Description: Midwifery and Collaborative Care 1

Subject | Cat-Nbr | Class | Term  | Mode | Units | Campus  
---------|---------|-------|-------|------|-------|--------
MID      | 8073    | 10485 | 1, 2002 | EXT  | 1.00  | TWMBA  

Academic Group: FOSCI
Academic Org: FOS004
HECS Band: 1
ASCED Code: 060303

STAFFING
Examiner: Jackie Doolan
Moderator: Jill Scanlan

PRE-REQUISITES
Pre-requisite: MID 8001 and MID 8070 Co-requisite: MID 8074 and MID 8002

RATIONALE
Student midwives need to develop knowledge and skills for the provision of a partnership model of midwifery care for women experiencing the final trimester of pregnancy and labour. To function safely and effectively as members of their midwifery teams student midwives also need to be introduced to common and important medical conditions and/or interventions.

SYNOPSIS
The course begins by continuing the chronological approach to childbearing introduced in MID8070 but this time the emphasis is on the last month of pregnancy and birth. Students will continue to develop their knowledge of anatomy, physiology and toxicology so that this can be applied to maternal and foetal wellbeing during late pregnancy, labour and birth. The various models of maternity care delivery will be presented and evaluated by students. The course also examines a number of issues that are commonly associated with non-institutional birth settings including establishing safety, partnership formation, complimentary therapies and water birth. In addition, students will be asked to identify ways in which to practice in a way that is both culturally aware and culturally safe.

OBJECTIVES
On successful completion of this course students will be able to:

- contrast a partnership relationship with a professional relationship;
• compare and contrast the medical model and the midwifery model of maternity care;
• compare and contrast women's experiences of hospital birth and non-institutional birth in terms of their physical and emotional well-being;
• explore and contrast the concepts of partnership with women and their families in institutional and non-institutional settings;
• use research evidence to compare hospital birth with non-institutional birth in terms of perinatal maternal and infant mortality and morbidity;
• explore the safety and effectiveness of complementary therapies during pregnancy, childbirth and whilst breastfeeding;
• discuss waterbirth with a woman who has this experience
• integrate a midwifery philosophy into a collaborative model of care;
• deepen and extend previously developed team work skills and work effectively as members of midwifery teams;
• demonstrate commitment to the promotion of the baby-friendly and mother-friendly hospital initiatives;
• apply knowledge of the fetal skull, female pelvis, and reproductive musculature to describe the normal mechanisms of labour; and
• apply knowledge of anatomy and physiology to promote maternal and fetal wellbeing during pregnancy and labour.

TOPICS

<table>
<thead>
<tr>
<th>Description</th>
<th>Weighting (%)</th>
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</thead>
<tbody>
<tr>
<td>1. Module 1: Women in Childbearing A story of a small, indigenous woman,</td>
<td>40.00</td>
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<tr>
<td>whose baby's head has not engaged at 38 weeks, will be used as a way of</td>
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<tr>
<td>contextualising the learning in module two and module three. The stories</td>
<td></td>
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<tr>
<td>of expert midwives will be compared and contrasted with the main story</td>
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<td>and used to relate the way in which knowledge in this course is used in</td>
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<tr>
<td>actual practice. Late Pregnancy to birth Female pelvis/foetal skull Pelvic</td>
<td></td>
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<tr>
<td>floor Physiology of labour Mechanisms of labour Women's experiences of</td>
<td></td>
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<tr>
<td>labour Physiology of pain</td>
<td></td>
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<tr>
<td>2. Module 2: Models of Care Stories from practising midwives will be used</td>
<td>10.00</td>
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<tr>
<td>to contextualise the learning about models of care. Partnership vs</td>
<td></td>
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<tr>
<td>Professional relationships Medical vs Midwifery model of care Collaborative</td>
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<tr>
<td>Care Team midwifery and team-work Baby-Friendly and Mother-friendly</td>
<td></td>
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<tr>
<td>hospital Initiatives Hospital-community connections</td>
<td></td>
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<tr>
<td>3. Module 3: Non-institutional Childbearing Epidemiology The</td>
<td>50.00</td>
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<tr>
<td>contextualising story will be of a woman who has chosen obstetrical care</td>
<td></td>
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<tr>
<td>and experiences a caesarean section. This module examines: . safety of</td>
<td></td>
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<tr>
<td>hospital births and non-institutional settings; . forming partnerships in</td>
<td></td>
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<tr>
<td>non-institutional settings; . natural and complementary therapies in</td>
<td></td>
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<tr>
<td>pregnancy and birth . water birth - women's and midwives’ experiences of</td>
<td></td>
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<tr>
<td>non-institutional birth; . partners’ experiences of non-institutional birth</td>
<td></td>
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<tr>
<td>siblings' experiences of being involved in childbirth.</td>
<td></td>
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</tbody>
</table>
TEXT and MATERIALS required to be PURCHASED or ACCESSED:

Books can be ordered by fax or telephone. For costs and further details use the 'Book Search' facility at http://bookshop.usq.edu.au by entering the author or title of the text.


REFERENCE MATERIALS

Reference materials are materials that, if accessed by students, may improve their knowledge and understanding of the material in the course and enrich their learning experience.


Videos


Birth, Uniview Worldwide Ltd, Wirral, U.K.

Domestic Violence in the Aboriginal Community, 1995 Caama Prod, Australia.

Homebirth - Your Choice, 1992, Uniview Worldwide Ltd., Wirral, UK.


Lippincott's Intrapartum Emergencies, 1999 version 1.0 CD-ROM produced by Lippincott, Williams and Wilkins.


Ashford, J., 1998 George Engelmann and Primitive Birth, Solana Beach, California.


Burch, E., 1997 *Natural healing for the pregnant woman*, vol 1, Pedigree Books, Berkley Publication Corporation, N.


Dugard, Lindy, 1999 *Multicultural Information for Midwives*, Australian College of Midwives, ACT Branch, Australia.


Fawcett, Margaret, 1993 *Aromatherapy for Pregnancy and Childbirth*, Capers Bookstore, Red Hill.


Kitzinger, S., 1987 Some Women's Experiences of Epidurals, Capers Bookstore, Red Hill.


McCrae, S., 1993 Reflexology in Pregnancy, Conference Papers ACMI National Conference, June 1993, ACMI.

MIDIRS, Midwifery Digest Midwifery Journal,


National Health and Medical Research Council Immunisation Procedures, 6th edn., NHRMC, Canberra.

National Health and Medical Research Council, 1989 Statement on homebirths, (Pamphlet), NHRMC, Canberra.

National Health and Medical Research Council, 1991 Homebirth guidelines for parents, (Pamphlet) NHRMC, Canberra.

National Health and Medical Research Council, 1993 Maternal deaths in Australia 1988-90, NHRMC, Canberra.

National Health and Medical Research Council, 1995 Perinatal morbidity, NHRMC, Canberra.


National Health and Medical Research Council 1994 Care of pregnant women in remote areas, 5th edn, NHRMC, Canberra.


Placksin, S., 1994 *Mothering the New Mother*, Newmarket Press, NY.


Queensland Health 1995 *Birthing Services Program: Service Provision Model (Draft)*, Queensland Health, Brisbane, pp. 2-6.


Robinson, J. 1997 *Examination of the Term Neonate*, Jan Robinsn, Midwifery Education Services, NSW.


Thomas, P., 1997 *Every Birth is Different*, Headline, London.


Vondra, M. and Molek, L., 1994 *This time it's me*, Capers Bookstore, Red Hill.

Waxler-Morrison et al (Eds), 1990 *Cross Cultural Caring*, University of British Colombia Press, Vancouver.


**STUDENT WORKLOAD REQUIREMENTS**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>HOURS</th>
</tr>
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<tbody>
<tr>
<td>Assessment</td>
<td>14</td>
</tr>
<tr>
<td>Clinical Experience</td>
<td>90</td>
</tr>
<tr>
<td>Directed Study</td>
<td>80</td>
</tr>
<tr>
<td>Private Study</td>
<td>52</td>
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**ASSESSMENT DETAILS**

<table>
<thead>
<tr>
<th>Description</th>
<th>Marks Out of</th>
<th>Wtg(%)</th>
<th>Required</th>
<th>Due Date</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>2500 WORD ESSAY</td>
<td>25.00</td>
<td>25.00</td>
<td>Y</td>
<td>04 Mar 2002</td>
<td>(see note 1)</td>
</tr>
<tr>
<td>DISCUSSION GROUP REPORT</td>
<td>20.00</td>
<td>20.00</td>
<td>Y</td>
<td>04 Mar 2002</td>
<td>(see note 2)</td>
</tr>
<tr>
<td>5000 WORD - GROUP PROJECT</td>
<td>25.00</td>
<td>25.00</td>
<td>Y</td>
<td>04 Mar 2002</td>
<td>(see note 3)</td>
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<tr>
<td>BE THE MIDWIFE SCENARIO</td>
<td>30.00</td>
<td>30.00</td>
<td>Y</td>
<td>04 Mar 2002</td>
<td>(see note 4)</td>
</tr>
</tbody>
</table>

**NOTES:**

1. Further details about the due dates are detailed in the assessment section of the Course Specifications.
2. Further details about the due dates are detailed in the assessment section of the Course Specifications.
3. Further details about the due dates are detailed in the assessment section of the Course Specifications.
4. Further details about the due dates are detailed in the assessment section of the Course Specifications.

OTHER REQUIREMENTS

1 Attendance Requirements It is the students' responsibility to actively participate in all activities scheduled for them, and to study all material provided to them or required to be accessed by them to maximize their chance of meeting the objectives of the Course and to be informed of Course-related activities and administration. The Workload hours include 90 hours of paid clinical during the semester and 14 hours of Computer-Mediated conferencing.

2 Minimum Requirements to Pass the Course: To be certain of obtaining a passing grade in this course, students must obtain 50% of the marks available for each piece of assessment;

3 Students will be advised by the Examiner of the due dates for Assessment Number 4- Be the Midwife. To be assured of a pass in this Course, students must:

4 A penalty of 5% per calendar day will apply for submission of items for assessment after the due date.

5 Assignments: The due date for an assignment is the date by which a student must dispatch the assignment to the USQ. The onus is on the student to provide proof of the dispatch date, if requested by the Examiner. Students must retain a copy of each item submitted for assessment. This must be produced within five days if required by the Examiner. In accordance with University's Assignment Extension Policy (Regulation 5.6.1), the examiner of a Course may grant an extension of the due date of an assignment in extenuating circumstances. This policy may be found in the USQ Handbook, the Distance Education Student Guide and the Faculty of Sciences' Orientation Handbook for on-campus students. All students are advised to study and follow the guidelines associated with this policy. An assignment, submitted after the due date without an extension approved by the Examiner, will attract a penalty of 5 percent of the assigned mark for each day (or part thereof) that the assignment is late.

6 Grading: Final grades for students will be determined by the addition of the marks obtained in each assessment item, weighted as in the Assessment Details and by considering the student's level of achievement of the objectives of the Course.