



National Standards for Midwives

(Core Competencies and Education)

2015

Ministry of Health and Sports
Department of Health Professional
Resource Development and Management

National Standards for Midwives

(Core Competencies and Education)

2015

FOREWORD

The WHO first report of the independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health declared that there has been considerable progress in addressing maternal and child mortality, but MDGs 4 and 5 will not be met in most developing countries by 2015 where women and infants continue to die from preventable causes.

In order to improve maternal health, it has been recognized that the cornerstone of good quality maternal health care is a person with adequate knowledge and skills in midwifery. In Myanmar, basic health staff including midwives are responsible for providing health services to approximately 70% of the population, largely in rural areas. Additionally, nurses and midwives are the largest number among health personnel, and midwives play a pivotal role in providing care to reduce maternal & child deaths. In light of this, and in response to the needs expressed by the public, the Ministry of Health has undertaken a number of initiatives to strengthen midwifery education and practice in collaboration with partners and stakeholders. Moreover, the current National Health Plan (2011-2016) highlights the importance of developing a comprehensive National Strategic Plan for Health Human Resource to strengthen health system through effective health human resource planning, development and management. The Ministry of Health is also making major investments in strengthening the capacity of universities and other training institutions for health professionals to provide quality education. (Health Workforce Strategic Plan 2012-2017).

The new midwifery curriculum which was upgraded from one and a half year certificate course to a two year diploma course was approved by the University Senate in February 2012 and it has been in use since November 2012. With UNFPA support, the Department of Health Professional Resource Development and Management (DHPRDM) has been conducting Training of Trainers and hands-on trainings on Basic Emergency Obstetric Care & Emergency Newborn Care for faculty members of nursing and midwifery schools across the country since 2012 to equip them with updated knowledge and skills.

Led by the Ministry of Health and supported by UNFPA, the ASEAN Task Force on Maternal and Child Health organized a workshop in October 2013 to develop the ASEAN Regional Guideline for Minimum Requirements for Training and Accreditation of Skilled Birth Attendants. The Guideline was launched in December 2014 and in the following consultation for midwifery standards, stakeholders discussed in detail, earlier recommendations made at the launch of the State of the World Midwifery Report 2014 and the Stakeholder Meeting for Midwifery in Myanmar which was organized by the Ministry of Health, UNFPA and Jhpiego. These recommendations included strengthening midwifery education, developing a definitive career path for midwives and enhancing midwifery accreditation/licensing. Higher authorities' commitment was taken for these recommendations at the Executive Committee Meeting 4/ 2015 of the Ministry of Health in February 2015.

As one of the outcomes of these developments, a stakeholder meeting on the development of national midwifery standards and strengthening midwifery education was conducted in June 2015, culminating in the publication of the National Standards for Midwives (Core Competencies and Education) which provides critical information on the required core competencies of midwives in Myanmar, the standards for the training programmes, as well as relevant requirements for training institutions.

The Ministry of Health would like to take this opportunity to thank UNFPA for its partnership and contributions towards advancement of midwifery in Myanmar. I am confident that this National Standards for Midwives (Core Competencies and Education) will be followed by midwives and faculty members of nursing and midwifery institutions in providing maternal and newborn care in their respective communities, contributing to better health outcomes for mothers and their newborns.



H.E Dr. Thein Thein Htay
Deputy Minister for Health, Myanmar

ACKNOWLEDGEMENT

In Myanmar, where 70% of the population live in rural areas, midwives play an important role in providing vital support to a woman who is pregnant or giving birth. Midwives can make a difference between life and death of mothers and newborns when they provide basic emergency obstetric care. According to WHO standards, 23 health workers (doctors, nurses and midwives) per 10,000 population are needed for delivering quality maternal and newborn health services. Myanmar is yet to reach this minimal standard. And, in a country that has approximately 21,435 midwives and 66,000 villages, where the Government is ambitiously aiming to have “one midwife for every village”, there is considerable way yet to go in order to fill the need for more midwives.

Myanmar’s first report on midwifery was launched in October 2014, having for the second time also participated in the State of the World’s Midwifery (SoWMY) 2014 global survey. The findings of this study and the consultations that ensued outlined how midwifery in Myanmar needed to be strengthened as well as promoted. Midwifery education and its professionalization especially were cited as two key areas that needed to be addressed in order to ensure consistent, competent and safe clinical practice.

“The National Standards for Midwives (Core Competencies and Education)” are the culmination of a joint effort that began in June 2015, between UNFPA Myanmar and the Department of Health Professional Resource Development and Management (DHPRDM), Department of Public Health (DPH) and the Myanmar Nurse and Midwife Council (MNMC). Technical and financial support was provided to develop the national midwifery standards in line with ASEAN Regional Guidelines.

UNFPA congratulates the Ministry of Health and Sports for this accomplishment. These National Standards for Midwives will provide critical information on the required competencies for midwives in Myanmar. They set out the standards for training programmes and the requirements for training institutions. They are fundamental to larger efforts in the skilling and professionalizing of midwives.

Our grateful thanks, therefore, go to the concerned departments under the Ministry of Health and Sports, including the Department of Health Professional Resource Development and Management, the Department of Public Health and the Department of Medical Services, the professors and heads of nursing universities, the principals and trainers of midwifery schools from across the country, the assistant directors of nursing from states and regions, as well as WHO, UNICEF, Jhpiego and members of the Myanmar Nurse and Midwife Association and the Myanmar Nurse and Midwife Council. Special thanks also go to the steering and working committees, facilitators and participants of the workshop who contributed to the development of these standards.

UNFPA continues to be committed to promoting and supporting the role of skilled birth attendants and midwives and recognizes the important contribution they make to reducing maternal and neonatal mortality. The production of the National Standards is a clear step towards midwifery being recognized as a profession in its own right in Myanmar. This will make for a stronger and more confident health workforce and in delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.



Janet E. Jackson
UNFPA Representative for Myanmar

CONTENTS

Requirements for core competencies of midwives in Myanmar	1
Knowledge, skills and attitude for each competency of midwives	8
Standards for midwifery training programmes	17
Requirements for training institutions	18
Annex 1: Minimum number of cases during the training	19
Annex 2: Standard Classroom and Skills Lab Room	20



REQUIREMENTS FOR CORE COMPETENCIES OF MIDWIVES IN MYANMAR

All midwives at all levels of the health system must have skills and abilities to perform all of the core functions below:

Competency 1:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 1: To be able to use all forms of communication effectively and to apply the underlying knowledge to be able to provide quality, culturally relevant care.</p>	<ol style="list-style-type: none"> 1. Communicate effectively cross-culturally in order to be able to provide holistic “women-centred” care. 2. Communicate effectively with clients regardless of educational and economic status, religious and ethnic background. 3. Cultivate effective communication with colleagues and other members of the health care team. 4. Promote a rights-based approach to health that encourages women to participate in decision making. 	<ul style="list-style-type: none"> • Engage in health education discussions with and for women and their families. • Use appropriate communication and listening skills across all domains of competency. • Use simple language to convey messages that are easy-to-understand. • Record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up. • Take account of the local circumstances such as geographical diversity, culture, beliefs, customs, etc. when providing services and communicating. • Respect and encourage traditional practices which are beneficial and not harmful and discourage practices which are known to be harmful. • Take a leadership role in the practice arena based on professional beliefs and values, practice effective interpersonal communication skills and emphasize respectful mother care.

Competency 2:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 2:</p> <p>Provide high quality antenatal care to maximize health during pregnancy that includes early detection and treatment and where needed referral of selected complications.</p>	<ol style="list-style-type: none"> 1. Take a detailed history by asking relevant questions. 2. Assess individual needs and give appropriate advice and guidance. 3. Perform a physical examination to assess health status and progress of pregnancy and identify problems and give appropriate treatment and/or refer. 4. Perform appropriate screening tests as required. 5. Assist pregnant women to make and update birth plans. 6. Educate women (and their families and others supporting pregnant women) in self-care, good nutrition and danger signs during pregnancy, childbirth and the postnatal period. 7. Identify obstetric and medical conditions detrimental to the health of the mother and foetus especially pre-eclampsia, perform first-line management (including performance of life-saving procedures when needed) and make arrangements for effective referral. 8. Administer medications. 	<ul style="list-style-type: none"> • Take an initial and ongoing history at each antenatal visit. • Perform a physical examination and explain findings to the woman and her family. • Take and assess maternal vital signs including temperature, blood pressure and pulse. • Assess maternal nutrition and its relationship to foetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them. • Perform a complete abdominal assessment including assessment of fundal height using manual measurements, lie, position, and presentation. • Listen to the foetal heart rate and determine foetal well-being and interpret findings and take appropriate action. • Evaluate foetal growth, placental location and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use and within scope of practice). • Perform a pelvic examination, including sizing the uterus, and determining the adequacy of the birth canal. • Perform screening tests for anaemia, HIV, syphilis, proteinuria or any other tests according to national protocol. • Take blood to determine blood grouping, and other haematological investigations as may be required. • Administer tetanus immunization according to national protocols. • Record and report all findings at each antenatal visit. • Make decisions based on clinical findings and take appropriate action including giving feedback to the woman and family and referral to higher level health facilities. • Assist pregnant women and their families in making and updating a plan for birth. • Make arrangements for timely effective referral • Discourage harmful customs and practices • Identify signs and symptoms of obstetric and medical conditions detrimental to the health of the woman and foetus and make clinical decisions based on findings and take appropriate action including giving first line management and making effective referral. • Provide full counseling to the woman to accept treatment and/or referral check-up, monitoring. • Educate women (and their families and others supporting pregnant women and newborn) on: <ul style="list-style-type: none"> - the importance of regular check-up - Self and family care - the need for creating a safe and healthy environment • Counseling on <ul style="list-style-type: none"> - the benefits of early and exclusive breastfeeding. - sexual practice during pregnancy and after childbirth - voluntary family planning and birth spacing following childbirth • Psychological support for mother: normal psychological changes in pregnancy, information about relief of common discomforts, techniques for increasing relaxation and pain relief measures available for labour.

	<ul style="list-style-type: none"> • Explain to the woman on how to identify the onset of labour and need for going to health facility early to allow for good monitoring and care during labour. • Emergency preparedness and preparing for possible community-based referral: who to contact, what support, etc. • Perform first-line management (including performance of life-saving procedures when needed). • Administer tetanus toxoid, immunization, supply of folic acid, FeSo4, Vit B1, deworming, health education on medications during pregnancy.
--	--

Competency 3:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 3:</p> <p>Provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.</p>	<ol style="list-style-type: none"> 1. Identify the onset of labour 2. Perform vaginal examination, ensuring the woman's privacy and safety, and proper conduct by SBA. 3. Monitor maternal and foetal well-being during labour. 4. Provide supportive care. 5. Record maternal and foetal well-being on a partograph. 6. Identify delayed progress in labour and take appropriate action, including referral. 7. Manage a normal vaginal delivery. 8. Effectively manage the third stage of labour, including application of AMTSL where appropriate and initiate early breastfeeding, including skin-to-skin contact. 	<ul style="list-style-type: none"> • Provide culturally sensitive care throughout the full process of labour and birth. • Assess and record the woman's general status and condition: vital signs, physical conditions, etc. • Explain to pregnant women the stages of labour, the reasons for and procedures for vaginal examination during labour. • Prepare sterilized equipment for vaginal examination. • Perform limited and timely vaginal examinations, to reduce infection and record findings on partograph or similar record. • Perform a complete and accurate pelvic examination vaginally with privacy and respect, to assess for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby and record all finding on partograph or similar record. • Regularly monitor progress of labour: dilatation, effacement, etc. and foetal heart rate and record all findings on partograph or similar record. • Provide supportive care during labour: Instruction on how to move/lie, breath during labour and delivery, how to relieve pain, psychological support, etc. • Provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth. • Provide pain relief during labour and birth (by using physical methods, e.g. warm bath and psychological support). • Allow companion of choice during labour and birth. • Encourage position of choice during labour and birth. • Manage in accordance with national guidelines. • Identify delayed progress in labour, by using the partograph and clinical signs. • Augment uterine contractility, using pharmacologic agents (in appropriate birth settings), according to national guidelines. • Early identification of maternal and foetal distress and take appropriate action, including referral where required. • Keep the woman and her family/supporter regularly updated about the status of labour and planned management. • Explain to families/their supporters and mobilize community- for timely referral. • Assist normal delivery according to best practice. • Perform an episiotomy timely, if indicated.

- Conduct active management of the 3rd stage of labour (AMTSL), including estimation and recording of maternal blood loss.
- Perform fundal massage to stimulate postpartum uterine contraction.
- Perform urine catheterization if indicated.
- Make Rapid Assessment and institute management of obstetrical and newborn emergencies according to national protocols, including: management of cord around the baby's neck at birth, prolapsed cord and severe maternal and foetal distress, eclampsia, etc.
- Provide immediate essential care of the newborn at birth.
- Recognize signs of asphyxia at birth and take immediate action, including performing newborn resuscitation according to best practices.
- Initiate early breastfeeding including skin-to skin contact.
- Inspect the placenta and membranes for completeness.
- Inspect the vagina and cervix for lacerations and repair 1st and 2nd degree perineal or vaginal lacerations.
- Repair an episiotomy.
- Educate women and families to detect early signs of haemorrhage during the postpartum period and where to seek assistance.
- Perform first line management of postpartum bleeding and haemorrhage, including using uterotonic agents and fundal message.
- Recognize and respond to shock, including insertion of intravenous line, and drawing blood for laboratory tests.
- Perform cardio-pulmonary resuscitation.
- Perform manual removal of placenta, in accordance with national guidelines. (Allow in remote area)
- Perform internal bimanual compression of the uterus to control severe uterine bleeding and perform aortic compression if indicated.
- Arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and accompanied by a health professional.

Competency 4:

- Competency 4.1:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 4.1:</p> <p>Provide comprehensive, high quality, culturally sensitive care in postpartum period.</p>	<ol style="list-style-type: none"> 1. Identify haemorrhage and perform management during immediate postpartum period. 2. Provide postnatal care to women. 3. Identify illnesses and conditions detrimental to the health of women in the postnatal period. 4. Provide advice on postpartum family planning. 	<ul style="list-style-type: none"> • Provide culturally sensitive care and support. • Monitor contraction of the uterus, pulse, blood pressure to early detect haemorrhage during the postpartum period (at least once during the first 6 hours after delivery, first day after delivery, and following days as needed). • Assess for uterine involution and healing of lacerations and/or repairs. Refer if necessary. • Perform postnatal screening tests according to national policy. • Educate woman how to massage the uterus to keep it well-contracted. • Explain to woman and her family about life-threatening situations if they arise, and management procedures. • Provide education on self-care, nutrition, personal hygiene, breastfeeding and sexual relations. • Provide support for women and their families who are bereaved (stillbirth, pregnancy loss, neonatal death, congenital abnormalities). • Detect and manage abnormal conditions in the postnatal period, including eclampsia, breast complications, sepsis, psychological disorder, urinary tract infections, etc. • Teach women and families on early detection of abnormal signs in postnatal period: eclampsia, breast complications, sepsis, psychological disorder, urinary tract infections etc. • Administer, life saving drugs according to national guidelines (e.g. antibiotics, anticonvulsants, anti-malarials, antihypertensive, anti-retroviral). • Make arrangements for timely referral and apply management as per national protocols. • Counsel couples on the importance of family planning/ birth spacing after delivery, as well as appropriate contraceptives that can be used during breast feeding period. • Provide family planning services concurrently, as an integral component of postpartum care.

- Competency 4.2:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 4.2:</p> <p>Provide high quality, culturally sensitive, post-abortion care.</p>	<ol style="list-style-type: none"> 1. Detect signs of miscarriage and provide emergency management. 2. Provide post abortion family planning counseling and services. 	<ul style="list-style-type: none"> • Diagnose miscarriage. • Insert IV line. (in life-saving condition) • Accompany the patient to the health facility. • Perform evacuation of retained products of conception according to national guidelines. • Provide psychological support. • Provide post- abortion family planning counseling and service according to national guidelines.

Competency 5:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 5:</p> <p>Provide high-quality, comprehensive care for the healthy infant from birth to two months of age.</p>	<ol style="list-style-type: none"> 1. Assess the newborn at birth and give immediate care. 2. Identify any life threatening conditions in the newborn and give essential lifesaving measures, including, where necessary, active resuscitation as a component of the management of birth asphyxia, and referral where appropriate. 3. Assist women and their families in initiating, establishing and maintaining exclusive breastfeeding, including providing education on benefits of early exclusive breastfeeding and seeking assistance early for breast feeding difficulties. 4. Educate women and their families on benefits of early exclusive breastfeeding. 5. Provide monitoring and care for the infant in the first two months. 	<ul style="list-style-type: none"> • Provide immediate care to the newborn, including: dry the new born; place in skin-to-skin contact on mother’s abdomen or chest and cover to keep baby warm; suctioning (if needed); cord clamping and cutting when pulsation ceases. • Take steps to prevent infection. • Assess the immediate condition of the newborn (e.g., APGAR scoring or rapid assessment method: breathing, colour of the skin and heart rate). • Promote and maintain normal newborn body temperature through skin-to-skin contact (e.g., blanket, cap), and environmental control (e.g. warmer). • Provide routine care of the newborn, in accordance with national guidelines and protocols (e.g., identification, eye care, screening tests, administration of Vitamin K, HBV, BCG and need for birth registration. • Perform newborn screening. • Identify congenital abnormalities and initiate appropriate and timely intervention. • Identify respiratory distress in the newborn by rapid assessment by breathing, skin colour and heart rate, and perform in-line management. • Perform emergency newborn resuscitation: <ul style="list-style-type: none"> - Suction (in case of airway obstruction) - Ventilation with bag and mask/tube and mask - Chest compression. - Make arrangements for timely and effective referral • Explain to women and their families about the importance of breastfeeding. • Initiate and support early breastfeeding (within the first hour). • Teach mothers how to express breast milk, and how to handle and store expressed breast milk. • Teach mothers how to breastfeed and maintain successful breastfeeding. • Give appropriate care including, kangaroo mother care for the low birth weight baby, and arrange for referral if potentially serious complications arise, or if very low birth weight. • Detect and teach mothers on early detection of abnormal signs of newborn in postnatal period: eyes, complexion, digestion, umbilical cord, etc. • Recognize complications in the infant, stabilize and transfer high-risk infant to emergency care facility accompanied by health professional and mother. • Make arrangements for timely effective referral • Monitor the growth and development of the infant. • Perform immunization according to national immunization schedule. • Provision of counseling and appropriate intervention on transmitted infection for PMCT.

Competency 6:

Competencies	Core functions	Skill and/or ability to do as minimum the following:
<p>Competency 6</p> <p>Provide high quality, culturally sensitive health education and services to all in the community, to promote healthy family life, planned pregnancies and positive parenting.</p>	<ol style="list-style-type: none"> 1. Educate women and their families on how to prevent sexually transmitted infections including HIV. 2. Supervise non-skilled attendants, including TBAs where they exist, in order to ensure that the care they provide during pregnancy, childbirth and early postpartum period is of sound quality. 3. Collect, analyze and report relevant data of women and their newborns. 4. Promote an ethos of shared responsibility and partnership with individual women, their family members and the community for the care of women and newborns throughout pregnancy, childbirth and the postnatal period. 	<ul style="list-style-type: none"> • Educate and communicate with women and their families on the benefits of regular check- up/ medical examination. • Educate women and their families on risk factors of sexually transmitted infections and how to prevent sexually transmitted infections. • Educate members of the community on how to recognize sexually transmitted infections/ reproductive tract infections and seek health care. • Educate families and communities on dangers of early teenage pregnancies. • Promote benefits of planned pregnancies. • Identify birth attendants who are not yet SBAs, including TBAs where they exist (numbers, workplace). • Work in partnership with non-skilled attendants to identify pregnant women and encourage them to seek antenatal care, safe delivery and postnatal care with skilled health professionals. • Educate non-skilled attendants on practices to avoid during pregnancy, delivery and postnatal period. • Collect, report data (for maternal, newborn and child only) on a monthly, quarterly and yearly basis, as the national reporting guidelines dictate. • Analyse relevant data on women and their newborns and share findings with communities to promote good health care practice (evidence-based practices). • Promote partnership with colleagues to provide high-quality Maternal and Newborn Health care in health facilities: manage and provide comprehensive health care, provide adequate information on maternal and newborn care. • Promote partnership with the community to provide quality evidence-based home-based care for mothers and newborns. • Make arrangements for referrals including for emergency care, etc. • Health education and promotion to families and communities, including community leaders and influencers to promote good maternal and newborn health practices and services.

KNOWLEDGE, SKILLS AND ATTITUDE FOR EACH COMPETENCY OF MIDWIVES

Competency 1:

To be able to use all forms of communication effectively and to apply the underlying knowledge to be able to provide quality, culturally relevant care.

Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Communicate effectively cross-culturally in order to be able to provide holistic “women-centred” care. 2. Communicate effectively with clients regardless of educational and economic status, religious and ethnic background. 3. Cultivate effective communication with colleagues and other members of the health care team. 4. Promote a rights-based approach to health that encourages women to participate in decision making. 	<ul style="list-style-type: none"> • Engage in health education discussions with and for women and their families. • Use appropriate communication and listening skills across all domains of competency. • Use simple language to convey messages that are easy-to-understand. • Record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up. • Take account of the local circumstances such as geographical diversity, culture, beliefs, customs, etc. when providing services and communicating. • Respect and encourage traditional practices which are beneficial and not harmful and discourage practices which are known to be harmful. • Take a leadership role in the practice arena based on professional beliefs and values • Practice effective interpersonal communication skills and emphasize respectful mother care 	<ul style="list-style-type: none"> - To provide skilled care, attendants will need to cultivate effective interpersonal communication skills and an attitude of respect for the woman’s right to be a full partner in the management of her pregnancy, childbirth and the postnatal period. Such skills require knowledge of: <ul style="list-style-type: none"> - Verbal and non-verbal systems - Effective listening and questioning techniques - Counseling techniques - Human rights - Use and abuse of power - Women’s empowerment strategies - Gender, difference between gender and sex, gender stereotypes, impact of gender on health of women and girls - Communication strategies for special groups (hearing difficulties, blindness, learning difficulties) - Health education strategies and techniques - Report writing - Bodies, response to stress (psychological and physical) - Grief and theories of grief response - Impact of different religious and spiritual beliefs on pregnancy, childbirth and postnatal adaptations.

Competency 2:

Provide high quality antenatal care to maximize health during pregnancy that includes early detection and treatment and where needed referral of selected complications.

Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Take a detailed history by asking relevant questions. 2. Assess individual needs and give appropriate advice and guidance. 3. Perform a physical examination to assess health status and progress of pregnancy and identify problems and give appropriate treatment and/or refer. 4. Perform appropriate screening tests as required. 5. Assist pregnant women to make and update birth plans. 6. Educate women (and their families and others supporting pregnant women) in self-care, good nutrition and danger signs during pregnancy, childbirth and the postnatal period. 	<ul style="list-style-type: none"> • Take an initial and ongoing history at each antenatal visit. • Perform a physical examination and explain findings to the woman and her family. • Take and assess maternal vital signs including temperature, blood pressure, pulse. • Assess maternal nutrition and its relationship to foetal growth; give appropriate advice on nutritional requirements of pregnancy and how to achieve them. • Perform a complete abdominal assessment including assessment of fundal height using manual measurements, lie, position, and presentation. • Listen to the foetal heart rate and determine foetal well-being and interpret findings and take appropriate action. • Evaluate foetal growth, placental location and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available for use and within scope of practice). • Perform a pelvic examination, including sizing the uterus, and determining the adequacy of the birth canal. • Perform screening tests for anaemia, HIV, syphilis, proteinuria or any other tests according to national protocol. • Take blood to determine blood grouping, and other haematological investigations as may be required. • Administer tetanus immunization according to national protocols. • Record and report all findings at each antenatal visit. • Make decisions based on clinical findings and take appropriate action including giving feedback to the woman and family and referral to higher level health facilities. • Assist pregnant women and their families in making and updating a plan for birth. • Make arrangements for timely effective referral. • Discourage harmful customs and practices. • Identify signs and symptoms of obstetric and medical conditions detrimental to the health of the woman and foetus and make clinical decisions based on findings and take appropriate action including giving first line management and making effective referral. • Provide full counseling to the woman to accept treatment and/or referral check-up, monitoring. 	<ul style="list-style-type: none"> - Aims and Objectives of Antenatal care. - Decision-making skills. - Safe Motherhood programme (global and national): including factors that put childbearing women at risk such as too-early, too-frequent pregnancies and too short intervals between pregnancies. - Physiology of menstruation, conception and foetal development. - Anatomy of pelvis. - Nutritional needs during pregnancy. - Physiology and management of pregnancy, including signs and symptoms of pregnancy and normal psychological changes throughout pregnancy. - Reasons for treatments, including self-care for minor disorders of pregnancy. - Causes, signs symptoms and management of bleeding in pregnancy (early and late). - Signs, management and potential consequences of pre-eclampsia and eclampsia. - Physiology of formation of red blood cells and haemoglobin. - Blood grouping, Rh factor, physiological impact of pregnancy on cardiovascular system. - Blood group incompatibility. - Causes, signs and symptoms, consequences and management of anemia in pregnancy. - Causes, signs, symptoms, consequences and management of urinary tract infection in pregnancy. - Infection prevention protocols. - Mechanism of action of vaccines and national immunization programme. - Signs, symptoms and treatment for tetanus. - Cause, signs and symptoms, including home-based care for minor disorders of pregnancy.

<p>7. Identify obstetric and medical conditions detrimental to the health of the mother and fetus especially pre-eclampsia, perform first-line management (including performance of life-saving procedures when needed) and make arrangements for effective referral.</p> <p>8. Administer medications</p>	<ul style="list-style-type: none"> • Educate women (and their families and others supporting pregnant women and newborn) on: <ul style="list-style-type: none"> -the importance of regular check-up -Self and family care -the need for creating a safe and healthy environment • Counseling on <ul style="list-style-type: none"> -the benefits of early and exclusive breastfeeding. -sexual practice during pregnancy and after childbirth -voluntary family planning and birth spacing following childbirth • Psychological support for mother: normal psychological changes in pregnancy, information about relief of common discomforts, techniques for increasing relaxation and pain relief measures available for labour. • Explain to the woman on how to identify the onset of labour and need for going to health facility early to allow for good monitoring and care during labour. • Emergency preparedness and preparing for possible community-based referral: who to contact, what support, etc. • Perform first-line management (including performance of life-saving procedures when needed). • Administer tetanus toxoid, immunization, supply of folic acid, FeSo4, Vit B1, deworming, health education on medications during pregnancy. 	<ul style="list-style-type: none"> - Causes, signs, symptoms, consequences and management of Sexually Transmitted Infections, including HIV/AIDS. - Impact of poverty and poor nutrition on pregnancy and foetal development. - Drugs and pregnancy, including dangers of non-prescribed and traditional drugs in pregnancy. - Applying health education approaches in pregnancy, including behavior change strategies and impact of traditional beliefs on health of mother and child. - Physiology of lactation, benefits of early exclusive breastfeeding and preparing women to breastfeed. - Sexuality and sex in pregnancy. - Signs and symptoms of onset of labour. - Preparation for pregnancy. - Birth and emergency planning processes.
--	---	--

Competency 3:

Provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Identify the onset of labour 2. Perform vaginal examination, ensuring the woman's privacy and safety, and proper conduct by SBA. 3. Monitor maternal and foetal well-being during labour. 4. Provide supportive care. 5. Record maternal and foetal well-being on a partograph. 6. Identify delayed progress in labour and take appropriate action, including referral. 	<ul style="list-style-type: none"> • Provide culturally sensitive care throughout the full process of labour and birth. • Assess and record the woman's general status and condition: vital signs, physical conditions, etc. • Explain to pregnant women the stages of labour, the reasons for and procedures for vaginal examination during labour. • Prepare sterilized equipment for vaginal examination. • Perform limited and timely vaginal examinations, to reduce infection and record findings on partograph or similar record. • Perform a complete and accurate pelvic examination vaginally with privacy and respect, to assess for dilatation, effacement, descent, presenting part, position, status of membranes, and adequacy of pelvis for birth of baby and record all findings on partograph or similar record. • Regularly monitor progress of labour: dilatation, effacement, etc. and foetal heart rate and record all findings on partograph or similar record. • Provide supportive care during labour: Instruction on how to move/lie, breath during labour and delivery, how to relieve pain, psychological support, etc. • Provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth. • Provide pain relief during labour and birth. (by using physical methods, e.g. warm bath and psychological support) • Allow companion of choice during labour and birth. • Encourage position of choice during labour and birth. • Manage in accordance with national guidelines. • Identify delayed progress in labour, by using the partograph and clinical signs. • Augment uterine contractility, using pharmacologic agents (in appropriate birth settings), according to national guidelines. • Early identification of maternal and fetal distress and take appropriate action, including referral where required. • Keep the woman and her family/supporter regularly updated about the status of labour and planned management. • Explain to families/their supporters and mobilize community- for timely referral. • Assist normal delivery according to best practice. 	<ul style="list-style-type: none"> - Aims and objectives of care during labour - Anatomy of birth canal, including cervix, vagina and pelvic floor. - The pelvis, landmarks noted on pelvic examination and possible consequences on labour outcomes for different types and sizes of pelvis. - Physiology of labour (all 3 stages). - Identification and consequences of different foetal positions in labour. - Physiological and psychological needs of the woman during labour and childbirth, including nutritional needs and need for good hydration. - Management of labour (4 stages). - Benefits and use of partograph. - Pain relief in labour. - Impact on maternal and foetal wellbeing and birthing process of posture. - Causes, signs, symptoms and management of maternal distress in labour. - Causes, signs, symptoms and management of foetal distress in labour. - Causes, signs, symptoms and management of prolonged labour. - National protocols, including protocols for dealing with emergency situations. - Benefits of using AMTSL. - Clinical indications for use of episiotomy. - Performing an episiotomy. - Techniques for repairing pelvic lacerations and episiotomies. - Causes, signs, symptoms and management of immediate/primary post-partum haemorrhage (PPPH).

<p>7. Manage a normal vaginal delivery.</p> <p>8. Effectively manage the third stage of labour, including application of AMTSL where appropriate and initiate early breastfeeding, including skin-to-skin contact.</p>	<ul style="list-style-type: none"> • Perform an episiotomy timely, if indicated. • Conduct active management of the 3rd stage of labour (AMTSL), including estimation and recording of maternal blood loss. • Perform fundal massage to stimulate postpartum uterine contraction. • Perform urine catheterization if indicated. • Make Rapid Assessment and institute management of obstetrical and newborn emergencies according to national protocols, including: management of cord around the baby's neck at birth, prolapsed cord and severe maternal and foetal distress, eclampsia, etc. • Provide immediate essential care of the newborn at birth. • Recognize signs of asphyxia at birth and take immediate action, including performing newborn resuscitation according to best practices. • Initiate early breastfeeding including skin-to-skin contact. • Inspect the placenta and membranes for completeness. • Inspect the vagina and cervix for lacerations and repair 1st and 2nd degree perineal or vaginal lacerations. • Repair an episiotomy. • Educate women and families to detect early signs of haemorrhage during the postpartum period and where to seek assistance. • Perform first line management of postpartum bleeding and haemorrhage, including using uterotonic agents and fundal massage. • Recognize and respond to shock, including insertion of intravenous line, and drawing blood for laboratory tests. • Perform cardio-pulmonary resuscitation. • Perform manual removal of placenta, in accordance with national guidelines. (Allow in remote areas) • Perform internal bimanual compression of the uterus to control severe uterine bleeding and perform aortic compression if indicated. • Arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and accompanied by a health professional. 	<ul style="list-style-type: none"> - Recognition and management of shock, particularly first-line life saving measures. - Impact of labour and birth on foetus. - Adaptation of the foetus to extra-uterine life: including causes and signs of birth asphyxia and hypothermia. - Management of emergency situations in the newborn at birth. - Examination of the placenta, cord and membranes. - Causes, signs and management of retained placenta and/or membranes.
--	--	--

Competency 4:

Provide comprehensive, high quality, culturally sensitive care in postpartum period. Provide high quality, culturally sensitive, post abortion care.

- **Competency 4.1:**

Provide comprehensive, high quality, culturally sensitive care in postpartum period.

Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Identify haemorrhage and perform management during immediate postpartum period. 2. Provide postnatal care to women. 3. Identify illnesses and conditions detrimental to the health of women in the postnatal period. 4. Provide advice on postpartum family planning. 	<ul style="list-style-type: none"> • Provide culturally sensitive care and support. • Monitor contraction of the uterus, pulse, blood pressure to early detect haemorrhage during the postpartum period (at least once during the first 6 hours after delivery, first day after delivery, and following days as needed). • Assess for uterine involution and healing of lacerations and/or repairs. • Perform postnatal screening tests according to national policy. • Educate woman on how to massage the uterus to keep it well-contracted. • Explain to woman and her family about life-threatening situations if they arise, and management procedures. • Provide education on self-care, nutrition, personal hygiene, breastfeeding and sexual relations. • Provide support for women and their families who are bereaved (stillbirth, pregnancy loss, neonatal death, congenital abnormalities). • Detect and manage abnormal conditions in the postnatal period, including eclampsia, breast complications, sepsis, psychological disorder, urinary tract infections, etc. • Teach women and families on early detection of abnormal signs in postnatal period: eclampsia, breast complications, sepsis, psychological disorder, urinary tract infections etc. • Administer, life-saving drugs according to national guidelines (e.g. antibiotics, anticonvulsants, anti-malarials, antihypertensive, anti-retroviral). • Make arrangements for timely referral and apply first-line management as per national protocols. • Counsel couples on the importance of family planning/ birth spacing after delivery, as well as appropriate contraceptives that can be used during breast feeding period. • Provide family planning services concurrently, as an integral component of postpartum care. 	<ul style="list-style-type: none"> - Aims and objectives of postnatal care. - Physiological changes in the body immediately after birth. - Physiological changes in postpartum period: including process of involution and recommencement of menses. - Management of postpartum period, including national protocols for postnatal care. - Risk factors in postpartum period. - Recognition and management of minor disorders after birth, including breast engorgement. - Recognition and management of major complications after birth, including haemorrhage, sepsis, deep vein thrombosis and UTI. - Use of life-saving medicines in the postnatal period. - Signs, symptoms and management of physiological disorders after birth, including “baby-blues”, postnatal depression and postnatal psychosis. - Establishment and maintenance of lactation. - Family Planning Methods and services, including natural methods, Lactational Amenorrhoea Method (LAM). - Health education for postnatal women.

- **Competency 4.2:**
Provide high quality, culturally sensitive, post-abortion care.

Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Detect signs of miscarriage and provide emergency management. 2. Provide post abortion family planning counselling and services. 	<ul style="list-style-type: none"> • Diagnose miscarriage. • Insert IV line. (in life-saving condition) • Accompany the patient to the health facility. • Perform evacuation of retained products of conception according to national guidelines. • Provide psychological support. • Provide post-abortion family planning counseling and service according to national guidelines. 	<ul style="list-style-type: none"> - Aims and objectives of post-abortion care. - Bleeding in early pregnancy, including molar pregnancy. - Causes of early pregnancy loss, including habitual abortion. - Recognition of signs of miscarriage (complete and incomplete) and immediate life-saving measures. - Ectopic pregnancy, including recognition and management. - Physical and psychological impact of early pregnancy loss. - Management protocols for post-abortion care (PAC). - Post-abortion counseling. - Post-abortion family planning. - Pregnancy following miscarriage/early pregnancy loss.

Competency 5:

Provide high-quality, comprehensive care for the healthy infant from birth to two months of age.

Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> 1. Assess the newborn at birth and give immediate care. 	<ul style="list-style-type: none"> • Provide immediate care to the newborn, including: dry the new born; place in skin-to-skin contact on mother's abdomen or chest and cover to keep baby warm; suctioning (if needed); cord clamping and cutting when pulsation ceases. • Take steps to prevent infection. • Assess the immediate condition of the newborn (e.g., APGAR scoring or rapid assessment method: breathing, colour of the skin and heart rate). • Promote and maintain normal newborn body temperature through skin-to-skin contact (e.g., blanket, cap), and environmental control (e.g., warmer). • Provide routine care of the newborn, in accordance with national guidelines and protocols (e.g., identification, eye care, screening tests, administration of Vitamin K, HBV, BCG and need for birth registration). 	<ul style="list-style-type: none"> - Aims and objectives of newborn care. - Physiological needs of the newborn at birth. - Benefits of skin-to-skin contact. - Thermoregulation process in newborn. - Examination of the newborn at birth, including use of APGAR or other scoring system. - Causes, recognition and management of asphyxia at birth. - Newborn resuscitation methods. - Causes, recognition and management and prevention of hypothermia, including different techniques for warming newborn with low temperature.

<p>2. Identify any life threatening conditions in the newborn and give essential lifesaving measures, including, where necessary, active resuscitation as a component of the management of birth asphyxia, and referral where appropriate.</p>	<ul style="list-style-type: none"> • Perform newborn screening. • Identify congenital abnormalities and initiate appropriate and timely intervention. • Identify respiratory distress in the newborn by rapid assessment by breathing, skin colour and heart rate, and perform in-line management. • Perform emergency newborn resuscitation: <ul style="list-style-type: none"> -Suction (in case of airway obstruction) -Ventilation with bag and mask/tube and mask -Chest compression. • Make arrangements for timely and effective referral • Explain to women and their families about the importance of breastfeeding. • Initiate and support early breastfeeding (within the first hour). • Teach mothers how to express breast milk, and how to handle and store expressed breast milk. 	<ul style="list-style-type: none"> - Kangaroo method of nursing newborn. - Recognition and immediate management of obvious congenital abnormalities, including instituting lifesaving measures. - Causes, recognition and management of low birth weight and preterm newborn. - National policies and protocols for newborn care, including national vaccination programme. - Screening tests in first two months of life. - Normal development in first two months of life. - Causes, recognition and management, including safe home-care remedies where possible, for complications that can occur in first two months of life.
<p>3. Assist women and their families in initiating, establishing and maintaining exclusive breastfeeding, including providing education on benefits of breastfeeding and seeking assistance early for breast feeding difficulties.</p>	<ul style="list-style-type: none"> • Detect and teach mothers on early detection of abnormal signs of newborn in postnatal period: eyes, complexion, digestion, umbilical cord, etc. • Recognize complications in the infant, stabilize and transfer high-risk infant to emergency care facility accompanied by health professional and mother. • Make arrangements for timely effective referral • Monitor the growth and development of the infant. • Perform immunization according to national immunization schedule. • Provision of counseling and appropriate intervention on transmitted infection for PMCT. 	<ul style="list-style-type: none"> - Recognition of high risk neonate. - Protocol for effective referral from home/ community to facility and in facility for higher level care. - Barriers to successful breastfeeding. - Feeding complications and how to overcome them.
<p>4. Educate women and their families on benefits of early exclusive breastfeeding.</p> <p>5. Provide monitoring and care for the infant in the first two months.</p>		

Competency 6

Provide high quality, culturally sensitive health education and services to all in the community, to promote healthy family life, planned pregnancies and positive parenting.

Core functions	Attitude, skill and/or ability to perform to proficiency the core functions:	Knowledge requirement to perform skills proficiently
<ol style="list-style-type: none"> Educate women and their families on how to prevent sexually transmitted infections including HIV. Supervise non-skilled attendants, including TBAs where they exist, in order to ensure that the care they provide during pregnancy, childbirth and early postpartum period is of sound quality. Collect, analyze and report relevant data of women and their newborns. Promote an ethos of shared responsibility and partnership with individual women, their family members and the community for the care of women and newborns throughout pregnancy, childbirth and the postnatal period. 	<ul style="list-style-type: none"> Educate and communicate with women and their families on the benefits of regular check-up/medical examination. Educate women and their families on risk factors of sexually transmitted infections and how to prevent sexually transmitted infections. Educate members of the community on how to recognize sexually transmitted infections/ reproductive tract infections and seek health care. Educate families and communities on dangers of early teenage pregnancies. Promote benefits of planned pregnancies. Identify birth attendants who are not yet SBAs, including TBAs where they exist (numbers, workplace). Work in partnership with non-skilled attendants to identify pregnant women and encourage them to seek antenatal care, safe delivery and postnatal care with skilled health professionals. Educate non-skilled attendants on practices to avoid during pregnancy, delivery and postnatal period. Collect, report data (for maternal, newborn and child only) on a monthly, quarterly and yearly basis, as the national reporting guidelines dictate. Analyse relevant data on women and their newborns and share findings with communities to promote good health care practice (evidence-based practices). Promote partnership with colleagues to provide high-quality maternal and newborn health care in health facilities: manage and provide comprehensive health care, provide adequate information on maternal and newborn care. Promote partnership with the community to provide quality evidence-based home-based care for mothers and newborns. Make arrangements for referrals including for emergency care, etc. Health education and promotion to families and communities, including community leaders and influencers to promote good maternal and newborn health practices and services. 	<ul style="list-style-type: none"> Health promotion techniques. Developing a community profile, including identification of sources of information and support to women of reproductive age. Making community plans for emergency evacuation of women and newborns to EmONC facility. Vital statistics. Benefits of birth and death registration. Protocol for notification of maternal or neonatal death or stillbirth. Affecting change. Skills training methodologies. Developing training plans. Work planning. Record keeping. Advocacy models. Teamwork. Creating a healthy work environment, including health and safety at work.

STANDARDS FOR MIDWIFERY TRAINING PROGRAMMES

1. Types of training

Two types of training are recognized as applicable in Myanmar:

- 1.1. Standards for midwives as part of an initial pre-service programme (e.g. for nursing or midwifery).
- 1.2. Standards for midwives as integral to a recognized post-basic nursing programme to obtain an additional License/Certification/Registration (e.g.: as a midwife/nurse-midwife)

2. Admission requirements

Type 1 and 2: determined by national regulations depending on the type of programme. Regardless of type of training, on completion of any of above, the health providers must be able to demonstrate they have all the required competencies of Standards in Myanmar. As such they should be able to demonstrate they have:

- The requisite knowledge and skills to be able to perform all the core functions as defined in requirement for core competencies of midwives in Myanmar.
- The required professional and ethical attitude to practice maternal and newborn care for safe motherhood while respecting human rights, dignity and the cultural values of the mother's locality.

3. Standards for training programmes

- 3.1. All training programmes should be competency-based.
- 3.2. All courses should provide minimum of 50% clinical practice for type 1 and type 2 should be a minimum of 70%.
- 3.3. For the minimum number of cases during the training, see Annex 1.

REQUIREMENTS FOR TRAINING INSTITUTIONS

Based on global standards for initial education of professional nurses and midwives (for pre-service training), and standards of good practice for nursing and midwifery education, all training institutions wishing to prepare midwives/ nurse-midwives must meet minimum requirements as described below.

1. Teaching staff

- **Teaching staff/Trainee ratio**

For classroom teaching, the minimum standard teacher to student ratio is 1:20.

For skills laboratory, the minimum standard teacher to student ratio is 1:5 for simulation practices.

For clinical practice, the minimum standard teacher/clinical preceptor or mentor to student ratio is 1:4.

- **Qualifications of Teaching Staff**

Must hold a recognized professional qualification in the subject they are teaching.

Must have undertaken a preparation for Training of Trainers (TOT).

Must have undertaken recent (within the last 3-5 years) professional updating.

In addition to small group teaching and clinical training, teaching staff also have the responsibility of supervising, coaching and mentoring of trainees.

2. Training programme and materials

2.1. The training institution must develop a specific training programme including curriculum and teaching and learning materials based on the minimum competencies and the standard for training programme of this guideline.

2.2. All teaching and learning materials must be suitable for competency-based training – both theory and practicum. The materials need to be evidence-based with up-to-date information on health promotion, obstetrics and newborn care.

3. Required infrastructure and equipment

3.1. Standards for Type 1 and Type 2 training will be defined according to national regulations.

A large classroom with at least 2M²/participant that is fully equipped with audiovisual equipment. At least one skills lab room equipped with models, teaching/learning aids, posters, etc for ensuring quality of training. The amount of equipment should be sufficient for each participant to be able to practice three times for each skill. (For detailed description of classroom and skills lab room requirements, see Annex 2).

4. Clinical practice site

All training institutions must have or cooperate with at least one clinical practice site offering MCH services which meet the following minimum requirements:

4.1. Have the appropriate number of teaching staff, as described under teaching staff/trainee ratio.

4.2. Normally have, as minimum, an average of 60 vaginal deliveries per month in the 6 months prior to student practice.

4.3. Have written commitment to ensure each trainee will have the opportunity to implement the minimum number of cases in clinical practice as in Annex 1.

4.4. All clinical sites must have regular periodic audits of clinical practice, to ensure they meet national guidelines/protocols.

A clinical practice site could be a provincial, district level health facility or district level health facility in combination with sub-district level health facilities.

ANNEX 1

MINIMUM NUMBER OF CASES DURING THE TRAINING

	Minimum number of cases	Type 1 Accreditation- part of initial pre-service programme	Type 2 Accreditation Post-basic nursing programme
1.	ANC	40	20
2.	Complicated pregnancies	10	10
3.	Normal vaginal deliveries	20	10
4.	Abnormal /complicated deliveries (breech/face)	2	2
5.	Essential care of newborn at birth	20	10
6.	Postnatal care of mother and baby- first 24 hours	40	20
7.	Postnatal care mother and baby after 24 hrs up to 6 weeks	40	20
8.	Complications of postpartum period	10	10
9.	Care of women following haemorrhage and/or sepsis in pregnancy	2	2

ANNEX 2

STANDARD CLASSROOM AND SKILLS LAB ROOM

I. Classroom (for 15 - 20 trainees)

1. General requirement:
 - Area at least 2M²/participant
2. Tools and equipment:

	Item	Unit	Quantity
1	Table	piece	25
2	Chair piece	piece	30
3	Flipchart stand	piece	2
4	Large white board	piece	1
5	Television	piece	1
6	VCD/DVD player	piece	1
7	Multi-projector	piece	1
8	Slide projector	piece	1
9	Projector screen	piece	2
10	Video tapes, CD-Roms, DVDs for skills demonstration	piece	10
11	Desktop computer with internet	piece	2
12	Laptop computer	piece	2
13	Photocopier	piece	1
14	Flipchart size AO	piece	50
15	Board markers (3 colours of blue, red, black)	piece	30
16	Pens (various)	piece	20
17	Glass markers	piece	10
18	Whiteboard wiper	piece	5
19	Transparencies	box	2
20	Bookshelf/library	piece	3
21	Standard guidelines on RH services		
22	Clinical practice guideline		
23	Poster, flipchart	set	5
24	Skill checklist (size AO)	piece	5
25	Reference books on RH		
26	Scientific journals, publications		
27	Air conditioner	set	1

II. Skills Lab room (assuming 15-20 trainees)

1. General requirements:

- Area at least 2.5M²/participant
- Wall, floor, water supply, electricity and lighting installation, washing basins, firefighting equipment, etc. should be rational, safe, clean and suitable for operation process.

2. List of tools and equipment

	Item	Unit	Quantity
1	Patient bed, bedside shelf with mattress, bed sheets, blankets, pillows	Set	1
2	Stainless steel 2-layer instrument cart	piece	1
3	Newborn scale	piece	1
4	Syringes 10ml and 5ml, 20 pieces each	Set	1
5	Delivery table (with spotlight)	Set	1
6	VCD/DVD player	Set	10
7	Newborn model (doll)	Set	10
8	Newborn care and resuscitation simulators	Set	3
9	Female reproductive tract models	Set	4
10	Obstetric simulators	Set	3
11	Episiotomy-repair model	Set	4
12	Placenta models	Set	4
13	Pregnancy examination instruments	Set	2
14	Delivery instruments	Set	2
15	Newborn resuscitation instruments	Set	1
16	Episiotomy/repair instruments	Set	2
17	Newborn bathing, cord care consumables	Set	2
18	Towel for drying and warming newborn	piece	10
19	Kangaroo aprons	piece	10
20	Infection prevention instruments/consumables	piece	1
21	Female pelvic charts	Set	2
22	Flipchart, leaflet about RH	Set	10
23	Skill checklist (size AO)	Set	20
24	Air conditioner	Set	1

References

- ASEAN Regional Guideline for Minimum Requirements for Training and Accreditation of Skilled Birth Attendants (SBA), 2014, UNFPA, www.asean.org.
- Recommendations of Stakeholder Meeting on Development of National Midwifery Standards and Strengthening Midwifery Education, ၂၀၁၅ ခုနှစ် ဩဂုတ်လ၊ ဘဏ္ဍာရေး ဝန်ကြီးဌာန၊ ဘဏ္ဍာရေး ဝန်ကြီးရုံး၊ နေပြည်တော်၊ နေပြည်တော်/အ-၂(၂၀၁၅)၊ ၁၄၄၅၃။

Stakeholder Meeting on the Development of National Midwifery Standards and Strengthening Midwifery Education

Steering Committee

1. Prof. Dr. Nwe Nwe Oo, Director General, Department of Health Professional Resource Development and Management
2. Prof. Dr. Myint Han, Director General, Department of Medical Services
3. Dr. Soe Lwin Nyein, Director General, Department of Public Health

Technical Contribution

1. Prof. Dr. Win Win Mya, Professor Emeritus, University of Medicine (1), Yangon
2. Prof. Dr. Yin Yin Zaw, Professor/Head (retired), Defense Services Medical Academy
3. Ms. Janet E. Jackson, UNFPA Representative
4. Prof. Dr. Katherine Ba Thike, Consultant, UNFPA
5. Prof. Dr. Mya Thida, Professor/ Head, Department of Obstetrics & Gynecology, UM (1), Yangon.

Facilitators

1. Dr. Tin Tin Lay, Deputy Director General, Department of Health Professional Resource Development and Management
2. Dr. Yin Thandar Lwin, Deputy Director General, Department of Public Health
3. Prof. Dr. Myat Thandar, Rector, University of Nursing, Yangon
4. Prof. Dr. Thida, Rector (Acting), University of Nursing, Mandalay
5. Daw Phyu Phyu, President, Myanmar Nurse and Midwife Council
6. Prof. Daw Yin Mya, President, Myanmar Nurse and Midwife Association
7. Daw Nwe Nwe Khin, Director (Nursing), Department of Health Professional Resource Development and Management
8. Daw Khin Mar Kyi, Director (Nursing), Department of Medical Services
9. Dr Hla Hla Aye, Assistant Representative, UNFPA

Working Committee

1. Daw Htay Htay Hlaing, Deputy Director (Nursing), Department of Health Professional Resource Development and Management
2. Daw Mya Mya Nyo, Assistant Director (Nursing), Department of Health Professional Resource Development and Management
3. Daw Nant Kyu Kyu Khaing, Assistant Director (Nursing), Department of Health Professional Resource Development and Management
4. Daw Nwe Ni Sein Myint, Nursing Officer, Department of Health Professional Resource Development and Management
5. Daw Mya Thida Hlaing, Nursing Officer, Department of Health Professional Resource Development and Management

Participants

1. Dr. Tin Tun, Director, Department of Health Professional Resource Development and Management
2. Dr. Kyaw Shwe, Director (Admin/ Budget), Department of Health Professional Resource Development and Management
3. Dr. Tin Tun Aung, Director, Department of Health Professional Resource Development and Management
4. Dr. Theingi Myint, Director (Maternal and Reproductive Health), Department of Public Health
5. Dr. Myint Myint Than, Director (Child Health Development), Department of Public Health
6. Dr. Thuzar Chit Tin, Director (Basic Health), Department of Public Health
7. Dr. May Khin Than, Director (Nutrition), Department of Public Health
8. Dr. Hla Mya Thwe Endra, Director (Health Education), Department of Public Health
9. Daw Aye Nyunt, Delegate, Myanmar Nurse and Midwife Council
10. Daw Naw Aye Shwe, Delegate, Myanmar Nurse and Midwife Council
11. Daw Than Nyunt Oo, Delegate, Myanmar Nurse and Midwife Council
12. Daw Khin Mar Shwe, Member, Myanmar Nurse and Midwife Association
13. Dr. Win Aung, National Programme Officer, UNFPA
14. Daw Yin Yin Swe, Programme Assistant, UNFPA
15. Dr. Hnin Wai Hlaing, Deputy Country Director, Jhpeigo, an affiliate of Johns Hopkins University
16. Dr. Thidar Moe, MNCH Technical Advisor, Jhpeigo an affiliate of Johns Hopkins University
17. Delegate (2), WHO
18. Delegate (2), UNICEF
19. Daw Khin Thein, Associated Professor/ Head, Department of Maternal and Child Health Nursing, University of Nursing, Yangon.
20. Daw Hla Shwe, Associated Professor/ Head, Department of Maternal and Child Health Nursing, University of Nursing, Mandalay
21. Daw Amar Sein, Assistant Director(Nursing), Department of Medical Services, Ministry of Health
22. Daw S Ban Taung, Assistant Director(Nursing), Department of Medical Services, Ministry of Health
23. Daw Leoni, Assistant Director (Nursing), Department of Health, Myitkyina, Kachin State
24. Daw Aye Aye San, Nursing Officer, Department of Health, Loikaw, Kayah State
25. Daw Naw Eh Thwe, Assistant Director (Nursing), Department of Health, Hpa-An, Kayin State
26. Daw Om Awi, Nursing Officer, Department of Health, Ha-kha, Chin State
27. Daw Moe Cherry Aung, Nursing Officer, Department of Health, Mawlamyaing, Mon State
28. Daw Oo Than Tin, Assistant Director (Nursing), Department of Health, Sittwe, Rakhine State
29. Daw Khin Win Myaing, Assistant Director (Nursing), Department of Health, Taungyi, Shan State
30. Daw Khin Thant Zin, Assistant Director (Nursing), Department of Health, Lashio, Shan State
31. Daw Mar Mar Aye, Assistant Director (Nursing), Department of Health, Kyaingtong, Shan State
32. Daw Mu Mu Win, Nursing Officer, Department of Health, Monywa, Sagaing Region
33. Daw San Win, Assistant Director (Nursing), Department of Health, Dawei, Thinintharyi Region
34. Daw Patricia Moses, Assistant Director (Nursing), Department of Health, Bago, Bago Region
35. Daw Kyin Yee, Nursing Officer, Department of Health, Magway Magway Region
36. Daw Myint Myint Mar, Nursing Officer, Department of Health, Mandalay, Mandalay Region
37. Daw Win Win Myint, Assistant Director (Nursing), Department of Health, Yangon, Yangon Region
38. Daw San San Tin, Assistant Director (Nursing), Department of Health, Patheingyi, Ayeyawady Region
39. Daw Win kyin, Assistant Director (Nursing), Department of Health, Nay Pyi Taw
40. Daw Hnin Hnin Lwin , Principal, Midwifery Training School, Myitkyina, Kachin State
41. Daw Naw Mi Mi Chun, Principal, Nursing & Midwifery Training School, Loikaw, Kayah State
42. Daw Marlar Aung , Principal, Midwifery Training School, Hpa-an, Kayin State
43. Daw Nant Si Si Ohn , Principal, Midwifery Training School, Mawlamyaing, Mon State
44. Daw Nu Nu Zan, Principal, Nursing & Midwifery Training School, Sittwe, Rakhine State
45. Daw Nyunt Nyunt Yee, Principal, Midwifery Training School, Taunggyi, Shan State
46. Daw Nang Awn Kham, Principal, Nursing & Midwifery Training School, Lashio, Shan State
47. Principal, Nursing and Midwifery Training School, Monywa, Sagaing Region
48. Daw Naing Naing Aye, Principal, Midwifery Training School, Myeik, Thinintharyi Region
49. Daw Mya Mya San, Principal, Midwifery Training School, Bago, Bago Region
50. Daw Nang Mya Thandar, Principal, Midwifery Training School, Taungoo, Bago Region
51. Daw Khin Moe Moe Oo, Principal, Nursing & Midwifery Training School, Pyaw, Bago Region

52. Daw Nwe Nwe Cho, Principal, Nursing & Midwifery Training School, Magway, Magway Region
53. Daw Phyu Phyu Tun, Principal Nursing & Midwifery Training School, Pakokku, Magway Region
54. Daw Molly, Principal, Midwifery Training School, Mandalay, Mandalay Region
55. Daw Moe Thet Thet Mon, Principal, Midwifery Training School, Pyin Oo Lwin, Mandalay Region
56. Daw Nyunt Nyunt Han, Principal, Central Midwifery Training School, Yangon, Yangon Region
57. Daw Ni Ni Cho, Principal, Midwifery Training School, Thanlyin, Yangon Region
58. Daw Naw Kapaw Shee, Principal, Nursing & Midwifery Training School, Patheingyi, Ayeyawady Region
59. Daw Dashi Hkawn Nu, Principal, Central Domiciliary Midwifery Training School, Yangon, Yangon Region
60. Daw Wai Wai Lwin, Principal, Nursing and Midwifery Training School, Kalay, Sagaing Region
61. Daw Aye Aye Khine, Principal, Midwifery Training School, Nay Pyi Taw

