

INTERNATIONAL CONFEDERATION OF MIDWIVES

DIRECT-ENTRY MIDWIFERY PROGRAMME GUIDE

MARCH 2023



International
Confederation
of Midwives

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Table of Contents

Glossary of Terms.....	7
A note on language:.....	12
Introduction.....	14
Programme Guide and UNFPA Sample Curriculum	14
Purpose of the Programme Guide	15
Why a direct-entry midwifery programme?.....	15
Who is this guide for?	16
How to Use this Guide	16
Getting Started	18
1. Curriculum Development Process – A Quick Overview	20
1.1 Curriculum Development Process	19
1.2 Need/Situation Analysis	20
1.3 Further Considerations	22
2. Mission, Vision and Philosophy Statements.....	26
2.1 What is a Mission Statement?.....	26
2.2 What is a Vision Statement?.....	27
2.3 Midwifery Programme Philosophy.....	27
3. Programme Aim and Outcomes	30
3.1 Programme Learning Outcomes.....	30
3.2 A Note on Differentiating between Outcomes and Competencies	33
4. Graduate Attributes.....	35
5. Admission Requirements	37
6. Learning and Teaching Pedagogy	38
6.1 Incorporating the Practicum Experience with Theoretical Learning.....	39
6.2 Learning and Teaching Strategies	40
7. Assessment of Student Learning.....	44
7.1 Assessment Principles.....	44
7.2 Summative Assessments	45
7.3 Formative Assessments	46
8. Programme Hours & Delivery.....	46

8.1 Delivery	47
9. UNFPA Sample Direct-Entry Midwifery Curriculum Structure.....	49
9.1 UNFPA Sample Direct-Entry Midwifery Curriculum	50
9.2 Modules	51
Annex A: Programme Outcomes and ICM Essential Competencies for Midwifery Practice	55
Annex B: Sample Module Learning Outcomes.....	59
Annex C: References	61
ICM Resources:.....	61

Glossary of Terms

Term	Definition
Applied learning	An educational strategy that engages students in learning activities that require the direct application of skills, theories, and models. These activities are often held outside the classroom, for example, in a health setting or a simulated lab. Use of case studies and problem-based learning are examples of applied learning in the classroom.
Clinical preceptor/ teacher	The clinical preceptor/teacher is an experienced midwife engaged in the practice of midwifery who is competent and willing to teach pre-service students in the midwifery care setting. A clinical preceptor/teacher works closely with the student midwife to provide guidance, training, support, assessment, evaluation and constructive feedback, and serves as a role model for the student midwife. (Note: Some programmes/schools use the term “clinical mentor”. For the purposes of this guide the clinical mentor should meet the definition of the clinical preceptor/teacher.)
Clinical setting	This refers to the “midwifery care setting” where midwives provide care; for example, in a woman’s home, hospital, birth centre, community, midwifery-led units, etc.
Competence	The combination of knowledge, psychomotor, communication, attitudinal and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency.
Competency (plural: competencies)	The successful demonstration of essential knowledge, skills, attitudes and professional behaviour on a specific task, action or function to a defined level of proficiency.
Competency-based education	A competency-based curriculum is one that is focussed on learners acquiring competencies to apply knowledge, rather than knowledge itself. The outcomes are what students can <i>do</i> . ¹
Continuity of care	Continuity of midwifery care has been shown to be the most effective model of care for both the woman and the midwife*. Whilst it is globally recognised as the <i>gold</i>

¹ *Curriculum Development*. DEVCO B4 Education discussion paper. P. 3. December 2014
 Taken from: <https://europa.eu/capacity4dev/file/23136/download?token=cJar8YvT> on May 17, 2022. P. 3

	<p><i>standard of care</i>, it has been slow in some countries to be implemented; it relies on the collective support of health ministers, policy makers and hospital administration to foster a culture that values midwife-led care, in particular continuity of care. A faculty or a curriculum alone cannot assure that students have the opportunity to work within a continuity model. However, a logbook can provide guidance for hospitals and in particular the clinical preceptor to ensure that students can at least follow through women during pregnancy, be available for their labour and birth and follow through the postnatal period.</p> <p>*Homer, Leap, Brodie & Sandall, 2019. <i>Midwifery Continuity of Care</i>. 2nd Ed. Elsevier Health Science</p>
Curriculum	A systematic organisation of the theoretical and practical content of an education programme to meet specific outcomes. A curriculum contains measurable learning outcomes, the content, the learning experiences, the teaching methods and formats of assessment.
Curriculum (constructive) alignment	A curriculum that is purposefully designed to facilitate learning by aligning outcomes, instructional strategies and assessments.
Curriculum design and development	The planning, development, implementation and evaluation of a series of related learning experiences often structured as modules or courses.
Direct-entry	A direct-entry, pre-service midwifery programme means that students may be admitted to the programme directly upon attainment of the required level of secondary school/ high school qualification that enables them to undertake a programme of study that leads to qualification as an autonomous midwife. The programme focuses solely on training students to be midwives; nursing is not part of the qualification.
Evaluation	A systematic process for collecting qualitative and quantitative data to measure or evaluate overall provision of and outcomes of a course of studies.
Experiential learning	Experiential learning is a process by which students develop knowledge and skills from direct experience, usually outside a traditional academic setting. Examples include: internships, clinical placements, community-based learning, etc. The concept was introduced by David Kolb in 1984 and combines both a cognitive and behavioural approach to learning (Kolb 1984).

Formative assessment	Assessment <i>for</i> learning that is primarily used to inform a student about their learning and progression towards the requirements to successfully complete a unit of study. Typically, formative assessment is not assigned a grade.
Graduate Attributes	Graduate attributes are a set of qualities, skills, and attitudes that an institution agrees its students should develop over the course of their studies. ²
Learner (student) centred learning	Learning is based on the premise of active engagement, participation and collaboration between the student and the educator. It involves a variety of teaching strategies that encourage shared learning experiences, such as peer-to-peer learning, in class presentations group discussion, debriefing and reflection on clinical scenarios, thus connecting the theoretical and practical components of midwifery education. It places the individual learning needs of the student at the centre of the education process. Ref: O'Neill & McMahan (2005).
Learner (student) centred outcomes	A learner centred outcome shifts the focus from what the faculty are teaching (e.g. content) to what a student is meant to learn.
Learning outcomes	Statements of the measurable knowledge, skills and behaviours that learners should possess upon completion of a period of study (i.e., programme outcomes and module outcomes).
Midwife	A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.
Midwifery care setting	Also referred to as the "clinical setting," the midwifery care setting is where midwives provide care. For example, in a woman's home, hospital, birth centre, community, midwifery-led units, etc.

² Bowden, J., Hart, G., King, B., Trigwell, K., & Watts, O. (2000). *Generic capabilities of ATN university graduates*. Canberra: Australian Government Department of Education, Training and Youth Affairs. <http://www.clt.uts.edu.au/atn.grad.cap.project.index.htm>

Midwife educator/teacher	A qualified, experienced and competent midwife with current practice experience who has completed a programme of study and/or demonstrated competence in teaching that includes curriculum development, use of instructional strategies and measurement and evaluation of student learning.
Midwifery Faculty	A group of qualified individuals who teach students in a midwifery programme. Faculty includes the following: midwife head/director; midwife teachers; experts from other disciplines; and midwife clinical preceptors/teachers.
Midwifery programme	The midwifery programme is a combination of modules/courses and related activities (e.g., clinical practice) organized to meet a set of specified learning outcomes that leads to the award of a qualification in midwifery practice.
Module (or course)	A discrete unit of study that addresses specific subject areas. Modules (or courses) provide the pathway of learning for a student, which normally results in an increase of knowledge and skill as a student proceeds through a programme.
Outcome-based education	Specifies what we expect a student to know or be able to do after a period of study. Outcomes may include competencies, or they may just relate to knowledge. ³
Pedagogy	<p>The art and science of teaching, as a professional practice and as a field of academic study. It encompasses not only the practical application of teaching but also curriculum issues and the body of theory relating to how and why learning takes place.</p> <p>Source: UNESCO International Bureau of Education. Glossary of Curriculum Terminology. http://www.ibe.unesco.org/en/glossary-curriculum-terminology/p/pedagogy</p>
Peer-to-peer learning	The use of teaching and learning strategies in which students learn with and from each other without the immediate intervention of a teacher. ⁴

³ Ibid, p. 3.

⁴ Boud, David et al. Peer Learning and Assessment. *Assessment and Evaluation in Higher Education*, 24, 4, 413-426, 1999.

Praxis	To mean 'practice.' The process of using a theory or something that you have learned in a practical way.
Programme aim	The programme aim (or goal) is a broad statement of what the programme hopes to accomplish.
Reliable assessment methods	Measurement tools or strategies that allow different people to use the same tool and come to the same conclusions about progress in learning related to a given learning outcome.
Respectful Maternity Care	<p>Respectful maternity care (RMC) is an approach centred on an individual, based on principles of ethics and respect for human rights, and promotes practices that recognise women's preferences and women's and newborns' needs. https://doi.org/10.2471/BLT.14.137869</p> <p>The concept of Respectful Care, "care provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth" is globally accepted.</p> <p>Source: World Health Organization. WHO Recommendations on Intrapartum Care for a Positive Childbirth Experience. World Health Organization; Geneva, Switzerland: 2018.</p>
Scope of practice – ICM definition	<p>The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.</p> <p>The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare.</p>

	A midwife may practise in any setting including the home, community, hospitals, clinics or health units.
Syllabus	The syllabus sets out the specific details and programme of what is to be taught and assessed at defined stages of learning. The syllabus sets out <i>how</i> the curriculum is to be delivered. It is what teachers use to plan and deliver lessons. It provides the operational details of the curriculum. ⁵
Summative assessment ⁶	Assessment <i>of</i> learning that is graded. This is the assessment that becomes public and results in statements (or grades) about how well the student has learned something. It often contributes to pivotal decisions that will affect the students' future learning.

A note on language:

"The term 'programme' and 'curriculum' are often used interchangeably, where curriculum is often used to describe the wider conceptual process and context. This lack of shared understanding of the terms can be problematic when staff gather together to do a shared curriculum design activity. Therefore, Lattuca and Stark (2009) advocate that a useful framework for all curriculum stakeholders is the use of the concept of an 'Academic Plan', which focuses on the planning process."⁷ We refer to this 'academic plan' as the programme guide. "This idea of a planning activity is emphasised in the commonly used term 'curriculum design' and this is:

generally understood as a high-level process defining the learning to take place within a specific programme of study, leading to specific unit(s) of credit or qualification. (JISC 2014, p2)"⁸

This programme guide presents the 'high-level' components that drive curriculum design and development. We recommend discussing these terms with the stakeholders involved in designing or revising the midwifery programme to come to a shared understanding that works for everyone.

⁵ Ibid, p. 3.

⁶ O'Neill, Geraldine. (2015) *Curriculum Design in Higher Education: Theory to Practice*, Dublin: UCD Teaching & Learning. ISBN 9781905254989. <http://researchrepository.ucd.ie/handle/10197/7137>

⁷ Ibid, pp. 7-8.

⁸ Ibid, pp. 8.

We also recognise that some people who give birth do not identify as a woman. For the purpose of this document, we use the term 'woman' inclusive of all people who give birth.

Introduction

The recent *State of the World's Midwifery* (2021) (SoWMy) report indicates that continuing to invest in midwifery, especially quality midwifery education, will not only improve health outcomes for women and neonates but can also facilitate economic stabilization and can have a positive macroeconomic impact. One of the four areas of investment recommended to improve maternal health in this global report, is to strengthen education and training processes so that midwives can provide high quality care to the full extent of their professional practice. The report found that midwifery education was *grossly underfunded* in many countries and that low standards of training programmes jeopardised the professional identity of midwives. It also stated that the wide variance of standards of curricula content and duration of the educational programmes, impacted on the ability of the students to receive effective hands-on-experience to gain competence and confidence. These findings extend and support the World Health Organization (WHO) 2009 report which revealed disparities in the overall quality of midwifery education for several reasons, one being the general standard of a curriculum.

In 2021, ICM brought together midwifery educators and midwifery education providers from 20 countries to determine what pre-service midwifery education providers need to support the development of quality midwifery curricula in low/middle income development index countries. The findings indicate, among other things, the need to provide consistency across countries' curricula, while allowing for flexibility to include culturally specific and country pertinent content that reflects the health population's needs.

Programme Guide and UNFPA Sample Curriculum

At the conclusion of the 2021 meeting of midwifery educators and education providers, a recommendation was put forward for ICM to develop a set of global guidelines for midwifery pre-service programmes, including a programme guide. This programme guide is a response to the recommendation and provides midwifery educators with an example of how to structure a direct-entry midwifery programme that meets the *ICM Global Standards for Midwifery Education* (2021).

In addition to the programme guide, there was a request from midwifery educators for a curriculum resource that can be easily used for updating curricula. The UNFPA developed a sample direct-entry midwifery curriculum based on the latest *ICM Essential Competencies for Midwifery Practice (2019)* and *ICM Global Standards for Midwifery Education (ICM 2021)*. The *UNFPA Sample Direct-Entry Midwifery Curriculum* (referred to as the UNFPA sample curriculum in this document) is meant to be used in conjunction with this ICM Programme Guide as both documents provide insights into how a sample curriculum can be developed (or revised for a pre-existing curriculum) using the programme components for guidance.

It is important to note that the UNFPA sample curriculum is not intended to replace existing midwifery curricula. It is designed to serve as a resource that can be used by countries to adapt or guide improvements in their own curriculum or to establish a new curriculum where needed. Reference to the UNFPA Sample Direct-entry Midwifery Curriculum will be made throughout this document. We encourage you to download a copy of the sample curriculum from the ICM website in the [Education Resources](#) section.

Purpose of the Programme Guide

The midwifery programme guide provides an overview of the **key components of a direct-entry midwifery pre-service programme** to help guide midwifery teachers/faculty to either develop a new credential or revise pre-existing pre-service programmes. The intent is to provide midwifery teachers/faculty with the core components of a programme of study, which can be modified to reflect the contextual and cultural needs of both the country maternal and newborn health services and the faculty and students.

Please note that the components listed herein are not exhaustive. **This document is meant to serve as a standard that midwifery teachers/faculty can adapt, adopt or build upon to improve their curriculum.** We encourage (and expect) midwifery teachers/faculty to modify this guide to address the particular needs of the students and country context.

Why a direct-entry midwifery programme?

Over recent decades there has been a global shift toward the recognition of midwifery as a separate cadre than nursing. Across high-income countries the trend is that midwifery training is primarily a direct-entry programme with no prerequisite of a nursing background. This midwifery education is now being introduced in many low-to-middle income countries (LMIC) in an effort to provide expert woman-centred care and improve maternal and neonatal morbidity and mortality.

A direct-entry, pre-service midwifery programme means that students may be admitted to the programme directly upon attainment of the required level of secondary school/ high school qualification that enables them to undertake a programme of study that leads to qualification as an autonomous midwife. The programme focuses solely on training students to be midwives; nursing is not part of the qualification.

Who is this guide for?

This guide is primarily for **midwifery teachers/faculty and curriculum developers** responsible for developing or revising a direct-entry midwifery programme.

Administrators may wish to use this guide to inform the development of a curriculum, ideally in partnership with teachers/faculty, students and other key stakeholders (e.g., midwife practitioners, regulators, etc.).

We recognise that many midwifery teachers/faculty may have little or no experience in revising or developing a curriculum. Ideally, educators with experience in curriculum development (e.g., writing outcome statements, developing authentic assessments that are aligned with the outcomes, creating learning strategies based on applied learning principles, etc.) will support any revision or creation of a new midwifery programme. It is important to identify the faculty's strengths and weaknesses in curriculum development and seek out support for those areas that present challenges.

✚ We also endorse a collaborative approach to curriculum development. Effective curricula are socially constructed, which means including all faculty and relevant stakeholders in the development process. Creating buy-in and acceptance by all faculty is important to the successful delivery of the final programme of study.

How to Use this Guide

This guide contains the most common components that make up a midwifery curriculum and we suggest that you use it as a first step in undertaking curriculum development or the revision of an existing midwifery programme. Each component contains the following:

- a description,
- an example that you can use and
- references or resources for more information on the component.

This guide presents each component in the sequence that is most logical in developing a midwifery programme. We suggest you proceed through each section from beginning to

end with your development team and *before* you start developing the actual curriculum (e.g., modules/courses, assessments, learning strategies, etc.). The resources listed for each component and in the Annexes provide more information. They are meant to support your understanding of the component and its related concepts. We recognise that the information is not exhaustive but acts as a prompt for you to seek out more information if required.

Before making any changes to this guide, we recommend that you familiarise yourself with all the reference materials so that you understand the alignment between all the items. For example, the *ICM Essential Competencies for Midwifery Practice (2019)* <https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html> are integrated into the programme outcomes and any significant change in the outcomes may impact this alignment. **However, this should not prevent you from rephrasing or adding additional outcomes to meet your programme requirements.**

Here is a list of ICM reference material that provides background information to be considered when developing a midwifery programme:

- *ICM Global Standards for Midwifery Education 2021* - https://www.internationalmidwives.org/assets/files/education-files/2021/10/global-standards-for-midwifery-education-2021_en-1.pdf
- *ICM's Professional Framework for Midwifery* - <https://www.internationalmidwives.org/our-work/policy-and-practice/icms-professional-framework-for-midwifery.html>
- ICM definitions, including definitions for the following: midwife, scope of practice, midwifery, philosophy and model of midwifery care, bill of rights for women and midwives and international code of ethics for midwives - <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>
- *Midwife-led Continuity of Care (MLCC)* - https://www.internationalmidwives.org/assets/files/statement-files/2021/09/ps2021_en_midwife-led-continuity-of-care-mlcc.pdf
- ICM Position Statements - <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/>
- [Guidance for Meeting the ICM Global Standards for Midwifery Education \(2022\)](#)
- *ICM Midwifery Education Assessment Framework (2022)*

Additional curriculum development resources are listed in the guide as they relate to a

particular section. See [Annex C](#) for a full list of resources referenced in this guide.

- We encourage all people involved in curriculum development (e.g., faculty, administrators, curriculum developers and other stakeholders) to openly discuss what an ideal midwifery programme looks like in your context and modify this guide to meet that vision.

As well as the reference material, we encourage you to have the [UNFPA Sample Direct-Entry Midwifery Curriculum](#) available as you read through this guide. The sample curriculum incorporates all the key components for a midwifery programme. For example, the graduate attributes and ICM Essential Competencies are integrated into each module of the curriculum. All the modules are aligned with the programme outcomes listed in this document and provide you with an example of constructive alignment in a curriculum of study.

Take a moment to familiarise yourself with some of the sample modules so that you get a sense of how they are connected to the programme components listed in the next section of this guide.

Getting Started

If you are currently teaching and/or administering a midwifery pre-service programme, it is best to read through this guide to see how you will use the components to inform any revision you undertake. If you are looking to create a *new* direct-entry midwifery programme, we encourage you to read through the World Health Organization (WHO) publication, [Framework for Action: Strengthening Quality Midwifery Education for Universal Health Coverage 2030](#). This report provides **a seven-step action plan to strengthen quality midwifery education**. The seven steps act as a guide to systematically build high-quality, sustainable, pre-service and in-service midwifery education and training. Rather than focusing primarily on the curriculum, the action plan encompasses all the components and activities needed and presents them in sequence.⁹ It is a good starting point to determine what support mechanisms your institution needs to begin delivering a direct-entry midwifery programme.

📌 Another resource worth reading before you start your curriculum revision or development process is the UNESCO International Bureau of Education (IBE) publication: [What Makes a Quality Curriculum?](#) This publication provides a conceptual framework to be

⁹ Strengthening quality midwifery education for Universal Health Coverage 2030: framework for action. Geneva: World Health Organization; 2019. Licence: [CC BY-NC-SA 3.0 IGO](#)

used to judge the quality of existing and proposed curricula. It outlines all the necessary components as well as identifying what processes are required for curriculum development.

1. Curriculum Development Process – A Quick Overview

Once you've determined that the midwifery programme is ready for revision or development, it's important to undertake good, quality curriculum development processes. The following provides you with a high-level overview of such processes.

1.1 Curriculum Development Process

The development process normally follows these steps:

1. Conduct an analysis – What are the specific needs in your country? How prepared are educational institutions? What are the requirements that need to be addressed? What do midwifery students need to learn and what skills do they require to meet demand?
2. Select the curriculum model(s) – What is the underlying pedagogy? Is it competency-based? Applied learning? Is it direct-entry midwife or post-nursing programme? How does the model support the vision for midwifery?
3. Define the programme vision, mission and philosophy
4. Define the programme aim and the programme learning outcomes
5. Create the programme organisation and structure
6. Develop the teaching, learning and assessment strategies
7. Create the syllabus (e.g. module/course outlines and accompanying lesson plans)

1.2 Need/Situation Analysis

Understanding the current curriculum, its appropriateness to the midwifery community and its link to educational policy objectives is an important first step. During the analysis stage it is important to build an understanding of how well the curriculum is being delivered, where the drivers of change are coming from, as well as any resistance to change. If you are creating a new midwifery programme, conducting a needs analysis for midwives and how the government may support them is key in the programme's success. You may want to explore what other midwifery training programmes already exist and if there are any gaps in the delivery of midwifery services in your context. An understanding of the institutional context is essential. For example, you may want to ask:

- Which groups, organisations and entities exert influence on the curriculum and its delivery?
- How well do these groups work together?
- What challenges do they face?

Initial decisions to revise or create a new curriculum are frequently based on changes in educational policy that respond to broader national economic or social development policies or to changes in national maternal and newborn health services or policies.

The analysis stage is important to gather evidence for changes to be made to the curriculum. This stage is also important in building consensus around the need for and direction of reform. Getting buy-in of key stakeholders (e.g., government departments, representatives from the Midwifery Association and other Midwifery community organisations, women who use midwifery services, faculty, clinical preceptors, students, etc.) will strengthen the understanding and commitment to the process.

Here are some key questions to guide you in your analysis:

- **Is the curriculum fit for purpose?** How does the current curriculum match up to present policy commitments and initiatives? How well is it expressed in terms of mission and vision statements and programme outcomes? Does the curriculum prepare graduates to meet the country Scope of Practice of a Midwife? Does the curriculum prepare graduates with the *ICM Essential Competencies for Midwifery Practice (2019)*?
- **Who learns and who does not?** Are there significant differences in how the existing curriculum benefits different student groups depending on their ethnicity, language, location, social and economic status, gender, religion? Evidence is needed so that existing biases can be addressed.
- **Who does what and how?** Who has the overall responsibility for the curriculum? Which other entities exert influence? Who teaches in the classroom? Who precepts in the midwifery care setting? An institutional review of key departments will help assess the extent they are fit for purpose and what capacity building and other resources are needed for them to be able to drive and sustain a curriculum reform process.
- **What do key stakeholders feel about the curriculum?** It is very important to map who the key stakeholders are, determine how they may be engaged and ensure that they are included in both the analysis and subsequent stages. A stakeholder analysis helps to understand who will support and who will resist change and this group is valuable in providing insights into what is required by the midwifery graduates in professional practice. Examples of stakeholders are: practising midwives, Midwifery Association representatives, women users, midwifery regulators, midwifery practice site representatives, etc.

- **What is the cost of the revision?** Many attempts at curriculum revision get significantly delayed and are only partially successful because the full costs are not estimated at the start.¹⁰

Once you've completed an analysis, you will have the required information at hand to begin the rest of the programme development process.

1.3 Further Considerations

The following outlines some items for consideration as you continue to develop your midwifery programme:

a) University/Tertiary Institution Goals/Midwifery Councils

- Understand the university/institutional goals in advance of planning.
- Allocate resources based on the institutional requirements and strategic mandate.
- Determine requirements as defined by the Midwifery Council.

b) Establish a Vision for the Programme

- Begin by describing a **future** ideal, without yet considering practical constraints.
 - "What would your ideal graduate be like in terms of knowledge, skills, behaviours and attitudes?"
- Generally, curriculum design has more **buy-in** when key people are involved in the development, such as the faculty members of the department.
- The vision may be developed through individual thought, followed by group brainstorming in the context of a **department meeting or retreat**. In some cases, the process may be easier when facilitated by a consultant external to the department.

c) Consider the internal strengths and weaknesses.

- Examine the vision for the curriculum that has been identified.
 - What are the inherent strengths and weaknesses of the vision?
- Examine the department and any existing curriculum.
 - What are the strengths that contribute to the curriculum?
 - What are the weaknesses that will detract from the curriculum?
 - What can you do about these?
- **Revise** the vision for the curriculum considering these.

¹⁰ *Curriculum Development*. DEVCO B4 Education discussion paper. December 2014 Taken from: <https://eurpoa.eu> on May 17, 2022. pp. 9-10.

d) Consider the external elements that will impact on the curriculum.

- Examine elements that may have an impact.
 - Who are the **stakeholders**? Students, community, professionals, employers, midwifery service users, regulators?
 - What is the external **environment**? Politics, economics, population?
 - What are the future **trends**?
 - What are the **external opportunities and threats** that need to be considered?
- Revise the vision considering these.

e) Select an advisory committee.

- Identify a variety of stakeholders who will provide input into the design and development of the midwifery programme. For example, you may wish to include representatives from the following:
 - Previous midwifery students
 - Midwifery association
 - Midwifery regulator
 - Midwifery council
 - Ministry of Health
 - Practising Midwives (from various practice sites, for example, primary, secondary and tertiary settings)
 - Women who use midwifery services
 - Other healthcare providers involved in SMNCH services
- The advisory committee can also help with the needs/situational analysis

- We recommend that you select teachers, faculty, students and key stakeholders to help you determine the programme structure. The process really is a conversation between people that share evidence, research, and perspectives on how best to design the programme. It's important that you seek input from the people who are most invested in seeing the programme succeed.

f) Design the specific components of the programme.

- Using the work you did to create the vision, and considering what you learned from the previous steps, create **programme-level learning outcomes**.
- Using the programme-level outcomes as goals for your graduates, work backward to determine **course-level learning outcomes**.
- Check for alignment:
 - **Teaching methods:** How will you help students meet the objectives overall?
 - Learning experiences: What will the students do to achieve the outcomes?
 - **Assessment tasks:** How will you and the students know when they have achieved the outcomes?
 - Do the outcomes, teaching methods and assessments align in each course?
 - Do the courses **align** with each other, the programme outcomes and the vision?
- How will you **organise and sequence** the learning experiences (e.g., modules, courses, what order)?
- Who will put the plans into action?
- What are the **timelines** to develop the full curriculum?
- Have you considered **relevant experiences** that might be integrated (e.g., guest lectures, simulation labs, workshops, midwifery care placements, etc.)?

g) Establish how the curriculum will be evaluated.

- **Who** will do the evaluation?
- How will you know if the **curriculum outcomes are being met?**
 - Possible methods include:
 - comparison to current curriculum
 - student and faculty formative feedback
 - outcomes assessments and performance indicators that students can meet objectives
- Consider how the process can be **integrated** into the curriculum so that it is not additional work, but part of the curriculum process.
- How will the evaluation information be used to **refine and improve** the curriculum?¹¹

For more information about the programme and curriculum development process, please refer to this free ebook: *Curriculum Design in Higher Education: Theory to Practice*. (2015) <http://researchrepository.ucd.ie/handle/10197/7137>

¹¹ Kustra, Erika. *Process for Strategic Curriculum Design*. (2017) Centre for Teaching and Learning. Ontario: University of Windsor.

After you've completed the analysis stage you are ready to begin developing the programme mission, vision and philosophy statements. Section 2 provides information on how to develop these components.

2. Mission, Vision and Philosophy Statements

The starting point for any programme design is the development of a set of values and beliefs that the programme aspires to, (i.e., a programme mission, vision and philosophy). This first step is important in establishing a consistent understanding amongst stakeholders as to what the programme hopes to achieve. Review of [*ICM's Professional Framework for Midwifery \(2021\)*](#); [*ICM Core Concepts for Midwifery*](#); [*ICM Philosophy and Model of Midwifery Care*](#); and the [*ICM Essential Competencies for Midwifery Practice \(2019\)*](#) will help your stakeholders define the attributes of the midwifery graduates.

Other information that provides input into the mission, vision and philosophy statements might be:

- Regulation requirements for midwifery practitioners
- Academic institutional requirements for students
- Other institutional or organisational requirements

It is critical when designing a midwifery programme that everyone involved in its delivery agree on the programme mission, vision and philosophy. These statements shape what is taught and how it is taught and are important in the development of the programme modules/courses.

2.1 What is a Mission Statement?

The mission statement represents the programme in one or two sentences and describes the purpose of the programme and why it exists. A programme mission statement should address the following:

- Define the broad purpose the programme is aiming to achieve
- Describe the community the programme is serving, and
- State the values and guiding principles which define the programme's standards.

Sample: Mission Statement for a direct-entry midwifery programme

The purpose of the direct-entry midwifery programme is “to prepare a safe, competent and confident graduate midwife who is able to positively contribute to the health of childbearing women and their families within the country/locality. [The Midwifery] programme embraces the diversity and equity of students and works to provide accessible education, which is culturally [appropriate]. [It] fosters critical thinking in the academic

setting that will extend into the practice setting and forms the basis for sound professional practice.”¹²

Now's the time to ask: “What is the mission of your midwifery programme?”

2.2 What is a Vision Statement?

The vision statement gives the programme a sense of direction, which then provides the purpose. It is a statement for a ‘hoped-for’ future reality that is normally described as a goal. The vision statement is short and concise.

Vision statement questions look like:

- What are our hopes and dreams?
- What problem are we solving for the greater good?
- Who and what are we inspiring to change?

Sample: Vision Statement

We envision graduates who work in partnership with women to provide safe, respectful and evidence-based maternal and newborn care. Graduates provide holistic care to women, their families and communities inclusive of their social, emotional, cultural, spiritual, psychological and physical needs.

What is the vision of your midwifery programme?

2.3 Midwifery Programme Philosophy

The programme philosophy outlines the values and educational pedagogy that guides the curriculum and makes the programme unique to your context. It is a statement that tells your stakeholders what values are embedded in the programme and the type of pedagogy that underlies the learning that takes place. It is important to get input from all faculty and relevant stakeholders on the values and pedagogy for the programme. Oftentimes, having someone external to the department is helpful to facilitate this discussion. The sample programme philosophy statement that follows is one that conforms with the ICM midwifery philosophy and education standards. Feel free to adapt or revise this statement to suit your context.

¹² Marshall, Jayne. (2020). *Approaches to Midwifery Education*. Comprehensive Midwifery. An Interactive Approach to the Theory & Evidence of Practice. Hamilton: The e-Book Foundry @ McMaster University.

Sample: Programme Philosophy Statement

The direct-entry midwifery programme is informed by the ICM's philosophy of midwifery in which the ethical principles of justice, equity, and respect for human dignity are embedded. The underlying philosophy places the woman at the centre of care, which includes supporting the woman to take responsibility for making informed choices about her health. This curriculum uses a student-centred and applied learning approach, which fosters active and shared learning experiences to develop students' critical thinking capabilities. The programme promotes a diversity of teaching and learning styles and enables students to acquire the skills, knowledge, and behaviours of safe midwifery practice, at their own pace, with an emphasis on building confidence and resilience. This framework promotes the praxis of translating learned midwifery knowledge and skills, into midwifery practice and care in the clinical field.

Applied learning is an educational strategy that engages students in learning activities that require the direct application of skills, theories, and models. These activities can be held outside the classroom, for example, in a health setting or a simulated lab. Use of case studies and problem-based learning are examples of applied learning in the classroom.

Considerations for developing Philosophy Statements:

- What is the programme's purpose?
- What are the values that guide your programme?
- How does the programme reflect your community?
- What is the underlying philosophy of midwifery care in your context?
- What learning and teaching theories inform your curriculum design? Will you be taking an applied learning approach? Competency-based learning approach?

Resources:

- *ICM Philosophy and Model of Care* - https://www.internationalmidwives.org/assets/files/general-files/2020/07/cd0005_v201406_en_philosophy-and-model-of-midwifery-care.pdf
- *ICM Essential Competencies for Midwifery Practice (2019)* - <https://internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html>
- *ICM Professional Framework for Midwifery* - <https://www.internationalmidwives.org/our-work/policy-and-practice/icms-professional-framework-for-midwifery.html>
- ICM Core Concepts for Midwifery including definitions for the following: midwife, scope of practice, midwifery, philosophy and model of midwifery care, bill of rights for women and midwives and international code of ethics for midwives - <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>

- *Midwife-led Continuity of Care (MLCC)* - https://www.internationalmidwives.org/assets/files/statement-files/2021/09/ps2021_en_midwife-led-continuity-of-care-mlcc.pdf

- We recommend that you confer with faculty about the statements outlined above as they provide the foundations from which the curriculum emerges. The midwifery programme should consider the socio-cultural needs of the students, faculty and society in which the graduates will be practising and so you may find that some modifications need to be made to each of the components in this guide. Please modify the mission, vision, and philosophy statements to suit your context.

Please note: If you are referencing the UNFPA sample curriculum at this point, you will notice that the programme vision, mission and philosophy statements are not explicit in the modules. However, this does not imply that there is misalignment. Each module draws on the vision, mission and philosophy statements to guide the learning outcomes, activities and assessments.

3. Programme Aim and Outcomes

Once you've determined the mission, vision and philosophy for the midwifery programme it's time to identify the primary aim (or goal). The programme aim (or goal) is a broad statement of what the programme hopes to accomplish. It should reflect the context and jurisdiction in which the graduates will practice. The programme aim is used to align all curriculum components to one goal, so it is important to define the aim carefully.

We recommend that you allow the faculty and programme development team to take the time necessary to develop an aim that reflect your socio-cultural context. Using a collaborative approach ensures that people have input and normally results in a better programme aims.

Sample: Programme Aim

The aim of the direct-entry midwifery programme is to produce high quality graduates who meet the ICM Definition of a Midwife and can practise within the nationally regulated scope and meet the ICM Essential Competencies for Midwifery Practice.

Consideration:

- When creating the aim, refer to your mission and vision statements to identify the primary goal of the programme.
 - What is it your graduates will achieve?
 - What will the programme accomplish?

Resources:

- *ICM definition of midwife and scope of practice* - <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>
- *ICM Essential Competencies for Midwifery Practice (2019)* - <https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html>

3.1 Programme Learning Outcomes

The overview of the UNFPA sample midwifery curriculum contained in this guide (See [Section 9](#)) supports an outcomes-based curriculum, which means that “[you] begin

designing a programme by envisioning what students need to be able to DO in midwifery practice that [you] are responsible”¹³ for in the learning environment.

The programme learning outcomes are used to define what the student knows and is able to do upon completion of the programme. The sample programme outcomes listed below incorporate all the *ICM Essential Competencies for Midwifery Practice (2019)*, which ensures that graduates meet the ICM global standards. When creating programme learning outcomes it’s important to consider any national standards, accreditation standards (e.g., Midwifery Regulatory body) and any institutionally mandated outcomes for all graduates of the institution.

Sample: Programme Learning Outcomes

The programme learning outcomes listed here are for you to use and adapt.

Following the completion of all the modules within the programme, students will be able to:

1. Demonstrate competent midwifery care for women and infants across the continuum of care
2. Promote and facilitate the physiological processes of pregnancy, labour, birth and the postpartum period
3. Collaborate with midwives and other healthcare professionals as necessary to provide competent care meeting women and infant needs
4. Manage complications in mother and/or baby and refer as necessary to other health professionals
5. Provide emergency obstetric and newborn care and refer appropriately
6. Appropriately apply evidence within midwifery practice

We encourage you to review the programme learning outcomes and determine if they are suitable for your context. For example, the first outcome addresses provision of care to women and infants. If your context defines provision of care differently, i.e., Midwives provide care to infants beyond six weeks, you will need to modify this outcome to reflect the age range (e.g., “women, infants and children to the age of five”).

¹³ Steihl and Lewchuk. *The Outcomes Primer. Reconstructing the College Curriculum*. 3rd edition. Oregon: The Learning Organization, 2012. <https://outcomeprimers.com>

7. Effectively communicate with women and families, healthcare teams and community
8. Provide respectful care without discrimination
9. Assume responsibility for ongoing continuous professional development
10. Meet national standards in the provision of safe, competent, and ethical midwifery care to women and their newborn infants. (Note: this outcome will only be used if there are national standards.)

Notice that all the outcomes listed above support the sample aim/goal:

The aim of the direct-entry midwifery programme is to produce high quality graduates who meet the ICM Definition of a Midwife and can practise within the nationally regulated scope and meet the ICM Essential Competencies for Midwifery Practice.

The UNFPA sample curriculum that accompanies this programme guide was developed using the sample programme aim listed here. As you read through the sample modules, check the module learning outcomes against the programme outcomes. You will see how each of the module learning outcomes supports the achievement of the programme outcomes. This is called *constructive alignment*.

Programme learning outcomes provide the foundation for curriculum development. It's important to allocate the proper time and resources for the creation of the programme learning outcomes. Once you have identified the programme learning outcomes, be sure to refer to them as you begin to develop the curriculum. You want to ensure that there is constructive alignment between all components of the programme and curriculum. Figure 1 below shows the relationship between the programme learning outcomes and what drives their development as well as outlining the relationship between the programme and module learning outcomes.

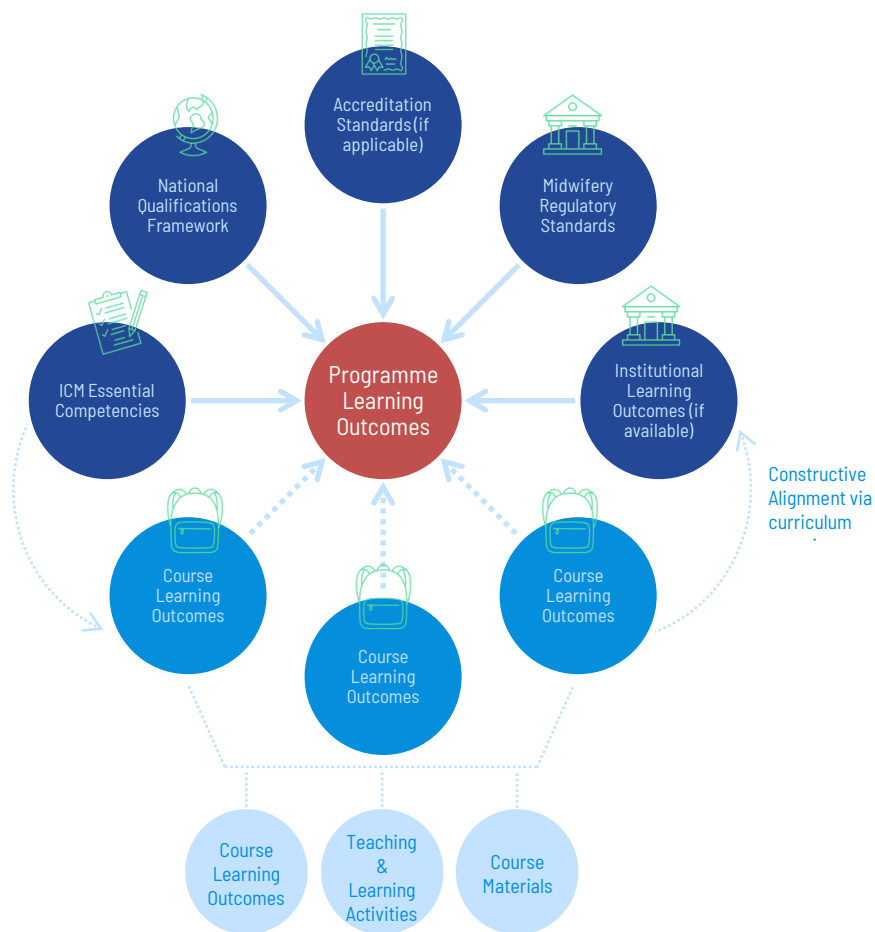


FIGURE 1: SITUATING PROGRAMME- AND COURSE-LEVEL LOS WITHIN A BROADER CONTEXT¹⁴

3.2 A Note on Differentiating between Outcomes and Competencies

Before you go any further in revising or developing a new midwifery programme, take a minute to review the difference between outcomes and competencies. This programme guide defines the programme-level outcomes for a direct-entry midwifery programme that integrates all the *ICM Essential Competencies for Midwifery Practice (2019)*. Many people often confuse outcomes and competencies and in many parts of the world, the terms are used interchangeably. *Outcomes* and *competencies* differ significantly in terms of scope and

¹⁴ McKeown, Jess. (2018) *HEQCO's Guide to Developing Course and Program Learning Outcomes*. Toronto: Higher Education Quality Council of Ontario.

depth.¹⁵ Both outcomes and competencies describe what learners can do within the context of real-life roles; however, there are differences.

1. **Learning outcomes are statements that articulate the knowledge and skills you want students to acquire by the end of a course or programme of study.** They describe what a student can do as a result of participating in a structured learning intervention. For example, students enter a programme of study and are guided through formal instruction. Learning outcomes help teachers to shape course content, activities, and assessments by clearly communicating expectations of what students know and are able to do upon completion of their studies.
2. **A competency describes the ability to use a set of related knowledge, skills, attitudes and behaviours required to successfully perform activities and tasks in a defined setting.** The *purpose* of a competency is to describe a desired level of performance/ability *in relation to activities or tasks*. They are focused on behaviours associated with the completion of real-world activities. Competencies can be developed through practice or observation, but do not necessarily require a formal learning intervention. Someone may be able to demonstrate the competency without a learning intervention, through self-directed learning and repetitive practice.

Competencies normally address **job specific roles** and **are assessed through the performance of the competency to a specified standard.**¹⁶ They are behavioural and must be evaluated through performance assessments to ensure that the standard is met. The ICM competencies are one component in the achievement of the learning outcomes in the midwifery programme along with other related knowledge, skills and behaviours required to fully achieve the outcomes. It's important to keep in mind that the competencies can contribute to multiple outcomes and vice versa.

Resources:

- For more information regarding competencies, see:
<https://ecampusontario.pressbooks.pub/competencytoolkit/>
- Thompson, Judith et al. *Global Workshops in Midwifery Competency-Based Educational Methodologies: Lessons Learned*. International Journal of Childbirth, Vol. 7, Issue 1, 2017. Springer Publishing Co., <http://dx.doi.org/10.1891/2156-5287.7.1.4>
- See [Annex A](#) for a list of the programme and the ICM competencies mapped against one another

¹⁵ Steihl and Lewchuk. The Mapping Primer. Tools for Reconstructing the College Curriculum. 2nd edition. Oregon: The Learning Organization, 2012.

¹⁶ Green, D. and Levy, C. *eCampus Ontario Competency Toolkit*. Canada: Toronto, 2021. Taken from: <https://ecampusontario.pressbooks.pub/competencytoolkit/chapter/defining-competencies/> on February 8, 2022.

- See [Annex B](#) for an example of learning outcomes at the module level

At this stage, you will have the primary components of the programme developed; however, we suggest that you develop the other components listed below *before* developing modules or courses. It is important to think through what your graduates will 'look' like upon graduation and define the entry criteria to ensure that your students are prepared for success. Follow through each of the following sections one-by-one and then use the UNFPA sample direct-entry outline (see [Section 9](#)) to provide you with some ideas on how to construct your own programme.

4. Graduate Attributes

Graduate attributes are a set of qualities, skills, and attitudes that an institution agrees its students should develop over the course of their studies.¹⁷ They are designed to be aligned with the values and aim of the programme. The attributes complement the technical expertise and acquired knowledge of the discipline of midwifery and provide the graduate a deeper capacity to adapt and evolve within the profession. Graduate attributes should be embedded into the curriculum especially when developing assessments.

Your educational institute may have a set of graduate attributes that apply to all students. This may be described as a Graduate Profile. We encourage you to think about *specific graduate attributes related to midwifery practice* that can be added to any pre-existing institutional attributes. The graduate attributes listed below support the [ICM definition of Midwife](#) and are representative of attributes that are integrated into the sample curriculum, which accompanies this programme guide.

¹⁷ Bowden, J., Hart, G., King, B., Trigwell, K., & Watts, O. (2000). *Generic capabilities of ATN university graduates*. Canberra: Australian Government Department of Education, Training and Youth Affairs. <http://www.clt.uts.edu.au/atn.grad.cap.project.index.htm>



Sample: Graduate Attributes

At the end of the midwifery programme, students will be expected to be able to demonstrate the following attributes while performing midwifery tasks and caring for women and families.

Graduate Attribute	Descriptor
Enabling Leader	Graduate midwives provide leadership in midwifery practice. They enable others to engage in different ways to work towards shared outcomes.
Woman Centred	Graduate midwives place each woman at the centre of their care and advocate for her self-determination.
Respectful Midwife	Graduate midwives provide care that is respectful, empathetic, inclusive and without bias.
Competent Clinician	Graduate midwives are professionally competent midwives who provide safe and effective midwifery care. They are resilient, embrace diversity and apply evidence based critical thinking skills.
Professionally Focused	Graduate midwives are actively engaged in professional development opportunities and support the midwifery

community to thrive.

Effective Communicator

Graduate midwives collaborate and communicate with colleagues, women and families effectively and with integrity.

5. Admission Requirements

The programme admission requirements are those minimum requirements that students must meet to enter the programme. These requirements will differ from one region to the next but should be sufficient so that students are prepared to meet the demands of the programme. The *ICM Global Standards for Education (2021)* lists admission standards but do not outline specific requirements for entry except the completion of secondary education (i.e. twelve years of basic education).

It is important that you comply with your educational institution's entry requirements and that you determine – as a faculty – what requirements are necessary to support a student's success in the programme. The *ICM Global Standards for Education (2021)* outline the following as a minimum for admission requirements:

The midwifery programme has clearly written admission policies that are accessible to potential applicants.

These policies include:

- 3.1.1 Entry requirements, including minimum requirement of completion of secondary education;
- 3.1.2 A transparent recruitment process;
- 3.1.3 An equitable selection process and criteria for acceptance; and
- 3.1.4 Mechanisms for taking account of prior learning if applicable.
- 3.2 Eligible midwifery candidates are admitted without prejudice or discrimination (such as, age, national origin, gender, religion).

Considerations for Determining Entry Requirements

Determining entry requirements can be challenging as there are several items that teachers/faculty and administration must consider. For example:

- Are there national entry standards (i.e., an exam or language test) that must be addressed?
- What are the academic entry criteria beyond secondary education?

- Are there specific subjects that are required, such as, biology, chemistry, math, literacy?
- Are there equivalencies that students can provide?
- Are there additional entry criteria, such as a character reference? Or a personal essay or statement of interest? Or Police Check?
- What are the criteria for students who already have another related qualification (e.g., Nursing Diploma or Bachelor degree in another specialty)?

- Keep in mind that the entry requirements for all students should be equitable, transparent and pose no significant barriers.

Resources:

- *ICM Global Standards for Education (2021)* - https://www.internationalmidwives.org/assets/files/education-files/2021/10/global-standards-for-midwifery-education_2021_en-1.pdf

6. Learning and Teaching Pedagogy

A key component of any midwifery programme is the learning and teaching pedagogy that defines how the curriculum is developed. An effective midwifery programme is designed to build on students' progressive knowledge, skills, attitudes and behaviours acquired as they move through the learning modules, both in the classroom and in the clinical field. This *progressive approach* to teaching and learning allows the student to revisit concepts and practices, apply new skills and move towards becoming a competent and confident practitioner who has a deep understanding of the value of midwifery care.

When learning is student-centric and flexible, the learner can experience a deeper level of comprehension. A progressive approach to teaching and learning allows for basic skills to be improved and reinforced by the gradual introduction of more advanced concepts and skills. This allows the learner to develop at their own pace and demonstrate competency in multiple activities across the span of the programme. It consolidates the students' knowledge base and provides greater opportunities for critical thinking and decision-making skills to develop.

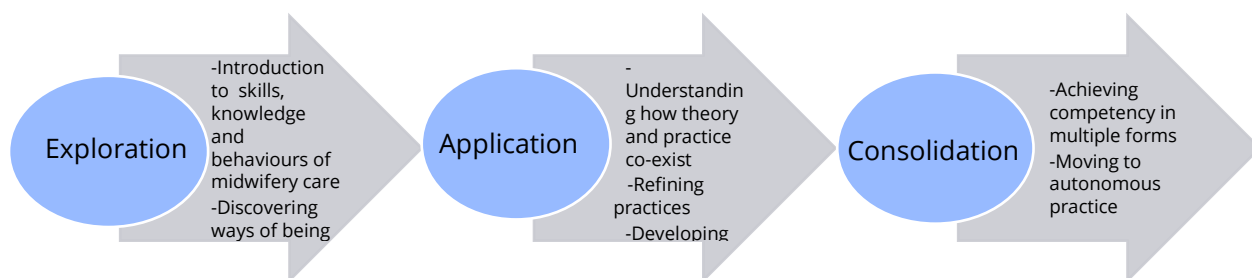


FIGURE 2: PROGRESSIVE APPROACH TO INSTRUCTION

6.1 Incorporating the Practicum Experience with Theoretical Learning

The transfer of knowledge and skills and behaviours in the teaching environment is comprised of three essential components: **theory, clinical simulation and clinical practice**. Students are required to have a deep understanding of the **theoretical** and scientific knowledge of midwifery practice as this underpins their ability to provide evidence-based midwifery care. The **clinical simulation** environment is crucial in providing students with opportunities to deconstruct real clinical scenarios into repeated practice sessions with feedback, to strengthen skills, gain confidence and identify areas requiring improvements. The **midwifery clinical practice** setting consolidates this and enables the transfer of knowledge, skills and behaviours into real life clinical environments and fosters critical thinking skills, effective communication and collaborative practice. It is crucial that students receive ongoing feedback that is supportive and constructive in nature.

For midwifery students, translating theory into practice relies on the relationship between the clinical preceptor and the student. (See the [Guidance for Meeting the ICM Global Standards for Midwifery Education – 2022](#) for information regarding clinical sites.) To facilitate this, teachers/faculty are expected to have close contact with the students and their preceptors during their clinical experiences to assist in achieving allocated competencies. The regular presence of the teacher/educator acts not only as a support to students, but it also provides opportunities for evidence-based midwifery knowledge to be reinforced in the midwifery care setting.

There can be a disconnect for midwifery students, between what is taught at the educational institution level, and the reality of working in a midwifery/obstetric unit, sometimes with inadequate supervision due to limited staffing and large ratios of students allocated to clinical preceptors. A fluid relationship between teachers/faculty and the health facility will benefit the student's learning experience, creating a smoother transition

from theory to practice and strengthen collaboration and communication between educators and preceptors.

A note about the ICM Guidelines for Practical/Clinical Experience

The *ICM Global Standards for Midwifery Education (2021)* define midwifery education as: *The process of learning theory and developing the necessary skills and behaviours to become competent midwives.*

The *Guidance for Meeting the ICM Global Standards for Midwifery Education (2022): Practical/Clinical Experience* contain advice and suggestions to help midwifery educators¹⁸ meet the ICM global standards for midwifery education that pertain to practical/clinical experience. These guidelines provide guidance on the following:

- 1) Standards about the *physical* sites for obtaining clinical experience, and the maternal-infant services provided in those sites and
- 2) Standards about the *roles* of midwife educators, clinical preceptors/clinical teachers and students.

The guidelines present each standard regarding the practical/clinical experience followed by a brief discussion and points for consideration when analysing how a programme of study meets the standard. The points for consideration help in determining what faculty and programme administrators need to put in place to ensure that the practical/clinical experience meets the ICM standards and provides a positive and supportive experience for both the student and the clinical preceptor/clinical teacher.

The guidelines can be found on the ICM website under the [Education Resources](#) section.

6.2 Learning and Teaching Strategies

ICM recommends using a competency-based¹⁹ approach that specifically develops students' competence throughout the programme of study. This means incorporating the ICM essential competencies into the curriculum using [applied learning](#) to develop

¹⁸ Midwifery educator refers to midwives who are responsible for the content of a midwifery education program and for overall assessment of student progress. They are qualified as midwives and meet the definition of midwife teacher as described in Standard 2.2 of the ICM Global Standards for Midwifery Education (2021).

¹⁹ See ICM website for more information on competency-based education.

competence. Outlining the teaching pedagogy in your programme guide will help teachers/faculty/clinical preceptors develop the modules/courses in a coordinated way so that all students receive consistent and effective instruction.

The learning and teaching strategies outlined below are examples of how to address the connection between theory and practice and provide students with a means to practice competencies over time. Please note that this list is not exhaustive. We encourage faculty to use a variety of learning and teaching strategies that best suit the students' needs, the context in which the learning is taking place and the content that is being addressed. The suggestions listed below focus on student-to-student and student-to-teacher interactions, which can be delivered either in-person or online. There are many online resources available to teachers and students and we encourage you to explore creating a variety of learning opportunities both online and in-person. For more information about online teaching and resources, see: [TeachOnline](#).

Case studies

Case studies enable students to explore concepts, interpret information and create care pathways in a safe environment where feedback is immediate and can be discussed for further learning. Case studies encourage students to analyse practices and reflect on the options of care provided which assists in critical thinking and decision-making skills. Critical thinking skills are developed through analysis, interpretation of and reflection on issues or situations. Students can explore the role of the midwife, assess the need for consultation and collaboration which aids developing effective communication skills.

Collaborative learning

Collaborative group activities provide opportunities for students to engage and learn from each other. This strategy is well utilised, for example in the Midwifery and Research module in the UNFPA Sample Curriculum, where students explore the significance of research, and the ways evidence can be translated into practice. In class, students spend time working on their group research project, with formative feedback and assistance provided by the teaching team.

Face-to-face learning opportunities

Face-to-face classes include lectures, tutorials and small group work which enable students to explore and expand their midwifery knowledge by listening, reading, and reviewing the supplied resources and participating in discussions with teachers and fellow students. Face-to-face classes *support* the midwifery practice experience of midwifery students; they allow for clarification and feedback in real time.

Flipped learning

This relatively new approach to teaching has the potential to improve students' engagement in their learning as it encourages active participation by both student and teacher/faculty. It involves a variety of knowledge acquisition activities such as self-directed learning, in class group work and assessments with the educator's interactive presence, accessing media resources, self-assessment exercises and before class preparation reading and reflections. It provides educators and students with a more flexible and individualised way to learning and has been shown to improve skill and knowledge retention by approaching learning in diverse ways.

Guest teachers

It is highly recommended that expert industry professionals are invited to present information from their area of knowledge to the students. These can include clinicians such as midwives, obstetricians, paediatricians as well as educators from other disciplines such as nursing or a science-based faculty. Midwifery leaders from national midwifery associations, ministry of health, peak maternal and child health bodies are also suggested as professionals to help inform students' perceptions of the role and scope of practice of the midwifery profession. Advocates for maternal health care and consumers (midwifery service users) can also provide valuable contemporary political and social views on midwifery.

Peer-to-Peer Learning

Peer-to-peer learning is an educational practice in which students learn with and from each other without the immediate intervention of a teacher. It is used in such learning activities as student-led workshops, study groups, peer-to-peer learning partnerships, and group work.

Reflection and sharing

Reflective practice is an important component of midwifery practice and is encouraged throughout this midwifery program. Sharing experiences from the field in the teaching environment through case presentations, individual reflection and debriefs enables students to learn at a deeper level by reflecting where they have seen evidence implemented effectively in the clinical field, and in some instances, where it has not. It also enables collective learning, as students can share and compare experiences, provide insights and support each other. It provides educators opportunities to understand the progression of the students' skills, knowledge and behaviours.

Role play

A role play occurs when students act out a whole case scenario; for example, “A woman has a PPH, demonstrate what you should do.” Role play in health education has been shown to enhance students’ communication skills and critical thinking abilities. These learning activities provide students a simulated environment to practice new skills learnt through theory and knowledge development. It encourages students to interact and seek solutions in real life scenarios within a supportive environment. Feedback is provided and students can reflect on their own behaviours and problem-solving skills.

Self-directed learning

Some students benefit from self-directed learning, which allows them to take charge of their own learning process. This type of learning occurs when students explore, question, react, and respond to learning material that is relevant to their needs. Depending on the learning context and the type of learners involved, self-directed learning can be incorporated into the curriculum. For more information on how to set up self-directed learning see the University of Waterloo’s Teaching Tip: <https://uwaterloo.ca/centre-for-teaching-excellence/teaching-resources/teaching-tips/tips-students/self-directed-learning/self-directed-learning-four-step-process>

- **Portfolios** - documents containing evidence of the quantity of clinical procedures/encounters and the assessments of these that are required during the program. The portfolio can also include reflective thinking exercises, such as journaling, ethical considerations, and professional activities that students can document as part of their learning experiences.

Simulation activities

Simulation activities are supportive mechanisms that expose students to clinical scenarios to practice their skills before entering the clinical sites. It is a useful tool to expedite the initial practicum experience, as the students can demonstrate their skills in a safe and structured environment. Activities include the use of mannequins, teaching staff or other students as simulated women. Students learn and practise clinical and interpersonal skills with case studies in the classroom or simulated laboratory settings to develop competence and confidence *before* working with women in midwifery care settings.

Simulation is different than role play. It starts with a case scenario, but as different choices are made to respond to the scenario, the simulation takes a life of its own with the outcome directed by the student’s choices. The faculty provide how the scenario changes

based on the student's choices. For example, "A woman just gave birth vaginally and begins to bleed heavily, what do you do?- 'Give Oxytocin'- She continues to bleed, now what?"

7. Assessment of Student Learning

Outlining the assessment process and methods used to evaluate students is a critical component of the programme guide. It is important to document how the students will be assessed and what the process is for sharing the assessment methods with students.

Assessments should be meaningful; that is, applied to real world midwifery practice and should assess the module learning outcomes. Providing students with opportunities to be assessed both formatively (assessment *for* learning) and summatively (assessment *of* learning) ensures that the student's progress is captured and shared. Expectations of students, the types of assessments used and the criteria for evaluation should be made available to students upon entering the programme.

7.1 Assessment Principles

Assessment principles can help to guide assessment practices and their emphasis will vary according to the context and purposes of the assessment. Here are some principles for consideration when selecting your assessment methods.

Valid	Assessment should be appropriate, measure what it 'claims' to measure, and should align with the programme and the module learning outcomes.
Reliable	Assessment tasks should generate comparable grades across time, across examiners and across methods to ensure academic standards.
Transparent	Information, guidance, assessment criteria, rules and regulations on assessment should be clear, accurate, consistent, and accessible to all students, faculty and examiners.
Flexible	All students should have the opportunity to effectively demonstrate their learning and should have the opportunity to be assessed by different, appropriate, and applicable methods across a programme.
Fairness	No individual should be disadvantaged by the assessment process. The fairness principle also considers the right of a learner to be able to be reassessed if necessary.

TABLE 1: KEY ASSESSMENT PRINCIPLES²⁰

Curricula that are guided by the *ICM Essential Competencies for Midwifery Practice (2019)* need to include assessments:

- that are based on midwifery practice;
- are realistic in scope so that the student can achieve the competencies within the allotted time for the programme; and
- are meaningful to the learning experience.

7.2 Summative Assessments

We recommend moving away from frequent use of module/course exams to using assessments such as observations, simulations, case studies, role plays, clinical documentation, etc. that provide faculty and students with good opportunities to practice and achieve the competencies over time. The more related the assessment is to real-world practice, the more opportunity students have for practice and attainment of the necessary knowledge, skills and behaviours associated with midwifery practice.

²⁰ O'Neill, Geraldine. (2015) *Curriculum Design in Higher Education: Theory to Practice*, Dublin: UCD Teaching & Learning. (p. 78) ISBN 9781905254989. <http://researchrepository.ucd.ie/handle/10197/7137>

Note: Each assessment should have an accompanying rubric that clearly defines the criteria for achievement of the knowledge, skills and behaviours required to successfully pass the evaluation. Such rubrics will guide the level of performance required and should be distributed to students.

7.3 Formative Assessments

Formative assessments assist educators in assessing student's levels of comprehension, learning needs, and academic progress. Throughout the midwifery programme it is expected that students undertake a series of formative assessments that may consist of short quizzes, group discussions, presentations, completion of workbook exercises, self-directed learning activities, reflection exercises, and general in-class contributions. These informal assessments provide students opportunities to demonstrate acquired skills, knowledge, and behaviours in a variety of formats and help identify areas that require strengthening. Formative assessments may be graded; however, the 'grade' is only used for providing information to the student. It is not used towards the summative grade at the end of the module.

Resources:

- [*ICM Assessment Framework \(2022\)*](#)

8. Programme Hours & Delivery

Upon successful completion of the midwifery programme, a student will receive a qualification (e.g., Diploma or Bachelor degree) that meets the ICM definition of a midwife and the *ICM Essential Competencies for Midwifery Practice (2019)*. The minimum number of hours of midwifery education required to achieve the ICM standard is 4600. It is at the discretion of each institution to determine the qualification awarded based on education policy and requirements.

The allocations of hours for the curriculum are based on the ICM recommendations that a direct-entry midwifery programme should be approximately **4600 hours over a 3-year period**²¹. When determining module/courses for the programme, institutional norms need

²¹ The length of the programme is a recommendation based on input from a review of midwifery programmes across a variety of contexts. An estimated number of hours for a full-time direct-entry programme of study is approximately 4600. This number varies from region to region depending on

to be considered for calculating the required hours and associated credits for each module/course. However, it is important to remember that ICM requires a minimum of 40% theory and 50% practice in midwifery care settings.

The actual number of hours for the programme assumes that the content of those hours is directed to achieving the competencies; therefore, the time spent is a secondary consideration to achieving the competency. Keep in mind that the hours act as a rough guide. The fundamental issue is to allocate enough hours to ensure that students are exposed to clinical areas that allows them to become competent in midwifery practice. Some students may require more clinical hours to achieve competencies that exceed the minimum requirements by the programme. It is important to provide opportunities for students to be assessed as competent at the appropriate level.

8.1 Delivery

During the Covid pandemic, many midwifery programmes moved to online delivery for the theory modules/courses. If an online version of a module/course is developed, it will be necessary to approximate the equivalent number of hours for the students. For example, a 20-hour module that is delivered in-person will not necessarily require the student to be online for 20 hours. An equivalent workload needs to be developed, which can include both on- and offline activities. Some institutions may wish to “blend” or use a “flipped learning” approach (see: <https://www.schoolology.com/blog/flipped-classroom>). Offering blended learning means that a module is delivered both online and in-person. For example, students may do some preparatory readings and online activities before attending a lecture or seminar. Or students may complete all theoretical modules/courses online with intensive in-person time for skill development and clinical practice. You might also consider how to use midwifery practice settings outside of main cities and towns to increase student access. Follow-through experiences (where a student ‘follows-through’ a woman’s pregnancy, labour, birth and post-natal period and works ‘on-call’ for some of this time) are also important opportunities for midwifery practice and these hours should be counted towards total midwifery practice hours to be achieved. It is important to determine the best delivery method for the students in your programme that provides flexibility and increased access.

what constitutes ‘full time’; for example, cumulative hours range from 4600 to 4908. It is important to note that institutions calculate theoretical and clinical credit hours differently depending on institutional and regulatory policies. Calculating the cumulative experience does not in itself provide a measure of quality or competence. Provision of sufficient time for the student to achieve the *Essential Competencies for Midwifery Practice (2019)* is the most critical factor in determining programme length.

9. UNFPA Sample Direct-Entry Midwifery Curriculum Structure

The *UNFPA Sample Direct-Entry Midwifery Curriculum* (found in the companion document) contains all the module outlines for the curriculum. What we include here is a sample of how the modules *might be* organized over a three-year period. We realise that most institutions will want to add additional modules for theory and practice to meet institutional requirements and to provide students with the necessary time to achieve midwifery competence.

We recommend using this sample to think about how you might structure your own programme and we encourage you to think about how your faculty would adapt this structure to meet the needs of students.

The *UNFPA Sample Direct-Entry Midwifery Curriculum (2022)* is based on the guiding principles of this programme guide and incorporates the recommended hours of tuition for a three-year direct-entry midwifery programme of study. The module content is designed to move from *foundational to application to consolidation* of the knowledge, skills and behaviours required to practise midwifery. It is primarily a competency-based curriculum with each practicum component being preceded by the theoretical module.

The modules cover the basic midwifery knowledge required to practice midwifery as per ICM global standards. It is expected that faculty will add and adapt modules to best reflect their demographic health needs, pedagogical framework, and philosophy of midwifery. The allocated hours for each module are estimates and are flexible as faculties may differ in the length of time they require to deliver the modules. For countries/faculties wishing to create a Bachelor Program, which is often a 4-year programme, an additional year of study with an in-depth science content, modules on researching skills and further practicum can be developed.

There are many ways to sequence the modules for delivery. The modules can be taught simultaneously within each semester, in a series of two or three modules at once. This is preferable than in individual blocks as it facilitates the integration of knowledge and skills across a range of midwifery topics. However, faculty may choose to deliver the modules one at a time.

The theoretical component of a module should be taught prior to or concurrently with the practicum component of the same module.

9.1 UNFPA Sample Direct-Entry Midwifery Curriculum

The sample curriculum is designed to be implemented within a minimum period of three years. It is divided into 2 semesters each year, equalling approximately 44 weeks of study per year. This allows for study leave, exam timetable and holiday periods each year. For the purpose of this sample curriculum, a week is based on 7 hours a day over 5 days = 35 study hours per week. It is anticipated that each country/faculty will have its own criteria in which to allocate the approximate 1,555 hours of study each year, in line with ICM's recommendation of a total of 4600 hours of study to complete a direct-entry programme. It is also anticipated that countries may wish to move modules around and create their own calendar of learning with a different order of modules.

Each semester has a series of modules of learning and the modules are ordered so that a gradual and consistent application of more complex skills and critical thinking concepts is evidenced. This helps consolidate and contextualise the significance of the role, scope and responsibilities of midwifery practice.

ICM requirement for 3-year programme	4600 hours
Sample Curriculum hours	4600 hours
Theoretical Hours	1882 hours
Simulation/Skills Laboratory Hours	448 hours
Clinical Practicum Hours	2170 hours
Country specific module, to be developed by country as per needs	140 hours (included in total hours)
Self-directed learning (SDL) to be determined by faculty as required	141 hours (included in total hours)
Hours allocated for Emergency Midwifery Lifesaving skills	70 hours (included in total hours)
Theory to practicum ratio over 3 years	Approx. 40% Theory - 60% Practicum as per ICM recommendations

Focus of Year One – Foundations of Midwifery and Supporting Healthy Pregnancy, Labour, Postpartum and Neonates

Year One focuses on introducing students to the concept of quality, respectful midwifery care required to improve maternal and neonatal outcomes within the global and national context (country specific). Comprehensive biomedical sciences including the anatomy and physiology of human body systems is taught, followed by a module on behavioural science, highlighting the need to explore health within a holistic model. The pharmacology module explores the most common medications used in the perinatal period and will teach students how to calculate doses and safely administer these. Communication and documentation skills are taught with a focus on building therapeutic relationships with women and their families. The theoretical components of caring for women during healthy pregnancy, labour, birth and the postnatal period are also taught.

Prior to undergoing the first clinical practicum, basic midwifery skills are recommended to be undertaken in a simulated laboratory environment to familiarise students to the health setting such as: hand hygiene, universal precautions, vital signs, and observations, assembling equipment, sterile glove use, abdominal palpations, measurement of fundal height, etc.

490 hours of clinical placements take place in Semester 2, focusing on gaining beginner competencies in caring for women experiencing normal pregnancy, labour, birth and postpartum. Thirty-five (35) hours at the end of Semester 2 is dedicated to *Essential Newborn Care* clinical skills as per the WHO training package.

9.2 Modules

*Hours are an approximate guide and can be adjusted to suit country-specific context

Year 1	Module	Theory Hours	Simulation Hours	Clinical Practicum Hours	Total Hours
Year 1 Semester 1	Foundations of Midwifery Care	70 hours	N/A	N/A	70
Year 1 Sem 1	Preparation for Practice	70 hours	35 hours		105
Year 1 Sem 1	Midwifery Science	140 hours	N/A	N/A	140
Year 1 Sem1	Behavioural and Social Science in Health	140 hours	N/A	N/A	140

Year 1 Sem1	Pharmacology for Midwives	63 hours	7 hours	N/A	70
Year 1 Semester 2	Communication in Healthcare	56 hours	14 hours	N/A	70
Year 1 Sem 2	Supporting Healthy Pregnancy	105 hours	35 hours	175 hours	315
Year 1 Sem 2	Supporting Healthy Labour and Birth	70 hours	35 hours	175 hours	280
Year 1 Sem 2	Supporting Healthy Postpartum	70 hours	35 hours	140 hours	245
Year 1 Sem 2	WHO Essential Newborn Care Training		35 hours		35
Total Hours		784	196	490	1470

Focus of Year Two- Caring for Women & Neonates with Complex Needs in Pregnancy, Labour, Birth and Postpartum

Year Two focuses on more complex aspects of midwifery care and the actions required when deviations from normal occur. Student's knowledge of sexual and reproductive health rights, and the significance of identifying and treating perinatal mental health issues are explored. Students are introduced to the principles of research and how evidence-based practice underpins best midwifery point of care. Students undertake 560 hours of clinical experience in caring for women and neonates with complex needs plus a further 175 hours weeks in the community setting, being exposed to reproductive health needs of adolescent girls and women. A week at the end of semester two will be dedicated to *Emergency Midwifery Clinical Skills*.

Year 2	Module	Theory Hours	Simulation Hours	Clinical Practicum Hours	Total Hours
Year 2 Semester 1	Sexual and Reproductive Health and Midwifery Care	84 hours	21	105 hours	210 hours
Year 2 Sem 1	Midwives and Primary Health Care	70 hours	N/A	70 hours	140 hours
Year 2 Sem 1	Perinatal Mental Health	56 hours	14 hours	N/A	70 hours

Year 2 Sem 1	Nutrition in the Perinatal Period	70 hours	14 hours	N/A	70 hours
Year 2 Sem 1	Caring for Complex Pregnancy	42 hours	28 hours	140 hours	210 hours
Year 2 Semester 2	Caring for Complex Labour and Birth	70 hours	35 hours	140 hours	245 hours
Year 2 Sem 2	Caring for Complex Postpartum	70 hours	14 hours	140 hours	224 hours
Year 2 Sem 2	Caring for the Unwell Neonate	49 hours	21 hours	140 hours	210 hours
Year 2 Sem 2	Midwives and Research	70 hours	N/A	N/A	70 hours
Year 2 Sem 2	Emergency Lifesaving Midwifery Skills		35 hours		35 hours
Total Hours		665	91	658	1484

Focus of Year Three –Consolidation and Transition to Practice

Year Three further consolidates the skills, knowledge and behaviours acquired in Year One and Two, and supports critical thinking and advanced decision-making skills. Students move towards becoming competent practitioners as they gain confidence and competence and undergo an extended clinical placement in the latter part of the year. Modules of study include comprehensive abortion care, ethical and legal issues in midwifery practice and midwifery leadership where examples of positive leadership and the benefits of strong professional associations are explored. In the *Transition to Practice* module, students consider career pathways and further professional development activities as they move towards becoming a new graduate. Students examine the theories of maternal attachment and bonding to be able to assist women transition into parenthood. An extended period in the clinical environment, a total of 945 hours, exposes students to the reality of providing holistic midwifery care across the full spectrum of a women's reproductive health lifespan. The final module, *Review and Reflection*, offers students the opportunity to share their practicum experience with their peers and educators. This assists in the process of transitioning into professional midwifery practice.

Year 3	Module	Theory Hours	Simulation Hours	Clinical Practicum Hours	Total Hours
Year 3 Semester 1	Comprehensive Abortion Care	21 hours	14 hours		35 hours
Year 3 Sem 1	Ethics and Law for Midwives	70 hours	Field trip?	N/A	70 hours
Year 3 Sem 1	Midwives and Leadership	70 hours	Field Trip?	N/A	70 hours
Year 3 Sem 1	Country Specific Module (Faculty to develop)	140	N/A	N/A	140 hours
Year 3 Semester 2	Transition to Practice	140 hours	35 hours	945 hours	1120 hours
Year 3 Sem 2	Review and Reflection	49 hour	21 hours	N/A	70
Total Hrs		490	70	945	1505
Over 3 years as required	Self-directed learning hours – to be allocated by faculty for modules as required	141	N/A	N/A	141
Total hours for 3 years		1882	448	2170	4600

Annex A: Programme Outcomes and ICM Essential Competencies for Midwifery Practice

The following table lists the programme learning outcomes and the ICM competencies that are related to each outcome. The colour coding of the competencies relates to the categories in *the ICM Essential Competencies for Midwifery Practice (2019)*. Please refer to the ICM website for more information on the essential competencies framework:

https://www.internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf

Category 1: General competencies

Category 2: Competencies specific to pre-pregnancy and antenatal care

Category 3: Competencies specific to care during labour and birth

Category 4: Competencies specific to ongoing care of women and newborns

PO 1: Demonstrate competent midwifery care for women and infants across the continuum of care

- 1.a Assume responsibility for own decisions and actions as an autonomous practitioner
- 1.c Appropriately delegate aspects of care and provide supervision
- 1.d Use research to inform practice
- 1.e Uphold fundamental human rights of individuals when providing midwifery care
- 1.g Facilitate women to make individual choices about care
- 1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
- 1.i Facilitate normal birth processes in institutional and community settings, including women's homes
- 1.j Assess the health status, screen for health risks, and promote general health and well-being of women and infants
- 1.k Prevent and treat common health problems related to reproduction and early life
- 1.l Recognise abnormalities and complications and institute appropriate treatment and referral
- 1.m Care for women who experience physical and sexual violence and abuse
- 2.a Provide pre-pregnancy care
- 2.b Determine health status of woman
- 2.c Assess fetal well-being
- 2.d Monitor the progression of pregnancy
- 2.e Promote and support health behaviours that improve wellbeing
- 2.f Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family
- 2.g Detect, stabilise, manage, and refer women with complicated pregnancies
- 2.h Assist the woman and her family to plan for an appropriate place of birth
- 2.i Provide care to women with unintended or mistimed pregnancy
- 3.a Promote physiologic labour and birth
- 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications

- 3.c Provide care of the newborn immediately after birth
- 4.a Provide postnatal care for the healthy woman
- 4.b Provide care to healthy newborn infant
- 4.c Promote and support breastfeeding
- 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary
- 4.e Detect, stabilise, and manage health problems in newborn infant and refer if necessary
- 4.f Provide family planning services

PO 2: Promote and facilitate the physiological processes of pregnancy, labour, birth and the postpartum period.

- 3.a Promote physiologic labour and birth
- 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications
- 3.c Provide care of the newborn immediately after birth
- 4.a Provide postnatal care for the healthy woman
- 4.b Provide care to healthy newborn infant
- 4.c Promote and support breastfeeding
- 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary
- 4.e Detect, stabilise, and manage health problems in newborn infant and refer if necessary
- 4.f Provide family planning services

PO 3: Collaborate with midwives and other healthcare professionals as necessary to provide competent care meeting women and infants needs

- 1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
- 1.k Prevent and treat common health problems related to reproduction and early life
- 1.l Recognise abnormalities and complications and institute appropriate treatment and referral
- 1.m Care for women who experience physical and sexual violence and abuse
- 2.f Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family
- 2.g Detect, stabilise, manage, and refer women with complicated pregnancies
- 2.i Provide care to women with unintended or mistimed pregnancy
- 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications
- 4.c Promote and support breastfeeding
- 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary

PO 4: Manage complications in mother and/or baby and refer as necessary to other health professionals

- 1.k Prevent and treat common health problems related to reproduction and early life
- 1.l Recognise abnormalities and complications and institute appropriate treatment and referral
- 2.g Detect, stabilise, manage, and refer women with complicated pregnancies
- 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications
- 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary
- 4.e Detect, stabilise, and manage health problems in newborn infant and refer if necessary

PO 5: Provide emergency obstetric and newborn care and refer appropriately

- 2.g Detect, stabilise, manage, and refer women with complicated pregnancies
- 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications
- 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary
- 4.e Detect, stabilise, and manage health problems in newborn infant and refer if necessary

PO 6: Appropriately apply evidence within midwifery practice.

- 1.c Appropriately delegate aspects of care and provide supervision
- 1.d Use research to inform practice
- 1.j Assess the health status, screen for health risks, and promote general health and well-being of women and infants
- 2.a Provide pre-pregnancy care
- 2.d Monitor the progression of pregnancy
- 2.h Assist the woman and her family to plan for an appropriate place of birth
- 3.a Promote physiologic labour and birth
- 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications
- 4.b Provide care to healthy newborn infant
- 4.c Promote and support breastfeeding

LO 7: Effectively communicate with women and families, healthcare teams and community.

- 1.a Assume responsibility for own decisions and actions as an autonomous practitioner
- 1.b Assume responsibility for self-care and self-development as a midwife
- 1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
- 1.i Facilitate normal birth processes in institutional and community settings, including women's homes
- 1.j Assess the health status, screen for health risks, and promote general health and well-being of women and infants
- 1.l Recognise abnormalities and complications and institute appropriate treatment and referral
- 1.k Prevent and treat common health problems related to reproduction and early life
- 2.a Provide pre-pregnancy care
- 2.b Determine health status of woman
- 2.f Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family
- 2.g Detect, stabilise, manage, and refer women with complicated pregnancies
- 2.h Assist the woman and her family to plan for an appropriate place of birth
- 2.i Provide care to women with unintended or mistimed pregnancy
- 3.a Promote physiologic labour and birth
- 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications
- 3.c Provide care of the newborn immediately after birth
- 4.a Provide postnatal care for the healthy woman
- 4.b Provide care to healthy newborn infant
- 4.c Promote and support breastfeeding
- 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary

- 4.e Detect, stabilise, and manage health problems in newborn infant and refer if necessary
- 4.f Provide family planning services

LO 8: Provide respectful care without discrimination

- 1.a Assume responsibility for own decisions and actions as an autonomous practitioner
- 1.e Uphold fundamental human rights of individuals when providing midwifery care
- 1.g Facilitate women to make individual choices about care
- 1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
- 2.e Promote and support health behaviours that improve wellbeing
- 2.f Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family
- 2.h Assist the woman and her family to plan for an appropriate place of birth
- 2.i Provide care to women with unintended or mistimed pregnancy
- 3.a Promote physiologic labour and birth
- 4.a Provide postnatal care for the healthy woman
- 4.b Provide care to healthy newborn infant
- 4.c Promote and support breastfeeding

LO 9: Assume responsibility for ongoing continuous professional development

- 1.b Assume responsibility for self-care and self-development as a midwife
- 1.c Appropriately delegate aspects of care and provide supervision
- 1.d Use research to inform practice

LO 10: Meet national standards in the provision of safe, competent and ethical midwifery care to women and their newborn infants.

- 1.f Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice

Annex B: Sample Module Learning Outcomes

Learning outcomes are statements that describe the knowledge and/or skills students acquire by the end of a particular course/module or programme. Learning outcomes:

- focus on the context and potential applications of knowledge and skills,
- help students connect learning in various contexts and
- help guide assessment and evaluation.

Learning outcomes are used to create a learning outcome framework in a curriculum. They are used at different levels (e.g., programme and module levels) to create constructive alignment between what the student is able to do upon completion of the programme and each individual module.

Learning outcomes tend to be **broader in context** than the ICM competencies. A learning outcome may encompass one or many competencies in order to achieve the outcome and those competencies may be repeated in multiple contexts. For example, a module on *Foundations of Midwifery Care* lists the following module learning outcomes and the associated ICM essential competencies:

Module Learning Outcomes and ICM Competencies
1. Describe the role of the ICM in defining global standards for midwifery practice ICM: 1.e Uphold fundamental human rights of individuals when providing midwifery care
2. Reflect on how a midwife's personal beliefs can impact on a woman's care ICM: 1.a Assume responsibility for own decisions and actions as an autonomous practitioner ICM:1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
3. Describe the global and national context of maternal and child health ICM: 1.d Use research to inform practice
4. Describe the country's infrastructures that support maternal and child health policies and programmes ICM: 1.f Adhere to the jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice
5. Explain how society's norms and values about sexuality and gender impact a woman's experience of pregnancy, labour, birth and motherhood. ICM 1.g Facilitate women to make individual choices about care ICM:1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
6.Explain the significance of providing culturally sensitive care ICM:1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups

7.Explain the legal, ethical and professional behaviours that underpin responsible midwifery practice

ICM: 1.e Uphold fundamental human rights of individuals when providing midwifery care

Annex C: References

ICM Resources:

- ICM Global Standards for Midwifery Education 2021
https://www.internationalmidwives.org/assets/files/education-files/2021/10/global-standards-for-midwifery-education_2021_en-1.pdf
- ICM's Professional Framework for Midwifery
<https://www.internationalmidwives.org/our-work/policy-and-practice/icms-professional-framework-for-midwifery.html>
- ICM definitions, including definitions for the following: midwife, scope of practice, midwifery, philosophy and model of midwifery care, bill of rights for women and midwives and international code of ethics for midwives
<https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>
- Midwife-led Continuity of Care (MLCC)
https://www.internationalmidwives.org/assets/files/statement-files/2021/09/ps2021_en_midwife-led-continuity-of-care-mlcc.pdf
- ICM Position Statements <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-position-statements/>

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