

রেজিস্ট্রারের কার্যালয়
বাংলাদেশ নার্সিং ও মিডওয়াইফারি কাউন্সিল
২০৩ শহীদ সৈয়দ নজরুল ইসলাম সরনী, বিজয়নগর, ঢাকা-১০০০
www.bnmc.gov.bd

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মতামত প্রদান সংক্রান্ত

এতদ্বারা সর্বসাধারণের অবগতির জন্য জানানো যাচ্ছে, বাংলাদেশ নার্সিং ও মিডওয়াইফারি কাউন্সিল আইন অনুযায়ী ৩ বছর মেয়াদি ডিপ্লোমা ইন মিডওয়াইফারি কোর্স কারিকুলামটি হালনাগাদের খসড়া প্রণয়ন করা হয়েছে (কপি সংযুক্ত)। পরিকল্পনা মোতাবেক উক্ত কারিকুলাম অনুমোদন পূর্বক ২০১৯-২০২০ শিক্ষাবর্ষ হতে বাস্তবায়নের লক্ষ্যে খসড়ার উপর সংশ্লিষ্টদের মূল্যবান মতামত প্রদানের জন্য অনুরোধ করা যাচ্ছে।

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সংযুক্তঃ হালনাগাদ কারিকুলামের খসড়া।



(সুরাইয়া বেগম)

রেজিস্ট্রার

বাংলাদেশ নার্সিং ও মিডওয়াইফারি কাউন্সিল
ই-মেইলঃ info@bnmc.gov.bd

সদয় অবগতি ও কার্যার্থে (জ্যেষ্ঠতারক্রমানুসারে নয়)ঃ

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৪. রেজিস্ট্রার, বাংলাদেশ মেডিকেল এন্ড ডেন্টাল কাউন্সিল/সচিব, ফার্মেসী কাউন্সিল, ঢাকা।
৫. উপসচিব (সকল) স্বাস্থ্য সেবা বিভাগ/ স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
৬. মন্ত্রীর একান্ত সচিব স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় (মাননীয় মন্ত্রী মহোদয়ের সদয় অবগতির জন্য অনুরোধ করা হলো)।
৭. সচিবের একান্ত সচিব, স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ (সচিব মহোদয়ের সদয় অবগতির অনুরোধসহ)।
৮. পরিচালক/তত্ত্বাবধায়ক/সিভিল সার্জন (সকল).....
৯. পরিচালক/ অধ্যক্ষ, সকল নার্সিং ও মিডওয়াইফারি শিক্ষা প্রতিষ্ঠান (সকল).....
১০. প্রতিনিধি, WHO/ UNFPA/JICA/KOICA, ব্র্যাক, ঢাকা।
১১. সভাপতি, বাংলাদেশ মেডিক্যাল এসোসিয়েশন/ ওজিএসবি/ বাংলাদেশ নার্সেস এসোসিয়েশন/বাংলাদেশ মিডওয়াইফারি সোসাইটি।
১২. সহকারী প্রোগ্রামার (বিজ্ঞপ্তিটি ওয়েব সাইটে প্রকাশের নির্দেশসহ), বিএনএমসি।
১৩. জনাব/ বেগম.....

Diploma in Midwifery Curriculum 2019



Bangladesh Nursing and Midwifery Council

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Introduction

The Diploma in Midwifery is an integral part of the strategic direction of the Bangladesh

Government to increase the midwifery workforce and decrease maternal and infant mortality and morbidity in Bangladesh. Following the MDGs, the Government of Bangladesh has been taken initiative to introduce professional Midwives in the health care delivery system as an integral part to the achievement of target of Sustainable Development Goals 3 (Good Health and Well-being for all) (SDGs) by 2030.

It is imperative that if Bangladesh is to meet these goals the country has a skilled, competent midwifery workforce to provide quality maternal and newborn health care as and when needed. Bangladesh seeks to reduce its maternal mortality ratio from 193 per 100,000 and the newborn mortality rate of 50/1000 births if it is to reach the targets of the SDG goals by 2030.

Midwives have expertise in normal pregnancy, birth and postnatal and will recognize when things deviate from the normal. They appropriately advocate, consult with and refer to obstetricians or other medical doctors. Additionally, midwives are competent in a number of skills in which a midwife, either through delegated responsibility or an emergency situation, needs to be competent to save lives. Midwives provide highly skilled midwifery care to women and newborns, and thus contribute to attainment of Sustainable Development Goals (SDGs) by 2030.

This curriculum is informed by the International Confederation of Midwives' (ICM) Standards for Education and it prepares midwives to meet the ICM competencies for practice and aims to prepare midwives to practice autonomously across the scope of midwifery practice.

¹ Streatfield, P., Arifeen, S., Al-sabir, A., & Jamil, K. (2010). Bangladesh Maternal Mortality and Health Care Survey (2010). Retrieved September 6th, 2011, from http://www.dghs.gov.bd/dmdocuments/BMMS_2010.pdf

² National Institute of Population Research and Training (NIPORT) (2007). Bangladesh Demographics and Health Survey 2007. Retrieved January 4th, 2010, from <http://www.measuredhs.com/pubs/pdf/FR207/FR207%5BApril-10-2009%5D.pdf>

Description of the programme

1. Title of the Programme: Diploma in Midwifery
2. Duration of Training: The duration of the diploma in midwifery educational program is three years.
3. Qualification Awarded: A certificate will be awarded by Bangladesh Nursing and Midwifery Council (BNMC).
4. Licensure: Licensure will be provided by Bangladesh Nursing and Midwifery Council to practice as a Registered Midwife in Bangladesh upon successful completion of the curriculum and licensure test (Comprehensive examination).

Reasons for updating the curriculum

A curriculum needs to stay relevant to the current regulatory and evidence base for midwifery in Bangladesh. For this reason, it is important to assess and update the curriculum at regular intervals in terms of advanced medical technology, social needs, emerging health issues and innovative health care delivery systems. In addition to these, the existing curriculum was modified for the following reasons:

1. To maintain uniformity of the educational quality across the country, a process for standardized annual testing will be initiated.
2. The existing examination system in the curriculum was converted from a semester system to yearly system.
3. Subjects were condensed, overleaping content was removed, and gaps in content, inconsistency between theory and practice hours, and confusion around the assessment system were addressed.
4. Presently the examinations of Midwifery course are being conducted by local institutions. Due to some anomalies and mismanagement related to examinations, the Government has taken decision to conduct the annual examinations by BNMC.

Philosophy

It is the foundation for any educational program. From this view of point Bangladesh Nursing and Midwifery Council and its members adopt the following certain beliefs that:



Figure One: Philosophy of Midwifery Curriculum

1. The woman

The woman is at the centre of midwifery practice. This places the emphasis on the important person, the woman, and it ensures that midwifery care is carried out in a way in which the woman is a priority and is empowered. The midwife advocates for women in a number of areas including reproductive health and rights. The woman is recognized as a unique being within the context of her family and community, and is respected and treated with dignity.

2. The maternity experience.

The maternity experience is a term that refers to the process of pregnancy, labour, birth and the first six weeks after birth. The maternity experience is a normal life event. The woman and the midwife work together to ensure an optimal outcome, and when complications arise medical help is accessed. Factors that impact on the maternity experience for a woman and her family (e.g. environmental, socio-economic and cultural influences) are recognized as integral to the provision of quality midwifery care.

3. The midwife

The midwife works in partnership with the woman and her family throughout the maternity experience. The midwife is someone who has completed a recognized educational programme in midwifery and is licensed by the Bangladesh Nursing and Midwifery Council as a registered midwife.

The Bangladesh Nursing and midwifery Council and Bangladesh Midwifery Society accept the International Confederation of Midwives (ICM) definition of a midwife (2011):

A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.³

This curriculum recognizes that the student midwife undertakes a journey through which she learns that the midwife-woman relationship is based on trust, respect and professionalism. The midwife brings her own values, beliefs and cultural background, and develops her personal and professional qualities to give optimal care. The midwife informs, counsels and empowers the woman and her family to ensure they achieve a safe and healthy pregnancy, birth and postnatal period.

The midwife understands the ethical, legal and professional standards that inform midwifery practice. This means that while the midwife must acquire knowledge and skills to give safe effective care, she must do this within a scope of professionalism and woman-centered care.

The midwife must provide safe midwifery clinical service. The midwife engages actively with the woman: watching, anticipating, acting and reflecting. The midwife practices in a way that is respectful of and in accordance with the social and cultural norms of the country

³ International Confederation of Midwives. ICM international definition of a midwife (revised June 15th 2011). Retrieved September 2nd, 2011 from <http://www.internationalmidwives.org/Portals/5/2011/Definition%20of%20the%20Midwife%20-%202011.pdf>

5. Health

Health is complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity. This definition of health from the World Health Organization also includes sexual reproductive health, rights, processes and functions. Implicit in this understanding of health is the right to be informed and to have access to safe, effective, affordable and acceptable methods of fertility regulation and appropriate health care services. There needs to be a provision of health care services which will enable women to go safely through pregnancy, childbirth and her reproductive life so to provide couples with the best chance of having a healthy infant⁴

6. Midwifery Professionalism and Leadership

Professionalism and leadership are imperative for good midwifery practice. The midwife is “with” women throughout the childbirth experience and her reproductive life. Women have the right to access a woman-centered midwifery service which is evidence-based, competent, and clinically skilled, regulated, and meets professional standards of clinical practice.

Midwives have a special responsibility to make an impact on maternal and newborn health indicators, and to make motherhood safer for all women. To this end the professionalism of midwives and the leadership they demonstrate will contribute to achieving safer motherhood for all. The curriculum reflects a midwifery profession that is committed to promoting reproductive health, normal birth and safe effective midwifery care that is acceptable and appropriate to each woman and her family and remains flexible and responsive to changes and developments in midwifery practice.

6. Teaching and learning in midwifery

The principles of teaching and learning in midwifery are respect, working together and support. A supportive, encouraging learning environment is considered the right of every student. The midwifery model is uniquely different from medicine and the nursing model. It is focused on screening, education, support and the relationship with the healthy woman. At the same time, competent skills need to be developed to identify risks and variations from normal and the stabilization of life threatening emergencies.

⁴World health Organization (website) Reproductive health. Retrieved January 4th, 2010, from http://www.who.int/topics/reproductive_health/en/

7. The Student as adult learner

The student is recognised as being an adult learner with previous life experience relevant to the learning situation and is responsible for their own learning. The student is therefore involved in the learning, ensuring that the process is dynamic and interactive rather than didactic. As an adult learner the student:

- Analyses and evaluates the subject matter, engaging with it and utilising skills of critical thinking.
- Reflects on practice, constantly seeking to understand and improve skills, knowledge and communication.
- Identifies learning needs and articulates these to the teacher.
- Is proactive in seeking opportunities to ensure optimal learning.

8. Role of teacher

The teacher comes with equal adult status, including expertise in the clinical practice of midwifery and teaching. The teacher is responsible for sharing expertise with the student so as to enable and empower the student to learn. Teaching and learning is focused on the development, interpretation and analysis of knowledge - not just the transmission of knowledge and skills.

The role of the teacher is to:

- Create an environment in which students can become midwives
- Enable students to understand the practice and scope of midwifery
- Assist the development of students' own practice and knowledge of midwifery
- Facilitate the development of critical thinking skills, ensuring that students can respond to problems and complications
- Encourage students to explore, understand and learn from each practice experience
- Discuss progress with students, reflecting with them on their learning, their achievements and their challenges
- Encourage students to reflect on practice
- Facilitate the student's individual learning plan/goals/strategies and monitor practice development to assist them to meet the outcomes of the programme

9. Preparation of Lecturers:

Orientation of all faculty to the educational institution should occur upon posting by the principal or mentor at the site. This orientation and any Training of the Trainers (ToT) and any Continuous Professional Development (CPD) is required to ensure that lecturers are:

- Current in their knowledge (of midwifery and teaching methods) and practice (skills and model of care) of midwifery
- Able to use competency based learning methods and methods of assessment
- Competent in the knowledge of midwifery and teaching methods, and midwifery skills they will teach
- Able to use all the learning and clinical skills tools associated with the programme (i.e.: online resources, education resources, skills labs equipments, computers)
- Comprehensive understanding of the curriculum
- The creation of course objectives, lesson plans and learning activities to address course objectives and enhance students' critical thinking.

10. Teaching methods

Teaching methods are chosen to reflect the philosophical and educative focus of the programme.

Narrative pedagogy (Diekelmann & Diekelmann, 2009)⁵ underpins this curriculum as this engages teachers and students in thinking and reflecting about the theory and practice of midwifery in an integrated manner. Natural 'story telling' about experiences in clinical practice facilitates the link between theory and clinical practice. Natural 'story telling' is formally incorporated into the curricular approach as this blends interpretation of narratives with aspects of enquiry-based learning. Through the reflection on, and interpretation of narratives, students recognize the uniqueness of each woman's story, explore their own beliefs and values and apply their thinking to midwifery practice. This process facilitates the link between theory and practice (Gilkison, 2011).⁶

Teaching methods which facilitate the student's seeking of evidence, critical thinking, analysis and reflection are essential to this programme. This approach ensures practice situations are explored in a way that identifies the scientific knowledge base, the skills of midwifery management, and the sense of what it is like for the woman and her family, and the contextual influences.

⁵ Diekelmann, N., & Diekelmann, J. (2009). *Schooling, learning, teaching: Toward narrative pedagogy*. Bloomington: iUniverse.

⁶ Gilkison, A. (2011). *Implementing a narrative-centred curriculum in an undergraduate midwifery programme: A hermeneutic study* (Doctoral thesis). AUT University, Auckland.

A variety of educational approaches should be used to implement the curriculum. A description of some educational approaches can be found in the syllabus. These include: Illustrated Lectures/ Interactive Presentation, Discussion, Demonstration, Buzz Group, Brainstorming, Tutorial, Case Studies, Role Play, Simulated Practice Session, and Student presentations. The focus should always be on reflective, reflexive education to stimulate critical thinking.

11. Assessments and Evaluations

Students will be evaluated based on their knowledge, skills and behavior/attitude (KSB/A) relating to the units in each module through paper writing, exams, skills assessments, OSCEs, presentations, clinical evaluations, evaluations by women in care, and self-evaluations, reinforcing critical reflective practice.

Knowledge: A fund of information that enables an individual to have a confident understanding of a subject with the ability to use it for a specific purpose

Skill: Ability learned through education and training or acquired by experience, to perform specifications or tasks to a specified level of measurable performance

Behavior: A person's way of relating or responding to the actions of others or to an environmental stimulus

Attitude: A person's views (values and beliefs) about a thing, process or person that often leads to positive or negative reaction

Assessment and Evaluation Methods

A competency-based approach has been selected that focuses on skill development to prepare midwives to deliver essential midwifery care, which includes the management of obstetric emergencies. The midwives *must* be competent in all skills, i.e., there must be 100% mastery of these skills as directed by the curriculum.

Competent⁷: Actions that can be demonstrated or observed and assessed. Requires necessary, underlying knowledge and understanding be present for expert performance.

Competency: A complex process of knowing, gathering information, and translating the knowledge into action, with action done at or above a specific level of performance. This requires integrating knowledge, skills and ability and applying external resources for full competency.

⁷ Fullerton, J., Thompson, J., & Johnson, P. (2013). *Competency-based education: basis of pre-service education for the professional midwifery workforce*. Midwifery, 29, 1129-1136. Elsevier, 2013.

The assessment is designed to ensure that practitioners are safe and competent to assume the title of Midwife and fulfill their role.

The assessment of learning should demonstrate the achievement of competency— this is reflected by the knowledge and skills and the assessment methods chosen. It is important in a competency-based approach that clinical learning be awarded the same recognition as theoretical learning, and students are required to pass both components to succeed. Using a variety of assessment methods acknowledges the different learning styles of students.

A competency-based approach is one of continual assessment where the students are regularly given feedback on their performance and progress, which is documented in their clinical logbooks and files. In addition to the prescribed summative assessment policy, teachers may use a variety of formative methods at any stage in the program to help identify strengths and weaknesses in students (e.g., quizzes, short-answer questions, case studies).

Assessing knowledge with tests

An instructor is also responsible for assessing the students' competence as she moves through the programme. Part of this includes written tests. Initially in 1st year, students are assessed for knowledge, but as they move through the programme the test questions must move from simply assessing knowledge to assessing comprehension, the application and finally analysis, synthesis and evaluation of knowledge for critical thinking.

Multiple choice questions (MCQ) are ideal for this in addition to short answer and written papers. MCQ are questions that offer students usually 4 possible answers to a question. There is one correct answer, but often there is a distractor- this is an answer that may be correct if there was a misconception about the question. Often a student will state, "but this other answer is correct if...". By making a student think about which is the best answer, critical thinking is encouraged. As a student moves through the programs, the questions should progress from: How? What? When? to Classify, What would you predict from...., Do you agree that...., and Prioritize___ according to ___, as student move toward critical thinking. The test question format of "multiple true/false" is not adequate to assess students.

Assessing skills with OSCEs: Clinical Simulation/Oral Structured Clinical Examination (OSCE)

A clinical simulation is an activity in which the learner is presented with a carefully planned, realistic recreation of an actual clinical situation. The learner interacts with persons and things in the environment, applies previous knowledge and skills to respond to a problem, and receives feedback about those responses without having to be concerned about real-life consequences. The purpose of clinical simulations is to facilitate the development of clinical decision-making skills. The same simulation can be used repeatedly until the situation presented is mastered. Eventually the exam is done in a structured, individual OSCE.

Assessing clinical

Once a student has demonstrated competence in skills with models, supervised practice should be undertaken in the clinical site. The student will document activities in her Log Book. This will be reviewed regularly by the clinical site and faculty to plan the students' educational needs for the clinical setting and identify skills she needs more experience with. She can also provide case presentations in the clinical site or at the educational institution.

12. Clinical Practice

Midwifery practice is complex and requires the midwife to use knowledge from a variety of sources to achieve a positive outcome for women and their babies. Each practice situation is a unique event and often includes an array of complicating factors.

To enable midwives to work effectively within this complex environment, the educational process must have midwifery practice at the centre. The practice of midwifery can only be learnt in the environment where midwifery occurs. Knowledge and clinical practice can only be integrated when the students explore real practice situations. This facilitates analysis and critical thinking, along with a supportive learning environment that empowers the student to critique not only practice but also the evidence for practice. In this way the teaching and learning of midwifery practice is dynamic and interactive, as it engages the student, the woman, the midwife and the lecturer.

Hence midwifery-related practice experiences are central and fundamental elements of the curriculum. The curriculum incorporates a thread across the programme that structures an increasingly integrated development of practice expertise- from normal healthy women and their care, to introducing emergencies and identifying variations from normal, to integrating normal and complex care giving by

the end of the third year.

To be effective, coordination must occur between the clinical site and the educational institution. The clinical experience must be driven by the students' current theory and their needs. Students must be placed in the appropriate ward to reinforce what was learned in the classroom. They should be given specific assignments, and follow the woman through her course of care. The students should be distributed through the clinical site in a way that optimizes a positive experience, not clumped together without opportunity for hands on care. There should always be an instructor assigned to the clinical sites. The educational instructor should follow the students in the clinical site to offer guidance, problems solving, and to assess the students' abilities. The instructor should consult with the clinical site regarding problems and needs for both facilities, to optimize the experience for all. Finally, every opportunity should be made to provide inter professional education and strengthen emergency responses.

Clinical Preceptor

In each clinical placement (clinical sites), the presence of clinical preceptors is mandatory (senior midwives or doctors with Obs&Gyn experience) to teach and mentor the students. If there is a registered midwife posted at the clinical site, she is the ideal clinical preceptor. The clinical preceptors are responsible for the following tasks:

- Facilitate student's learning experience
- Assess student's progress by checking their logbook, reflections and case studies
- Ensure each student achieves competency in all the essential midwifery skills
- Conduct and participate in weekly case presentations by students
- Maintain the log book of each assigned student
- Maintain monthly or weekly duty roster of students for clinical practice (according to clinical rotation)
- Report monthly progress of assigned students to the Instructor assigned to clinical setting.

Scope of Midwifery Practice

Scope of practice refers to the job a midwife does; it describes her work, the nature of her work, the boundaries of her clinical practice and the referral systems which support her practice. The scope of practice for a midwife as defined by the Bangladesh Nursing & Midwifery Council is underpinned by the WHO SEARO Standards of Midwifery Practice for Safe Motherhood, and the International Confederation of Midwives' Scope of Practice.

The midwife may practice in facilities and the community by applying sound theoretical, scientific and midwifery knowledge, critical thinking, decision-making skills, a wide range of clinical skills, professionalism and leadership.

- The midwife may practice in facilities and the community by applying sound theoretical, scientific and midwifery knowledge, critical thinking, decision-making skills, a wide range of Clinical skills, professionalism and leadership according to revised and updated Standards Operating Procedure.
- The midwife functions as a member of an interdisciplinary healthcare team. As such, a midwife collects and assesses client's care data, develops and implements a plan of management, and evaluates the outcome of care, using the clinical skills and judgment inherent in midwifery training and practice.
- The midwife is responsible for the autonomous management and care including the provision of medications, for essentially healthy women and the initial stages of emergencies. The scope of practice of a midwife is the management of the normal physiological processes and the initial phases of emergencies of pregnancy, labour, birth and postpartum period up to six weeks, including newborn care and family planning. During this time the midwife works independently for normal, and within a team for complications providing highly skilled midwifery and women-centered care. The midwife, as independent practitioner, is responsible and accountable for her practice.
- In addition, midwives can autonomously provide comprehensive reproductive health care including the provision of medications, for conditions such as: cases of Gender Based Violence (GBV), Sexually Transmitted Infections (STIs), Menstrual Regulation (MR), Menstruation Regulation with Medication (MRM), Manual Vacuum Aspiration (MVA), Post Abortion Care (PAC), Intra Uterine Device Insertion (IUD), Visual Inspection of cervix with acetic Acid (VIA), adolescent health and Clinical Management of Rape (CMR).
- The midwife continually screens for complications, she provides initial stabilization and, where able and appropriate, consults with and refers if necessary to medical specialists. Where there is no access to medical help, the midwife will provide necessary life-saving emergency measures.

- In life threatening emergencies, the midwife's scope of practice will include, but is not limited to, autonomous provision of care and medications for the initial stabilization of all life threatening emergencies such as, but not limited to, post partum hemorrhage, preeclampsia and eclampsia, newborn resuscitation, manual removal of placenta, and sepsis. A midwife's care may continue after initial stabilization, consultation and or refer based on the SOP.
- In non-emergent situations, as a member of the health care team, midwives may manage some women with medical or obstetric complications in consultation with the doctor, or they may refer women to the doctor, with or without continued midwifery support, teaching and continued care after stabilization of the non emergent complication (ie. These complications include but are not limited to: cesarean section, low birth weight and preterm babies, 4th degree perineal lacerations, obstetric fistula, uterine rupture, genital and uterine prolapsed, and identified non-communicable and chronic diseases.
- All midwives are teachers. As such they have an important professional role within their scope of practice to pass on their knowledge and skills. The support of teaching of midwifery in the clinical areas (including the supervision of student midwives) is carried out in a collegial and supportive way to support quality, evidence-based, respectful care and ensure a professional and skilled midwifery workforce.
- The foundation of midwifery is the midwife's relationship with woman. Midwives embody a human rights based approach to care by respecting the woman's privacy, autonomy and agency. As such they have an important task in understanding the woman's values and desires. Additionally, the midwife has a responsibility to educate the woman in relation to all aspects of her care, to enable her informed decision making to support the promotion of health for the woman, her family and the community.

Curriculum goal, objective and expected outcomes

Curriculum goal

The goal of this programme is to provide optimal learning opportunities for the purpose of preparing midwives of the highest caliber who will function autonomously within the competencies and scope of Midwifery practice as defined by the Bangladesh Nursing and Midwifery Council.

Curriculum Objectives

After successful completion of the programme, the midwives will be able to:

1. Demonstrate competencies in safe, competent and autonomous midwifery care within the scope of practice during antenatal, intra-partum and postpartum period.
2. Conduct of normal deliveries including appropriate monitoring, intervention and referral.
3. Screen and monitor for initial stabilization of obstetric complications.
4. Work collaboratively with doctors when complications are identified appropriately and refer to a appropriate health facilities.
5. Demonstrate skills in essential newborn care and management involving the family: competently resuscitate if required, care for unwell baby, and refer as needed.
6. Demonstrate a good knowledge in the competent management of obstetric and neonatal emergencies and enlist medical help where available.
7. Demonstrate competencies in women-centered midwifery care through:
 - i. Practicing midwifery in partnership with women and their families
 - ii. Promoting a positive childbirth experience for women
 - iii. Ensuring the woman is the focus of care
 - iv. Providing information to the woman and family so they can make informed choice
 - v. Being 'with' the woman throughout the childbirth experience
 - vi. Ensuring midwifery care is acceptable and accessible to the woman and family
 - vii. Being kind and respectful to the woman and her family
8. Demonstrate a comprehensive knowledge and be able to:
 - i. Underpin midwifery clinical practice and includes research, science and evidence
 - ii. Inform sound clinical judgment and effective technical skills
 - iii. Lead to critical thinking in clinical practice
 - iv. Facilitate decision-making and anticipatory thinking
 - v. Enable reflection and evaluation of clinical practice

9. Maintain professionalism in the delivery of midwifery services by:

- i. Demonstrating accountability, and effectively communicating with women, their families and other professionals.
- ii. Providing an accurate, concise professional record of all clinical events the midwife is involved with.
- iii. Practicing midwifery collaboratively from the community setting to tertiary care setting, with other health care workers at all times, and particularly where there are complications of childbirth
- iv. Advocating for women and their needs and rights within the health service
- v. Promoting and maintaining ethical, legal and professional midwifery standards within the Bangladesh health care delivery system.
- vi. Providing midwifery leadership, supervision and education
- vii. Using appropriate strategies to promote and enhance the role of the midwife within the Bangladesh health care delivery system and society.

International Confederation of Midwives- Essential Competencies for midwifery practice updated in 2018.

1. GENERAL COMPETENCIES

- 1.a Assume responsibility for own decisions and actions as an autonomous practitioner
- 1.b Assume responsibility for self care and self-development as a midwife
- 1.c Appropriately delegate aspects of care and provide supervision
- 1.d Use research to inform practice
- 1.e Uphold fundamental human of individuals when providing midwifery care
- 1.f Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice
- 1.g Facilitate women to make individual choices about care
- 1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
- 1.i Facilitate normal birth processes in institutional and community settings, including women's homes
- 1.j Assess the health status, screen for health risks, and promote general health and well-being of women and infants
- 1.k Prevent and treat common health problems related to reproduction and early life
- 1.l Recognize conditions outside midwifery scope of practice and refer appropriately.
- 1.m Care for women who experience physical and sexual violence and abuse

2. PRE-PREGNANCY AND ANTENATAL

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

3. CARE DURING LABOUR AND BIRTH

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

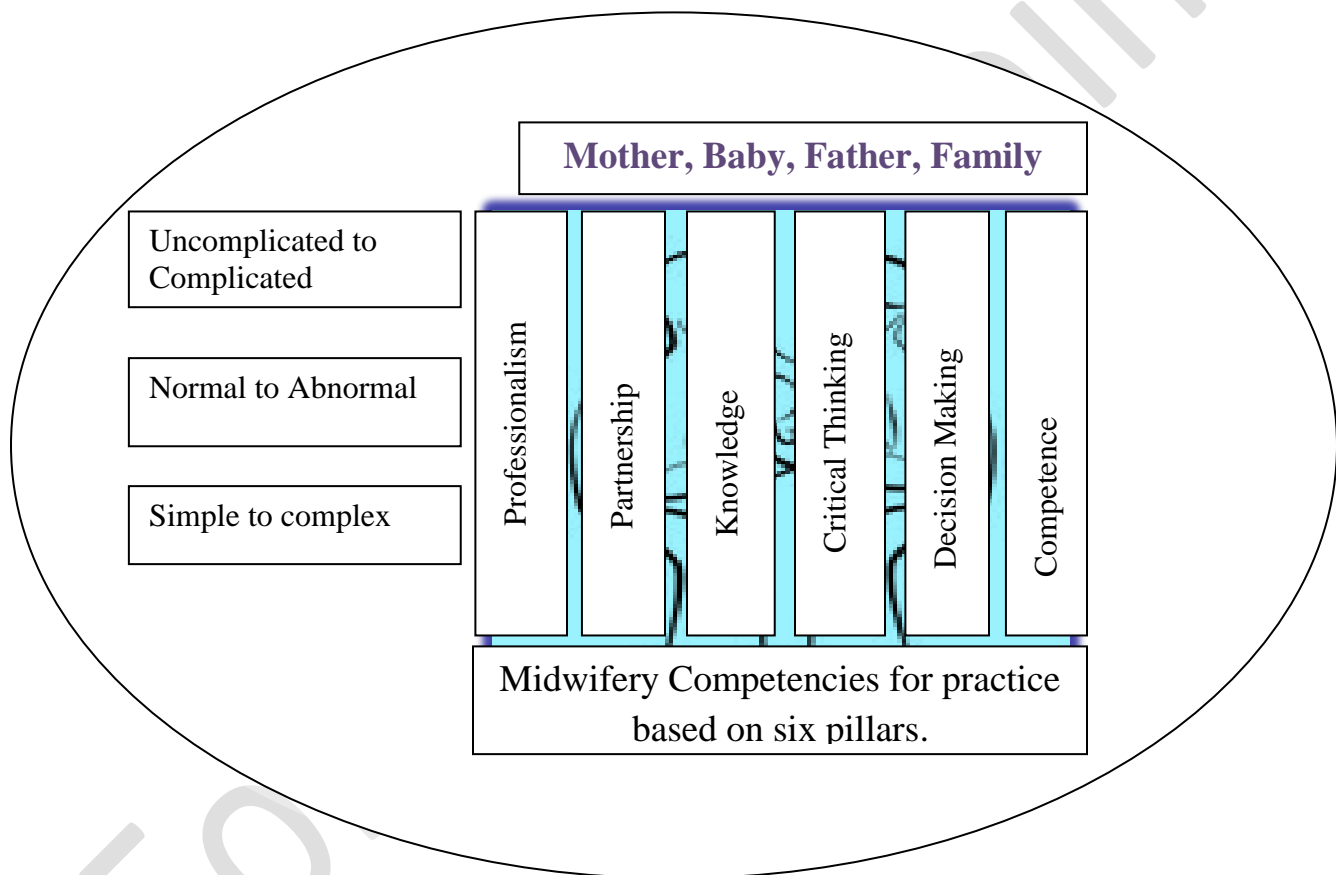
4. ONGOING CARE OF WOMEN AND NEWBORNS

- 4.a Provide postnatal care for the healthy woman
- 4.b Provide care to healthy newborn infant
- 4.c Promote and support breastfeeding
- 4.d Detect and treat or refer postnatal complications in woman
- 4.e Detect and manage health problems in newborn infant
- 4.f Provide family planning services

Curriculum Framework

The curriculum is designed to ensure progressive accumulation of midwifery knowledge and skills across the programme. Courses are sequenced so the learning process and content moves progressively from simple to complex, normal to abnormal and uncomplicated to complicated. This progression of learning leads to the acquisition and demonstration of the knowledge and skills necessary for meeting the competencies for midwifery practice required by the Bangladesh Nursing and Midwifery Council. The programme ends with consolidation and integration of all that has been learned to ensure the midwife is competent across the scope of midwifery practice.

Figure 2. The curriculum framework



The curriculum is developed around six pillars (standards) for midwifery practice.

These are:

- Professionalism and Leadership
- Partnership
- Knowledge
- Critical thinking
- Decision making
- Competence in Clinical Skills

These midwifery practice pillars (standards) are sequenced in a progressive way over the entire programme and are assessed in the classroom and clinical setting. Each course identifies specific learning outcomes, content and context, within which these practice standards are developed, taught and assessed. The practice pillars (standards) are developed in a way that they are appropriate for the stage and year of the programme. These practice pillars (standards) will ensure that the students meet the Bangladesh Nursing Council competencies for practice and international competencies for practice.

- 1. Professionalism and Leadership:** Legal, ethical, theoretical, clinical standards and competencies for midwifery practice provide a framework for the midwifery profession and for the practice of each midwife. Midwifery professionalism in this curriculum also includes communication, accountability, advocacy, and assertiveness. Inherent to professionalism in midwifery is leadership which is about influencing, supporting, advocating for, empowering and educating others. It is not about power or coercion, rather it is a leadership model based on partnership and collaboration. A midwifery leader will work to bring about change, as effective leadership is the essential ingredient for positive social change. Midwifery leaders will seek to advance midwifery care. To be a midwifery leader requires good communication skills, vision and courage to advocate for and promote midwifery as essential services for women and their newborn. A midwifery leader also has management skills for effective delivery of midwifery services.
- 2. Partnership :** Partnership is at the heart of this curriculum as this describes the relationship between the midwife and the woman. Midwives work in partnership with the woman and her family and this relationship is characterized by trust and shared responsibility. Midwifery care takes place in partnership, which means the woman is encouraged to actively participate in her care. The woman and her family's needs and wishes are respected, as are the knowledge, experience and skills of the midwife.

3. **Knowledge:** Midwifery has a specific body of knowledge in relation to pregnancy, intra partum and postnatal including the newborn. This includes reproductive health and rights. In this curriculum the midwifery knowledge that is taught covers both the art and science of midwifery and is evidence and research-based.
4. **Critical Thinking:** Critical thinking is the linking of theory to practice, assessment to planning and information to action. Critical thinking involves analysis, anticipatory thinking, and the ability to synthesize information and evidence so as to act appropriately and in a timely way. In this curriculum the “what and why” questioning of clinical practice will initially facilitate critical thinking. In the latter part of the curriculum it is expected that students will readily question and link theory to clinical practice, demonstrate anticipatory thinking and act accordingly.
5. **Decision-Making:** Making safe decisions and developing sound professional and clinical judgment (about what has been, what is now and what may/could happen next) is at the heart of good midwifery practice. Therefore, the process of decision-making in this curriculum follows a problem-solving framework.

The Midwifery Process and Management framework:

Assess and identify actual or potential problems This involves subjective and objective assessment (relevant history, presentation, reported symptoms, and exam including and lab)

Develop a plan of care and clearly define a diagnosis and plan to manage.

Implement plan of care within an appropriate time frame, document, and update as necessary

Evaluate the effectiveness (at this point, return to first step to gather more information if necessary)

6. **Competence in Clinical Skills.** A clinical skill is a task, which is performed to a specific level of competency. Midwifery has a set of clinical skills within the midwife’s scope of practice and these clinical skills are taught, learnt, practiced and assessed in this curriculum.

These practice pillars (standards) are organized in a progressive way throughout the programme (see section 10) and will be assessed in clinical practice, laboratory/skill practice and classroom settings. In midwifery practice these pillars (standards) of practice are not separate, but to enable the student to cope with the complex nature of midwifery they are addressed separately in the early stages of the programme. As the programme advances, the six processes are increasingly integrated, and this will ensure a highly skilled midwife graduate, providing a workforce that will meet the National and International Midwifery Competencies for Practice.

Midwifery Competencies for Practice

The Competencies for Midwifery Practice as agreed to by the Bangladesh Nursing and Midwifery Council are informed by:

- 1) The description of a professional midwife in Bangladesh (BNC 1994)⁸
- 2) SEARO Standards for Midwifery Practice for Safe Motherhood⁹ and the competencies of the International Confederation of Midwives¹⁰

The midwife will:

- a) Assume responsibility for decisions, self-care, and professional development as an autonomous practitioner, uphold human rights and adhere to laws, regulations and codes of conduct.
- b) Have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families, including the use of effective interpersonal communication.
- c) Provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.
- d) Provide high quality antenatal care and monitoring to maximise health during pregnancy. This involves early detection and treatment or referral of selected complications.
- e) Promote physiological labour and birth while providing high quality, culturally sensitive care during labour. Midwives conduct a clean and safe birth, and handle selected emergency situations, including the 7 signal functions, to maximize the health of the women and their newborns.
- f) Provide comprehensive, high quality, culturally sensitive postnatal care for women.
- g) Provide high quality, comprehensive care for the essentially healthy infant from birth to two months.
- h) Provide a range of individualized, culturally sensitive menstrual regulation services for adolescents and women experiencing unintended or mistimed pregnancy or loss that are congruent with applicable laws and regulations and in accord with national protocols as well family planning services, and care for adolescents and women experiencing GBV.

⁸ Bangladesh Nursing Council (1994) Senior Registered Nurse Curriculum Midwifery,

⁹ World health Organization (1999). Standards of Midwifery practice for Safer Motherhood, Volume 1: Standards document
SEARO World Health Organization

¹⁰ International Confederation of Midwives (2018). Essential Competencies for Midwifery Practice 2018 update.

Curriculum Design:

The curriculum is dynamic with provision for incorporating emerging health problems and changing health policies as well as latest advancement in health sciences. The Diploma in Midwifery program is designed to incorporate;

(1) **General courses** includes

- i) Behavioral Science
- ii) Basic Science
- iii) Communicative English and Information & Communication Technology
(internal subject)

(2) **Foundation courses** includes

- i) Anatomy and physiology
- ii) Professional Framework and Communication in midwifery
- iii) Midwifery Pharmacology
- iv) Research and Evidence based Midwifery

(3) **Professional courses** includes

- i) Fundamentals of Midwifery
- ii) Art and science of midwifery
- iii) Women's health
- iv) Complicated Maternity Experience
- v) Complexities of maternity experience
- vi) Newborn Complications
- vii) Transition to Registered Midwifery Practice and practicum.
- Viii) Midwifery Practice I
- ix) Midwifery Practice II
- X) Midwifery Practicum

Codes explanation:

DM = It stands for degree of the program

Digit= First digit indicates programme year

Second digit indicates category of courses (General, foundation and professional)

Third digit indicates the chronological order of the subject of specific year.

Curriculum Structure

The Diploma in Midwifery will be of three years' duration course. Each academic year consist of 52 weeks.

1st year

Out of 52 weeks 24 weeks will be reserved for theory, 8 weeks for laboratory classes, 8 weeks for clinical practice, 2 week for term examination, 1 week for review class, 1 week for preparatory leave; 4 weeks for final examination and 4 weeks for break/annual leave. This break may also allow time for students who fail a course to take re-exam, or to do additional study like assignment & practice to improve their academic performance in order to fulfill the requirement of the course. The conversion of weeks into hours are; theory- 864, laboratory-288 and Clinical practice-384 hours.

2nd year

Out of 52 weeks 17 weeks will be reserved for theory, 5 weeks for laboratory classes, 18 weeks for clinical practice, 2 week for term examination, 1 week for review class, 1 week for preparatory leave ; 4 weeks for final examination and 4 weeks for break/annual leave. This break may also allow time for students who fail a course to take re-exam, or to do additional study like assignment & practice to improve their academic performance in order to fulfill the requirement of the course. The conversion of weeks into hours are; theory- 612, laboratory-180 and Clinical practice-864 hours.

3rd year

Out of 52 weeks 13 weeks will be reserved for theory, 4 weeks for laboratory classes, 23 weeks for clinical practice and practicum, 2 week for term examination, 1 week for review class, 1 week for preparatory leave ; 4 weeks for final examination and 4 weeks for break/annual leave. This break may also allow time for students who fail a course to take re-exam, or to do additional study like assignment & practice to improve their academic performance in order to fulfill the requirement of the course. The conversion of weeks into hours are; theory- 468, laboratory-144 and Clinical practice and practicum- 1104 hours.

Internship:

Upon the successful completion of Diploma course, six months internship is compulsory for all students. The students who will not complete the internship she will not appear in the comprehensive licensing examination.

Year wise subjects and hours distribution

Year 1			
Subject code	Subject Title	Allocated hours =1536	(T / L/ P) hrs
DM 111	Behavioral Science	70	70 /0 / 0
DM 112	Basic Science	88	70 /18 / 0
DM 123	Anatomy and Physiology	234	180 /54/0
DM 124	Professional Frameworks & Communication in Midwifery	142	100/42/0
DM 135	Fundamentals of Midwifery	496	250/54/192
DM 126	Midwifery Pharmacology	86	50/36/0
DM 137	Midwifery Practice I	234	0/42/192
DM 118	Communicative English and Information communication & Technology (internal subject)	186	144 /42 /0
		1536	864/288/384

Year 2			
Subject code	Subject Title	Allocated hours = 1656	(T/L/P)hrs
DM 221	Research and Evidence Based Midwifery	172	108/0/64
DM 232	The Art and Science of Midwifery	480	180/60/200
DM 233	Women's health	358	108/50/200
DM 234	Complicated Maternity Experience	486	216/70/200
DM 235	Midwifery Practice II	200	0/0/200
		1656	612/180/864

Year 3			
Subject code	Subject Title	Allocated hours =1716	(T/L/CP)hrs
DM 331	Newborn Complications	420	180/48/192
DM 332	Complexities of Maternity Experience	576	180/60/336
DM 333	Transition to Registered Midwifery Practice	336	108/36/192
DM 334	Midwifery Practicum	384	0/0/384
		1716	468/144/1104

Year wise summary hours

	Total Hours	T /L /P
1st year	1536	864/288/384
2nd Year	1656	612/180/864
3rd Year	1716	468/144/1104
Total Hours	4908	1944/612/2352
Percentage of Theory & Practice Hours	40% + 60% (39.60% + 59.39%)	

Summary of allocated hours and marks distribution for each course

Year 1

Subject code	Title	Hour	Total Marks				
		T/L/P hrs	Written	Oral	Practical	Formative	Total
DM 111	Behavioral Science	70 /0 / 0	80	10	0	10	100
DM 112	Basic Science	70 /18 / 0	70	10	10	10	100
DM 123	Anatomy and Physiology	180 /54/0	100	50	40	10	200
DM 124	Professional Frameworks & Communication in Midwifery	100/42/0	100	20	20	10	150
DM 135	Fundamentals of Midwifery	250/54/192	100	30	60	10	200
DM 126	Midwifery Pharmacology	50/36/0	80	20	-	-	100
DM 137	Midwifery Practice I	0/42/192		50	25	25	100
DM 118	Communicative English & Information Communication Technology (internal subject)	144 /42 /0	100	40	50	10	200
Total:		864/288/384	630	230	205	85	1150

Year 2

Subject code	Title	Hour	Total Marks				
		T/L/P hrs	Written	Oral	Practical	Formative	Total
DM 221	Research and Evidence Based Midwifery	108/0/64	100	30	50	20	200
DM 232	The Art and Science of Midwifery	180/60/200	100	40	40	20	200
DM 233	Women's health	108/50/200	100	40	40	20	200
DM 234	Complicated Maternity Experience	216/70/200	100	40	40	20	200
DM 235	Midwifery Practice II	0/0/200		50	25	25	100
Total:		612/180/864	400	200	195	105	900

Year 3

Subject code	Title	Hour	Total Marks				
		T/L/P hrs	Written	Oral	Practical	Formative	Total
DM 331	Newborn Complications	180/48/192	100	80	100	20	300
DM 332	Complexities of Maternity Experience	180/60/336	100	80	100	20	300
DM 333	Transition to Registered Midwifery Practice	108/36/192	100	50	80	20	250
DM 334	Midwifery Practicum	0/0/384		50	25	25	100
Total:		468/144/1104	300	260	305	85	950

Total Marks: 3000

Total Hours: 4908

14. Master plan

Year one																										
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	T	T	T	T	T	T	L	L	T	T	T	T	L	T	T	T	L	T	T	T	L	T	Term Examination		Break	
	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
	T	T	CP	CP	CP	CP	T	T	L	T	CP	CP	CP	CP	L	T	L	T	Review	Preparatory leave	Final Examination				Break	

Year Two																										
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	T	T	T	T	L	CP	CP	CP	CP	CP	T	T	T	T	L	CP	CP	CP	CP	CP	T	T	Term Examination		Break	
	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
	T	T	L	CP	CP	CP	CP	T	T	T	L	CP	CP	CP	CP	T	T	L	Review	Preparatory leave	Final Examination				Break	

Year Three																										
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	T	T	T	T	L	CP	CP	CP	CP	T	T	T	T	L	CP	CP	CP	CP	T	T	T	T	Term Examination		Break	
	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
	L	CP	CP	CP	CP	CP	T	L	Practicum										Review	Preparatory	Final Examination			Break		

Courses' Master Plan

The following Master Plan has only the classroom teaching theory (including laboratory) and clinical practice hours. It does not include library, student individual learning or other student activities. e.g. Fundamentals of Midwifery: 250 hours theory, 54 hours lab and 192 hours practice.

Year One

Courses																										
Behavioral Science = Behav. Sc., Basic Science= B.Sc., Anatomy and Physiology = A&P, Professional Frameworks & Communication in Midwifery= P.F.& C. M., Fundamentals of Midwifery =FM, Midwifery Pharmacology=M.P, Midwifery Practice 1=M.P 1, Communicative English & Information Communication Technology=C.E.I.C.T																										
Hours Behav.Sc.= 70, B.Sc = 88, A&P= 234, P.F.& C.M= 142 , FM=496 , M. P. =86, M.P.-1=234, C.E.I.C.T=186																										
Theory (including lab) 1 day = 6 hours, Practice, 1 day= 8 hours The courses are calculated on six days week																										
Theory 24, Lab 8, Practice 8 = 40 Weeks																										
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	Behav.Sc T T T	Behav.Sc T	B.Sc T	B.Sc T	C.E.I.C.T T	C.E.I.C.T T	C.E.I.C.T T	C.E.I.C.T T	A&P ,T	A&P ,T	A&P ,T	A&P ,T	P.F.& C.M T	P.F.& C.M T	P.F.& C.M , T	ASMF T	ASMF T	ASMF T	ASMF T	ASMF T	ASMF T	ASMF T	Term Examination		Break	
	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
M.P T	M.P T	LP	Lp	LP	LP	LP	LP	LP	LP	LP	CP	CP	CP	CP	CP	CP	CP	Cp	Review	Preparatory leave	Final Examination				Break	

Year Two

Courses
Research and Evidence Based Midwifery= R&EBM, The Art and Science of Midwifery =ASM, Women's Health= WH, Complicated Maternity Experience =CME Midwifery Practice II =MP-II
Hours R&EBM =172, ASM=480, WH=358, CMEP =486 MP-II= 200
Theory 17, Lab 5, Practice 18= 40 Weeks

Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	R&EBM T	R&EBM T	R&EBM+ASM P T	ASMP T	ASMP T	ASMP T	ASMP T	ASMP T	WH T	WH T	WH T	WH +CMEP T	CMEP T	CMEP T	CMEP T	CMEP T	CME T	CMEP T	LP	LP	LP	LP	Term Examination	Break		
Weeks	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
	LP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	CP	Review	Preparatory leave	Final Examination				Break	

Year Three																										
Courses																										
Newborn Complications=NC, Complexities of Maternity Experience =CME, Transition to Registered Midwifery practice = TRMP Midwifery Practicum=MP																										
Hours: NC=420, CME=576, TRMP= 336, MP= 384																										
Theory 13, Lab 4 and Practicum 23= 40 Weeks																										
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	T	T	T	T	T	T	T	T	T	T	T	T	T										Term Examination		Break	
	NC	NC	NC	NC	CME	CME	CME	CME	CME	CME	TRMP&P	TRMP&P	TRMP&P	LP	LP	LP	LP	CP	CP	CP	CP	CP				
	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
	CP	CP	CP	CP	CP	CP	CP	CP	Practicum										Review	Preparatory leave	Final Examination				Break	

Development of the six midwifery pillars (standards) for practice across the curriculum

	Year 1	Year 2	Year 3
Professionalism And leadership	Demonstrates ability to practice professionally and show leadership by communicating, and interacting in a professional manner with women, family and other health professionals.	Demonstrates accountability in midwifery practice through documentation and understanding boundaries of midwifery practice. Provides midwifery leadership and advocacy in a clinical situation at a beginning level.	Demonstrates an ability to act professionally and provide safe midwifery care in complicated and complex situations. Critically analyses and acts on issues related to health and well-being of the woman. Develops ability to lead in a clinical situation which requires midwife to advocate for the woman. The professional midwife is practicing in an accountable manner and communicating effectively both verbally and written across the midwifery spectrum of care. The midwife is a leader supporting, advocating, empowering and educating others.
Partnership	Demonstrates ability to form a relationship with a woman and her family establishing trust.	Demonstrates an ability to practice within the complexities of partnership.	Maintains an effective partnership when care is provided in collaboration with other health professionals. Critically analyses the strengths and weaknesses of their own ability to achieve an effective partnership relationship. Demonstrates an ability to work in partnership with women throughout the maternity experience.
Knowledge	Applies midwifery knowledge to clinical practice.	Applies philosophical, theoretical and scientific midwifery knowledge to competently and safely care for a woman and baby.	Applies philosophical, theoretical and scientific midwifery knowledge to provide effective and safe midwifery care across the scope of midwifery practice. Integrates theoretical, scientific and midwifery knowledge into her clinical practice.
Critical thinking	Develops ability to assess the clinical picture within the childbirth experience.	Develops ability to assess and respond to changing clinical picture within the childbirth experience.	Develops ability to assess, anticipate and respond to changing clinical picture within the childbirth experience. Demonstrates professional judgment as a reflective practitioner thinking critically and responding appropriately to changing clinical picture.
Decision-making	Develops an understanding of how decisions are made in midwifery practice.	Demonstrates safe decision-making in midwifery practice.	Demonstrates complex decision-making skills. Demonstrates ability to make safe and timely complex decisions.
Competence in Clinical Skills	Demonstrates competence in named practice skills.	Demonstrates competence in named practice skills and providing midwifery care within the normal maternity experience.	Competently demonstrates midwifery skills in caring safely for a mother and newborn within the complicated maternity experience. Competently assists in management of emergencies. Competent and confident in all midwifery skills across the maternity continuum

Administration of Programme

1. Medium of Instruction

English language is used as the medium of instruction but Bangla may be allowed as supplement. A high level of understanding of written English is required, as much of the material that the students will need to read is in academic English. The students also need to be able to write proficiently in English.

2. Method of recruitment:

The Applicants who meet the following criteria will be eligible to enter into the Diploma in Midwifery:

- a. Entry qualification: The applicants must have passed both SSC & HSC examinations from any discipline from any educational Board of Intermediate and Secondary Education in Bangladesh. Students will be selected on merit basis.
- b. Marks conversion from General Certificate of Education (GCE) - 'O' level and 'A' level will be decided by the central admission committee.
- e. Medical (physical & mental) fitness will be essential before admission.
- g. For foreign candidate: According to admission policy.

Admission test will be conducted as per Act. of BNMC-2016 according to admission Policy/Nitimala.

Assessments

Overview

The purpose of the programme is to prepare midwives of the highest calibre to function autonomously. Students in the programme will demonstrate that they meet the Bangladesh Nursing and Midwifery Council's and the ICM Competencies for Practice to practice across the midwifery scope. The student is assessed in the programme against the six midwifery pillars (standards) for practice: professionalism and leadership, partnership, knowledge, critical thinking, decision making, competence in clinical skills and partnership. These practice pillars (standards) underpin and are linked to the competencies for practice and the scope of midwifery practice.

The Assessments

- The clinical assessments are “excellent” “achieved” or “non-achieved” as the student either meets the standard and is competent to practice or is not.
- The examinations, presentations, case study, practice exemplars and other written material such as assignments are graded.
- There will be term exam and final exams for theory courses. The clinical and practice assessments will happen throughout the year.

The assessment matrix is as follows for year one, two and three:

Grading Scale

Score (%)	Grade	Grade Point
80 % and above	A+	4
75% to less than 80%	A	3.75
70% to less than 75%	A-	3.50
65% to less than 70%	B+	3.25
60% to less than 65%	B	3
Bellow 60 %	F	0

- Year one, two and three: Students will have a re-sit for two examinations per year
- If a student in any year has had an opportunity for re-sit and fails again she cannot have a re-sit unless there are extenuating circumstances. If they re-sit, the grade will not go beyond B €.
- If student remains absent for more than 8 weeks at a time without informing the authority her studentship will be terminated.

Evaluation of students

- ❑ The regular final examination will be held in each academic year in December under the Bangladesh Nursing and Midwifery council.
- ❑ A student must appear in each year final examination. In order to pass each year of the course overall, a student must pass in all subjects in that year. In order to pass a subject, she must pass in each individual assessment area of that specific subject.
- ❑ A student must pass in term examination.
- ❑ Assessment area includes written and/or oral and/or practical/clinical of that specific subject.
- ❑ The student who fails (obtains less than 60%) in any part of the subject(s), she will appear in the next exam.
- ❑ Pass mark: 60% marks must be obtained in written, oral, practical and clinical examination of each subject.
- ❑ Honours mark: Honours mark should be awarded when 90% and above mark is obtained in each individual subject.
- ❑ Distinction mark: A student has to obtain 80% marks in all individual subjects.
- ❑ If a student fails in the first-year exam, she will get maximum three chances for passing the examination of that year. She may attend 2nd year classes but will not be allowed to appear in the 2nd year final exam, until she passes all subjects of 1st year. The same rule is applicable for 2nd year and 3rd year.
- ❑ If a student fails in any Part of any course she will be appeared only in the failed part of that course.
- ❑ If a student fails at 03 times, then the student could appear by dropping one year and with the special permission of BNMC for 04 times final examination.
- ❑ All assessment will be conducted according to assessment criteria. If any question arises, the examination committee will resolve that.
- ❑ Examination committee to be formed before each year final exam to conduct examination.
- ❑ If a student fails to meet the clinical practice requirements of the course for any genuine reason (sick, emergency leave etc.), she has to make up her clinical practice requirements in extra time with submission of necessary documents/certificate.
- ❑ All examinations will be governed by the existing rules of the BNMC.

- ❑ First year students will be placed for clinical practice after having 28 weeks theoretical and laboratory classes.
- ❑ From 2nd year students will be placed for night shift and must be accompanied by registered midwives/ Nurse according to the yearly Master Plan.
- ❑ If a student remains absent for 2 months at a time without information her studentship will be automatically terminated.
- ❑ If a student remains absent for 2 months with information from concerned authority will place this case to the Academic Council and the Academic Council will take the action considering the circumstances.
- ❑ The student will be informed of the rules and regulations of the course in the beginning of the course.
- ❑ A student has to be registered with Bangladesh Nursing and Midwifery Council within three months of admission.

Student Registration

After admission every student's must do student registration according to BNMC Act (Act No. 48 of 2016) Clause-5 (TA). The validity of the student registration will be of 06 Years.

Procedures for teaching and placement in clinical areas:

1. There will be one teacher and at least 2 co-teachers for each course where students' intake is 25, and 4 co-teachers where students' intake is 50 and accordingly (The ideal ratio between teacher and student for theory class should be 1:20 and for clinical practice 1:8).
2. Rotation plan will be developed by the concerned subjects' teachers.
3. The subject teacher will strictly follow the rotation plan for each course as specified in the curriculum.
4. There will be an assigned teacher to the clinical area (if as clinical is part of the course). She is responsible for: final grade for clinical, coordination with clinical preceptor, assuring students are assigned to appropriate wards, evaluating student's log books and clinical documentation, making sure she or another teacher she assigns is visiting the students daily while they are in clinical and the overall quality of the students' clinical experience.

Academic Committee: (Public and Private)

Academic Committee will be formed as follows:

- Director/Deputy Director, Medical College Hospital attached to Nursing Institute/ college-Chairperson
- Nursing Superintendent - Member
- Senior midwifery faculty, if not available one senior nursing instructor -Member
- Guest Lecturer - Member.
- Principal - Nursing Institute/ college - Member Secretary

Academic Committee (Attached to District Hospital):

- Civil Surgeon/Hospital Superintendent - Chairperson
- Nursing Superintendent/ Dy. Nursing Superintendent/ Nursing Supervisor - Member
- Senior midwifery faculty, if not available one senior nursing instructor - Member
- Guest Lecturer - Member
- Nursing Instructor in charge / Principal - Member Secretary

Examination Committee

Examination will be conducted by BNMC according to Bangladesh Nursing and Midwifery Examination Guideline.

1. The examination control committee will be formed according to BNMC examination guideline.
2. (i) By virtue of the post, head of the concerned Nursing Institute/college will be the Center Incharge selected by BNMC.
 - (ii) Respective subject teacher or coordinator will be the convener of the examination selected by BNMC.
 - (iii) The Internal and External examiner of each subject will be selected by BNMC
 - (iv) Question setter, moderator, script examiner and tabulator will be selected by the Examination Control Committee of BNMC.
 - (v) The final examination result will be published by the Examination Control Committee of BNMC.

Questions for examination

There are variations in question paper of written examination depending on the weight of a subject.

The pattern of question is designed below:

- i. Essay Question (EQ)
- ii. Short Question (SQ)
- iii. Multiple Choice of questions (MCQ)

Methods of assessment

Method of assessment will be both formative and summative as specified in the curriculum

Duration of Examination Hours:

Examinations Hours

70-80 marks= 2.30 hours

100 marks =3 hours

Multiple choice question (MCQ)

1. Number of item: 20 MCQ for each course.
2. Time allocation: 1 minute for each question.
3. Marks allocation: Each question will carry 1 mark
4. MCQ examination will be taken at the beginning of the written examination.

Short question (SAQ) & Essay question (EAQ):

- The rest of the marks of the written examination are allocated for SAQ & EAQ.
- Short Question (SAQ): Each SAQ will carry 5 marks
- Essay Question (EAQ): Each EAQ will carry 10 marks having no sub- questions.
- For 70 marks student have to answer 2 SAQ out of 3 and 2 EAQ out of 3 in each group.
- For 80 marks student have to answer 4 SAQ out of 5 and 1 EAQ out of 2 in each group.
- For 100 marks student have to answer 4 SAQ out of 5 and 2 EAQ out of 3 in each group.
- The answer scripts will be examined by two assessors separately (Group A and Group B).

Formative Assessment:

In-course assessment

1. Type of assessment: Each individual course may have different types of assignment. It may include case study, report, notes, written paper presentation, care plan, health education plan, and Case confinement.
2. Number of assignment: The number of assignment will be according to the guide line provided in the syllabus.
3. Marks: Marks for each assignment is specified in examination system.
4. Time: At least 4-6 weeks will be allocated for submission of an assignment for each individual course, depending on the nature of assignment. In-course assignment of all courses should not be given to the students at a time as it will create a great deal of pressure on them.
5. For writing the assignment there will be a provision for continuous guidance and clear written guidelines and instructions.
6. Date of submission: Student must submit the assignment before timeline. If any student fails to submit the assignment in time she will get 7 days to submit the assignment but she has to apply with justification before timeline.
7. Word limits: Number of total words for written assignment to be decided by the faculty/guideline.
8. Formative assessment mark sheet must be signed by the external examiner.
9. Term examination marks will be sent to the BNMC.

Leave system:

The student will get 4 weeks of annual leave in each year.

Certification and Licensure:

Bangladesh Nursing and Midwifery Council will issue certificate and license as a registered midwife.

Methods of Assessment

Assessment in this programme will be carried out as per course schedule for classroom, laboratory practice skills and clinical:

Classroom

- Written Examination
- Oral Presentation/Poster Presentation

Laboratory and practice skills

- Skills Assessment
- Objective Simulated Clinical Assessments (OSCA)
- Scenario-based practice Assessments
- Viva Voca Assessments

Clinical

- Clinical Assessments
- Log Book and supporting documentation
- Case Studies
- Communication Assessment
- Objective Simulated Clinical Assessments (OSCA)

Overview of assessments by year

Year 1			
No.*	Code*	Courses	Assessment
1	DM111	Behavioural Science	Term and Final Exam Written Assignment Group presentation
2	DM112	Basic Science	Term and Final Exam Written Assignment Case Study
3	DM123	Anatomy and physiology	Mid Term and Final Exam Lab and Quiz
4	DM134	Professional framework and Communication in Midwifery	Mid Term and Final Exam Weekly notes, group poster, presentations and role play
5	DM 135	Fundamentals of Midwifery	Mid Term and Final Exam Group presentation, Case study Practicum: Log Book, practice portfolio, practice exemplars, care presentations OSCA: Normal ANC assessment #1, #2 OSCA: Normal Labour assessment #1, #2 OSCA: Normal- Essential care for labor and birth (ECLB) #1, #2 OSCA: Normal- PNC assessment #1, #2 OSCA: Normal- Essential care for every newborn (ECEN) #1, #2 OSCA: Normal- Newborn assessment #1, #2 OSCA: Complications- NB Assessment-#1, #2 OSCA: OB Emergency- Helping babies' breath (HBB) #1, #2
7	DM126	Midwifery Pharmacology	Mid Term and Final Exam Written paper
8	DM137	Midwifery Practice I	Mid Term and Final Exam Practicum: Log Book, practice portfolio, practice exemplars, case presentation
3	DM118	Communicative English and Information & communication Technology (internal subject)	Term and Final Exam Written Assignment, oral presentations

Year 2			
no.*	Code*	Courses	Assessment
9	DM221	Research and Evidence Based Midwifery	Term and Final Exam Written Assignment Group presentation
10	DM232	The Art and Science of Midwifery	Term and Final Exam Written Assignment Case Study Practicum: Log Book, Practice Portfolio and Practice Exemplars Normal Labour Viva Voce, Case study OSCA: Normal ANC assessment #3

			OSCA: Normal Labour assessment #3 OSCA: OB Emergency- HMS-Bleeding after birth (PPH) #1 OSCA: OB Emergency- HMS- Pre/eclampsia #1 OSCA: OB Emergency- Helping babies' breath (HBB) #3 OSCA: Normal- Essential Care for Labour and Birth (ECLB) #3 OSCA: Normal-- Essential Care for Every Baby (ECEB) #3 OSCA: Complications- ANC assessment #1 OSCA: Complicated PNC Assessment #1 OSCA: Complications- Labor assessment- #1 OSCA: Complications- NB Assessment-#1
11	DM233	Women's health	Term and Final Exam Group presentation Practicum: Log Book, Practice Portfolio and Practice Exemplars Normal Labour Viva Voce, Case study OSCA: Normal well woman physical exam #1, #2 OSCA: Complicated: VIA #1 OSCA: Complicated: IUD insertion #1 OSCA: Complicated: GBV/CMR #1 OSCA: Complicated: STI #1
12	DM234	Complicated Maternity Experience	Term and Final Exam Written assignment Case study Practicum: Log Book, Practice Portfolio and Practice Exemplars Normal Labour Viva Voce, Case study OSCA: OB Emergency- HMS-Bleeding after birth (PPH) #2 OSCA: OB Emergency- HMS- Pre/eclampsia #2, #3 OSCA: OB Emergency- Helping babies' breath (HBB) #4 OSCA: OB Emergency- Prolonged/obstructed labour #1, #2 OSCA: OB Emergency- Shoulder dystocia #1, #2 OSCA: OB Emergency- cord prolapse #1, #2 OSCA: OB Emergency- Breech #1, #2 OSCA: Complications- ANC assessment #2 OSCA: Complicated PNC Assessment #2 OSCA: Complications- Labor assessment- #2 OSCA: Complications- NB Assessment- #2
13	DM135	Midwifery Practice II	Mid Term and Final Exam Practicum: Log Book, practice portfolio, practice exemplars, case presentation

YEAR 3			
no.*	Code*	Courses	Assessment
14	DM331	Complexities of Maternity Experience	Term and Final Exam Viva Voce Written Assignment Group Poster Presentation Practicum: Clinical assessment, Log Book, Practice Portfolio and Practice Exemplars, Peri operative continuum clinical exercise OSCA: Complications- ANC assessment and management (GDM, HTN) #3 OSCA: Complicated PNC Assessment #3,4 OSCA: Complications- IP assessment and management (foetal distress, assisted delivery, TIUP, preterm) #3 OSCA: Complications- ANC assessment and management. (GDM, HTN) #4 OSCA: Complications: IP assessment and management (foetal distress, assisted delivery, TIUP, preterm) #4 OSCA: OB Emergency- Prolonged/obstructed labour #3& #4 OSCA: OB Emergency- Bleeding after birth (PPH) #5& #6 OSCA: OB Emergency-HMS- Pre/eclampsia #3& #4 OSCA: OB Emergency- Shoulder dystocia #3& #4 OSCA: OB Emergency- Cord prolapse #3 & #4 OSCA: OB Emergency- Breech #3 & #4 OSCA: OB Emergency- Helping babies breathe (HBB) #5 OSCA: Final Exam- tested on any 5 OSCAs (3 must be emergencies) OSCA: Complicated: VIA #2 OSCA: Complicated: IUD insertion #2 OSCA: Complicated: GBV/CMR #2 OSCA: Complicated: STI #2
15	DM332	Newborn Complications	Term and Final Exam Group presentations of scenarios of newborns with problems OSCA: Normal-- Essential Care for Every Baby (ECEB) #3 OSCA: OB Emergency- Helping babies' breath (HBB) #4 OSCA: Complications- Newborn Assessment and management (PTL/SGA, RDS, TTN, Congenital cardiac conditions, LGA) #3
16	DM333	Transition to Registered Midwifery practice & Practicum	Peer teaching session Portfolio showing the student meets the BNMC and ICM competencies includes exemplars
17	DM334	Midwifery Practicum	Mid Term and Final Exam Practicum: Log Book, practice portfolio, practice exemplars, case presentation

Structure of Written Examination

Year 1

1. Behavioral Science 80

Group -A (Social Science)

- | | | |
|------|---------------------------------|------------------|
| i. | Essay Question (EQ) | = 1 (1X10) =10 |
| ii. | Short Question (SQ) | = 4 (4X5) = 20 |
| iii. | Multiple Choice questions (MCQ) | = 10 (10 x1) =10 |
| | | 40 |

Group -B (Psychology of Human Behaviour)

- | | | |
|------|---------------------------------|-----------------|
| i. | Essay Question (EQ) | = 1 (1X10)=10 |
| ii. | Short Question (SQ) | = 4(4X5)= 20 |
| iii. | Multiple Choice questions (MCQ) | = 10 (5 x1) =10 |
| | | 40 |

2. Basic Science 70

Group -A (Microbiology and parasitology)

- | | | |
|------|---------------------------------|---------------|
| i. | Essay Question (EQ) | = 2(2X10)=20 |
| ii. | Short Question (SQ) | = 2 (2X5)= 10 |
| iii. | Multiple Choice questions (MCQ) | = 5(5 x1)= 5 |
| | | 35 |

Group -B (General Biology)

- | | | |
|------|---------------------------------|---------------|
| i. | Essay Question (EQ) | = 2 (2X10)=20 |
| ii. | Short Question (SQ) | = 2(2X5)= 10 |
| iii. | Multiple Choice questions (MCQ) | = 5 (5 x1)= 5 |
| | | 35 |

3. Anatomy and Physiology 100

Group -A (Anatomy)

- | | | |
|------|------------------------------------|------------------|
| i. | Essay Question (EQ) | = 2(2X10) =20 |
| ii. | Short Question (SQ) | = 4(4X5)= 20 |
| iii. | Multiple Choice of questions (MCQ) | = 10 (10 x1)= 10 |
| | | 50 |

Group -B (Physiology)

- | | | |
|------|------------------------------------|------------------|
| i. | Essay Question (EQ) | = 2(2X10) =20 |
| ii. | Short Question (SQ) | = 4 (4X5) = 20 |
| iii. | Multiple Choice of questions (MCQ) | = 10 (10 x1)= 10 |
| | | 50 |

4. Professional Frameworks & Communication in Midwifery 100

Group -A (Professional Frameworks)

- | | | |
|------|------------------------------------|-------------------|
| i. | Essay Question (EQ) | = 2(2X10)=20 |
| ii. | Short Question (SQ) | = 4 (4X5)= 20 |
| iii. | Multiple Choice of questions (MCQ) | = 10 (10 x1)= 10 |
| | | 50 |

Group -B (Communication in Midwifery)

- | | | |
|----|---------------------|---------------|
| i. | Essay Question (EQ) | = 2(2X10) =20 |
|----|---------------------|---------------|

- ii. Short Question (SQ) = 4(4X5) = 20
 iii. Multiple Choice of questions (MCQ) = 10 (10 x1) = 10
 50

5. Fundamentals of Midwifery 100

Group I-A (Fundamental of midwifery)

- i .Essay Question (EQ) = 2 (2X10) = 20
 ii. Short Question (SQ) = 4 (4X5) = 20
 iii. Multiple Choice of questions (MCQ) = 10 (10x1) = 10
 50

Group I-B (Normal neonate)

- i .Essay Question (EQ) = 2 (2X10) = 20
 ii. Short Question (SQ) = 4 (4X5) = 20
 iii. Multiple Choice of questions (MCQ) = 10 (10x1) = 10
 50

6. Midwifery Pharmacology (80)

Group A (Midwifery Pharmacology)

- i .Essay Question (EQ) = 2 (2X10)=20
 ii. Short Question (SQ) = 2 (2X5)= 10
 iii. Multiple Choice of questions (MCQ) = 10(10x1)=10
 40

Group B (Midwifery Pharmacology)

- i .Essay Question (EQ) = 2 (2X10)=20
 ii. Short Question (SQ) = 2 (2X5)= 10
 iii. Multiple Choice of questions (MCQ) = 10(10x1)=10
 40

7. Communicative English & Information Communication Technology (internal subject) 100

Group -A (Communicative English)

- i .Essay Question (EQ) = 2 (2X10)=20
 ii. Short Question (SQ) = 4(4X5)= 20
 iii. Multiple Choice of questions (MCQ) = 10 (10 x1 = 10
 50

Group -B (Information Communication Technology)

- i .Essay Question (EQ) = 2(2X10) = 20
 ii. Short Question (SQ) = 4 (4X5) = 20
 iii. Multiple Choice of questions (MCQ) = 10 (10 x1) = 10
 50

Year 2

1. Research and Evidence Based Midwifery - 100

<u>Group A (Research and Evidence)</u>	<u>50</u>
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4 (4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

<u>Group B (Biostatistics & Epidemiology)</u>	<u>50</u>
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4(4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

2. The Art and Science of Midwifery -100

<u>Group A (The Art and Science of Midwifery)</u>	<u>50</u>
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4(4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

<u>Group B (The Art and Science of Midwifery)</u>	<u>50</u>
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4(4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

3. Women's health -100

<u>Group A (Women's health) 50</u>	
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4 (4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

<u>Group B (Maternal health Problem) 50</u>	
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4(4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

4. Complicated Maternity Experience -100

<u>Group A (Complicated Maternity Experience) 50</u>	
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4 (4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

<u>Group B (Complicated Maternity Experience) 50</u>	
i .Essay Question (EQ)	= 2 (2X10)=20
ii. Short Question (SQ)	= 4(4X5)= 20
iii. Multiple Choice of questions (MCQ)	= 10(10x1)=10

50

Year 3

1. Newborn Complications 100

Group -A (Newborn Complications) 50

- i .Essay Question (EQ) = 2(2X10)=20
 - ii. Short Question (SQ) = 4 (4X5)= 20
 - iii. Multiple Choice of questions (MCQ) = 10 (10 x1)= 10
- 50

Group -B (Newborn Complications)50

- i .Essay Question (EQ) = 2 (2X10) =20
 - ii. Short Question (SQ) = 4(4X5) = 20
 - iii. Multiple Choice of questions (MCQ) = 10(10 x1) = 10
- 50

2. Complexities of maternity experience -100

Group A (Complicated maternity experience) 50

- i .Essay Question (EQ) = 2 (2X10) =20
 - ii. Short Question (SQ) = 4(4X5) = 20
 - iii. Multiple Choice of questions (MCQ) = 10(10 x1) = 10
- 50

Group B (Complexities of maternity experience) 50

- i .Essay Question (EQ) = 2 (2X10) =20
 - ii. Short Question (SQ) = 4(4X5) = 20
 - iii. Multiple Choice of questions (MCQ) = 10(10 x1) = 10
- 50

3. Transition to Registered-Midwifery Practice and Practicum -100

Group A Transition to Registered-Midwifery Practice and Practicum) 50

- i .Essay Question (EQ) = 2 (2X10)=20
 - ii. Short Question (SQ) = 4 (4X5)= 20
 - iii. Multiple Choice of questions (MCQ) = 10(10x1) =10
- 50

Group B (Transition to Registered-Midwifery Practice and Practicum) 50

- i .Essay Question (EQ) = 2 (2X10)=20
 - ii. Short Question (SQ) = 4 (4X5)= 20
 - iii. Multiple Choice of questions (MCQ) = 10(10x1) =10
- 50

Course Descriptions

The Course descriptions that follow are all written with the understanding that the content that is taught is research-based and evidence-based. The content will also be underpinned by physiology and pathophysiology where appropriate. At all stages of the programme documentation of clinical events will be assessed. Referral and consultation in relation to complications and midwifery scope of practice is an integral part of the programme.

Year One:

Course 1: DM111 Behavioural Science (70/0/0)

In this course will be reviewed selected psychological theories explaining human behaviours including biological theories, behavioural theories, social learning theory, stress-coping theories; motivation; personality; and developmental psychology across lifespan. Specific topics include: relationships between social science and other sciences, the influence of social structure and Bangladeshi culture on society, values, beliefs, and practices of human behaviours, including political and economic aspects of the health care system, social change and its influence on health within Bangladesh. Special attention will be given to preserve good health and well-being of the expecting mother, including special focus on mental health challenges including maternal mental health signs, diagnosis, support and management.

Course 2: DM112 Basic Science (70/18/0)

Introduction to fundamental concepts in the biological sciences including the organization of living matter, cell structures and functions, food production by photosynthesis, harvesting energy, mechanisms of cell reproduction, genetics, evolutions, and human biology. Will include basic microbiology, parasitology, and immunology, reproduction, growth, and transmission of common microorganisms and parasites in maternal newborn care in Bangladesh as well as human microbial interaction, defenses of the body, and antibiotic resistance microbes. Attention will be given to prevention of infection including universal precaution and immunization, sterilization, and disinfection.

Course 3: DM 123 Anatomy and Physiology (180/54/0)

Anatomical structure and physiological functions of human body: movement; homeostasis and metabolism of body systems including nervous system, endocrine system, cardiovascular system, respiratory system, digestive system, urinary system, reproductive system (including- menstrual cycle, labour, postnatal, and breastfeeding), hematologic system, sensory organs, integumentary system, and

immune system. Special attention will be given to impact of nutrition and environmental exposures, as well as changes during and immediately after pregnancy on physiology.

Course 4: DM 124 Professional Frameworks and Communication in Midwifery (100/42/0)

This course introduces interpersonal communication in midwifery and the midwifery professional framework. Review the midwifery model of care, midwifery standards of practice, and the theoretical frameworks that inform the midwifery profession both in Bangladesh and internationally. This will include assertive and responsible communication for interpersonal, therapeutic relationships. Relationships form the core of midwifery. Important components include warmth, respect, genuineness, empathy, self-disclosure, questioning and expressing opinions. Course will also explore barriers to effective communication; communicating with other health care professionals; enhancing interpersonal communication skills through practice experience in consideration of professional standards.

Additionally, the course will explore the legal and theoretical frameworks that govern sexual reproductive health rights in Bangladesh including GBV, cultural norms and practices and socio-economic and environmental factors that impact on maternal and newborn health in Bangladesh. How to provide basic health care skills including bed making, positioning, vital signs, history taking, interview skills, counselling for behavioural change, health education, inter-professional relationships, collaborative care and communication using basic medical terminology within the Bangladesh health care delivery system, using the midwifery model will be reviewed to develop skills of midwifery communication, leadership, advocacy and assertiveness.

Course 5: DM 135 Fundamentals of Midwifery (250/54/192)

This course focuses on developing the foundational knowledge base and skills for midwifery care related to the normal maternity experience. Midwifery care during normal antenatal (including counseling, nutrition, common discomforts, birth preparedness, and complication screening and intra-partum and postnatal, are introduced to the students. Focus on normal, low-risk pregnancy, childbirth and postpartum, including physiology and mechanism of labour, diagnosis and confirmation of labour, monitoring maternal and foetal status in labour including partograph use, clean safe birth, AMTSL, protecting the perineum, delayed cord clamping, upright position, skin to skin, comfort measures in labour and care of the normal neonate. The course will reinforce knowledge about anatomy and physiology related to the normal maternity experience. Midwifery assessment and management of the newborn at and immediately after birth is taught along with examination of the newborn. This course will also develop knowledge about lactation and breastfeeding.

OSCA's: Normal: ANC assessment, Normal Labour assessment, Normal- Essential care for labor and birth (ECLB), Normal- PNC assessment, Normal- Essential care for every newborn (ECEN), Normal- Newborn assessment, **Complications-** NB Assessment, **OB Emergency-** Helping babies' breath (HBB)

Course 6: DM 126 Midwifery Pharmacology (50/36/0)

Introduction and basic principles of drug actions: pharmaceutic, pharmacokinetic, and pharmacodynamics; essential drugs; forms of drugs and preparation; action, adverse effect, including antibiotic overuse and resulting antibiotic resistant microbes, and management of major drug classes including antibiotics and anti-parasitic, anti-inflammatory drugs, antipyretics and analgesics, drugs affecting body systems, i.e., gastro-biliary, urinary, cardiovascular, endocrine, and nervous system, anti-psychotic, anti-neoplastic and immunosuppressive agents.

Students will learn medication dosage calculation, and administration of drugs in midwifery pharmacopeia, and vaccines. Will cover the essential Medication List for Bangladesh, all medications listed in the midwifery SOP, supply chain management, with special focus on midwifery pharmacopeia during pregnancy, and side effects.

Course 7: DM 137 Midwifery Practice I(0/42/192)

This first practical experience provides an opportunity for students to provide safe, competent, woman centered midwifery care, focusing on skills and culturally safe care within the scope of the normal maternity experience. Beginning midwifery skills and clinical assessment are developed. Midwifery practice will take place in areas in which students has studied in theory class, so they can safely begin to practice their skills and develop their knowledge. Midwifery practice is supported so students can gain competence and confidence in providing safe midwifery care within the scope of normal maternity experience.

Clinical Practice for this year will focus on: ANC, Labour, Birth, Newborn, PNC wards and the community setting.

Course 8: DM118 Communicative English and Information & Communication Technology (internal subject) (144/42/0)

This course will review basic grammatical structures of English and basic semantics, how small changes in structure can affect the meaning of sentences, basic reading and listening techniques for constructing

informal written essays and spoken English in daily life. The course will then progress to grammatical structures of English, reading selected English literature and documents for evidence based care, and listening to English media. Assessment of English portion of course will involve giving English oral presentation, writing formal letters and essays.

Combining English and information technology will allow a review of the history of computing and internet, roles of computers in our society, computer terminology, computer hardware and devices, operating systems, and application programs. Focus will be on using the computer professionally with MS office suite (Word, PowerPoint, Excel), and internet browsing and searches to develop online resources (such as the Safe Delivery App, and other online resources for midwifery) and the development of English skills and support professional development of the midwife.

Year Two:

Course 9: DM 221 Research and Evidence based Midwifery (108/0/64)

This course introduces students to concepts of evidence based research and application in the provision of midwifery care. Evidence and analysis of research will include statistic methods of collection, analysis, and presentation of health related data and statistics; selected population statistics (e.g. birth rate, literacy rate, life expectancy), selected health related statistics (e.g. mortality and morbidity rate: incidence and prevalence), principle of epidemiology, occurrence and distribution of diseases, indicators of community health, surveillance, epidemic investigations, prevention and control of communicable and non-communicable diseases. Students will review intro to qualitative, quantitative research and how to critically analyse research Examines research and evidence that informs midwifery practice and provides tools to enable students to understand, interpret, and begin to critique research.

The course will include community health and the role of midwife in community health promotion. It includes an introduction to collection and utilization of data, statistics and demography and introduces the Bangladesh Demographic Health Survey and other relevant data collection tools for midwifery.

Clinical practice: In the library and community, for research, assessing needs and evidence based care.

Course 10: DM 232 The Art and Science of Midwifery (180/60/200)

This course develops the midwifery knowledge base and skills so to provide safe, competent and sensitive midwifery care within the scope of the normal maternity experience. The decision points for midwifery care during antenatal, intrapartum and postnatal care are further developed including laboratory tests and other investigations, to aid in the identification of abnormal. This course further develops and extends the students' knowledge base and skills to provide safe competent and sensitive midwifery care within the scope of maternity experience with common variations (prolonged labour, malpresentation, PPH, PPROM, sepsis, nutritional deficiencies, environmental exposures and deviations from normal foetal growth and well being). Special attention to midwifery assessment, management and referral alongside in-depth application of decision points for midwifery care in antenatal, intra-partum and postnatal is taught including pharmacology and suturing, midwifery pharmacology, inter-professional relationships and antenatal education

OSCA's: Normal: ANC assessment, Normal Labour assessment, **OB Emergency-** HMS-Bleeding after birth (PPH), HMS- Pre/eclampsia, Helping babies' breath (HBB), Essential Care for Labour and Birth (ECLB), Essential Care for Every Baby (ECEB), Complications- ANC assessment, Labor assessment-, NB Assessment

Course 11: DM 233 Women's health (108/50/200)

The course focuses on adolescents and women's reproductive health across the lifespan (adolescence through menopause) in Bangladesh. Conditions which compromise the health of adolescents and women alongside issues relating to family planning, infertility, early pregnancy, mental health, gynaecological issues (STIs, breast and cervical cancer) and women's health screening are covered in the course. Physical assessment of the well woman is included in this course along with family planning, GBV, MR, CMR, trauma based care, adolescent care, care in humanitarian settings and GYN midwifery pharmacology.

OSCA's: Normal: well woman physical exam, **Complicated:** VIA, Complicated: IUD insertion, Complicated: GBV/CMR, Complicated: STI #1

Course 12: DM 234 Complicated Maternity Experience (216/70/200)

This course develops knowledge and skills needed for identification and management of complications in the maternity experience, in particular the 'big five' causes of maternal death, focusing on pathophysiology, midwifery assessment, treatment and appropriate management of the major causes of maternal and neonatal death in Bangladesh. The course also includes teaching about diagnosis, algorithms and obstetric emergencies including EmONC signal functions, labour with scarred uterus, detecting and managing IUGR, foetal demise and consulting, referring and activating emergency response. Also reviewed are pathology and medical conditions (including STIs, fistulas, communicable diseases and NCDs), that impact on women's health.

OSCA's: OB Emergency- HMS-Bleeding after birth (PPH), HMS- Pre/eclampsia, Helping babies' breath (HBB), Prolonged/obstructed labour, Shoulder dystocia, Cord prolapse, Breech, Complications- ANC assessment, Labor assessment, NB Assessment.\

Course 13: DM 235 Midwifery Practice II (0/0/200)

Practice is further developed in this course to provide safe, competent and sensitive midwifery care within the scope of normal maternity experience. Midwifery skills and clinical assessment, management and referral. Apply knowledge and skills when there are complications of the childbirth experience, knowledge and skills when there are complications of the maternity experience. Midwifery assessment and management of complications is developed. Obstetric emergencies are also part of this course.

Art and Science clinical practice wards: Normal ANC, Labour, Birth, Newborn, PNC, Normal GYN/FP, community.

Midwifery practice is further developed during this practice to provide safe, competent and sensitive midwifery care within the scope of normal maternity experience. The introduction of assessment, diagnosis and skills necessary to manage complications of the childbirth experience are also developed. Obstetric emergency identification and initial stabilization is introduced in this course. Opportunity to practice midwifery skills including clinical assessment, diagnosis, management (including prevention) and referral of complications are provided in addition to physiological care.

Women's health clinical practice wards: GYN/Family planning, VIA, GBV, community

Midwifery practice is further expanded to provide normal well woman, family planning and comprehensive sexual and reproductive health, including management of GBV, VIA and more.

During this practice the student midwife focuses on safe, competent and sensitive midwifery care within the scope of normal well woman experience. The introduction of assessment, diagnosis and skills necessary to manage variations in common health situations experienced as well as identify community resources for further management.

Complicated Maternity clinical practice wards: ANC, Labour, Birth, Newborn, PNC, GYN/FP, Emergency.

Midwifery practice is further developed during this practice to provide safe, competent and sensitive midwifery care with complications and emergencies. The introduction of assessment, diagnosis and skills necessary to manage complications of the childbirth experience are also developed. Obstetric emergency identification and initial stabilization is strengthened in this course. Opportunity to practice midwifery skills including clinical assessment, diagnosis, differential diagnosis, management (including prevention) and referral of complications are provided.

Year Three:

Course 14: DM331 Newborn Complications (180/48/192)

This course develops knowledge and understanding about common complications and medical conditions of the newborn to 2-months age along with practical skills required for caring for the newborn with problems. Assessment, management, how to classify, treat and when to refer based on WHO Integrated Management of Childhood Illnesses (IMCI) process, and how to counsel the mother are also taught as well as clinical issues associated with unwell babies and the impact on the family is also explored.

OSCA's: Normal: Essential Care for Every Baby (ECEB), **OB Emergency:** Helping babies' breath (HBB), **Complications:** Newborn Assessment and management (PTL/SGA, RDS, TTN, Congenital cardiac conditions, LGA)

Course 15: DM332 Complexities of Maternity Experience (180/60/336)

This course further develops the application of knowledge and skills when there are complications during the care for adolescents and women, and during childbirth. This course will further develop midwifery assessment, diagnosis, differential diagnosis, and management of obstetrical complications (including retained placenta and other EmONC skills) as well as midwifery care and management for pregnant adolescents and women with common medical disorders (cardiovascular, pulmonary, renal, infectious, gastro-intestinal, endocrine, metabolic, haematological, thromboembolic, autoimmune, neurological, TB and malaria). Included is the peri-operative continuum. Complex issues related to women's social, environmental and psychological health including maternal mental health and ill health are also considered. The dilemmas and challenges of childbirth are explored from a national and international perspective and ethical issues are explored and debated. Advocacy, GBV, IPV, psychologic health and trauma and human rights in midwifery practice.

OSCA's: Complications: ANC assessment (including GDM, HTN), IP assessment and management (including Foetal distress, assisted delivery, TIUP, and preterm).

Course 16: DM333 Transition to Registered Midwifery Practice and practicum (108/36/192)

This course prepares students for the transition to becoming a practicing midwife. This includes learning about effective teaching within midwifery practice, Bangladesh health care delivery system management, collaboration, conflict resolution, advocacy skills and leadership skills. Learning in earlier courses is synthesized in readiness for the National Midwifery exam.

This course prepares students for the transition to becoming a practicing midwife. This includes learning about effective teaching within midwifery practice, healthy system management, collaboration, conflict resolution, advocacy skills and leadership skills. Learning in earlier courses is synthesized in readiness for the National Midwifery exam.

A final 3-month practicum is provided for full integration. During the practicum period the student will demonstrate beginning ability to practice autonomously across the scope of practice and demonstrate the practice pillars (standards) at a level to meet the Bangladesh and ICM competencies for Midwifery practice.

OSCA's include:

Complications: ANC assessment and management (GDM, HTN), IP assessment and management (foetal distress, assisted delivery, TIUP, preterm),

OB Emergency: Prolonged/obstructed labour, Bleeding after birth (PPH), HMS- Pre/eclampsia, Shoulder dystocia, Cord prolapse, Breech, Helping babies breathe (HBB),

Complicated women's health: VIA, IUD insertion, GBV/CMR, STI

OSCA: Final Exam- tested on any 5 OSCAs (3 must be emergencies)

Course 17: DM 334 Midwifery Practicum (0/0/384)

This course will integrate and begin to consolidate the midwifery knowledge and skills that have been learnt in the programme. During this course the student will demonstrate beginning ability to practice autonomously across the scope of practice and begin to demonstrate the practice standards at a level to meet the Bangladesh and International Confederation of Midwives (ICM) Competencies for Practice. This course will integrate and consolidate the midwifery knowledge and skills that have been learnt in the programme. During this course the student will practice autonomously across the scope of practice and demonstrate the practice pillars (standards) at a level to meet the Bangladesh and ICM competencies for Midwifery practice.

Newborn complications clinical practice wards: Labor and birth, newborn, SCANU, community. Midwifery practice is focused on strengthening skills around newborn care. Opportunities to assess newborns with common complications are offered in hospital and community settings.

Complexities clinical practice wards: ANC, Labor and birth, PNC, emergency.

Midwifery practice is continued to provide safe, competent and sensitive midwifery care to pregnant adolescents and women with medical complications and emergencies. The strengthening of assessment, diagnosis and skills necessary to manage medical complications during pregnancy are reinforced. Obstetric emergency identification and initial stabilization is strengthened in this course. Opportunity to practice midwifery skills including clinical assessment, diagnosis, differential diagnosis, management plan and initial collaboration with other health care providers are provided.

Integration clinical practice wards: ALL

Midwifery practice will integrate and strengthen the midwives' competency in knowledge and skills that have been acquired throughout the programme. The normal and complicated childbirth experience and SRH care domains are integrated and strengthened. In antepartum

and SRH wards, this course develops midwifery practice in assessment, management and referral of women with medical conditions and complications as well as complex psychological, socio-economic and environmental factors, which impact on pregnancy and general health. During intrapartum, postpartum and newborn care, midwifery practice is developed to recognize and apply knowledge and skills when there are complications and emergencies including the peri- operative continuum. Midwifery assessment, management and referral are further developed.