

# Midwife Registration Education Post-RGN Programme Standards and Requirements

Addendum to the Midwife Registration  
Education Programme Standards and Requirements



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board of Ireland

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Midwife Registration Education Post-RGN Programme Standards and Requirements, Fourth Edition, comes into effect (2017). This document replaces the following documents:

1. Requirements and Standards for the Post-RGN Midwife Registration Education Programme (Jan 2007) – Addendum to the Requirements and Standards for the the Midwife Registration Education Programme, Third Edition (Dec 2005).
2. Midwife Post-RGN Registration Standards and Requirements (Third Edition) 2015, reissued in October 2015 for the launch of the Nursing and Midwifery Board of Ireland website.

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# Section 1

## 1.1 Introduction

These standards and requirements set out the educational standards and requirements for Midwife Registration Education Post-RGN Programme. These are the Standards and Requirements for Midwife Registration Education Post-RGN Programme and should be read in conjunction with the Midwife Registration Programme Standards and Requirements (2016). The academic standard for the programme shall be a higher diploma level, Level 8 on the National Framework of Qualifications (NFQ).

## 1.2 Minimum entry requirements

Students undertaking the Midwife Registration Education Post-RGN programme must be nurses whose names are registered in the General Division of the Register of the Nursing and Midwifery Board of Ireland (NMBI).

# Section 2:

## Midwife Registration Education Post-RGN Programme

### 2.7.1. Syllabus / Indicative Content

Midwifery students enter the programme with a knowledge base that needs to be applied to midwifery. It is important that previous knowledge, skills and experience are acknowledged and developed.

The indicative content of the programme should be viewed as a guide. The ever-changing nature of the environment in which midwifery care is provided means that the programme content needs to be adaptable and responsive to these changes, so that midwives are prepared for contemporary and contextual practice. The sections into which the indicative content are organised does not imply that the programme should be structured in a particular way, or that any particular topic be given a particular weighting within the programme.

### Knowledge base for midwifery practice

#### Biological sciences:

- Biological, anatomical and physiological adaptations during pregnancy, labour, birth, lactation and the postnatal period
- Infection prevention, control and sepsis,
- Nutrition and Dietetics with particular reference to women and babies
- Genetics, Fertilisation, Embryology and Assisted Reproduction
- Factors supporting and influencing normal growth and development of the fetus
- Adaptation to extra-uterine life
- The effect of pathological processes on normal human structure and functions specific to women's health and pregnancy
- Genetically inherited Diseases.

## Psychology as applied to midwifery practice:

Building on psychological theory, research, principles and processes and their application to midwifery which includes:

- Developmental psychology throughout the life span highlighting early development and parent/baby attachment
- Relationships and family, sexuality, social psychology and organisational psychology
- Psychological adaptation during pregnancy, labour, birth and the postnatal period
- Pregnancy, childbirth and parenthood as significant life events
- Psychological impact of adverse outcomes/trauma on women in pregnancy, labour, birth and the postnatal period
- Strategies to support mental well-being including building resilience and stress management.

## Pharmacology:

- Overview of pharmacology including routes of administration and drug calculation skills
- Medicines management as applied to midwifery practice. For example, the use and effects of medicinal products on women before pregnancy, during pregnancy, labour, birth, in the postnatal period and during lactation; on neonates; and for control of fertility
- Medicines Management Standards
- Legislative framework underpinning medicines management
- Risk management in medicines management
- The use of intravenous fluids, blood and blood products
- Venepuncture and intravenous cannulation.

### Research, audit and innovation in practice:

- Identifying and accessing robust sources of midwifery knowledge
- The Research process and methodologies
- Audit cycle and its potential impact on clinical practice
- Ethical considerations for research in maternity care settings
- Critical review and analysis of research findings and their application to midwifery practice
- Promoting and implementing evidence-based innovation in midwifery practice.

### Midwifery practice – knowledge, skills and professional behaviours:

- Promote key concepts in midwifery care: compassionate, women-centred care; individualised care; promoting normality in pregnancy, labour, birth and in the postnatal period; holistic care for women throughout the continuum of pregnancy, in labour and birth and in the postnatal period; partnership; informed choice; autonomy; and advocacy and the requisite skills to promote and implement these concepts
- Promote safety of women and their babies, and of colleagues and oneself
- Provide appropriate advice regarding fertility awareness, fertility regulation, and pre-pregnancy care, infertility and assisted reproductive technologies
- Confirm pregnancy
- Provide women with evidence-based information to enable an informed choice in relation to place of birth and model of maternity care
- Assess, plan, implement and evaluate midwifery care provided to women experiencing normal pregnancy, labour and birth, and in the postnatal period in any setting including hospital, community and home care settings
- Use comfort measures during pregnancy, labour, birth and the postnatal period
- Use complementary and alternative therapies in midwifery practice
- Assess, plan, implement and evaluate midwifery care provided, in collaboration with other healthcare professionals, with women who have pre-existing medical or psychological conditions or where complications arise during pregnancy, labour, birth and the postnatal period
- Identify, assess, plan, implement and evaluate appropriate midwifery care with women experiencing perinatal mental health issues in collaboration with other healthcare professionals
- Use Risk management and assessment tools
- Detect and manage obstetric and neonatal emergencies

- Use of evidence-based early warning scoring systems
- Apply the scope of midwifery practice and recognition of the need for consultation with other members of the health and social care team
- Educate women on the benefits of breastfeeding
- Support and assist women in their informed choice of feeding their babies
- Assess, plan, implement and evaluate care for healthy newborns in partnership with mothers/parents
- Assess, plan, implement and evaluate care for newborns requiring special care, in partnership with mothers/parents and in collaboration with relevant healthcare professionals
- Identify and provide midwifery care for women with particular social, physical, emotional, intellectual, educational and healthcare needs in collaboration with other healthcare professionals
- Educate women and their families about pregnancy, childbirth and parenting
- Assess, plan, implement and evaluate care for women with pre-existing complications – for example, cardiovascular disorders, endocrine conditions and neurological conditions including pre pregnancy care
- Assess, plan, implement and evaluate midwifery care for women and their families who experience grief and loss during pregnancy, labour and birth or in the postnatal period
- Provide individualised care to ensure culturally sensitive midwifery care
- Reflect in and on midwifery practice

### Health promotion:

- Concepts of health promotion and public health
- The role of the midwife in health promotion
- Socio-economic, political, ethnic/race, cultural, gender and environmental factors affecting health
- A global perspective on maternal and child health
- Strategies for promoting and optimising maternal, child and community health with reference to current health strategies and in response to specific health concerns



### Sociology as applied to midwifery practice:

- The relevance of sociology to women's health care
- The inter-relationship between the individual, the family and social structures
- The family in contemporary society
- The role and status of women in society and its impact on reproduction
- Cultural representations of the female body
- Inequalities in health and their impact on reproduction
- Economic, cultural, ethnic/race, gender, power and control issues within society and their impact on maternity care
- Domestic and sexual violence in pregnancy
- Sociological perspectives of pregnancy, childbirth and parenthood
- Competing ideologies about childbirth
- Social and medical models of childbirth
- Social policy and its effect on health care provision
- The politics of maternity care
- The politics of breastfeeding
- The socialisation of midwives

### Communication and interpersonal skills:

- Effective interpersonal and communication skills for midwifery practice
- The impact of personal beliefs, values and attitudes on interactions with others
- Establishing effective partnerships with women and their families
- Skills of facilitating feedback and truth telling in relationships
- Establishing and evaluating inter-professional working relationships with other members of the health and social care team and with voluntary groups
- Communicating across cultures
- Communicating and recording clinical practice, to include use of evidence-based frameworks or tools for effective communication (e.g. ISBAR)
- Information and communication systems including the use of technology to enhance effective communication
- Communication skills for challenging and difficult circumstances
- Strategies and skills for teaching and supporting learning for individuals and groups
- Communicating effectively and empathetically to women and their families who have been bereaved or have experienced loss or trauma

### The provision of maternal and social care services in Ireland:

- Structure and provision of maternity services in Ireland
- Clinical governance in the health services
- Child protection and the role of the midwife
- The economics of healthcare provision
- Changing demographic profile of childbearing women
- Development of the Maternity Strategy in Ireland
- Human rights in childbirth
- Inter-professional collaboration in maternity care
- Innovations in midwifery practice nationally and internationally.

### Professional and personal issues:

- The development of midwifery as a profession
- Professional identity and role of the midwife
- Role and functions of the Nursing and Midwifery Board of Ireland
- Legislation governing the provision of maternity services
- Legislation governing midwifery registration and practice including clinical indemnity for the midwife
- Scope of midwifery practice
- Standards for Midwifery Practice
- Role of the Midwife as the Professional Lead
- Recording of Clinical Practice
- Continuing Professional development and maintaining competence
- Clinical reasoning/problem solving skills, decision-making skills
- Facilitating and supporting students' and colleagues' learning
- Self-awareness, development of individual coping skills and emotional intelligence
- Professional and personal development incorporating an element of peer review
- Quality assurance/initiatives to include knowledge and skills to undertake clinical audit
- Clinical risk assessment and clinical risk management.

### Ethical and legal issues:

- Code of Professional Conduct and Ethics for Midwives
- Ethical issues in professional midwifery practice to include respect for autonomy, beneficence, non-maleficence and justice consent and refusal of consent, confidentiality and truth telling
- Specific legal issues including duty of care and negligence, informed consent, informed choice, right of refusal, confidentiality and accountability
- Constitutional issues relating to enumerated and unremunerated rights including bodily integrity.

## Information and technology for Midwifery:

- Principles of information technology and its application to midwifery practice
- Management of data and data protection
- Assistive technology for health Care.

## 2.7.2 Theoretical and clinical requirements for the Midwife

### Registration Education Post – RGN Programme

In order to meet the requirements of the European Union Council Directive 2013/55/EU (Appendix A) the programme must be full time training of at least 18 months, which may be expressed in European Credit Transfer System (ECTS) credits, consisting of at least 3000 hours. Students undertaking the Midwife Registration Education Post-RGN programme must be nurses whose names are maintained in the General Division of the Register of Nurses and Midwives of the NMBI.

The programme shall be a minimum of 78 weeks<sup>1</sup> duration, including annual leave<sup>2</sup> and public holidays. The students are salaried employees of the health care institution for the duration of the programme. Following any interruption<sup>3</sup> in the education programme, the third level institution / health care institution must ensure that the student meets the theoretical and clinical requirements of the programme. Rules and procedures in relation to interruptions in the programme must be made clear at the beginning of the programme.

### Essential Midwifery Program Requirements

• Minimum theoretical content (including directed study, self-directed study and examinations)	<b>26 weeks</b>
• Minimum clinical content (total of 52 weeks inclusive of annual leave entitlement)	<b>52 weeks</b>
<b>Total</b>	<b>78weeks (18 months)</b>

1. "week" means the standard working week in hours, being applied to student of midwifery by their health care Institution at any given time during the programme.
2. Annual leave means statutory annual leave entitlement. The entitlement of a student to the benefits of any public holiday is determined by the provisions of the Organising of Working Time Act, 1997 and the arrangement that already apply to midwives working in the public health service.
3. Interruption: Any leave, other than annual leave and public holidays.

Having regard to the requirements of EU Council Directive 2013/55/EC, the clinical component of the programme shall consist of clinical experience in the following areas:

Midwifery Clinical Practice Requirements	Minimum no of weeks	Clinical experience and instruction
Antenatal	10	<p><b>Must include:</b></p> <ul style="list-style-type: none"> <li>antenatal clinics and antenatal inpatient wards</li> </ul> <p><b>May include</b></p> <ul style="list-style-type: none"> <li>admissions, day and fetal assessment units</li> <li>preparation for birth and education</li> <li>placement with Clinical Midwife Specialists and Advanced Midwife Practitioners.</li> </ul>
Intranatal	14	<p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>care of women in labour and birth which optimises the normal birth processes in any setting.</li> </ul>
Postnatal	10	<b>Includes postnatal care in any setting</b>
Midwife-Led Care Placement	2	<p><b>Includes</b></p> <ul style="list-style-type: none"> <li>any situation where the midwife is the lead professional in partnership with the woman planning, organising and delivering care to the woman, and referring to other professional/s as appropriate.</li> </ul> <p><b>May include:</b></p> <ul style="list-style-type: none"> <li>pre pregnancy clinics</li> <li>antenatal clinics</li> <li>antenatal/parenthood education classes</li> <li>home birth services</li> <li>DOMINO services</li> <li>midwifery led units</li> <li>early transfer home service</li> <li>postnatal care provided by midwives in the community.</li> </ul>
High Dependency Care and Care of the Critically Ill woman	2	The equivalent of two weeks' experience in the provision of care to women in pregnancy, labour or in the postnatal period who have high dependency needs and /or require monitoring or intervention that may include support for a single failing organ (HSE 2014)
Neonatal Unit	2	SCBU/Neonatal units and clinics
Operating Theatre and Recovery	1	<p><b>Must include:</b></p> <ul style="list-style-type: none"> <li>experience of obstetrical theatre and recovery.</li> </ul>
Gynaecology	1	<p><b>Must include:</b></p> <ul style="list-style-type: none"> <li>care of the woman in early pregnancy and loss</li> </ul> <p><b>Must include:</b></p> <ul style="list-style-type: none"> <li>ward</li> <li>day ward</li> <li>theatre</li> <li>clinics and outpatients.</li> </ul>
Discretionary	10	Discretionary up to 10 weeks inclusive of annual leave
<b>Total</b>	<b>52</b>	

# Section 3

## Standards for the Approval of Higher Education Institutions Associated Healthcare Provider(s) and Educational Programmes Leading to Registration as a Midwife

In addition to the standards set out in the Midwife Registration Programme Standards and Requirements 4th Edition (2016), the following standards must also be met:

### 3.2 1. Higher Education Institutes and Associated Healthcare Providers

#### 3.2.1.14

Students undertaking the 18 month midwife registration post-RGN programme are informed in writing, prior to commencement of the programme, that upon completion of the programme they will be eligible for registration as a midwife in the Division of Midwives of the Nursing and Midwifery Board of Ireland. However under the terms of EU Directive 2013/55/EU, they will not be entitled to register in any other EU, European Economic Area (EEA) or Switzerland Member State until they have undertaken one year of clinical midwifery practice during which they must undertake “all activities of a midwife”. This one year of clinical practice has to be verified to NMBI prior to NMBI issuing verification to the regulatory authority in the other Member State.

### 3.2.3 Clinical Practice Experience and the Clinical Learning Environment

#### 3.2.3.20

The student status of post-RGN midwifery students is clearly articulated and respected.

# Appendices:

## Appendix A:

### Extract from EU Directive 2013/55/EU amend Directive 2005/36/EC

#### (31) in Article 41, paragraph 1 is replaced by the following:

'1. The evidence of formal qualifications as a midwife referred to in point 5.5.2 of Annex V shall be subject to automatic recognition pursuant to Article 21 in so far as they satisfy one of the following criteria:

- (a) full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4 600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;
- (b) full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V;
- (c) full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V, and followed by one year's professional practice for which a certificate has been issued in accordance with paragraph 2.



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