Explain urinary/faecal incontinence, prolapse, overactive bladder. 	<ul style="list-style-type: none"> Stabilize, counsel, and educate women and families. 				
2.3. Reflect on post-partum care practices in relation to critical thinking and reflective practice.	<ul style="list-style-type: none"> Assess challenges in rural post-partum care and referral pathways. Interpret Ministry of Health post-partum guidelines. 	<ul style="list-style-type: none"> Implement safe referral and transport procedures in rural areas. 				



Module 21: Clinical Placement 4, Caring for Complex Labour and Birth and Caring for Complex Post-Partum.

This Module has two learning units

Learning unit 1: Caring for complex labour and birth

Learning unit 2: Caring for complex post-partum

Number of credits: 31, equivalent to 310 Hours

- **Theory: 0**
- **Practice: 310 hours (a) Simulation/Skills Lab: 0 hours (b) Clinical placement: 310 hours**

Purpose statement:

This clinical placement provides learners with 310 hours of hands-on experience in labour wards, focusing on caring for women with complex labour, birth, and post-partum needs. Under supervision, learners develop skills in clinical care, communication, collaboration, and timely referral. The placement offers opportunities to observe and manage complications while receiving supportive feedback to build midwifery competence and confidence.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate the role of the midwife in supporting women who develop complications in labour and birth.
2. Demonstrate the principles of critical thinking and reflective practice.
3. Identify deviations in the post-partum and respond effectively when women experience complications.
4. Apply midwifery care to physiological and pathophysiological complications in labour and birth.
5. Respond to fetal/neonatal distress and demonstrate appropriate intervention pathways.
6. Apply evidence-based practice in relation to complex labour and birth.
7. Provide compassionate care for women who experience grief, loss, or unexpected outcomes during labour and birth.
8. Provide appropriate and respectful midwifery care to women experiencing complications in post-partum.
9. Provide appropriate care while detecting, treating, and stabilizing postnatal complications.

Competency 21: Caring for Women who Experience Complications

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Clinical learning unit 1: Caring for Complex Labour and Birth (160 hrs= 5 weeks)						
1.1. Identify abnormal labour patterns and intervene or refer timely.	<ul style="list-style-type: none"> Recognize when labour and birth deviate from normal. Interpret global and national data on maternal complications. Apply WHO and national protocols for labour and birth care. 	<ul style="list-style-type: none"> Screen and monitor women in labour. Stabilize and manage labour complications. Perform hand manoeuvres, vacuum extraction, and forceps delivery. Recognize and respond to fetal distress. Provide effective counselling for mothers and families. Document findings and communicate clearly with the healthcare team. 	<ul style="list-style-type: none"> Demonstrate empathy, compassion, and respect. Maintain professionalism and self-confidence under pressure. Practice ethical and patient-centered care. Collaborate effectively with colleagues and other healthcare professionals. 	<ul style="list-style-type: none"> Clinical observation and supervised practice. Problem-based learning, case studies, and role plays. Simulation and demonstration of obstetric and neonatal emergency skills. Reflection and debriefing sessions. Lifelong learning discussions, seminar presentations, and clinical conferences. Peer-to-peer feedback. 	<ul style="list-style-type: none"> Daily logbook documentation and preceptor feedback. Reflective journals. Clinical portfolio review. OSCE on labour and delivery skills. Performance checklists for emergency interventions and professionalism. 	<ul style="list-style-type: none"> Clinical protocols for labour and delivery. Theoretical module resources. OSCE and simulation materials. National guidelines for obstetric emergencies.
1.2. Manage complications during labour and birth.	<ul style="list-style-type: none"> Recognize when labour and birth deviate from normal. Interpret global and national data on maternal complications. Apply WHO and national protocols for labour and birth care. 	<ul style="list-style-type: none"> Screen and monitor women in labour. Stabilize and manage labour complications. Perform hand manoeuvres, vacuum extraction, and forceps delivery. Recognize and respond to fetal distress. Provide effective counselling for mothers and families. Document findings and communicate clearly with the healthcare team. 	<ul style="list-style-type: none"> Demonstrate empathy, compassion, and respect. Maintain professionalism and self-confidence under pressure. Practice ethical and patient-centered care. Collaborate effectively with colleagues and other healthcare professionals. 	<ul style="list-style-type: none"> Clinical observation and supervised practice. Problem-based learning, case studies, and role plays. Simulation and demonstration of obstetric and neonatal emergency skills. Reflection and debriefing sessions. Lifelong learning discussions, seminar presentations, and clinical conferences. Peer-to-peer feedback. 	<ul style="list-style-type: none"> Daily logbook documentation and preceptor feedback. Reflective journals. Clinical portfolio review. OSCE on labour and delivery skills. Performance checklists for emergency interventions and professionalism. 	<ul style="list-style-type: none"> Clinical protocols for labour and delivery. Theoretical module resources. OSCE and simulation materials. National guidelines for obstetric emergencies.
1.3. Provide counselling for mothers with labour/birth complications.	<ul style="list-style-type: none"> Recognize when labour and birth deviate from normal. Interpret global and national data on maternal complications. Apply WHO and national protocols for labour and birth care. 	<ul style="list-style-type: none"> Screen and monitor women in labour. Stabilize and manage labour complications. Perform hand manoeuvres, vacuum extraction, and forceps delivery. Recognize and respond to fetal distress. Provide effective counselling for mothers and families. Document findings and communicate clearly with the healthcare team. 	<ul style="list-style-type: none"> Demonstrate empathy, compassion, and respect. Maintain professionalism and self-confidence under pressure. Practice ethical and patient-centered care. Collaborate effectively with colleagues and other healthcare professionals. 	<ul style="list-style-type: none"> Clinical observation and supervised practice. Problem-based learning, case studies, and role plays. Simulation and demonstration of obstetric and neonatal emergency skills. Reflection and debriefing sessions. Lifelong learning discussions, seminar presentations, and clinical conferences. Peer-to-peer feedback. 	<ul style="list-style-type: none"> Daily logbook documentation and preceptor feedback. Reflective journals. Clinical portfolio review. OSCE on labour and delivery skills. Performance checklists for emergency interventions and professionalism. 	<ul style="list-style-type: none"> Clinical protocols for labour and delivery. Theoretical module resources. OSCE and simulation materials. National guidelines for obstetric emergencies.
1.4. Perform appropriate hand manoeuvres for malpresentation and assist vacuum extraction/forceps delivery.	<ul style="list-style-type: none"> Recognize when labour and birth deviate from normal. Interpret global and national data on maternal complications. Apply WHO and national protocols for labour and birth care. Identify malpresentations, non-reassuring fetal heart rates, perineal trauma. Describe evidence-based management of obstetric and neonatal emergencies. Explain continuity of care models and collaborative care principles. Apply psychological support principles for grief, loss, and unexpected outcomes. Interpret communication strategies for emergencies. 	<ul style="list-style-type: none"> Screen and monitor women in labour. Stabilize and manage labour complications. Perform hand manoeuvres, vacuum extraction, and forceps delivery. Recognize and respond to fetal distress. Provide effective counselling for mothers and families. Document findings and communicate clearly with the healthcare team. 	<ul style="list-style-type: none"> Demonstrate empathy, compassion, and respect. Maintain professionalism and self-confidence under pressure. Practice ethical and patient-centered care. Collaborate effectively with colleagues and other healthcare professionals. 	<ul style="list-style-type: none"> Clinical observation and supervised practice. Problem-based learning, case studies, and role plays. Simulation and demonstration of obstetric and neonatal emergency skills. Reflection and debriefing sessions. Lifelong learning discussions, seminar presentations, and clinical conferences. Peer-to-peer feedback. 	<ul style="list-style-type: none"> Daily logbook documentation and preceptor feedback. Reflective journals. Clinical portfolio review. OSCE on labour and delivery skills. Performance checklists for emergency interventions and professionalism. 	<ul style="list-style-type: none"> Clinical protocols for labour and delivery. Theoretical module resources. OSCE and simulation materials. National guidelines for obstetric emergencies.

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Clinical learning unit 2: Caring for complex post-partum (150 hrs =4 weeks)						
2.1. Identify post-partum complications	<ul style="list-style-type: none"> Recognize post-partum complications: haemorrhage, infection, perineal trauma, mastitis, breast abscess, thrombo-embolic disorders, pre-eclampsia/eclampsia, HELLP, DIC, mental health issues, comorbidities. 	<ul style="list-style-type: none"> Conduct post-partum assessment and monitor vital signs. 	<ul style="list-style-type: none"> Demonstrate empathy, respect, and confidentiality. 	<ul style="list-style-type: none"> Clinical observation and supervised practice. 	<ul style="list-style-type: none"> Daily logbook and preceptor feedback. 	<ul style="list-style-type: none"> Clinical protocols for post-partum care.
2.2. Manage women with post-partum complications.	<ul style="list-style-type: none"> Apply national post-partum care protocols. Interpret vital signs and monitoring data for mother and neonate. Describe referral pathways and escalation criteria. Explain principles of creating a safe, private, and welcoming environment. Understand continuity of care and collaborative post-partum care models. Apply communication principles for counselling and health education. 	<ul style="list-style-type: none"> Stabilize women with complications. Provide counselling and health education to women and families. Refer complications appropriately. Manage perineal trauma, wound infections, breastfeeding complications. Document findings and communicate with the healthcare team. 	<ul style="list-style-type: none"> Apply professionalism, accountability, and ethical practice. Show reflective practice and teamwork in patient care. Provide compassionate care for women experiencing complications. 	<ul style="list-style-type: none"> Simulation of post-partum emergencies. Problem-based learning and case studies. Reflection and debriefing sessions. Role plays, e-learning, and seminar discussions. Clinical conferences and portfolio review. Peer-to-peer feedback. 	<ul style="list-style-type: none"> Reflective journals. Clinical portfolio review. OSCE on post-partum care. Performance checklists for interventions and professionalism. 	<ul style="list-style-type: none"> Theoretical module resources. OSCE and simulation materials. National post-partum care guidelines. Referral pathway documentation.

CLINICAL PLACEMENT 4 YEAR III, SEMESTER I : ASSESSMENT CHECKLIST: CARING FOR COMPLEX LABOUR AND POST-PARTUM

Student Name:
Year: III Semester I:
Clinical Placement Site:
Preceptor/Supervisor:
Dates of Placement:

Instructions for Preceptors:

- Observe and evaluate the student's performance for each skill during clinical placement.
- Use the scoring system:
 - 1 – Not Demonstrated**
 - 2 – Partially Demonstrated**
 - 3 – Competently Demonstrated**
 - 4 – Exceeds Expectations**
- Provide comments and feedback for each domain.

A. Caring for Complex Labour and Birth (160 hrs)

Skill / Competency	Observed/ Performed (☑)	Score (1-4)	Comments
Creates a welcoming and safe environment for women in labour	<input type="checkbox"/>		
Maintains privacy and confidentiality	<input type="checkbox"/>		
Provides respectful, compassionate, and evidence-based care	<input type="checkbox"/>		
Recognizes abnormal labour patterns and intervenes or refers timely	<input type="checkbox"/>		
Manages maternal complications during labour and birth (haemorrhage, pre-eclampsia, eclampsia, DIC, thrombo-embolic disorders)	<input type="checkbox"/>		
Performs hand manoeuvres to manage malpresentation	<input type="checkbox"/>		
Assists with vacuum extraction or forceps delivery according to protocol	<input type="checkbox"/>		
Provides safe care for women with medical conditions during labour	<input type="checkbox"/>		
Monitors fetal wellbeing and responds to non-reassuring fetal heart rates	<input type="checkbox"/>		
Recognizes serious perineal trauma and responds appropriately	<input type="checkbox"/>		
Demonstrates competencies in obstetric and neonatal emergencies	<input type="checkbox"/>		
Provides counselling for mothers and families experiencing complications or loss	<input type="checkbox"/>		
Reflects on self-practice and seeks support/debriefs complex experiences	<input type="checkbox"/>		
Documents assessment and interventions accurately	<input type="checkbox"/>		
Communicates effectively and empathetically with healthcare team, women, and families	<input type="checkbox"/>		
Applies continuity of care and collaborative midwifery models	<input type="checkbox"/>		

B. Caring for Complex Post-Partum (150 hrs)

Skill / Competency	Observed (<input checked="" type="checkbox"/>)	Score (1-4)	Comments
Creates a welcoming and safe post-partum environment	<input type="checkbox"/>		
Maintains privacy and confidentiality	<input type="checkbox"/>		
Provides respectful, compassionate, and inclusive care	<input type="checkbox"/>		
Identifies post-partum complications (haemorrhage, infection, perineal trauma, mastitis, breast abscess, thrombo-embolic disorders, pre-eclampsia/eclampsia, HELLP, DIC, mental health issues)	<input type="checkbox"/>		
Assesses and monitors maternal and neonatal vital signs	<input type="checkbox"/>		
Stabilizes women with post-partum complications	<input type="checkbox"/>		
Provides counselling and health education to mothers and families	<input type="checkbox"/>		
Manages perineal trauma, wound infections, and breastfeeding complications	<input type="checkbox"/>		
Applies protocols for care of HIV positive women post-partum and PMTCT	<input type="checkbox"/>		
Implements referral pathways for escalating or complicated cases	<input type="checkbox"/>		
Demonstrates use of EmONC skills and drills (anti-shock garment, IV therapy, post-caesarean care, resuscitation)	<input type="checkbox"/>		
Provides care in a midwifery continuity of care model	<input type="checkbox"/>		
Documents findings and interventions accurately	<input type="checkbox"/>		
Communicates effectively and empathetically with healthcare team, women, and families	<input type="checkbox"/>		
Reflects on post-partum practice and seeks support or debriefing when needed	<input type="checkbox"/>		

Preceptor/Supervisor Summary / Recommendations

Strengths:

Areas for Improvement:

Overall Competency Rating:

- Competent**
- Partially Competent**
- Not Yet Competent**

Preceptor Name / Signature:

Date:

MIDWIFERY PROGRAM DESCRIPTION YEAR III, SEMESTER II: BACHELOR'S IN MIDWIFERY SCIENCES.



Module 22: Caring for Unwell Neonates

This Module has two Learning units

Unit 1: Diagnosis of unwell neonate

Unit 2: Healthcare and management of unwell neonate

Number of credits: 21, equivalent to 210 hours

- **Theory: 49 hours**
- **Practice: 161 hours (a) Simulation/Skills Lab: 21 hours (b) clinical placement: 140 hours**

Note: 140 Clinical hours will be covered in clinical attachment 5

Purpose statement:

This module equips learners with knowledge and skills to provide timely, evidence-based care for neonates with health conditions requiring intervention. It covers early identification and management of issues such as prematurity, respiratory distress, jaundice, and congenital abnormalities. Emphasis is placed on family-centred, respectful midwifery care, effective communication, and the importance of practices like skin-to-skin contact, APGAR assessment, and breastfeeding support to promote optimal neonatal outcomes.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Identify common neonatal complications in the post-partum period.
2. Identify clinical signs and symptoms of unwell neonate.
3. Recognize neonatal infections and apply infection prevention and control measures.
4. Safely use oxygen therapy for unwell neonates.
5. Manage resuscitation of a neonate.
6. Explain the treatment and management options for a deteriorating neonate.
7. Provide evidence-based information effectively and empathetically to women with an unwell neonate.

Competency 22: Managing unwell neonates						
Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning unit 1: Diagnosis of Unwell Neonate: 43 Hours						
1.1. Identify common neonatal complications.	<ul style="list-style-type: none"> Analyze neonatal adaptations to extrauterine life Interpret APGAR scores and golden minute/hour significance Classify premature infants and evaluate associated risks. 	<ul style="list-style-type: none"> Assess neonate vital signs and oxygen saturation. Perform APGAR scoring. Detect clinical signs of deterioration (feeding, tone, thermoregulation, cry, urine, skin). Administer oxygen therapy safely. Perform neonatal resuscitation Identify premature neonate needs (warmth, hydration, nutrition, NEC risks). Recognize birth trauma and congenital anomalies. Document findings accurately. 	<ul style="list-style-type: none"> Demonstrates vigilance and critical observation. Communicates empathetically with family. Maintains patience and professionalism in emergencies. Adheres strictly to hygiene and infection prevention protocols. Respects neonatal safety and family-centered care principles. 	<ul style="list-style-type: none"> Bedside clinical observation and hands-on neonatal assessment. Simulation of neonatal emergencies, including resuscitation and oxygen therapy. OSCE practice sessions with stepwise skills demonstration. Case-based learning on neonatal complications and birth trauma. Problem-based learning (PBL) on deterioration signs and interventions. Peer-to-peer teaching: think-pair-share, skill demonstrations. Reflection and debriefing sessions after clinical encounters. Flipped classroom preparation: reviewing guidelines and protocols before practice. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments and quizzes. Skills lab evaluation and checklists. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol UNFPA, UNICEF, WHO neonatal guidelines Myles Textbook for Midwives, 17th Ed
1.2. Identify clinical signs and symptoms of unwell neonate.	<ul style="list-style-type: none"> Interpret APGAR scores and golden minute/hour significance Classify premature infants and evaluate associated risks. 	<ul style="list-style-type: none"> Detect clinical signs of deterioration (feeding, tone, thermoregulation, cry, urine, skin). Administer oxygen therapy safely. Perform neonatal resuscitation Identify premature neonate needs (warmth, hydration, nutrition, NEC risks). Recognize birth trauma and congenital anomalies. Document findings accurately. 	<ul style="list-style-type: none"> Demonstrates vigilance and critical observation. Communicates empathetically with family. Maintains patience and professionalism in emergencies. Adheres strictly to hygiene and infection prevention protocols. Respects neonatal safety and family-centered care principles. 	<ul style="list-style-type: none"> Bedside clinical observation and hands-on neonatal assessment. Simulation of neonatal emergencies, including resuscitation and oxygen therapy. OSCE practice sessions with stepwise skills demonstration. Case-based learning on neonatal complications and birth trauma. Problem-based learning (PBL) on deterioration signs and interventions. Peer-to-peer teaching: think-pair-share, skill demonstrations. Reflection and debriefing sessions after clinical encounters. Flipped classroom preparation: reviewing guidelines and protocols before practice. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments and quizzes. Skills lab evaluation and checklists. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol UNFPA, UNICEF, WHO neonatal guidelines Myles Textbook for Midwives, 17th Ed
1.3. Recognize neonatal infections and apply infection prevention and control measures.	<ul style="list-style-type: none"> Classify premature infants and evaluate associated risks. Identify birth trauma types (soft tissue, intracranial, fractures). Explain congenital malformations and related syndromes. Describe hyperbilirubinemia causes, signs, treatment. Recognize neonatal infections and apply IPC measures. 	<ul style="list-style-type: none"> Administer oxygen therapy safely. Perform neonatal resuscitation Identify premature neonate needs (warmth, hydration, nutrition, NEC risks). Recognize birth trauma and congenital anomalies. Document findings accurately. 	<ul style="list-style-type: none"> Demonstrates vigilance and critical observation. Communicates empathetically with family. Maintains patience and professionalism in emergencies. Adheres strictly to hygiene and infection prevention protocols. Respects neonatal safety and family-centered care principles. 	<ul style="list-style-type: none"> Bedside clinical observation and hands-on neonatal assessment. Simulation of neonatal emergencies, including resuscitation and oxygen therapy. OSCE practice sessions with stepwise skills demonstration. Case-based learning on neonatal complications and birth trauma. Problem-based learning (PBL) on deterioration signs and interventions. Peer-to-peer teaching: think-pair-share, skill demonstrations. Reflection and debriefing sessions after clinical encounters. Flipped classroom preparation: reviewing guidelines and protocols before practice. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments and quizzes. Skills lab evaluation and checklists. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol UNFPA, UNICEF, WHO neonatal guidelines Myles Textbook for Midwives, 17th Ed
1.4. Demonstrate the ability to safely use oxygen therapy for an unwell neonate.	<ul style="list-style-type: none"> Identify birth trauma types (soft tissue, intracranial, fractures). Explain congenital malformations and related syndromes. Describe hyperbilirubinemia causes, signs, treatment. Recognize neonatal infections and apply IPC measures. 	<ul style="list-style-type: none"> Administer oxygen therapy safely. Perform neonatal resuscitation Identify premature neonate needs (warmth, hydration, nutrition, NEC risks). Recognize birth trauma and congenital anomalies. Document findings accurately. 	<ul style="list-style-type: none"> Demonstrates vigilance and critical observation. Communicates empathetically with family. Maintains patience and professionalism in emergencies. Adheres strictly to hygiene and infection prevention protocols. Respects neonatal safety and family-centered care principles. 	<ul style="list-style-type: none"> Bedside clinical observation and hands-on neonatal assessment. Simulation of neonatal emergencies, including resuscitation and oxygen therapy. OSCE practice sessions with stepwise skills demonstration. Case-based learning on neonatal complications and birth trauma. Problem-based learning (PBL) on deterioration signs and interventions. Peer-to-peer teaching: think-pair-share, skill demonstrations. Reflection and debriefing sessions after clinical encounters. Flipped classroom preparation: reviewing guidelines and protocols before practice. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments and quizzes. Skills lab evaluation and checklists. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol UNFPA, UNICEF, WHO neonatal guidelines Myles Textbook for Midwives, 17th Ed
1.5. Manage resuscitation of a neonate.	<ul style="list-style-type: none"> Identify birth trauma types (soft tissue, intracranial, fractures). Explain congenital malformations and related syndromes. Describe hyperbilirubinemia causes, signs, treatment. Recognize neonatal infections and apply IPC measures. 	<ul style="list-style-type: none"> Administer oxygen therapy safely. Perform neonatal resuscitation Identify premature neonate needs (warmth, hydration, nutrition, NEC risks). Recognize birth trauma and congenital anomalies. Document findings accurately. 	<ul style="list-style-type: none"> Demonstrates vigilance and critical observation. Communicates empathetically with family. Maintains patience and professionalism in emergencies. Adheres strictly to hygiene and infection prevention protocols. Respects neonatal safety and family-centered care principles. 	<ul style="list-style-type: none"> Bedside clinical observation and hands-on neonatal assessment. Simulation of neonatal emergencies, including resuscitation and oxygen therapy. OSCE practice sessions with stepwise skills demonstration. Case-based learning on neonatal complications and birth trauma. Problem-based learning (PBL) on deterioration signs and interventions. Peer-to-peer teaching: think-pair-share, skill demonstrations. Reflection and debriefing sessions after clinical encounters. Flipped classroom preparation: reviewing guidelines and protocols before practice. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments and quizzes. Skills lab evaluation and checklists. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol UNFPA, UNICEF, WHO neonatal guidelines Myles Textbook for Midwives, 17th Ed

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Evaluate global and national neonatal mortality and morbidity data. Apply knowledge of neonatal resuscitation protocols. 			<ul style="list-style-type: none"> Brainwriting and discussion on ethical/legal issues in neonatal care. PowerPoint presentations and group discussions of epidemiology and complications. 		

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
Learning unit 2: Healthcare and Management of Unwell Neonate: 27 Hours						
2.1. Identify common neonatal complications in the post-partum period.	<ul style="list-style-type: none"> Explain care principles for preterm and low-birth-weight infants. Demonstrate thermoregulation strategies and low-stimulation environment needs. 	<ul style="list-style-type: none"> Provide essential care to preterm and low-birth-weight neonates. Monitor and record vital signs, fluid balance, and nutrition. Administer nasogastric feeds according to gestation/ weight. Manage hyper-/hypoglycemia in neonates. Educate and counsel parents effectively. Coordinate care with health teams and refer when necessary. 	<ul style="list-style-type: none"> Demonstrates empathy and patient-centered communication. Maintains professional conduct and confidentiality. Shows critical thinking in clinical decision-making. Exhibits responsibility and accountability in neonatal care. Promotes safety, vigilance, and collaborative practice. 	<ul style="list-style-type: none"> Hands-on care of preterm and low-birth-weight neonates in the clinical setting. Simulation of NEC management, hypoglycemia, and feeding interventions. Clinical observation and bedside assessment. Case-based learning and problem-solving workshops. OSCE sessions on feeding, fluid balance, and parental counseling. Reflection and peer debriefing on complex neonatal cases. E-learning modules on family-centered care and ethical issues. Flipped classroom preparation on neonatal complications. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments/quizzes. Skills lab evaluation. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol WHO Essential Newborn Care, 2020 USAID Healthy Newborn Network PNC Checklist
2.2. Explain treatment and management options for deteriorating neonates.	<ul style="list-style-type: none"> Apply nutrition and hydration principles for term and preterm neonates. Analyze NEC risk factors and implement preventive strategies. Describe complications of GDM/diabetic mothers and their neonatal impact. 	<ul style="list-style-type: none"> Educate and counsel parents effectively. Coordinate care with health teams and refer when necessary. 	<ul style="list-style-type: none"> Shows critical thinking in clinical decision-making. Exhibits responsibility and accountability in neonatal care. Promotes safety, vigilance, and collaborative practice. 	<ul style="list-style-type: none"> OSCE sessions on feeding, fluid balance, and parental counseling. Reflection and peer debriefing on complex neonatal cases. E-learning modules on family-centered care and ethical issues. Flipped classroom preparation on neonatal complications. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments/quizzes. Skills lab evaluation. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol WHO Essential Newborn Care, 2020 USAID Healthy Newborn Network PNC Checklist
2.3. Demonstrate the ability to provide evidence-based information effectively and empathetically to women with unwell neonates.	<ul style="list-style-type: none"> Describe complications of GDM/diabetic mothers and their neonatal impact. 	<ul style="list-style-type: none"> Educate and counsel parents effectively. Coordinate care with health teams and refer when necessary. 	<ul style="list-style-type: none"> Shows critical thinking in clinical decision-making. Exhibits responsibility and accountability in neonatal care. Promotes safety, vigilance, and collaborative practice. 	<ul style="list-style-type: none"> OSCE sessions on feeding, fluid balance, and parental counseling. Reflection and peer debriefing on complex neonatal cases. E-learning modules on family-centered care and ethical issues. Flipped classroom preparation on neonatal complications. 	<ul style="list-style-type: none"> OSCE skills assessment. Written assignments/quizzes. Skills lab evaluation. Logbook and reflective journal documentation. 	<ul style="list-style-type: none"> Neczyor JL, Holley SL, Nurs Womens Health, 2017 NICE Postnatal Care NG194, 2021 Rwanda Ministry of Health Neonatal Care Protocol WHO Essential Newborn Care, 2020 USAID Healthy Newborn Network PNC Checklist

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies & Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> • Interpret fluid balance charts and neonatal observations. • Evaluate referral pathways and collaborative care systems. • Apply principles of family-centered, compassionate, and inclusive care. 	<ul style="list-style-type: none"> • Document accurately and respond appropriately to findings. 		<ul style="list-style-type: none"> • PowerPoint presentations and group discussions of treatment guidelines. 		



Module 23: Introduction to research

This Module has two Learning units

Unit 1: Foundation elements of research

Unit 2: Development of research proposal

Number of credits: 10, equivalent to 100 Hours

- **Theory: 100 hours**
- **Practice: 0 hours (a) Simulation/Skills lab: 0 hours (b) Clinical placement: 0 hours**

Purpose statement

This is an introductory module for learners to develop knowledge and understanding of the research process. The module aims to facilitate the development of research skills relevant to midwifery science. Learners will learn to use an experiential approach to facilitate an understanding of research, the research process, and use scientific writing to develop a proposal for a potential research topic in the future.

Learning Outcomes

By the end of the module, the student will be able to:

1. Describe the role and significance of research in midwifery practice.
2. Describe the various types of research designs and methods in research articles.
3. Apply principles of ethical codes and researcher behavior by completing an online research ethics certificate course.
4. Design an epidemiologic study proposal relevant to maternal and newborn health, including abstract, background, literature review, and methods sections.
5. Present the study proposal relevant to maternal and newborn health

Competency 23: Research in Midwifery Practice

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 1: Foundational Elements of Research: 40 hours						
1.1. Describe the role and significance of research in midwifery practice.	<ul style="list-style-type: none"> Explain the importance of research in improving midwifery care, evidence-based practice, and healthcare outcomes. Recognize key research terminology and concepts. 	<ul style="list-style-type: none"> summarize research findings relevant to midwifery. Discuss examples of research impacting midwifery practice. 	<ul style="list-style-type: none"> Appreciate the value of research for improving patient care. Demonstrate curiosity and openness to new evidence. 	Lecture with case examples; group discussion on research impact; analysis of published studies in midwifery.	<p>Formative:</p> <ul style="list-style-type: none"> Participation in discussions, reflective notes. <p>Summative:</p> <ul style="list-style-type: none"> Short-answer questions; presentation on a research article. 	Textbooks on midwifery research, online journals, WHO and Ministry of Health research reports.
1.2. Describe the various types of research designs and methods in research articles.	<ul style="list-style-type: none"> Differentiate quantitative, qualitative, and mixed-method designs; understand descriptive, analytical, experimental, and observational designs; identify common research instruments and techniques. 	<ul style="list-style-type: none"> Classify research articles by design; critique study methodology; summarize key methodological features. 	<ul style="list-style-type: none"> Demonstrate analytical thinking and ethical responsibility in evaluating research. 	Interactive lecture with examples; small-group analysis of research articles; quizzes on research methods.	<p>Formative:</p> <ul style="list-style-type: none"> Quizzes; in-class exercises; group discussion feedback. <p>Summative:</p> <ul style="list-style-type: none"> Article critique assignment; group presentation graded. 	Research methodology textbooks; selected research articles; online research method guides.

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 1: Foundational Elements of Research: 40 hours						
1.3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health in Rwanda.	<ul style="list-style-type: none"> Define quantitative vs qualitative methods; understand epidemiological measures, surveys, interviews, focus groups, and case studies; know how these methods inform public health and midwifery practice in Rwanda. 	<ul style="list-style-type: none"> Extract data from quantitative studies; conduct a simple qualitative thematic analysis; interpret population health data. 	<ul style="list-style-type: none"> Value culturally sensitive data collection; demonstrate integrity and accuracy in interpreting findings. 	Problem-based learning using Rwanda health surveys; hands-on exercises analyzing datasets; role-play for qualitative interviews.	Formative: Practical exercises; oral questioning; peer feedback on data analysis. Summative: Data interpretation assignment; short report on population health study.	Rwanda Demographic and Health Survey reports; WHO health statistics; statistical software tutorials.
1.4. Apply the principles of ethical research in midwifery practice.	<ul style="list-style-type: none"> Describe principles of informed consent, confidentiality, beneficence, non-maleficence, justice, and respect for participants. Identify ethical review processes and guidelines. 	<ul style="list-style-type: none"> Apply ethical principles when designing or critiquing a study; prepare a mock informed consent form. 	<ul style="list-style-type: none"> Demonstrate respect, integrity, and professionalism in research. 	Case study discussions on ethical dilemmas; group activities drafting consent forms; role-play ethical review board assessment.	Formative: Observation during role-play; reflective journals; participation in discussions. Summative: Ethical scenario analysis; graded mock consent form.	National and international ethical guidelines; research ethics textbooks; online ethics modules.

Learning Unit 2: Development of research Proposal

<p>2.1. Collect, organize, and manage research data relevant to midwifery.</p>	<ul style="list-style-type: none"> Understand data collection techniques (surveys, interviews, focus groups, observation) and data management principles (coding, storage, confidentiality). 	<ul style="list-style-type: none"> Collect data using appropriate tools; organize datasets; Testify data quality and security. 	<ul style="list-style-type: none"> Demonstrate accuracy, responsibility, and respect for participants' confidentiality. 	<p>Hands-on data collection exercises; workshops on data management software; peer feedback sessions.</p>	<p>Formative: Data collection exercises; peer review of data organization. Summative: Submission of organized dataset; graded data management report.</p>	<p>Data collection instruments; computers with spreadsheet/statistical software; research manuals.</p>
<p>2.2. Analyze and interpret quantitative and qualitative research findings.</p>	<ul style="list-style-type: none"> Identify statistical techniques for quantitative analysis; understand thematic analysis for qualitative data; recognize interpretation errors and bias. 	<ul style="list-style-type: none"> Conduct descriptive and inferential analysis; perform thematic coding; interpret results in context of midwifery practice. 	<ul style="list-style-type: none"> Value evidence-based decision making; demonstrate critical thinking and integrity. 	<p>Computer lab exercises with statistical software; group interpretation of qualitative data; guided tutorials on results presentation.</p>	<p>Formative: Data analysis exercises; feedback from tutor on interpretation. Summative: Written analysis report; presentation of research findings.</p>	<p>Statistical software (SPSS, Excel); qualitative analysis tools; research journals.</p>
<p>2.3. Disseminate research findings to inform midwifery practice.</p>	<ul style="list-style-type: none"> Understand reporting standards (IMRAD), academic writing conventions, and presentation techniques; identify appropriate audiences (colleagues, policymakers, community). 	<ul style="list-style-type: none"> Prepare research reports, abstracts, and posters; deliver oral presentations; use visual aids effectively. 	<ul style="list-style-type: none"> Show professionalism, confidence, and clarity in communication; respect audience diversity. 	<p>Workshops on report writing; practice presentations; peer review and feedback.</p>	<p>Formative: Draft report feedback; rehearsal presentation sessions. Summative: Final research report submission; graded oral/poster presentation.</p>	<p>Academic writing guides; journals; presentation software (PowerPoint, Canva).</p>



Module 24: Midwives and the Law

This Module has two Learning Units

Unit 1: Professional ethics in midwifery care

Unit 2: Legal framework in midwifery profession

Number of Credits: 7, equivalent to 70 Hours

- **Practice: 0 hours (a) Simulation/Skills lab: 0 hours (b) clinical placement: 0 hours**

Purpose statement:

This module examines the professional, legal, and ethical responsibilities of midwives, including regulation, advocacy, and the impact of laws on midwifery practice. Learners explore issues such as misconduct, ethical dilemmas, and decision-making in complex situations, while emphasizing integrity, self-respect, equality, and justice in midwifery care.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Analyse how the principles of ethics impact midwifery practice.
2. Analyse ethical dilemmas of midwives and Law
3. Demonstrate the ability to make sound decisions in complex situations.
4. Describe Rwanda's regulatory requirements for the midwifery profession and explain how these impact a midwife's responsibilities and duty of care.
5. Evaluate the processes of decision-making in challenging ethical scenarios.

Competency 24: Apply Legal Framework for Midwifery Practice.

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 1: Professional Ethics in Midwifery Care: 50 hours						
1.1. Analyse how the principles of ethics impact midwifery practice.	<ul style="list-style-type: none"> Define ethics in the context of working with survivors of GBV. Differentiate between GBV guiding principles and the survivor-centered approach. Interpret legal, ethical, and professional responsibilities underpinning midwifery. Examine the ICM International Code of Ethics. Analyse Rwanda's national codes of professional practice. Apply ethical principles, values, and concepts to decision-making in midwifery care. 	<ul style="list-style-type: none"> Apply ethical principles in GBV-related cases; Demonstrate informed consent; Apply confidentiality; Integrate codes into care. 	<ul style="list-style-type: none"> Respect women's dignity and rights; Uphold survivor-centered approach; Sensitivity to cultural and legal frameworks. 	Lectures on ethics; Group discussions; Case studies of GBV; Review of codes; Simulations of consent/confidentiality.	Formative: Reflection on GBV scenarios. Summative: Written exam with case analysis on ethical principles.	ICM Code of Ethics (2008); Clarke, Law & Ethics (2015); WHO Respectful Maternity Care Charter (2011).
1.2. Analyse ethical dilemmas and be able to make good decisions in complex situations.	<ul style="list-style-type: none"> Explain the importance of respecting oneself and maintaining a personal moral code. Analyse the ethics of decision-making in complex clinical situations. Describe how midwives act as models of ethical behaviour in practice. Evaluate ethical dilemmas in the workplace arising from values, beliefs, and moral opposition. 	<ul style="list-style-type: none"> Identify ethical dilemmas; Use ethical reasoning; Role-play handling dilemmas; Reflect on cultural expectations; 	<ul style="list-style-type: none"> Accountability; Courage to act ethically; Integrity in professional and personal conduct. 	Role-play scenarios; Ethical debates; Reflective journaling on personal experiences; Group sharing of dilemmas.	Formative: Peer feedback, journals. Summative: OSCE scenario testing decision-making.	Kirkham & Newman (2019); WHO SEAH (2023); Rwanda Biomedical Centre ethics guidelines.

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Examine cultural expectations and country-specific issues that influence ethical practice. Reflect on experiences from the clinical setting to identify ethical challenges. Differentiate between personal and professional boundaries in midwifery care. 	<ul style="list-style-type: none"> Develop boundary management skills. 				
1.3. Evaluate the processes of decision-making in challenging ethical scenarios.	<ul style="list-style-type: none"> Describe professional standards required for midwifery practice. Demonstrate techniques for gaining informed and challenging consent. Explain methods to ensure privacy and maintain confidentiality. Apply accurate documentation practices in clinical settings. Analyse accountability and transparency requirements in midwifery care. Evaluate strategies for full disclosure and ethical communication with clients. Discuss collaboration and referral responsibilities with other health professionals. Interpret reporting protocols for HIV+, GBV, and child abuse cases. Apply safe and ethical data practices, including telemedicine data collection, storage, and use. 	<ul style="list-style-type: none"> Apply decision-making models; Document ethical rationale; Ensure compliance with reporting; Handle sensitive data safely. 	<ul style="list-style-type: none"> Transparency; Professional maturity; Respect for privacy and confidentiality; Commitment to accountability. 	Decision-making framework workshops; Documentation and practice; Mock referral/reporting scenarios; Group presentations on ethical case analysis.	Formative: Case presentations and documentation review. Summative: Oral defence of decision-making in case study.	WHO Midwives Voices (2016); Rwanda MOH ethics protocols; Clarke (2015).

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 2: Legal Framework in Midwifery Profession 20 hours						
2.1. Describe Rwanda's regulatory requirements for the midwifery profession and their impact.	<ul style="list-style-type: none"> Identify registration and licensing requirements for midwives in Rwanda. Explain the roles and responsibilities of legislative bodies in midwifery regulation. Analyse ongoing professional development requirements and recency of practice obligations. Interpret national codes of practice and their implications for midwifery. Evaluate disciplinary frameworks designed to protect the public. Describe mechanisms for complaints against midwives, including misconduct, malpractice, negligence, poor performance, misbehavior, false records, and breaches of confidentiality/data. Analyse systems and structures supporting midwives under review. Reflect on the psychological experiences of midwives undergoing disciplinary processes. Evaluate support mechanisms available for midwives facing legal or professional scrutiny 	<ul style="list-style-type: none"> Apply laws and codes; Analyse real cases; Prepare compliance strategies for documentation, consent, and confidentiality; Participate in mock disciplinary hearings. 	<ul style="list-style-type: none"> Professional accountability; Honesty and transparency; Respect for law and duty of care; Empathy for midwives under legal scrutiny. 	<p>Lectures on Rwanda's laws; Research projects on regulatory frameworks; Mock disciplinary hearings; Group case discussions.</p>	<p>Formative: Group presentations on regulatory frameworks. Summative: Written exam and legal case analysis.</p>	<p>Rwanda Nursing and Midwifery Council documents; Clarke (2015); Myles Textbook for Midwives (2020).</p>



Module 25: Leadership and Management in Midwifery

This Module has two Learning Units

Unit 1: Principles of leadership in health-care settings

Unit 2: Advocacy and management in midwifery profession

Number of Credits: 7, equivalents to 70 Hours.

- **Theory: 70 hours**
- **Practice: 0 hours (a) Simulation/Skills lab: 0 hours (b) Clinical placement: 0 hour.**

Purpose Statement

This module prepares midwives to develop effective leadership and communication skills by exploring leadership styles, models, and attributes. Learners reflect on their own leadership traits, practice giving feedback, and understand the role of health education and information systems in professional midwifery leadership.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate role model principles in midwifery practice.
2. Evaluate leadership roles of midwives across different contexts.
3. Assess personal leadership traits in practice.
4. Explain the importance of self-care and apply effective self-care strategies.
5. Apply effective leadership skills when delegating care and supervising others.
6. Communicate effectively with women, families, health-care teams, and community groups.

Competency 25: Leadership and Management in Midwifery practice

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
Unit 1: Principles of Leadership and Management in Healthcare Settings (30 hrs)						
<p>1.1. Identify personal leadership traits in midwifery practice.</p> <p>1.2. Compare, differentiate, and evaluate roles that midwives take in leadership across different contexts.</p>	<ul style="list-style-type: none"> Differentiate between leadership and management in healthcare settings. Analyze the roles of leaders and managers in midwifery practice. Explain various leadership theories and their application in healthcare. Compare the effectiveness of different leadership approaches in team settings. Identify personal leadership traits relevant to midwifery practice. Demonstrate key leadership traits in clinical and administrative scenarios. Develop strategies for effective team-building in healthcare teams. Facilitate collaboration and communication among team members. Describe significant historical leaders in healthcare and their contributions. 	<ul style="list-style-type: none"> Analyse personal leadership traits, conduct audits, use HMIS, design QI projects, public speaking, team facilitation. 	<ul style="list-style-type: none"> Accountability, confidence, openness, resilience, ethical practice, professionalism. 	<ul style="list-style-type: none"> Interactive lectures with Q&A Case studies (real-world midwifery leadership dilemmas) Role plays (conflict resolution, counselling, team leadership) Simulations (audit, HMIS data analysis, QI cycle) Peer teaching (mini-presentations on leadership models) Debates (leader vs. manager roles) Reflective journaling (self-assessment of leadership style) 	<ul style="list-style-type: none"> Formative: <ul style="list-style-type: none"> Written assignments (short & long) Quizzes & in-class polls Peer assessment of role plays Self-assessment checklists on leadership traits Reflective journals evaluated with rubrics Summative: <ul style="list-style-type: none"> Portfolio of leadership activities Audit or QI project report & oral defense OSCE-style stations (e.g. handling leadership conflict, data interpretation) 	<p>Carragher & Gormley (2016); Carter et al. (2017); Hunter & Warren (2022); Ngabonzima et al. (2020); UNFPA (2021); WHO/ UNICEF/ USAID POCQI workbook</p>

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
	<ul style="list-style-type: none"> Assess audit findings to improve healthcare quality and compliance. Design monitoring and evaluation plans for healthcare programs. Analyze data from M&E activities to measure performance and outcomes. Prepare budgets for healthcare departments or programs. Manage financial resources efficiently to optimize service delivery. Implement QI initiatives to enhance patient care and safety. Evaluate the effectiveness of QI interventions using data-driven methods. 			<ul style="list-style-type: none"> Workshops (SOP development, audit planning, PDCA cycle application) 	<ul style="list-style-type: none"> Written exam with scenario-based questions 	



Unit 2: Advocacy and Management in Midwifery Profession (40 hrs)

<p>2.1. Explain and demonstrate principles of role model in midwifery</p>	<ul style="list-style-type: none"> Evaluate the impact of leadership styles on healthcare systems over time. Utilize HMIS tools for collecting, analyzing, and reporting healthcare data. Interpret HMIS reports to inform decision-making in midwifery services. Conduct clinical and administrative audits according to established standards.. Advocate for patients, communities, and professional standards in healthcare. Apply WHO and ICM toolkits to guide midwifery practice and decision-making. Develop and manage HR plans and staff rostering effectively. Promote a culture of no blame and patient safety within healthcare teams. Generate innovative solutions to address healthcare challenges. 	<ul style="list-style-type: none"> Advocate for profession, manage conflict mentor, design CPD, implement self-care, critique leadership, design and monitor QI. 	<ul style="list-style-type: none"> Empathy, resilience, compassion, self-care commitment, lifelong learning, integrity, supportive collaboration. 	<ul style="list-style-type: none"> Interactive lectures (advocacy, stress management, CPD) Problem-based learning (PBL) (real advocacy case studies) Simulation (handling harassment complaints, leadership under pressure) 	<ul style="list-style-type: none"> Formative: <ul style="list-style-type: none"> Reflective journals on self-care & resilience Group presentations on advocacy projects Peer & self-assessment of role-model behaviour Case study analysis worksheets 	<p>Carter et al. (2017); Hunter & Warren (2022); Jhpiego (2021); Marshall & Raynor (2020); Ngabonzima et al. (2020); Rambod et al. (2018); UNFPA (2021); WHO/ UNICEF/ USAID POCQI workbook</p>
<p>2.2. Identify, apply, and evaluate importance of self-care strategies.</p>						

Learning Outcomes	Knowledge	Skills	Attitude / Behaviour	Teaching Strategies/ Learning Activities	Assessment Methods	Resources
<p>2.3. Describe, critique, and analyse effective leadership skills.</p> <p>2.4. Design, implement, and evaluate a QI project using PDCA.</p>	<ul style="list-style-type: none"> Implement anti-bullying policies and practices in clinical settings. Apply PSEAH (Prevention of Sexual Exploitation, Abuse, and Harassment) principles in professional conduct. Engage in lifelong learning to enhance professional competence. Identify signs of stress and burnout in self and colleagues. Demonstrate resilience in challenging clinical and organizational environments. Practice mindfulness techniques to improve focus and emotional well-being. Plan, implement, and evaluate quality improvement (QI) projects in healthcare settings. 			<ul style="list-style-type: none"> Peer mentoring (students coaching each other on self-care) Reflective practice groups (burnout experiences, resilience strategies) Service-learning projects (community advocacy, CPD design) Workshops (stress management, mindfulness, resilience building) Project-based learning (designing QI project with PDCA cycle) Debates (effective leadership approaches in crisis) 	<ul style="list-style-type: none"> Summative: <ul style="list-style-type: none"> QI project proposal & oral presentation Written exam (scenario-based advocacy & management) OSCE-style assessment (e.g. leading a team meeting, responding to workplace conflict) Portfolio (evidence of advocacy, self-care strategies, peer mentoring) 	



Module 26: **Basic Obstetric Ultrasound** **Training**

This module has one learning unit

Unit 1: Basic Obstetric Ultrasound Scanning

Number of credits: 20, equivalents to 200 hours

- **Theory: 50 hours**
- **Practice: 150 hours (a) Simulation/Skills Lab: 50 hours (b) Clinical placement: 100 hours**

Note: 100 Clinical hours will be covered in clinical attachment 5

Purpose Statement

This module equips learners with the knowledge and skills in obstetric ultrasound scanning, a critical assessment for the early detection of maternal and fetal health risks during antenatal care. The teaching combines theoretical instruction with supervised hands-on practice, enabling midwives to achieve proficiency and competence. Obstetric ultrasound training is delivered by various healthcare professionals, including radiologists, family physicians, emergency physicians, obstetricians, and other qualified sonographers such as midwives, nurses, and ultrasound technicians. Prioritizing the development of midwives in this essential skill contributes to improving maternal and child health and supports the achievement of Sustainable Development Goal 3 by 2030.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Inform women about the scope of midwifery practice and women's rights and responsibilities
2. Provide information about conditions that may be detected by screening
3. Respect women's decisions about participating in treatments and programmes
4. Make patients safe and comfortable during the examination
5. Identify normal maternal anatomy
6. Confirm pregnancy and estimate gestational age from history, physical exam, laboratory test, and/or ultrasound
7. Confirm pregnancy and determine gestational age; refer for ultrasound if unknown gestation and/or symptoms of ectopic pregnancy

8. Provide gender-sensitive and respectful care
9. Observe infection control measures
10. Protect confidential or oral information and written records
11. Identify normal fetal anatomy
12. Assess fetal size, amniotic fluid volume, fetal position, activity, and heart rate from examination of maternal abdomen
13. Determine whether there are indications for additional assessment/examination and refer as needed
14. Assess fetal movements and ask woman about fetal activity
15. Provide information about legal regulations, eligibility, and access to abortion services
16. Demonstrate sensitivity and empathy for bereaved women and family members
17. Discuss findings and potential implications with woman and mutually determine plan of care
18. Provide information to the woman and her family about the impact of risk conditions on the mother and fetus
19. Listen to others in an unbiased and empathic manner
20. Respect others' points of view
21. Convey information accurately and clearly and respond to the needs of individuals
22. Collaborate in case of complications
23. Facilitate teamwork and inter-professional care and refer as needed in complicated cases
24. Transfer to higher level facility if needed
25. Review findings and revise plan of care with the woman as the pregnancy progresses
26. Provide continuity of care by midwives

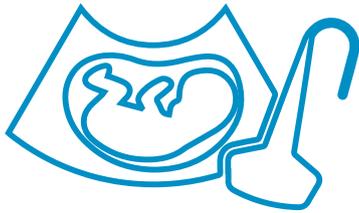


Competency 26: Assess Maternal and Fetal status and well-being

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Basic Obstetric Ultrasound Scanning – Theory to Practice						
1.1. Apply theoretical knowledge and practical skills to perform safe and effective obstetric ultrasound; integrate screening ultrasound into routine antenatal care; assess maternal and fetal health; identify normal and abnormal findings; detect complications; provide respectful, confidential care	<ul style="list-style-type: none"> Explain ultrasound physics, knobology, tomography; describe maternal and fetal anatomy (1st–3rd trimester), pelvic anatomy, amniotic fluid, placenta, fetal malposition, ectopic and multiple gestation, IUGR, fetal anomalies, infection prevention, biometry, ROBUST scanning, ethical practice, patient preparation 	<ul style="list-style-type: none"> Operate ultrasound machine; orient transducer; interpret maternal and fetal structures; perform biometry; conduct Robust scans; assess amniotic fluid, placenta, cervix; perform trimester-specific scans; detect complications; provide counseling 	<ul style="list-style-type: none"> Demonstrate professionalism, empathy, patient-centered care, respect for confidentiality, gender sensitivity, attention to infection control 	Deliver lectures; analyze case studies; participate in small-group tutorials; watch audio-visual demonstrations; engage in supervised hands-on scanning; record logbook entries; reflect on practice	Formative: logbook review, direct observation, supervised scanning, reflective journals; Summative: OSCE, practical testing, case discussion	UW trainers' guide; OBGYN UW website; YouTube videos 1–10; Lukhele et al., 2023; ultrasound machines; mannequins; clinical protocols

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
1.2. Demonstrate correct equipment handling and basic image interpretation	<ul style="list-style-type: none"> Explain ultrasound principles, knobology, tomography 	<ul style="list-style-type: none"> Demonstrate equipment handling; orient transducer; interpret maternal structures 	<ul style="list-style-type: none"> Apply attention to detail; practice safety consciousness 	Lectures; demonstration; hands-on practice	Logbook entries; direct observation	UW guide; videos 1–2
1.3. Assess fetal anatomy, position, activity, amniotic fluid; estimate gestational age accurately	<ul style="list-style-type: none"> Describe 2nd and 3rd trimester fetal anatomy; explain fetal dating; identify infection prevention measures 	<ul style="list-style-type: none"> Prepare patient; perform ROBUST scan; conduct biometry; identify anatomical structures 	<ul style="list-style-type: none"> Practice empathy and patient-centered communication; maintain hygiene 	Lectures; supervised clinical scanning; demonstration	Direct observation; logbook; OSCE	UW guide; videos 3–4
1.4. Identify early pregnancy structures; determine gestational age accurately	<ul style="list-style-type: none"> Describe 1st trimester anatomy; identify non-pregnant pelvic structures; explain fetal dating 	<ul style="list-style-type: none"> Scan non-pregnant pelvis; perform fetal biometry 	<ul style="list-style-type: none"> Respect patient privacy; maintain comfort 	Lectures; hands-on scanning	Supervised scanning; logbook	UW guide; video 5
1.5. Evaluate amniotic fluid, placenta, and cervix accurately	<ul style="list-style-type: none"> Explain amniotic fluid, placenta, cervix anatomy 	<ul style="list-style-type: none"> Measure amniotic fluid; assess placenta and cervix; perform ROBUST and biometry 	<ul style="list-style-type: none"> Maintain patient safety; follow infection prevention measures 	Lectures; supervised hands-on practice	Observation; logbook	UW guide; video 6
1.6. Identify fetal malposition; explain 2nd/3rd trimester screening accurately	<ul style="list-style-type: none"> Describe fetal malposition; explain 2nd/3rd trimester screening 	<ul style="list-style-type: none"> Conduct ROBUST and biometry scans; perform systematic screening ultrasound 	<ul style="list-style-type: none"> Demonstrate patience and attention to detail 	Hands-on sessions; lectures	Direct observation; logbook	UW guide; videos 7–8

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
1.7. Detect early pregnancy complications; apply safe scanning techniques	<ul style="list-style-type: none"> Explain first trimester complications; describe maternal safety measures 	<ul style="list-style-type: none"> Conduct 1st trimester screening ultrasound 	<ul style="list-style-type: none"> Demonstrate empathy; respond sensitively to patient concerns 	Lectures; supervised scanning	Practical evaluation; logbook	UW guide; video 9
1.8. Identify ectopic and multiple gestations; determine need for referral	<ul style="list-style-type: none"> Describe ectopic pregnancy; identify multiple gestation 	<ul style="list-style-type: none"> Perform targeted ultrasound assessment 	<ul style="list-style-type: none"> Demonstrate clinical judgment; provide patient-centered care 	Lectures; hands-on practice	OSCE; logbook	UW guide; video 10
1.9. Detect growth restriction; identify fetal anomalies accurately	<ul style="list-style-type: none"> Explain fetal growth parameters; describe fetal anomalies 	<ul style="list-style-type: none"> Conduct biophysical profile; perform screening ultrasound 	<ul style="list-style-type: none"> Demonstrate thoroughness; apply attention to detail 	Lectures; hands-on scanning	Supervised scanning; case discussions	UW guide; video series
1.10. Apply knowledge and skills to real-life cases; make informed clinical decisions	<ul style="list-style-type: none"> Analyze clinical case scenarios; interpret scanning findings 	<ul style="list-style-type: none"> Integrate scanning, interpretation, counseling, and clinical decision-making skills 	<ul style="list-style-type: none"> Demonstrate professionalism; apply ethical reasoning; show empathy 	Lectures; case studies; small-group tutorials; supervised scanning	Practical testing; OSCE; logbook; reflective exercises	UW guide; video series; logbook



Module 27: Clinical placement 5: Caring for the unwell neonate and Use of ultrasound in pregnancy

This module has one Learning unit

Use of ultrasound in pregnancy

Caring for the unwell neonate and use of ultrasound

Number of credits: 24, equivalent to 240 Hours

- **Theory: 0 hours**
- **Practice: hours (a) Simulation/Skills Lab: 0 hours (b) Clinical placement: 240 hours**

Purpose statement

This module aims to prepare students to support the care of neonates with health conditions by emphasizing the need for timely, evidence-based interventions. It highlights the midwife's role in recognizing and responding to clinical needs, including the appropriate use of ultrasound as a diagnostic and monitoring tool, to ensure the best possible outcomes for newborns.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Perform a basic obstetric ultrasound to assess fetal viability, gestational age, fetal position, and maternal well-being, and accurately document and communicate findings to support safe pregnancy care.
2. Apply evidence-based midwifery care in the assessment, stabilization, and management of neonates with health complications, utilizing ultrasound where indicated, and refer appropriately when required.
3. Identify early signs of neonatal deterioration and implement timely, appropriate interventions, including the use of bedside ultrasound for rapid, non-invasive assessment, to support safe and effective care.
4. Integrate current research findings on neonatal care and ultrasound applications into practice, ensuring that clinical decision-making is grounded in the best available evidence.
5. Communicate empathetically and effectively with women, families, and members of the healthcare team when caring for an unwell neonate, including discussing the role and findings of ultrasound assessments in clear and supportive language.

Competency 27: Caring for an unwell Neonate, Foetus and Ultrasound Manipulation						
Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 1: Use of ultrasound in pregnancy: 100 hours						
1.1. Perform a basic obstetric ultrasound to assess fetal viability, gestational age, fetal position, and maternal well-being, and accurately document and communicate findings to support safe pregnancy care	<ul style="list-style-type: none"> Understands key principles of obstetric ultrasound, including fetal anatomy, gestational age estimation, and indicators of maternal–fetal well-being. identify ultrasound applications in respiratory distress, sepsis, cardiac anomalies; analyze referral protocols. 	<ul style="list-style-type: none"> Performs a basic obstetric ultrasound to identify fetal heartbeat, position, gestational age markers, and maternal structures safely and accurately 	<ul style="list-style-type: none"> Demonstrates empathy, respect, and confidentiality when providing ultrasound care to pregnant women 	Demonstration and hands-on practice using ultrasound simulators or real clinical cases. Guided clinical observation and supervised scanning sessions	Objective structured clinical examination (OSCE) with ultrasound scanning stations. Direct observation and competency checklist during supervised clinical practice.	MoH guidelines for using ultrasound
Clinical Learning Unit 2: Caring for the unwell neonate: 140 Hours						
2.1. Apply evidence-based midwifery care in the assessment, stabilization, and management of neonates with health complications,	<ul style="list-style-type: none"> Describe principles of neonatal stabilization; explain pathophysiology of common neonatal complications; 	<ul style="list-style-type: none"> Perform comprehensive neonatal assessment with and without ultrasound; stabilize neonates; document findings accurately; initiate appropriate referral. 	<ul style="list-style-type: none"> Demonstrate accountability, precision, collaboration, and professional responsibility. 	Demonstrations, high-fidelity simulations, bedside teaching, supervised clinical placements, problem-based learning case studies, guided reflection, peer-assisted learning, skill drills.	OSCE, clinical logbook, direct observation of procedural skills, portfolio documentation, supervisor feedback.	Neonatal ultrasound machines, clinical protocols, WHO neonatal care guidelines, simulation mannequins.

Learning Outcomes	Knowledge	Skills	Attitudes / Behaviours	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Clinical Learning Unit 2: Caring for the unwell neonate: 140 Hours						
2.2. Identify early signs of neonatal deterioration and implement timely, appropriate interventions, including the use of bedside ultrasound for rapid, non-invasive assessment.	<ul style="list-style-type: none"> Recognize danger signs of neonatal deterioration; interpret ultrasound findings in emergencies; apply neonatal early warning systems; assess risk of deterioration. 	<ul style="list-style-type: none"> Detect early deterioration; perform focused bedside ultrasound; initiate emergency interventions; escalate care promptly. 	<ul style="list-style-type: none"> Exhibit vigilance, responsiveness, decisiveness under pressure, and critical thinking. 	Emergency simulations, role plays, scenario-based case reviews, supervised bedside practice, debriefing sessions, reflective discussions, team-based problem-solving exercises.	Skills checklists, OSCE, scenario-based assessments, reflective journals, direct observation of procedural skills.	Neonatal early warning charts, simulation mannequins, bedside ultrasound probes, emergency care protocols.
2.3. Integrate current research findings on neonatal care and ultrasound applications into practice to support evidence-based clinical decision-making.	<ul style="list-style-type: none"> Analyze evidence-based neonatal guidelines; evaluate research on ultrasound applications in neonatology; synthesize findings to improve practice; appraise clinical protocols. 	<ul style="list-style-type: none"> Critically appraise research; translate evidence into practice; update clinical protocols; develop evidence-based care plans. 	<ul style="list-style-type: none"> Demonstrate lifelong learning, openness to innovation, professional integrity, and analytical thinking. 	Journal clubs, e-learning modules, critical appraisal workshops, clinical conferences, guided research projects, reflective practice, evidence-based case discussions.	Written assignments, evidence-based care plans, portfolio assessments, presentations, critical appraisal reports.	Research databases (PubMed, Cochrane), neonatal journals, institutional guidelines, reference books.

CLINICAL PLACEMENT (5) YEAR III, SEMESTER II: ASSESSMENT CHECKLIST: Caring for the unwell neonate and Use of ultrasound

Year III, Semester II

Student Name:

Date:

Clinical Instructor:

Rotation/Unit:

Competency Domain	Task / Item	Assessment Criteria	Observed (✓ / ✗)	Comments
1. Neonatal Assessment	Perform comprehensive neonatal assessment	Examine vital signs, weight, gestational age, reflexes, and general condition		
	Assess for signs of respiratory distress	Observe breathing pattern, nasal flaring, grunting, retractions		
	Assess cardiovascular status	Measure heart rate, peripheral perfusion, detect murmurs		
	Assess hydration and perfusion	Evaluate skin turgor, mucous membranes, capillary refill		
	Perform neurological and behavioral assessment	Check tone, reflexes, alertness		
2. Ultrasound Use	Apply bedside ultrasound appropriately	Select correct probe and settings; maintain aseptic technique		
	Identify common pathologies	Detect pneumothorax, pleural effusion, cardiac anomalies, abdominal obstruction		
	Interpret findings	Correlate ultrasound images with clinical signs		
	Document ultrasound results	Record accurately in neonatal chart		
3. Stabilization & Emergency Interventions	Implement stabilization protocols	Apply airway support, oxygen therapy, IV fluids, thermoregulation		
	Recognize early deterioration	Use neonatal early warning signs; identify urgent conditions		
	Initiate emergency interventions	Perform resuscitation, IV access, emergency medications if indicated		

Competency Domain	Task / Item	Assessment Criteria	Observed (✓ / ✗)	Comments
4. Evidence-Based Practice	Integrate current research into care	Apply evidence-based guidelines to clinical decision-making		
	Update practice	Suggest improvements based on latest evidence		
5. Communication & Family-Centered Care	Explain condition and care plan to family	Communicate clearly and empathetically; answer questions		
	Provide counselling during ultrasound	Describe findings in understandable language		
	Collaborate with healthcare team	Share critical findings; participate in team decision-making		
6. Professionalism & Attitudes	Demonstrate accountability	Arrive prepared, follow protocols, maintain documentation		
	Show collaboration and teamwork	Work effectively with peers and supervisors		
	Exhibit empathy and respect	Support neonate's family, respect cultural practices		

Overall Evaluation:

- Competent
- Needs Improvement
- Not Competent

Instructor Signature:

Student Signature:



MIDWIFERY PROGRAM DESCRIPTION YEAR IV, SEMESTER I: BACHELOR'S IN MIDWIFERY SCIENCES.



Module 28: Community Midwifery

This module has two learning units

Unit 1: Community Health Education and Promotion

Unit 2: Environmental Hazards & Climate Change

Number of credits: 9, equivalent to 90 hours

- **Theory: 40 hours**
- **Practice: 50 hours (a) Simulation/Skills lab: 0 hours (b) Clinical placement: 50 hours**

Note: 50 Clinical hours will be covered in clinical attachment 6

Purpose statement:

The module aims to equip the learner with the theories, concepts and principles of health promotion and disease prevention, and rehabilitative care for women, families and communities. The teaching and learning activities shall be pillared by linking the learners with the community so that they could be able to contextualize the midwifery practices with community needs.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Evaluate the function of primary and public health care within the Rwandan context.
2. Apply community health-care principles in assessing, diagnosing, and planning for community-based care.
3. Apply the principles of health promotion and disease prevention for individuals, families, and communities.
4. Identify the impact of adverse social, environmental, and economic conditions on maternal and fetal health.
5. Interpret the role of midwives in humanitarian crises and explain their inclusion in emergency preparedness and response plans.
6. Evaluate the practice of community midwifery care against the principles of respectful maternity care.
7. Promote positive maternal and neonatal outcomes through effective prenatal, labour, and postnatal support.

Competency 28: Excellence in community midwifery						
Learning Outcomes	Knowledge	Skills	Attitude Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 1: Community Health Education and Promotion (20 Hours)						
<p>1.1. Apply community health-care principles in assessing, diagnosing, and planning for community care.</p> <p>1.2. Apply principles of health promotion and disease prevention for individuals, families, and communities.</p> <p>1.3. Interpret the role of community-based intervention approach in a woman's welfare and life.</p>	<ul style="list-style-type: none"> Explain concepts of health education and health promotion. Describe programme development, implementation, and evaluation. Compare community health models (Health Belief Model, PRECEDE, Donabedian, Newman, Rogers, King, Health Promotion Model). 	<ul style="list-style-type: none"> Implement health education plans. Apply teaching aids and methods effectively. Conduct community health assessments. Apply community-based interventions in practice. 	<ul style="list-style-type: none"> Demonstrate responsibility in planning community health initiatives. Value participatory approaches. Show commitment to improving women's health and community well-being. 	<ul style="list-style-type: none"> Self-directed reading and research. Peer-to-peer collaborative learning (Think-Pair-Repair). Present findings in plenary sessions. Case studies and scenario analysis. 	<ul style="list-style-type: none"> Formative assessment: oral and written assignments. Portfolio: reflection papers, presentations. Rubrics and grading tools. 	<ul style="list-style-type: none"> ECSA-HC & Engender Health/ Fistula Care (2012). Maternity Worldwide: Three Delays Model. UNFPA Obstetric Fistula Guidelines (2021). WHO Guidelines on Self-Care Interventions (2022). WHO Ottawa Charter and Health Promotion (2012).

Learning Outcomes	Knowledge	Skills	Attitude Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 2: Environmental Hazards & Climate Change (20 Hours)						
2.1. Identify the impact of adverse social, environmental, and economic conditions on maternal-fetal health.	<ul style="list-style-type: none"> Explain environmental and occupational health hazards. Describe water, sanitation, and hygiene principles. Identify occupational health trends and objectives. Outline disaster management principles, stages, and actors. Analyze governmental and international assistance models. 	<ul style="list-style-type: none"> Conduct workplace health and safety assessments. Apply waste management, sanitation, and hygiene interventions. Implement disaster preparedness, response, and recovery. Use mapping, aerial photography, and communication tools. 	<ul style="list-style-type: none"> Demonstrate ethical responsibility in environmental and occupational health. Show commitment to respectful care. Exhibit proactive attitudes toward disaster risk reduction. 	<ul style="list-style-type: none"> Self-directed reading. Peer debates and think-pair-repair activities. Prepare and present plenary sessions. Post reflections on LMS forums after flipped learning. 	<ul style="list-style-type: none"> Formative assessment: oral and written assignments. Portfolio: reflections, presentations. Rubrics for evaluation of understanding and application. 	<ul style="list-style-type: none"> Tulchinsky & Varavikova, Environmental & Occupational Health (2014). WHO Health Emergency & Disaster Risk Management Framework (2019). Yodmani S., Disaster Risk Management & Vulnerability Reduction.
2.2. Evaluate experiences of providing community midwifery care against respectful care principles.						



Module 29: Preceptorship and mentorship Midwifery Education

This module has two learning units

Unit 1: Preceptorship in Midwifery Education and Profession

Unit 2: Mentorship in Contemporary Midwifery Practice

Number of Credits: 14, equivalent to 140 Hours.

- **Theory: 50**
- **Practice: 90 (a) Simulation/Skills lab : 20 hours (b) Clinical placement: 70 hours**

Note: 70 Clinical hours will be covered in clinical attachment 6

Purpose statement:

This module equips learners with the skills and knowledge to explore and develop mentorship and preceptorship styles essential for guiding future midwifery professionals. Learners will delve into effective mentoring and preceptorship, identify exemplary models, and analyse the key attributes of successful mentors and clinical preceptors. They will reflect on their own mentorship traits and enhance their communication skills, focusing on providing constructive feedback and conducting health education.

Learning Outcomes

By the end of the module, the learner will be able to :

1. Describe effective mentorship and preceptorship skills.
2. Examine the principles of effective and supportive midwifery precepting in midwifery education.
3. Interpret the management of professional relationships – preceptor/preceptee.
4. Communicate positive and constructive feedback
5. Negotiate challenging situations in health-care delivery.

Competency 29: Raising the quality of knowledge and skills transmission

Learning Outcomes	Knowledge (Cognitive)	Skills (Psychomotor)	Attitude/Values/ Behaviour (Affective)	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 1: Preceptorship in Midwifery Education and Profession (35 Hours)						
1.1. Describe effective preceptorship skills in midwifery education	<ul style="list-style-type: none"> Explain the meaning of preceptorship. Identify key players, roles, and responsibilities. Describe models of preceptorship. Explain core elements: supervision, feedback, assessment, reflective practice, learning plans. 	<ul style="list-style-type: none"> Demonstrate effective communication and critical thinking as a preceptor. Conduct role play scenarios for preceptorship. Develop and document learning plans and reflections. 	<ul style="list-style-type: none"> Show commitment to lifelong learning. Demonstrate ethical management of professional relationships. Value collaborative learning and constructive feedback. 	<ul style="list-style-type: none"> Group debates on preceptorship strategies. Role-play scenarios. Document key elements from flipped learning. Forum discussions on group outcomes. 	<ul style="list-style-type: none"> Formative assessment: role-play scenarios, written evidence. Rubrics and peer learning assessment guidelines. 	<ul style="list-style-type: none"> NHS National Preceptorship Framework for Midwifery, UK (2023).- NMC Principles for Preceptorship, UK (2020).- Lancashire & South Cumbria Midwifery Preceptorship, Ver 1 (2021).
1.2. Examine the principles of effective and supportive midwifery precepting.						
1.3. Interpret the management of professional relationships – preceptor/preceptee.						
1.4. Negotiate challenging situations in health-care delivery.						

Learning Outcomes	Knowledge (Cognitive)	Skills (Psychomotor)	Attitude/Values/ Behaviour (Affective)	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning unit 2: Mentorship in Contemporary Midwifery Practice (35 Hours)						
2.1. Describe effective mentorship skills in midwifery practices.	<ul style="list-style-type: none"> Explain definition, principles, and types of mentorship. 	<ul style="list-style-type: none"> Apply mentorship strategies in practice. 	<ul style="list-style-type: none"> Exhibit commitment to lifelong learning. 	<ul style="list-style-type: none"> Group debates on mentorship strategies. 	<ul style="list-style-type: none"> Formative assessment: role-play scenarios, scenario based responses. 	<ul style="list-style-type: none"> International Confederation of Midwives (ICM) Mentoring Guidelines, Netherlands (2020).
2.2. Apply principles of effective and supportive mentoring in midwifery practices.	<ul style="list-style-type: none"> Describe roles and responsibilities of mentors. 	<ul style="list-style-type: none"> Conduct role Play mentorship scenarios. 	<ul style="list-style-type: none"> Demonstrate ethical management of mentor mentee relationships. 	<ul style="list-style-type: none"> Role-play mentorship scenarios. 	<ul style="list-style-type: none"> scenario based responses. 	<ul style="list-style-type: none"> Lennox, Skinner & Foureur, Mentorship, Preceptorship and Clinical Supervision, NZ College of Midwives Journal (2008).
2.3. Manage professional relationships between mentor and mentee in midwifery health-care training.	<ul style="list-style-type: none"> Distinguish mentorship from supervision and supportive supervision. 	<ul style="list-style-type: none"> Facilitate learning and provide constructive feedback. 	<ul style="list-style-type: none"> Value supportive and constructive mentoring. 	<ul style="list-style-type: none"> Document key elements from flipped learning. 	<ul style="list-style-type: none"> Summative assessment: written assignments on preceptorship or mentorship programme.- Rubrics for assessment. 	
2.4. Negotiate challenging situations in health-care delivery.	<ul style="list-style-type: none"> Explain mentorship cycle: preparation, negotiating agreements, enabling growth, closure. 	<ul style="list-style-type: none"> Document mentorship reflections. 		<ul style="list-style-type: none"> Forum discussions on outcomes. 		

MIDWIFERY PROGRAM DESCRIPTION YEAR IV, SEMESTER II: BACHELOR'S DEGREE IN MIDWIFERY SCIENCES.



Module 30: Dissertation, an Evidence-Based Practice Project/ Academic Writing Skills and Evidence-Based Practice

This Module has two learning Units

Unit 1: Seminars on Academic Writing Skills

Unit 2: Academic Writing Skills

Number of credits: 20, equivalent to 200 hours

- **Theory: 25 hours**
- **Practice: 150 (EBP protocol writing and gathering data) (a) Simulation: 0 hours (b) Clinical placement: 0 hour**

Purpose statement:

This module prepares students to understand how to integrate the best evidence with clinical expertise, critical thinking, and patient values for optimum care in midwifery practice. The project will include effective identification of a clinical problem, development of the PICO (patient/population, intervention, comparison and outcomes) framework to address the problem, as well as search strategies and appraisal of the related literature and synthesis of findings to support establishing evidence for midwifery practice.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Explain the steps of the Evidence-Based Practice (EBP) process, including practice questions and project planning, evaluating evidence, and translation into practice.
2. Identify the EBP team and define specific responsibilities for project leadership.
3. Identify potential stakeholders interested in the outcome, including midwives, health-care providers, patients, administrators, pharmacists, and quality improvement representatives.
4. Perform a literature search using key terms related to the EBP question.
5. Appraise the level and quality of each piece of evidence.
6. Summarize individual evidence effectively.
7. Synthesize findings of the best available evidence.
8. Distinguish ethical, legal, social, economic, and cultural considerations relevant to data collection and practice change.
9. Develop an EBP proposal including introduction, background, literature review, and methods.
10. Develop a questionnaire based on the PICO framework.
11. Submit the EBP proposal to the Institutional Review Board (IRB) associated with the university.

Competency 30: Integrate evidence into practice

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Seminars on Academic Writing Skills (25 Hours)						
1.1. Explain the steps of the EBP process, including practice question and project planning, evaluating the evidence, and translation into practice.	<ul style="list-style-type: none"> Explain foundations of EBP. Describe observational studies and research evidence generation. 	<ul style="list-style-type: none"> Reorganize literature review to develop proposal background. Prepare and submit EBP proposal. Collect, analyze, and interpret data Prepare for research project defence and budget planning. 	<ul style="list-style-type: none"> Demonstrate ethical responsibility in research. Value evidence-based practice. Show commitment to scholarly inquiry and rigor. 	<ul style="list-style-type: none"> Scrutinize indicative resources. Peer discussions and presentations. Consult mentors. Use social networking and LMS platforms for feedback. 	<ul style="list-style-type: none"> Formative assessment: submitted proposal. Portfolio assessment: EBP project proposal. Checklist: clarity of topic, alignment of literature review. 	<ul style="list-style-type: none"> Dang et al., Johns Hopkins EBP Model & Guidelines, 4th ed, 2022. WHO, Facilitating EBP in Nursing & Midwifery, 2022. Bishaw et al., Implementation of EBP in Clinical Decision-Making among Midwives, 2024.
1.2. Distinguish ethical, legal, social, economic, and cultural considerations as applicable to research and practice change.	<ul style="list-style-type: none"> Identify relevant research topics impacting midwifery practice. Understand PICO framework and IRB requirements. 					
1.3. Reorganize the relevant literature to address PICO						
1.4. Prepare an EBP proposal of relevance to midwifery practice for ethical clearance from IRB.						

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 2: Academic Writing Skills (175 Hours)						
2.1. Apply paraphrasing, quoting, summarizing, and referencing techniques within the EBP process.	<ul style="list-style-type: none"> Understand academic writing principles and structure. 	<ul style="list-style-type: none"> Conduct research under supervision. 	<ul style="list-style-type: none"> Demonstrate ethical and professional conduct in research. 	<ul style="list-style-type: none"> Workshops on academic writing. 	<ul style="list-style-type: none"> Summative assessment: EBP practice project submission. 	<ul style="list-style-type: none"> Institutional academic writing policy.
2.2. Demonstrate note-taking skills in the field to record evidence-based midwifery care.	<ul style="list-style-type: none"> Identify relevant electronic and offline information sources. 	<ul style="list-style-type: none"> Write EBP practice project protocol. 	<ul style="list-style-type: none"> Value accuracy, clarity, and integrity in scholarly writing. 	<ul style="list-style-type: none"> Guided use of electronic information sources and library. 	<ul style="list-style-type: none"> Portfolio assessment: progress of EBP practice project. 	<ul style="list-style-type: none"> Zemach & Rumisek, Academic Writing: From Paragraph to Essay.
2.3. Apply ethical principles and issues involved in data collection related to human subjects.	<ul style="list-style-type: none"> Knowledge of ethical principles in data collection. 	<ul style="list-style-type: none"> Use software tools and library resources effectively. 	<ul style="list-style-type: none"> Show perseverance and commitment to completing the research project. 	<ul style="list-style-type: none"> Supervised research activities. 	<ul style="list-style-type: none"> Evaluation by panel of experts. 	<ul style="list-style-type: none"> Jeffrey R. W., Academic Writing, 2022.
2.4. Apply strategies for writing cohesive academic essays, including introduction, body paragraph structure, and conclusion.		<ul style="list-style-type: none"> Apply academic writing and referencing techniques. 		<ul style="list-style-type: none"> Peer review and mentoring sessions. 		



Module 31: ***Comprehensive clinical placement*** **Year 4**

This module has five learning units:

Unit 1: Antenatal Care Services in Clinical Setting & Community

Unit 2: Obstetrics & Gynaecology

Unit 3: Post-Partum & Neonatology

Unit 4: Sexual & Reproductive Health

Unit 5: Community Midwifery & Paediatrics

Number of credits: 96, equivalent to 960 hours.

- **Theory: 0**
- **Practice: hours (a) Simulation: 0 hours (b) clinical placement: 960 hours**

Purpose Statement

This module is designed to consolidate and extend the knowledge, skills, and professional attitudes acquired in the Transition to Practice, Theory course by immersing students in a structured clinical placement of 960 hours (approximately 27 weeks). Through supervised practice alongside registered midwives and other skilled birth attendants, students will progressively assume greater responsibility for providing safe, evidence-based, and woman-centered maternity care.

Clinical rotations across all areas of maternity services, including antenatal, intrapartum, postnatal, neonatal, and community settings, will enable students to integrate theory into practice, strengthen clinical judgment, enhance interprofessional collaboration, and develop confidence and competence in preparation for independent professional practice.

Learning Outcomes

By the end of the module, the learner will be able to:

1. Demonstrate competence in the full scope of midwifery practice as an entry-level professional.
2. Justify clinical decisions and interventions to women and families, based on evidence and professional standards.
3. Interpret and apply the rights of clients and health-care professionals within midwifery practice.
4. Assume responsibility for self-care, reflective practice, and ongoing professional development as a midwife.
5. Provide comprehensive postnatal care to women with normal recovery.
6. Anticipate, identify, and initiate timely interventions for postnatal complications to safeguard maternal health.
7. Perform essential newborn care practices, including detection, stabilization, and management of neonatal health problems
8. Educate parents on anticipatory guidance to promote safe transition to parenthood and newborn well-being.
9. Demonstrate effective, respectful, and culturally sensitive communication with women, including those who are vulnerable or marginalized.
10. Collaborate with interprofessional teams, families, and community groups to promote maternal and newborn health.
11. Facilitate supportive partnerships with women and their families to enhance shared decision-making in maternity care.

Competency 31: Creating self-confidence and self-esteem in caring for a woman seeking health-care services						
Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 1: Antenatal Care Services in Clinical Setting & Community (160 hrs)						
1.1. Utilize gained competencies to solve problems in antenatal care services.	<ul style="list-style-type: none"> Explain physiological and psychological changes during pregnancy 	<ul style="list-style-type: none"> Conduct antenatal assessments and individualized care plans. 	<ul style="list-style-type: none"> Show empathy, respect, and cultural sensitivity 	<ul style="list-style-type: none"> Group discussions on pregnancy changes. 	<ul style="list-style-type: none"> OSCE, case presentations, daily logbook, reflective journal, clinical portfolio. 	WHO guidelines (2016), Rwanda ANC quality studies, clinical protocols.
1.2. Propose established techniques of enquiry or research methods.	<ul style="list-style-type: none"> Identify nutrition and lifestyle factors affecting antenatal outcomes. 	<ul style="list-style-type: none"> Support women in pregnancy preparation, labour, and post-partum life. 	<ul style="list-style-type: none"> Maintain professional accountability in antenatal services. 	<ul style="list-style-type: none"> Case-based problem-solving. 		
1.3. Demonstrate working autonomy in antenatal service.				<ul style="list-style-type: none"> Role play and simulation. Clinical rotations under preceptor guidance. 		
Learning Unit 2: Obstetrics & Gynaecology (160 hrs)						
2.1. Autonomously apply infection control in OBGYN.	<ul style="list-style-type: none"> Recall infection prevention guidelines. 	<ul style="list-style-type: none"> Monitor maternal/fetal status. 	<ul style="list-style-type: none"> Demonstrate confidence and ethical conduct under pressure. 	<ul style="list-style-type: none"> Simulated birthing scenarios. 	<ul style="list-style-type: none"> OSCE, clinical checklist, case-based discussions, supervisor evaluations. 	Facility protocols, WHO intrapartum care guidelines.
2.2. Perform gynecological examinations and manage conditions.	<ul style="list-style-type: none"> Explain pathophysiology of obstetric complications. 	<ul style="list-style-type: none"> Assist in labour and birth. 	<ul style="list-style-type: none"> Show teamwork and accountability. 	<ul style="list-style-type: none"> Clinical observation & supervised practice. 		
2.3. Interpret maternal and fetal vital signs.	<ul style="list-style-type: none"> Identify criteria for emergency interventions. 	<ul style="list-style-type: none"> Manage emergencies such as PPH or shoulder dystocia. 		<ul style="list-style-type: none"> Pre-briefing & debriefing. 		
2.4. Provide comprehensive intrapartum care.				<ul style="list-style-type: none"> Interprofessional teamwork. 		
2.5. Intervene in obstetric emergencies.						

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 3: Post-Partum & Neonatology (240 hrs)						
3.1. Apply infection control in post-partum and neonatology	<ul style="list-style-type: none"> Explain breastfeeding physiology & benefits. 	<ul style="list-style-type: none"> Manage neonatal complications. 	<ul style="list-style-type: none"> Show compassion and respect for mother–infant dyad. 	<ul style="list-style-type: none"> Case studies & simulation. CPD/self-directed learning. Seminar presentations. Clinical demonstration with feedback. 	<ul style="list-style-type: none"> OSCE, reflective journals, clinical portfolio, direct observation. 	<ul style="list-style-type: none"> WHO newborn care protocols, Rwanda neonatal care guidelines.
3.2. Manage post-partum and neonatal conditions.	<ul style="list-style-type: none"> Identify danger signs in mother and newborn 	<ul style="list-style-type: none"> Provide breastfeeding counseling. 	<ul style="list-style-type: none"> Uphold professional ethics and responsibility. 			
3.3. Support breastfeeding and address problems.	<ul style="list-style-type: none"> Understand neonatal resuscitation principles. 	<ul style="list-style-type: none"> Perform post-partum assessments and interventions. 				
3.4. Demonstrate ethical decision-making.						
Learning Unit 4: Sexual & Reproductive Health (275 hrs)						
4.1. Provide quality midwifery care respecting gender, ethical and legal aspects.	<ul style="list-style-type: none"> Describe SRH services and family planning methods Explain pathophysiology of STIs and HIV. Identify community SRH needs. 	<ul style="list-style-type: none"> Provide contraceptive services. Manage common SRH conditions. Integrate prevention strategies for HIV, TB, malaria. 	<ul style="list-style-type: none"> Respect gender equity and human rights. Demonstrate non-discrimination and advocacy. 	<ul style="list-style-type: none"> Clinical observation & supervised practice. Simulation of SRH scenarios. Case-based group discussions. CPD activities. 	<ul style="list-style-type: none"> OSCE, case studies, reflective journals, logbook. 	<ul style="list-style-type: none"> Facility protocols, WHO SRH guidelines, HIV/TB/Malaria manuals.
4.2. Deliver appropriate reproductive health services.						
4.3. Demonstrate understanding of reproductive physiology and family planning.						
4.4. Demonstrate understanding of emerging/re-emerging diseases in SRH.						

Learning Outcomes	Knowledge	Skills	Attitude/ Behaviour	Teaching Strategies / Learning Activities	Assessment Methods	Resources
Learning Unit 5: Community Midwifery & Paediatrics (120 hrs)						
<p>5.1 Apply quality improvement for women's safety.</p> <p>5.2 Identify children at risk of abuse or neglect.</p> <p>5.3 Use the nursing process in management of paediatric illnesses.</p> <p>5.4 Demonstrate understanding of socio-cultural factors affecting women's life cycle.</p>	<ul style="list-style-type: none"> Explain determinants of maternal and child health. Identify signs of child abuse and neglect. Recall paediatric growth and development milestones. 	<ul style="list-style-type: none"> Conduct community health assessments. Manage acute and chronic paediatric illnesses. Implement safety initiatives in women's environments. 	<ul style="list-style-type: none"> Demonstrate cultural humility and advocacy. Show community engagement and accountability. 	<ul style="list-style-type: none"> Community fieldwork & outreach. Group debates. Simulation-based practice. Supervised case management. 	<ul style="list-style-type: none"> Case presentations, OSCE, clinical portfolio, community project reports. 	<p>WHO child health guidelines, Rwanda community health protocols.</p>

COMPREHENSIVE CLINICAL PLACEMENT YEAR IV, SEMESTER I&II: ASSESSMENT CHECKLIST

Student Name:
 Year/Semester:
 Clinical Placement Site:
 Preceptor/Supervisor:
 Dates of Placement:

1. Antenatal Care

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains physiology of pregnancy and normal maternal adaptation.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Performs complete antenatal assessment (history, physical exam, vital signs, abdominal palpation, fetal heart monitoring).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies maternal/fetal danger signs and documents findings accurately.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Provides counselling on nutrition, birth preparedness, and danger signs.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Demonstrates respect, empathy, and confidentiality with pregnant women.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

2. Intrapartum / Labour & Delivery Care

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Describes stages of labour, partograph use, and safe delivery practices.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Assesses and monitors labour progress using a partograph.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Conducts normal vaginal delivery safely under supervision.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Assists in emergency situations (e.g., PPH, shoulder dystocia, eclampsia).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Practices infection prevention and control at all times.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Provides woman-centered care, ensuring dignity and cultural sensitivity.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

3. Postnatal Care (Mother & Newborn)

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains physiology of puerperium and newborn adaptation.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Provides postnatal examination for the mother (lochia, uterine involution, vitals).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Performs essential newborn care (thermal regulation, cord care, breastfeeding initiation).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies and responds to complications (maternal sepsis, neonatal jaundice, poor feeding).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/Behaviour	Encourages bonding and provides psychosocial support.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

4. Sexual & Reproductive Health (SRH)

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains family planning methods and reproductive rights.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Provides counselling and education on contraception.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Assists in provision of contraceptive methods (pills, injectables, condoms, IUD insertion observation/assistance).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies and manages common SRH problems (e.g., STIs) or refers appropriately.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/Behaviour	Respects client privacy, confidentiality, and informed choice.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

5. Community & Public Health Engagement

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Explains principles of health promotion and disease prevention.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Skills	Conducts community education sessions (ANC, breastfeeding, family planning, child spacing).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Participates in community outreach or home visits for follow-up.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Identifies children/women at risk (abuse, malnutrition, neglect) and follows referral pathways.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/Behaviour	Engages respectfully with community leaders and groups.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

6. Professionalism & Communication

Competency Area	Observable Criteria	Score (1–3)	Comments
Knowledge	Understands professional code of ethics and client rights.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Communicates effectively with women, families, and healthcare team members.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Provides clear explanations before and after procedures.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Uses documentation and reporting tools accurately.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Attitude/ Behaviour	Demonstrates accountability, punctuality, self-care, and openness to feedback.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Rating Scale

- 3 – Competently Demonstrated
- 2 – Partially Demonstrated (needs improvement/supervision)
- 1 – Not Demonstrated

Supervisor's Overall Feedback

.....

.....

.....

.....

Supervisor's Signature:

Date:

Student's Signature

Date:



PART III :

**GUIDELINES FOR THE
IMPLEMENTATION
OF THE BENCHMARK
CURRICULA IN
MIDWIFERY
SCIENCES**



3.1 Introduction

This implementation guideline provides detailed instructions and guidance to Higher Learning Institutions, government agencies, midwifery training regulatory bodies, and other stakeholders on the effective implementation of the standardized midwifery curriculum. It outlines curriculum content, teaching and learning strategies, assessment methods, and quality assurance mechanisms. The guidelines serve as a roadmap to support educators, administrators, and stakeholders to collaborate and ensure the successful integration of this curriculum into midwifery education programs in Rwanda.

3.3 General objective

The general objective of implementing guidelines for the benchmark midwifery curriculum is to ensure that the curriculum is delivered in a high-quality, efficient, and effective manner. By setting clear standards for teaching, clinical training, resource allocation, and evaluation, these guidelines guarantee that midwifery students receive the best possible education, and that the curriculum continues to evolve in response to the changing needs of maternal and neonatal care both nationally and globally.

3.4 Specific objectives

- To provide a clear, structured framework for delivering the midwifery curriculum consistently across various educational settings and institutions.
- To establish clear and practical instructions for educators on how to teach and implement the curriculum.
- To ensure that the curriculum implementation responds to the needs of the health system, including maternal and neonatal health priorities.
- To provide specific guidance on how to organize and manage clinical placements, mentoring, and supervision to maximize learning outcomes.
- To define the resources (e.g., facilities, equipment, staffing, and teaching materials) required for effective curriculum implementation.
- To provide a framework for integrating interprofessional learning opportunities within the curriculum and fostering collaboration between midwifery students and other healthcare professionals.
- To set out procedures for continuously monitoring and evaluating the implementation of the curriculum to ensure quality and relevance.
- To provide guidelines on how to create a supportive learning environment that focuses on students' needs, learning styles, and developmental progress.
- To guide the integration of ethical principles, professional standards, and codes of conduct into the implementation of the curriculum.
- To ensure that instructors and facilitators have access to professional development opportunities to stay updated on best practices and new developments in midwifery education.
- To provide flexibility in curriculum implementation to accommodate the unique context, culture, and resources of each educational setting.
- To create a culture of lifelong learning and professional growth within midwifery curriculum and across the midwifery community.
- To establish clear accountability mechanisms for the implementation of the curriculum, ensuring that all stakeholders are responsible for their roles.

3.5 Scope of Implementation Guideline

The scope for the implementation guidelines ensures that all aspects of the curriculum's adoption, from content development to delivery, assessment, and long-term sustainability, are clearly defined and effectively managed across the educational system. These guidelines apply to the benchmark curricula of both undergraduate and graduate midwifery training programs and will be implemented by all health profession training institutions following approval by the relevant authorities.

Any Higher Learning Institution wishing to offer Midwifery education in Rwanda shall be required to demonstrate that it has the required infrastructures and qualified human resources necessary for the delivery of a competence-based curriculum delivery.

Upon approval of this curriculum, all Higher Learning Institutions offering Midwifery education shall start phasing out the existing Midwifery curricula and adopt this benchmark curriculum for all new admissions and enrollments in midwifery programmes.



Roles and Responsibilities

No.	Responsible Institution/ Organ	Roles
1	Ministry of Health	<ul style="list-style-type: none"> • Ensure alignment of the curriculum with national health policies, workforce strategies, and standards • Analyze workforce requirements to ensure the curriculum meets the demand for competent midwives in the healthcare system. • Facilitate intersectoral collaboration with the Ministry of Education, Higher Learning Institutions, and health professional councils for Curriculum development and implementation. • Mobilize funds to support curriculum rollout, including training of trainers, teaching materials, and infrastructure • Support continuous professional development for faculty and practitioners in midwifery education • Support the integration of licensing exams and competency assessments as part of curriculum evaluation • Ensure Teaching hospitals, Level two teaching hospitals and other health facilities are adequately equipped and staffed to support high-quality clinical learning experiences. • Establish guidelines and standards for clinical mentorship and supervision • Evaluate outcomes to ensure the curriculum achieves its intended objectives, including improved maternal and newborn health outcomes • Engage academic institutions, regulatory bodies, and development partners in curriculum planning, implementation and periodic review processes
2	Ministry of Education	<ul style="list-style-type: none"> • Develop policies for effective benchmarking, curriculum development, implementation and monitoring • Provide resources and support to educational institutions to ensure the successful delivery of the midwifery curriculum. • Oversee the implementation of the curriculum in public and private midwifery schools and Higher Learning Institutions. • Promote continuous professional development in pedagogy, curriculum delivery, and assessment methods • Establish a National Health Quality Assurance Education Committee mandated to provide strategic oversight and guidance on the quality, standards, and continuous improvement of health training programs across the country.

No.	Responsible Institution/ Organ	Roles
3	Higher Education Council	<ul style="list-style-type: none"> • Review and accredit the midwifery benchmark curriculum in accordance with national higher education standards • Ensure alignment of the curriculum with the National Qualification Framework (NQF), National standards competency-based education principles, and professional requirements. • Ensure that clinical placements replicate authentic workplace conditions to adequately prepare students for professional practice, including assigning students to night duties and other shift schedules consistent with midwifery practice. • Monitor implementation of the curriculum through periodic institutional audits, reports, and evaluations. • Collaborate with the Ministry of Health, Ministry of Education, and professional councils to ensure cohesion in policy and implementation. • Monitor the quality of education provided in midwifery programs to ensure they meet national standards. • Encourage research and innovation related to midwifery education and practice to enhance the curriculum and training methods. • Promote the digitalization of Midwifery education, including the effective use of Information and Communication in Education in teaching and learning • Curriculum implementation monitoring • Develop standards for Midwifery training
4	National council of nurses and midwives	<ul style="list-style-type: none"> • Establish national standards for midwifery practice, including skills/simulation labs ensuring the curriculum prepares students adequately. • Incorporate the licensing examination into the academic calendar, ensuring it is administered prior to students' graduation. • Formulate and implement a comprehensive Continuing Professional Development (CPD) policy for midwives to ensure they remain current with evolving best practices, emerging technologies, and advancements in midwifery education and clinical care. • Advocate for the implementation of the curriculum within the health system and provide guidance on effective practices. • Ensure that the midwives' scope of practice is aligned with the benchmark curricula. • Develop the blue print of the curriculum.

No.	Responsible Institution/ Organ	Roles
5	Higher Learning Institutions	<ul style="list-style-type: none"> • Organize training for educators and clinical mentors to ensure effective delivery of the curriculum • Collaborate with health authorities and professional organizations to adapt benchmark curriculum, aligning it with national and international standards while addressing community needs for professional practice. • Provide professional development for faculty in the latest practices and pedagogical methods relevant to midwifery. • Ensure that adequate resources, such as textbooks, simulation labs, and clinical placement opportunities, are available to support effective curriculum implementation. • Establish strategies to attract student’s enrollment in midwifery profession education are adapted and inclusive. • Encourage partnerships with other health disciplines to enhance learning experiences and promote holistic care approaches in midwifery education. • Develop a robust assessment method to evaluate student competencies and the effectiveness of the curriculum. • Foster connections with local health services provide students with practical experiences and insight into community health needs. • Advocate for maintaining high educational and professional standards in midwifery, contributing to policy development and workforce planning. • Promote research in midwifery practice and education to continuously improve the curriculum and address emerging health issues. • Integrate training on cultural competence to prepare midwifery students to work effectively in diverse communities. • Develop assessment tools to evaluate the effectiveness of the curriculum • Promote a culture of lifelong learning among students and graduates to ensure that midwives stay current with evolving practices and knowledge in the field. • Ensure that qualified preceptors are available to mentor students during clinical placements. • Develop the blue print of the curriculum. • Arrange and manage clinical placements to reflect real workplace conditions by scheduling students for night duties and rotational shifts in line with midwifery practice.
6	Stakeholders	<ul style="list-style-type: none"> • Organize faculty development programs focusing on the latest midwifery practices, teaching methodologies, and assessment techniques. • Provide grants for Midwifery research projects that contribute to the advancement of the field. • Invest in simulation labs to offer students realistic and hand-on training experiences. • Support the implementation of e-learning platforms, and Artificial intelligence (AI) enabling students and lecturers to access educational resources effectively. • Support infrastructure development to ensure institutions have the necessary resources to deliver high-quality education

3. 6. Compliance and Standards

3.6.1 Legislative compliance and standards

The implementation of the Benchmarked Midwifery curriculum shall adhere to the Rwanda education Law, the Rwanda Qualification Framework national, regional and international midwifery professional standards.

3.6.2 Midwifery Core Lecturer

To equip students with essential knowledge, skills, and attitudes necessary for effective practice in the healthcare field, implementing Higher Learning Institutions shall be required to have and maintain the required ratio of lecturer- student as provided by the Higher Education Council and relevant Professional Regulatory Bodies.

To qualify as a core lecturer of the Midwifery programme:

- For Bachelors of Science degree in Midwifery, he/she shall possess a Bachelor's degree in Midwifery and a Master's in Midwifery, with the expertise needed in Midwifery education,
- For the Master of Science in Midwifery, a core lecturer shall be required to have a PhD in Midwifery or related field of expertise¹.

Each Higher Learning Institutions seeking to implement this benchmark curriculum shall organize refresher training of the academic staff and supporting staff on the use of this competency-based curriculum for Midwives. The same refresher training shall be organized for every newly hired academic staff. Higher Learning Institutions implementing this benchmark shall plan and conduct annual clinical professional development training for lecturers to ensure that the theoretical teaching is aligned with the practical bedside skills required for midwifery practice.

3.6.3 Midway entry, credit transfer and upgrading

Graduates with an Advanced Diploma in Midwifery who wish to upgrade to a Bachelor of Science (BSc) in Midwifery shall complete only the BSc modules not covered in the Advanced Diploma. These modules may be completed in one year for full-time regular students or two years for part-time full-time students.

Credit transfer, mid-way entry, and program upgrading shall be governed by the general academic regulations of each Higher Learning Institution implementing this Benchmark curriculum.

Note: Clinical placements should closely replicate real workplace conditions to better prepare students for professional practice. Throughout their training, students should be assigned to night shifts and other duty schedules that reflect the actual demands of midwifery practice.

¹ Inter-University Council for East Africa (IUCEA), 2022; Inter-University Council for East Africa, 2021, PRESIDENTIAL ORDER N°51/01, 2010.

3.6.4 Monitoring and Evaluation (M&E)

Monitoring and evaluation (M&E) are critical components of any program or curriculum. This section ensures that the Benchmark Midwifery Curriculum is continually assessed for effectiveness, and that necessary improvements are made based on data-driven insights. By clearly outlining the M&E process, stakeholders can track progress, ensure quality, and adjust strategies to meet evolving needs.

The quality assurance system of each Higher Learning Institution, regulatory bodies, education and health policy makers shall continuously monitor curriculum effectiveness and make necessary adjustments based on feedback, data, reports, educational standards, students' needs and labour market demands. The comprehensive curriculum review will be conducted after 5 years of implementation.

This implementation guideline shall be approved together with the benchmark curricula.

Key indicators	Activities	Frequency	Responsible
# of midwifery faculty that have had formal preparation for teaching	Organize faculty development workshops and seminars	On needs	Higher Learning Institutions offering Midwifery training
# of midwifery faculty qualified to teach their respective module	Recruitment of qualified faculties across all modules	Continuous	Higher Learning Institutions offering Midwifery training
# of head of department qualified to lead the department	Appointment of qualified head of department	Continuous	Higher Learning Institutions offering Midwifery training
# of midwifery faculty trained on how to teach competency-based curriculum.	1. Organize training on higher professional education 2. Customization of Learning Management System 3. Induction of newly recruited staff	At least one time per academic year, preferably at the beginning of the academic year	Higher Learning Institutions offering Midwifery training
# Individuals from other disciplines who teach in the midwifery curriculum are qualified in the content they teach.	Identify the potential candidates from midwifery sister disciplines	At least once per academic year, at the beginning of the academic year	Higher Learning Institutions offering Midwifery training
# higher learning institutions implemented the benchmark curricula.	Physical verification	At least once per year	Higher Education Council
# of higher learning institutions that have undertaken annual review workshops.	Report on the workshop outcomes	Once at the end of each academic year	Higher Learning Institutions offering Midwifery, Professional regulatory bodies, and relevant Professional associations

3.7 Anticipated Barriers and Mitigation Strategies for Curriculum Implementation

Category	Barrier	Proposed Mitigation Strategies
Knowledge/ Training	Limited awareness or understanding of competency-based curriculum	<ul style="list-style-type: none"> • Conduct comprehensive training and orientation workshops for faculty and staff. • Develop user-friendly manuals and guides on competency-based curriculum (CBC). • Implement mentorship programs pairing experienced CBC educators with less experienced staff.
Governance/ Coordination	Poor coordination between Ministry of Health (MoH), Ministry of Education (MINEDUC), Higher Education Council (HEC), and National Council of nurses and midwives.	<ul style="list-style-type: none"> • Establish a joint steering committee with representatives from all relevant bodies. • Schedule regular coordination meetings and progress reviews. • Develop clear roles, responsibilities, and communication protocols among stakeholders.
Quality Assurance	Inconsistent quality assurance mechanisms	<ul style="list-style-type: none"> • Standardize quality assurance guidelines and assessment tools across institutions. • Provide training for QA personnel on competency-based curriculum evaluation. • Conduct periodic audits and peer reviews to ensure consistent quality.
Financing	Insufficient financial resources for curriculum rollout and sustainability	<ul style="list-style-type: none"> • Advocate for government budget allocations and donor support for curriculum implementation. • Develop cost-sharing strategies among institutions and stakeholders. • Prioritize key areas for initial investment and phase in additional resources gradually.
Change Management	Resistance to change from faculty and institutions	<ul style="list-style-type: none"> • Conduct awareness campaigns highlighting benefits of the new curriculum. • Involve faculty in curriculum design and decision-making to increase ownership. • Provide incentives and recognition for early adopters and successful implementers.
Academic Resources	Lack of teaching and learning materials aligned to the new curriculum	<ul style="list-style-type: none"> • Develop and provide curriculum-aligned textbooks, guides, and digital resources. • Encourage collaborative content development among institutions. • Promote access to online learning platforms and Open Educational Resources (OER).
M&E	Insufficient capacity for monitoring and evaluation	<ul style="list-style-type: none"> • Train staff on M&E methods and data management specific to competency-based curricula. • Develop standardized M&E frameworks, tools, and reporting templates. • Partner with external experts or institutions to support initial M&E implementation.

3.8 Curriculum Evaluation and Assessment

Evaluation Domain	Indicators	Assessment Methods	Responsible Institutions
Curriculum Delivery	<ul style="list-style-type: none"> Alignment of curriculum with NQF and defined competencies Effective integration of theory and practice 	<ul style="list-style-type: none"> Document review Classroom observation 	HEC, MINEDUC, Training Institutions
Faculty Capacity	<ul style="list-style-type: none"> Number of qualified educators Participation in CPD and ToT programs 	<ul style="list-style-type: none"> Staff qualification audits Review of training records 	HEC, HPTIs
Infrastructure Readiness	<ul style="list-style-type: none"> Availability of teaching and learning materials Functionality of skills laboratories and equipment 	<ul style="list-style-type: none"> Facility inspections Inventory checklists 	MINEDUC, HEC, HPTIs
Clinical Placement Quality	<ul style="list-style-type: none"> Number and quality of accredited placement sites Adequate mentor-to-student ratios 	<ul style="list-style-type: none"> Site evaluations Student feedback surveys 	HEC, MoH, Training Institutions, Teaching Hospitals
Student Learning Outcomes	<ul style="list-style-type: none"> Academic performance Licensing exam pass rates Demonstrated clinical competencies 	<ul style="list-style-type: none"> Academic record review OSCE results Licensing examination data 	HPTIs, HEC, NCNM
Graduate Performance	<ul style="list-style-type: none"> Graduate employment rates Employer satisfaction Contribution to service delivery 	<ul style="list-style-type: none"> Tracer studies Employer satisfaction surveys 	HEC, MoH HLIs, Development Partners
Governance and Coordination	<ul style="list-style-type: none"> Frequency and effectiveness of coordination meetings Existence and implementation of national guidelines 	<ul style="list-style-type: none"> Review of meeting minutes Policy analysis 	MoH, MINEDUC, HEC
Monitoring and Evaluation	<ul style="list-style-type: none"> Availability and use of M&E tools Regular reporting from training institutions 	<ul style="list-style-type: none"> Analysis of M&E reports Institutional audits 	HEC, MoH, MINEDUC

REFERENCES

- Fullerton JT, Thompson JB, Johnson P. Competency-based education: the essential basis of pre-service education for the professional midwifery workforce. *Midwifery*. 2013 Oct;29(10):1129-36. doi: 10.1016/j.midw.2013.07.006.
- International Confederation of Midwives. Standards for Midwifery Education. 2021. https://internationalmidwives.org/wp-content/uploads/global-standards-for-midwifery-education_2021_en.pdf
- International Confederation of Midwives. Essential Competencies for Midwifery Practice 2019. <https://internationalmidwives.org/resources/essential-competencies-for-midwifery-practice/>
- International Confederation of Midwives. Essential competencies- Assessment Guide. 2023. https://internationalmidwives.org/wp-content/uploads/en_21122022_icm-competencies-assessment-guide_final-draft-1.pdf
- Renfrew MJ, McFadden A, Bastos MH, Campbell J, Channon AA, Cheung NF, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*, 2014;384(9948):1129-1145. ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3).
- Solnes Miltenburg A, Kvernflaten B, Meguid T, Sundby J. Towards renewed commitment to prevent maternal mortality and morbidity: learning from 30 years of maternal health priorities. *Sexual Reproductive Health Matters*. 2023;31(1):2174245. doi:10.1080/26410397.2023.2174245
- United Nations Educational, Scientific and Cultural Organization (UNESCO). International Bureau of Education. What makes a quality curriculum? 2016. <https://unesdoc.unesco.org/search/9516c3b7-bc1c-47c2-a9a6-6d5ce08154b9>
- World Health Organization. Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality. 2023. https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_12-en.pdf
- MINEDUC. (2021). Ministerial Orders on Standards, Curriculum & RQE. 1–295.
- Health Professions Training Institutions standards/MoH 2022



P.O. Box 6311
Email: info@hec.gov.rw
www.hec.gov.rw

