

Unofficial Translation



MINISTRY OF HEALTH

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

**PRAKAS
ON
CORE COMPETENCY FRAMEWORK FOR
MIDWIVES IN THE KINGDOM OF CAMBODIA**

December 2013, Ministry of Health



KINGDOM OF CAMBODIA
NATION RELIGION KING



MINISTRY OF HEALTH

No.:114 SNRB

PRAKAS
ON
CORE COMPETENCY FRAMEWORK
FOR MIDWIVES IN THE KINGDOM OF CAMBODIA

Minister of Health

- Having seen the Constitution of the Kingdom of Cambodia;
- Having seen Royal Decree No. NS-RKT/0913/903, dated 24 September 2013, on the Appointment of the Royal Government of the Kingdom of Cambodia;
- Having seen Royal Kram No. 02/NS/94, dated 20 July 1994, promulgating the Law on Organization and Functioning of the Council of Ministers;
- Having seen Royal Kram No. NS/RKM/0196/06, dated 24 January 1996, promulgating the Law on the Establishment of the Ministry of Health;
- Having seen Sub Decree No. 67 ANKr-BK, dated 22 October 1997, on the Organization and Functioning of the Ministry of Health;
- Having seen Sub Decree No. 21 ANKr-BK, dated 13 March 2007, on Health Training;
- Having seen Sub Decree No. 43 ANKr-BK, dated 25 February 2009, on the Amendment of Article 6 of Sub Decree No. 21 ANKr-BK, dated 13 March 2007, on Health Training;
- Having seen Decision of the Royal Government No. 20 SSR, dated 12 April 2007, on the Appointment of the Composition of National Exam Committee for Health Training;
- Having seen work order No. 05/11 NEC, dated 02 September 2011, on the Appointment of Monitoring and Coordinating Committee for Preparation of National Examination; and
- Pursuant to the request of the Ministry of Health

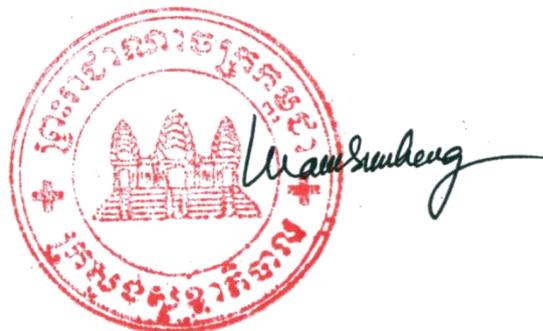
HEREBY DECIDE

- Article 1: Midwives must have a core competence to ensure the effectiveness and safety in providing health care service.
- Article 2: Core competency framework of midwives includes knowledge, skills, behavior related to the scientific foundations for midwifery practice, provision of midwifery service, as well as professional and personal behaviours.
- Article 3: Core competency framework of midwives has been detailed in attached annex developed by committee led by a Secretary of State, Ministry of health, with representatives from Cambodian Midwives Council, Cambodian Midwives Association, Health Developing Partners, as well as public and private Health Training Institutes.
- Article 4: Core competency framework of midwives shall be used for improving curriculum, development of exam protocol or as a reference for improving professional midwifery quality.
- Article 5: Core competency framework of midwives could be improved based on the approval of the minister of health.
- Article 6: Exam protocol of national examination for midwifery graduates shall respond to the core competency framework defined by the minister of health.
- Article 7: Any provisions which are contrary to this Prakas shall be null and void.
- Article 8: Directorate General for Health, Directorate General for Administration and Finance, Relevant Professional Board and all Health Training Institutes, shall execute this Prakas effectively from the date of its signature. *(initialed)*

Phnom Penh, 06 December 2013

CC:

- Office of the Council of Ministers
- Ministry of Education, Youth and Sport
- National Exam Committee for Health Training
- As stated in Article 8
- Archives-Chronicles



MAM Bun Heng

Annex

On

**Core Competency Framework for
Midwives in the Kingdom of Cambodia**

December 2013

Acknowledgements

The Core Competency Framework for Midwives was developed by Technical Working Group led by the Cambodian Midwives Council with financial support from Second Health Sector Support Programme.

On behalf of the Cambodian Midwives Council, I would like to express my deepest gratitude to the Minister of Health for his support of the Core Competency Framework development and to Steering Committee led by H.E. Prof. Thir Kruey, Secretary of State, Ministry of health and His Excellency, Lok Chumteav, Professors, Doctors, Midwives, Midwifery Trainers from private and public schools, national hospitals, Cambodian Midwives Association, health NGOs and development partners who participated and gave their time to develop the Core Competency Framework for Midwives.

Also sincere thanks must also go to the Human Resources Development Department, National Maternal and Child Health Centre, University of Health Science, Institute of Health Science of the Royal Cambodian Armed Forces, The Regional Training Centres in Kompot, Kompong Cham, Stung Treng and Battambang, The International University, University of Puthisastra, Chenla University, Norton University, Life University, Asia Institute of Science and Meanchey University who commented on and expressed support for and agreed with the Core Competency Framework for Midwives.

In addition, I would like to express my gratitude to the United Nations Population Fund (UNFPA) for providing technical and additional financial support for this development from the beginning of the process without which the Core Competency Framework for Midwives would not have been possible.

Phnom Penh, 08 November 2013

President Cambodian Midwives Council

Signature and Stamp

ING Rada

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Core Competency Framework for Midwives in Cambodia

Introduction

In Cambodia, midwives work in health posts, health centers, government referral and national hospitals, private clinics, NGO's, and academic institutions.

Midwives in any setting have to comply with the country's rules and regulations, and professional standards as stipulated by the Ministry of Health (MoH) and Cambodian Midwives Council (CMC). They should possess and apply a specialized body of knowledge to appropriately fulfill their role, and to train midwifery students and others. They are required to undertake research activities and continue professional development in order to maintain and improve their competence and professional practice throughout their careers.

Purpose of the Framework

The Core Competency Framework for Midwives in this document refers to the knowledge, skills, attitudes and behaviours that an individual develops through education, training and work experience. The core competency framework for midwives applied to both Bachelor Degree in Midwifery and the Associate Degree in Midwifery and is a collection of essential competencies that midwives must possess to perform their daily practice across all settings.

This framework had been developed primarily for the national exit examination protocol of students who earn their Bachelor or Associate Degree in Midwifery from both public and private institutions in which national exit examination is a mandatory requirement for licensing midwifery practice in the Kingdom of Cambodia. It can also be used to develop the curriculum for future midwifery course and/or to identify any gaps in the current curriculum being implemented at institutions and to provide a basis for the development of advanced training or specialized skill in midwifery care.

Procedures in Developing the Core Competency Framework

The Core Competency Framework for Midwives in Cambodia has been initiated and developed by the Cambodian Midwives Council through a series of consultative meetings of a Technical Working Group (TWG) since March 2010. The TWG comprised doctors, midwives and midwifery teachers from faculties representing both public and private universities, hospital, Cambodian Midwives Association, health NGOs, and health development partners in Cambodia. The meetings were chaired by Cambodian Midwives Council (See [Appendix 1](#): List of Technical Working Group members).

The Core Competency Framework for Midwives was streamlined with that of the other health professions; medicine, pharmacy, nursing and dentistry all were concomitantly developed for the same purpose and also share a common format.

The framework has been approved by a Steering Committee (SC), chaired by a Ministry of Health Secretary of State (See [Appendix 2](#): List of Steering Committee members) whose role was to coordinate and provide advice to the Technical Working Group.

The framework is based on the following:

- A review of the essential competencies by the International Confederation of Midwives

(ICM) and competency frameworks for midwives used by other countries in Canada and in Asia and Pacific region and

- Technical Working Group member's knowledge and expertise, and
- Information from the national curriculum for Bachelor and Associate Degree in Midwifery

This document outlines the core competencies required of all midwives completion their pre service education and training in order to provide safe and effective midwifery practice.

Structure of the framework

The Core Competency Framework for Midwives defines what knowledge, skills, and behaviours all midwives must have where ever they work in their daily practice.

The framework in this document is composed of three domains: (1) Knowledge, (2) Skill, and (3) Professional and Personal behaviours.

The document should be considered in accordance with 'The Code of Ethics for midwives' and as a living-document and therefore expected to evolve over time. It should be reviewed and updated periodically to effectively solve any problem arising during implementation, preferably every three years, so as to be in line the development of midwifery practice and professional standards in the country.

All the domains and competency standards indicated above are proposed to constitute the requirements for bachelor degree in midwifery and associate degree in midwifery graduates who are preparing for national exit examination to ensure quality of training across Cambodia.

I. BASIC KNOWLEDGE FOR MIDWIVES

1. KNOWLEDGE IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE

The midwife has the knowledge and/or understanding of:

1. The community and social determinants of health (e.g., income, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health, gender, poverty)
2. Principles of community-based primary care using health promotion and disease prevention and control strategies
3. Direct and indirect causes of maternal and neonatal mortality and morbidity, and strategies for reducing them
4. Methodology for conducting maternal death review and near miss audits
5. Principles of epidemiology, community diagnosis (including water and sanitation), and how to use these in care provision
6. Methods of infection prevention and control specifically hand hygiene, appropriate to the service being provided
7. Principles of research, evidenced-based practice, and the interpretation of vital statistics and research findings
8. Indicators of quality health care services
9. Principles of health education
10. National and local health services and infrastructures supporting the continuum of care (organization and referral systems), how to access needed resources for midwifery care
11. Relevant national programs : provision of services or knowledge of how to assist community members to access services, such as immunization and prevention or treatment of health conditions prevalent in the country
12. Concept of alarm (preparedness), resources for referral to higher health facility levels, communication and transport [emergency care] mechanisms
13. The national legal and regulatory framework governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
14. Human rights and their effects on health of individuals, including issues such as gender based/ domestic partner violence and female genital mutilation (cutting)
15. Advocacy and empowerment strategies for women
16. Local culture and beliefs (including religious beliefs, gender roles)
17. Traditional and modern routine health practices (beneficial and harmful)

18. Benefits and risks of available birth settings, including Maternity Waiting Homes (birth planning)

19. Strategies for advocating with women for a variety of safe birth settings

2. KNOWLEDGE IN PRE-PREGNANCY CARE BIRTH SPACING/FAMILY PLANNING SERVICES

The midwife has the knowledge and/or understanding of:

1. Growth and development related to sexuality, sexual development and sexual activity
2. Female and male anatomy and physiology related to conception and reproduction
3. Cultural norms and practices surrounding sexuality, sexual practices, marriage and childbearing
4. Components of a health history, family history and relevant genetic history
5. Physical examination content and investigative laboratory studies that evaluate potential for a healthy pregnancy
6. Health education content targeted to sexual and reproductive health (e.g. sexually transmitted infections, HIV, newborn and child health)
7. Basic principles of pharmacokinetics (action of drugs in the body) of birth spacing/family planning drugs and agents
8. Culturally acceptable and locally available natural family planning : LAM= Lactational Amenorrhoea Method, calendar method
9. Contemporary family planning methods, including barrier (condoms), steroidal (pill, injection, implant), mechanical (IUD), chemical (spermicide) and surgical (vasectomy, tubaligation) methods of contraception, mode of action, indications for use, benefits and risks; rumors and myths that affect family planning use
10. Medical eligibility criteria for all methods of family planning, including appropriate timeframes for method use
11. Methods and strategies for guiding women and/or couples needing to make decisions about methods of birth spacing/family planning
12. Signs and symptoms of urinary tract infection and sexually transmitted infections commonly occurring in the community
13. Indicators of common acute and chronic disease conditions specific to Cambodia/Asia that will present risks to a pregnant woman and the foetus (e.g., HIV, TB, malaria) and referral process for further testing and treatment
14. Indicators and methods for advising and referral of dysfunctional interpersonal relationships including sexual problems, gender-based violence, emotional abuse and physical neglect
15. Principles of screening methods for cervical cancer and breast, e.g., visual inspection with acetic acid (VIA), Pap test and Colposcopy
16. Policies, protocols, laws and regulations related to birth spacing/family planning services

3. KNOWLEDGE IN PROVISION OF CARE DURING PREGNANCY

The midwife has the knowledge and/or understanding of:

1. Anatomy and physiology of the human body
2. The biology of human reproduction, the menstrual cycle, and the process of conception
3. Signs and symptoms of pregnancy
4. Examinations and tests for confirmation of pregnancy
5. Methods for diagnosis of an ectopic pregnancy
6. Principles of dating pregnancy by menstrual history, size of uterus, fundal growth patterns and use of ultrasound (if available)
7. Components of a health history and focused physical examination for antenatal visits
8. Manifestations of various degrees of female genital mutilation (cutting or stitching) and their potential effects on women's health, including the birth process
9. Normal findings [results] of basic screening laboratory test defined by need in Cambodia; e.g., iron levels, urine test for sugar, protein, acetone, bacteria, syphilis, HIV test, TB, malaria, hepatitis, blood group, PTT
10. Normal progression of pregnancy: body changes, common discomforts, expected fundal growth patterns
11. Implications of deviation from expected fundal growth patterns, including intrauterine growth retardation/restriction, oligo- and polyhydramnios, multiple foetuses
12. Neonatal risk factors requiring transfer of women to higher levels of care prior to labour and birth
13. Normal psychological changes in pregnancy, indicators of psychosocial stress, and impact of pregnancy on the woman and the family
14. Safe, locally available non-pharmacological preparations for the relief of common discomforts of pregnancy
15. How to determine fetal well-being during pregnancy including fetal heart rate and activity patterns
16. Nutritional requirements of the pregnant woman and fetus
17. Health education needs in pregnancy (e.g., information about relief of common discomforts, hygiene, sexuality, work inside and outside the home)
18. Basic principles of pharmacokinetics of all drugs prescribed, dispensed or furnished to women during pregnancy
19. Effects of prescribed medications, street drugs, traditional medicines, and over-the-counter drugs on pregnancy and the fetus
20. Effects of smoking, alcohol abuse and illicit drug use on the pregnant woman and fetus
21. The essential elements of birth preparedness/birth planning (preparation for labour and birth, emergency preparedness)
22. The components of preparation of the home/family for the newborn
23. Signs and symptoms of the onset of labour (including women's perceptions and symptoms)
24. Techniques for increasing relaxation and pain relief measures available for labour
25. Signs, symptoms and potential effects of conditions that are life-threatening to the pregnant woman and/or her fetus, e.g., pre-eclampsia/eclampsia, vaginal bleeding, premature labour, severe anaemia, Rh iso-immunisation, syphilis
26. Means and methods of advising about care, treatment and support for the HIV positive pregnant woman including measures to prevent mother-to-child transmission (PMTCT) (including feeding options)
27. Signs, symptoms and indications for referral of selected complications and conditions of pregnancy that affect either mother or fetus: e.g., asthma, HIV infection, diabetes, cardiac conditions, malpresentations/abnormal lie, placental disorders, pre-term labour, post-dates pregnancy

28. Measures for prevention and control of malaria in pregnancy including promotion of insecticide treated bed nets (ITN) in the malaria high risk area.
29. Pharmacologic basis of de-worming in pregnancy (e.g. Mebendazole)
30. The physiology of lactation and methods to prepare women for breastfeeding
31. Giving or administering anti-tetanus toxoid if women are not sufficiently protected in accordance with national protocol. Giving or administering iron and folic acid for prevention or treatment of anemia in accordance with national protocol.

4. KNOWLEDGE IN PROVISION OF CARE DURING LABOUR AND BIRTH

The midwife has the knowledge and/or understanding of:

1. Physiology of first, second, third, and fourth stages of labour
2. Anatomy of fetal skull, critical diameters and landmarks
3. Psychological and cultural aspects of labour and birth
4. Indications of the latent phase and the onset of active labour
5. Indications for stimulation of the onset of labour, and augmentation of uterine contractility
6. Normal progression of labour
7. how to use the partograph
8. Measures to assess fetal well-being in labour
9. Measures to ensure maternal well-being in labour
10. Process of fetal passage [descent] through the pelvis during labour and birth; mechanisms of labour in various fetal presentations and positions
11. Comfort measures in first and second stages of labour; e.g., Companion of choice, moving freely about, free choice of positioning for labour and birth, eating & drinking, emotional support, pain-relief methods both non-pharmacological and pharmacological).
12. Pharmacological measures for management and control of labour pain, including the relative risks, disadvantages, safety of specific methods of pain management, and their effect on the normal physiology of labour
13. Signs and symptoms of complications in labour (e.g. bleeding, labour arrest, malpresentation, eclampsia, maternal distress, fetal distress, infection, prolapsed cord)
14. Principles of prevention of pelvic floor damage and perineal tears
15. Indications for performing an episiotomy
16. Principles of expectant (physiologic) management of the 3rd stage of labour
17. Principles of active management of 3rd stage of labour
18. Principles underpinning the technique for repair of perineal tears and episiotomy

19. Indicators of need for emergency management, referral or transfer for obstetric emergencies (e.g., cord prolapse, shoulder dystocia, uterine bleeding, retained placenta) according to safe motherhood protocol
20. Indicators of need for operative deliveries, vacuum extraction, use of forceps or (e.g., fetal distress, cephalo-pelvic disproportion)

5. KNOWLEDGE IN PROVISION OF CARE FOR WOMEN DURING THE POSTPARTUM PERIOD

The midwife has the knowledge and/or understanding of:

1. Physical and emotional changes that occur following childbirth, including the normal process of involution.
2. Physiology and process of lactation and common variations including engorgement, lack of milk supply, etc
3. The importance of exclusive breastfeeding during first hour (after recognizing feeding cues indicating the baby is ready to breastfeed)
4. Maternal nutrition, rest, activity and physiological needs (e.g. bowel and bladder) in the immediate postpartum period
5. Principles of parent-infant bonding and attachment, which is for promoting positive relationships
6. Indicators of subinvolution, e.g. persistent uterine bleeding, infection
7. Indicators of maternal breastfeeding problems or complications, including mastitis
8. Signs and symptoms of life threatening conditions that may first arise during the postpartum period (e.g. persistent vaginal bleeding, embolism, postpartum pre-eclampsia and eclampsia, severe mental depression)
9. Signs and symptoms of selected complications in the postnatal period; e.g. persistent anaemia, haematoma, post partum depression, thrombophlebitis, incontinence of faeces or urine, obstetric fistula, urinary retention
10. Principles of interpersonal communication with and support for women and/or their families who are bereaved (maternal death, neonatal death, stillbirth, congenital deformity, and pregnancy loss)
11. Approaches and strategies for providing special support for adolescents, women as victims of violence (including rape)
12. Principles of manual vacuum aspiration of the uterine cavity to remove retained products of conception
13. Principles of prevention of mother to child transmission of HIV, tuberculosis, hepatitis B and C in the postpartum period
14. Methods of family planning appropriate for use in the immediate postpartum period (e.g. LAM=Lactational Amenorrhea Method, Progestin-only Oral Contraceptives)

15. Community-based postpartum services available to the woman and her family, and how they can be accessed

6. KNOWLEDGE IN POSTNATAL CARE OF THE NEWBORN

The midwife has the knowledge and/or understanding of:

1. Elements of assessment of the immediate condition of newborn; e.g., APGAR scoring system for breathing, heart rate, reflexes, muscle tone and colour
2. Principles of newborn adaptation to extrauterine life; e.g., physiologic changes that occur in pulmonary and cardiac systems
3. Basic needs of newborn: airway, warmth, nutrition, attachment (bonding)
4. Advantages of various methods of newborn warming, including skin-to-skin contact (Kangaroo mother care)
5. Methods and means of assessing the gestational age of a newborn
6. Characteristics of low birth weight infants and their special needs (intervention)
7. Characteristics of healthy newborn (appearance and behaviours)
8. Normal growth and development of the preterm infant
9. Normal newborn and infant growth and development
10. Selected variations in the normal newborn e.g., caput, moulding, Mongolian spots
11. Elements of health promotion and prevention of disease in newborns and infants (e.g., malaria, TB, HIV), including essential elements of daily care (e.g., cord care, nutritional needs, patterns of elimination)
12. Immunization needs, risks and benefits from infancy through young childhood
13. Traditional or cultural practices related to the newborn
14. Principles of infant nutrition and infant feeding options for babies born to HIV positive and negative mothers
15. Signs, symptoms and indications for referral or transfer for selected newborn complications (temperature $<35.5^{\circ}\text{C}$, $>37.5^{\circ}\text{C}$, respiratory rate >60 , chest indrawing, history of convulsions, history of difficult feeding, movement only when stimulated, yellow skin to the soles)

7. KNOWLEDGE IN FACILITATION OF ABORTION-RELATED CARE

The midwife has the knowledge and/or understanding of:

1. Policies, protocols, laws and regulations related to abortion-care services
2. Factors involved in decisions relating to unintended pregnancies
3. Family planning methods appropriate for use during the post-abortion period
4. Medical eligibility criteria for all available abortion methods
5. Care, information and support that is needed during and after miscarriage or abortion (physical and psychological) and services available in the community

6. Normal process of involution and physical and emotional healing following miscarriage or abortion
7. Indicators of sub-involution and/or incomplete abortion (e.g. persistent uterine bleeding)
8. Signs and symptoms of abortion complications and life threatening conditions; e.g. persistent vaginal bleeding, infection
9. Pharmacotherapeutic basics of drugs recommended for use in medication/medical abortion (Medabon)
10. Principles of uterine evacuation via manual vacuum aspiration (MVA)

II. BASIC SKILL FOR MIDWIVES

1. COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE

Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

A. The midwife has the skills and /or ability to:

1. Engage in health education discussions with and for women and their families
2. Uses appropriate communication and discussion techniques/skills across all domains of competency
3. Assemble, use and maintain equipment and supplies appropriate to setting of practice
4. Record and interpret relevant findings for services provided across all domains of competency, including what was done and what needs follow-up
5. Comply with all local reporting regulations for birth and death registration
6. Take a leadership role in the practice arena based on belief and values

B. Additional Skill (See Appendix 3)

2. COMPETENCY IN PRE-PREGNANCY CARE BIRTH SPACING/FAMILY PLANNING SERVICES

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

A. The midwife has the skills and /or ability to:

1. Take a comprehensive health and obstetric/gynaecologic and reproductive health history
2. Engage the woman and her family in preconception counselling, based on the individual situation, needs and interests
3. Perform a physical examination, including clinical breast examination, focused on the presenting condition of the woman

4. Request and/or perform and interpret common laboratory studies (e.g., hematocrit, urinalysis dip-stick for proteinuria) according to national protocol
5. Request and/or perform and interpret selected screening tests such as screening for TB, HIV, STIs according to national protocol
6. Provide care, support and referral or treatment for the HIV positive woman and HIV counselling and testing for women who do not know their status according to national protocol
7. Provide locally available and culturally acceptable methods of birth spacing according to national protocol
8. Advise women about management of side effects and problems with use of family planning methods
9. Provide emergency contraception medications, in accord with national protocol
10. Provide commonly available family planning methods according to national protocol
11. request cervical cytology (Pap) test

B. Additional Skill (See Appendix 3)

3. COMPETENCY IN PROVISION OF CARE DURING PREGNANCY

Midwives provide high quality antenatal care to maximize the health during pregnancy and that includes early detection, prevention, and treatment or referral of selected complications.

A. The midwife has the skills and /or ability to:

1. Take an initial and ongoing history each antenatal and obstetric visit
2. Perform a physical examination and explain findings to woman
3. Take and assess maternal vital signs including temperature, blood pressure, pulse
4. Assess maternal nutrition and its relationship to fetal growth; give appropriate advice on nutritional requirements in pregnancy and how to achieve them
5. Perform an complete abdominal assessment including measurement of the fundal height, lie, position and presentation of fetus in accordance with Leopold
6. Assess fetal growth using manual measurements
7. Listen to the fetal heart rate; palpate uterus for fetal size and activity, and interpret findings
8. Monitor foetal heart rate with Doppler
9. Perform a pelvic examination, including sizing the uterus, if indicated and when appropriate during the course of pregnancy
10. Calculate the estimated date of birth
11. Provide health education to adolescents, women and families about normal pregnancy progression, danger signs and symptoms, and when and how to contact the midwife
12. Teach and/or demonstrate measures to decrease common discomforts of pregnancy
13. Provide guidance and basic preparation for labour, birth and parenting
14. Identify variations from normal during the course of the pregnancy and institute appropriate first-line independent or collaborative management based upon evidence-based guidelines, local standards and available resources for:
 - 14-1. Low and or inadequate maternal nutrition

- 14-2. Inadequate or excessive uterine growth, including suspected oligo- or polyhydramnios, molar pregnancy
- 14-3. Elevated blood pressure, proteinuria, presence of significant oedema, severe frontal headaches, visual changes, epigastric pain associated with elevated blood pressure
- 14-4. Vaginal bleeding
- 14-5. Multiple gestation, abnormal lie/malpresentation at term
- 14-6. Intrauterine foetal death
- 14-7. Rupture of membranes prior to term
- 14-8. HIV positive status and/or AIDS
- 14-9. Hepatitis B and C positive
- 15. Give or administer selected, life-saving drugs (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition according to national protocol and refer
- 16. Identify deviations from normal during the course of pregnancy, stabilize the woman, and initiate the referral process for conditions that require higher levels of intervention according to the safemotherhood protocol

B. Additional Skill (See Appendix 3)

4. COMPETENCY IN PROVISION OF CARE DURING LABOUR AND BIRTH

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

A. The midwife has the skills and /or ability to:

- 1. Organize supplies and equipment for normal and common complications of deliveries; prepare newborn care areas for resuscitation; and maintain accurate clinical records, log books and summary reports; maintain and calibrate equipment; manage inventory
- 2. Take a specific history and maternal vital signs in labour
- 3. Perform a focused physical examination in labour
- 4. Perform a complete abdominal assessment for foetal position and descent
- 5. Time and assess the effectiveness of uterine contractions
- 6. Perform a complete and accurate pelvic examination for dilatation, descent, presenting part, position, status of the membranes, and adequacy of pelvis for birth of baby vaginally
- 7. Monitor the progress of labour using the partograph for recording
- 8. Provide physical and psychological support for the woman and family and promote normal birth with women's choice of position
- 9. Facilitate the presence of a support person during labour and birth
- 10. Provide adequate hydration, nutrition and non-pharmacological comfort measures during labour and birth
- 11. Provide pharmacologic therapies for pain relief during labour and birth if necessary

12. Check bladder including performance of urinary catheterization when indicated with adhere to asepsis principle
13. Promptly identify abnormal labour patterns and initiate appropriate and timely intervention and/or referral
14. Stimulate or augment uterine contractility, using non-pharmacologic agents
15. Administer local anaesthetic to the perineum when repair episiotomy or perineal tear
16. Cut an episiotomy only in the rare circumstances where needed
17. Perform appropriate hand manoeuvres for a vertex birth
18. Perform appropriate hand manoeuvres breech deliveries
19. Clamp and cut the cord after pulsation stops
20. Institute immediate, life-saving immediate interventions in obstetrical emergencies (e.g., prolapsed cord, malpresentation, shoulder dystocia, and fetal distress) to save the life of the fetus, while requesting medical attention and awaiting transfer
21. Manage a cord around the baby's neck at birth
22. Support expectant (physiologic) management of the 3rd stage of labour
23. Conduct active management of the 3rd stage of labour
24. Inspect the placenta and membranes for completeness
25. Perform fundal massage to stimulate postpartum uterine contraction and uterine tone
26. Provide a safe environment for mother and infant for skin to skin contact
27. Estimate and record maternal blood loss
28. Inspect the vagina and cervix for lacerations
29. Repair an episiotomy or Repair 1st and 2nd degree perineal or vaginal lacerations
30. Manage postpartum bleeding and haemorrhage, using appropriate techniques and uterotonic agents as indicated stabilize the woman and refer
31. Dispense life-saving drugs in accordance with national guideline (e.g., antibiotics, anticonvulsants, antimalarials, antihypertensives, antiretrovirals) to women in need because of a presenting condition and refer
32. Perform manual removal of placenta
33. Perform internal bimanual compression of the uterus to control bleeding
34. Perform aortic compression
35. Identify and manage shock
36. Insert intravenous line, draw blood for laboratory testing

37. Arrange for and undertake timely referral and transfer of women with serious complications to a higher level health facility, taking appropriate drugs and equipment and arranging for a companion care giver on the journey, in order to continue giving emergency care as required after primary life saving (stabilize)
38. Perform adult cardio-pulmonary resuscitation
39. Provide HIV testing for women with unknown HIV-status
40. Give appropriate care and support to the HIV-positive woman and the newborn including PMTCT interventions

B. Additional Skill (See Appendix 3)

5. COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSTPARTUM PERIOD

Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

A. The midwife has the skills and /or ability to:

1. Take a selective history, including details of pregnancy, labour, birth
2. Perform a focused physical examination of the mother
3. Provide information and support for women and/or their families who are bereaved (maternal death, neonatal death, stillbirth, congenital deformity, and pregnancy loss)
4. Assess for uterine involution and healing of lacerations and/or repairs
5. Initiate and support uninterrupted [immediate and exclusive] breastfeeding during first hour
6. Teach mothers how to express breast milk, and how to handle and store expressed breast milk
7. Educate mother on care of self and infant after childbirth including signs and symptoms of impending complications, and community-based resources
8. Educate and provide a woman and her family on sexuality and family planning following childbirth
9. Provide family planning services concurrently as an integral components of postpartum care
10. Provide appropriate and timely treatment for any complications detected during the postpartum examination (e.g. anaemia, haematoma, maternal infection), and refer for further management as necessary
11. Provide emergency treatment of late post-partum hemorrhage, and refer if necessary after stabilisation
12. Provide care, support and treatment for the HIV positive woman and HIV counselling and testing for women who don't know their status

B. Additional Skill (See Appendix 3)

6. COMPETENCY IN POSTNATAL CARE OF THE NEWBORN

Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.

A. The midwife has the skills and /or ability to:

1. Prevent environmental exposure to hypothermia including maintenance of room temperature (>25 °C) and avoidance of drafts (airflow) and Provide immediate newborn care in appropriate timing and sequence
2. Assess the immediate condition of the newborn (e.g., APGAR scoring or other assessment method)
3. Promote and maintain normal newborn body temperature through covering (blanket, cap), environmental control, and promotion of skin-to-skin contact
4. Begin emergency measures for respiratory distress (newborn resuscitation), hypothermia, hypoglycaemia
5. Give appropriate care including kangaroo mother care to the low or very low birth weight baby, and arrange for referral if potentially serious complications arise
6. Perform a screening physical examination of the newborn for conditions incompatible with life (malformations)
7. Perform a gestational age assessment
8. Provide routine care of the newborn, in accord with national guidelines and protocols (e.g., identification, eye care, screening tests, administration of Vitamin K, birth registration)
9. Position infant to initiate breast feeding in first hour after recognizing feeding cues indicating the baby is ready to breastfeed after birth and support exclusive breastfeeding for the first six months of life
10. Transfer the at-risk newborn to emergency care facility when available
11. Educate parents about danger signs in the newborn and when to bring infant for care
12. Educate parents about normal growth and development of the infant and young child, and how to provide for day-to-day needs of the normal child
13. Assist parents to access community resources available to the family
14. Support parents during grieving process for loss of pregnancy, stillbirth, neonatal death, congenital birth defects
15. Support parents during transport/transfer of newborn or during times of separation from infant (e.g. Neonatal Intensive Care Unit admission)
16. Support and educate parents who have given birth to multiple babies (e.g. twins, triplets) about special needs and community resources
17. Provide appropriate care for baby born to an HIV positive mother, e.g., administration of ARV and replacement feeding

18. Give immunisations correctly at the optimum time and advise the parents of any possible adverse effects and when to return for further immunisations
19. Educate the mother in making up feeds correctly and the technique of cup-feeding her baby, if replacement feeding is selected

7. COMPETENCY IN FACILITATION OF ABORTION-RELATED CARE

Midwives provide a range of individualized related care services for women and in accord with national protocols.

A. The midwife has the skills and /or ability to:

1. Assess gestational period through query about Last Menstrual Period (LMP), bimanual examination and/or urine pregnancy testing
2. Inform women who are considering abortion concerning available services for those keeping the pregnancy and for those proceeding with abortion, methods for obtaining abortion, and to support women in their choice
3. Take a clinical and social history to identify contraindications to medication/medical or aspiration abortion
4. Counsel women (and family members, where appropriate), on sexuality and birth spacing/family planning post abortion
5. Provide family planning services concurrently as an integral components of abortion-related services
6. Assess for uterine involution; treat or refer as appropriate
7. Educate mother on care of self, including rest and nutrition and on how to identify complications such as haemorrhage
8. Identify indicators of abortion-related complications (including uterine perforation); treat or refer for treatment as appropriate

B. Additional Skill (See Appendix 3)

III. Professional and Personal Behaviours

A midwife displays behaviour, which reflects the accepted criteria for the profession, and recognizes the practice of midwifery as an intellectual discipline, which requires commitment to service and a positive attitude towards learning as a lifelong responsibility.

1. Attitudes, Ethical and Legal Responsibilities

A. Professional Attitudes:

A midwife respects patients' autonomy and rights, without any discrimination, and treat them with care and compassion; and shows due respect to colleagues and professional bodies, and health authorities.

B. Ethical Principles and Standards:

A midwife complies with contemporary medical ethics and the main ethical principles of autonomy, beneficence, non-maleficence and justice; and applies principles of confidentiality, truthfulness and integrity in daily practice.

A midwife demonstrates appropriate patients caring behaviours, respects and preserves patients' rights based on their professional codes of ethics (e.g., safe, ethical care; informed

decision making; dignity; privacy and confidentiality; and accountability), and maintains patient confidentiality in all forms of communication.

C. Legal Responsibilities:

A midwife complies with Cambodia's laws and regulations, and participates in a variety of professional activities related to the practice of registered midwives as required by MoH and relevant health professional council.

D. Patient Consent:

A midwife puts in practice the principles of informed consent for patient care, diagnostic and therapeutic procedures (including consent for care, refusal of treatment, and release of health information), screening and research (by giving clear explanations about their purposes, benefits, risks, and alternatives).

2. Communication

A midwife communicates effectively with:

A. Patients and relatives by:

- Giving explicit explanations and/or instructions, and obtaining informed consent;
- Dealing effectively with difficult circumstance including breaking bad news, discussing sensitive issues, and discussing with difficult/ violent patients; and
- Providing education in health promotion and disease prevention

B. Colleagues by passing on and sharing information as appropriate.

3. Service to the Public

A midwife:

- Practices within the boundaries of the midwifery profession of the healthcare system in Cambodia, and fulfills the duties of a midwife as defined by the MoH and Cambodian Midwives Council, including primary, secondary and tertiary care;
- Appreciates the value of research in midwifery practice and takes opportunities to undertake research projects in collaboration with colleagues and researchers;
- Provides training to midwife and nursing students and health education to patients and the community;
- Manages people and resources; and
- Works with other healthcare professionals in the context of patient care in order to better develop team-working, leadership and facilitative skills.

4. Continuing Professional Development

A midwife is required to develop and be responsible for her continuous education (lifelong learning) with purpose to improve her skills and capacity as a means to promote the profession and vocational skills in her community. It is expected that this requirement will become a major obligation of midwives in Cambodia.

Curriculum and standards for continuous professional development will be set by Cambodian Midwives Council. A midwife will be required to submit her evidence of continuous professional development to Cambodian Midwives Council so as to maintain her registration with council.

A midwife shall:

- Commit to Continuous Professional Development (CPD);
- Define her own needs for learning and capacity development;
- Be involved in continuous capacity development;
- Effectively study to achieve defined need of training; and
- Update own knowledge and skills.

Appendix 1: List of Technical Working Group Members

1. Ms. Ing Rada	Cambodian Midwives Council
2. Ms. Ou Saroeun	Cambodian Midwives Council
3. Ms. Koh Sileap	Cambodian Midwives Council
4. Ms. Phai Sideoeun	Cambodian Midwives Council
5. Ms. Pen Kimny	Cambodian Midwives Council
6. Ms. Hem Navy	Cambodian Midwives Council
7. Ms. Riel Nary	Cambodian Midwives Council
8. Ms. Chhay Svengcheaath	Cambodian Midwives Association
9. Ms. Tha Chanthou	Cambodian Midwives Association
10. Ms. Oung Lida	Cambodian Midwives Association
11. Ms. Susan Newson	Cambodian Midwives Association
12. Ms. Reth Kanha	Ministry of Women Affair
13. Dr. Hong Vannary	National Maternal and Child Health Centre
14. Dr. Prak Sophonneary	National Maternal and Child Health Centre
15. Dr. Lan Pyrum	National Maternal and Child Health Centre
16. Dr. Phom Samsong	Human Resources Development Department
17. Mr. Virya Koy	Hospital Service Department
18. Ms. Seang Sokun	Technical School of Medical Care
19. Ms. Sun Sidarong	Technical School of Medical Care
20. Ms. Moeung Channary	Battambang Regional Training Center
21. Ms. So Sophany	Kompot Regional Training Center
22. Ms. Duch Sophath	Kompong Cham Regional Training Center
23. Ms. Say Sophany	Stung Treng Regional Training Center
24. Dr. Ky Sivantha	Preah Kosamak Hospital
25. Ms. Sou Kimchha	Preah Kosamak Hospital
26. Ms. Oak Lina	Calmete Hospital
27. Ms. Seng Phalla	Khmer-Soviet Friendship Hospital
28. Ms. Tong Kimby	Phnom Penh Referral Hospital
29. Ms. Hou Vansilen	Chenla University
30. Prof. Soon Bok Chang	Life University Sihanouk Ville
31. Prof. Choi Hye Sook	Life University Sihanouk Ville
32. Dr. Cheang Kannitha	World Health Organization
33. Ms. Ann Robins	World Health Organization
34. Ms. Erika Nilsson	World Health Organization
35. Dr. Sam Sochea	United Nations Population Fund
36. Ms. Krist'l D'haena	United Nations Population Fund
37. Mr. Muong Sopha	United Nations Population Fund
38. Mr. Nguon Pros	United Nations Population Fund
39. Dr. Chhin Lan	United Nations Children's Fund
40. Dr. Lim Huy	GIZ/EPOS
41. Ms. Osanai Yasuyo	Japan International Cooperation Agency
42. Dr. Noriko Fujita	Japan International Cooperation Agency
43. Ms. Ieng Nary	Japan International Cooperation Agency
44. Dr. Kathryn Hinchliff	VSO Cambodia
45. Dr. Sieng Lam Ang Kunthea	Reduction in Maternal Mortality Project/Options
46. Ms. Elina Ol	Marie Stops International Cambodia
47. Dr. Leng Monipheap	Population Services International
48. Ms. Sek Dany	Reproductive and Child Health Alliance
49. Ms. Huth Sokleang	Reproductive and Child Health Alliance
50. Ms. Nuon Kim Thav	Reproductive Health Association of Cambodia
51. Ms. Khean Yam Sitha	University Research Co.,LLC
52. Nhan Sarom	University Research Co.,LLC
53. Ms. Hok Phearom	World Vision Cambodia
54. Dr. Lor Vann Thary	PATH

- 55. Ms. Born Sorunna
- 56. Ms. Jill Moloney
- 57. Ms. Adrienne White
- 58. Ms. Rachael Findlay

PH Japan Foundation
Australian Volunteers International
Australian Volunteers International
Australian Volunteers International

Appendix 2: List of Steering Committee Members

- | | |
|--------------------------------|--|
| 1. H.E. Prof. Thir Kruey | Secretary of State, Ministry of Health |
| 2. H.E. Prof. Tan Vuoch Chheng | Secretary of State, Ministry of Health |
| 3. H.E. Prof. Kruey Leang Sim | Under Secretary of State, Ministry of Health |
| 4. H.E. Prof. Koum Kanal | Advisor, Ministry of Health |
| 5. H.E. Prof. Oum Sophal | Advisor, Ministry of Health |
| 6. Prof. Keat Phuong | Director, Human Resources Development Department |
| 7. Prof. Dr. Tung Rathavy | Director, National Maternal and Child Health Centre |
| 8. Prof. Keth Ly Sotha | Deputy Director, National Maternal and Child Health Centre |
| 9. Prof. Lieng Chanrith | Representative, Cambodian Obstetrics and Gynaecology Association |

Appendix 3: Additional Skill

1. COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE

- Assume administration and management tasks and activities, including quality and human resource management, appropriate for level of health facility and midwifery scope of practice
- Take a leadership role in policy arenas

2. COMPETENCY IN PRE-PREGNANCY CARE BIRTH SPACING/FAMILY PLANNING SERVICES

- Use the microscope to perform simple screening tests
- Insert and remove contraceptive implants
- Perform acetic acid visualization (VIA) of the cervix and interpret the need for referral and treatment

3. COMPETENCY IN PROVISION OF CARE DURING PREGNANCY

- Evaluate fetal growth, placental location, and amniotic fluid volume, using ultrasound visualization and measurement (if equipment is available) this statement move to additional

4. COMPETENCY IN PROVISION OF CARE DURING LABOUR AND BIRTH

- Perform vacuum extraction
- Identify and repair cervical lacerations

5. COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSTPARTUM PERIOD

- Perform manual vacuum aspiration of the uterus for emergency treatment of late post-partum hemorrhage

7. COMPETENCY IN FACILITATION OF ABORTION-RELATED CARE

- Prescribe, dispense, furnish or administer drugs (however authorized to do so in the jurisdiction of practice) in dosages appropriate to induce medication/medical abortion
- Perform manual vacuum aspiration of the uterus up to 12 completed weeks of pregnancy

Appendix 4: List of Reviewed Documents

- ICM Essential Competencies for Basic Midwifery Practice
<http://www.internationalmidwives.org/Documentation/ICMGlobalStandardsCompetenciesandTools/GlobalStandardsEnglish/tabid/980/Default.aspx>

- Australian Nursing & Midwifery Council
www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10/1350&dbid=AP&chksum=Yp0233q3xmE5YVjy/y0mA==

- Canadian Midwifery Regulators Consortium Canadian Competencies for Midwives 050505, Revised 101108
http://cmrc-ccosf.ca/files/pdf/National_Compentencies_ENG_rev08.pdf

- Thailand Nursing and Midwifery Council www.tnc.or.th/en

- Kingdom of Cambodia Ministry of Health National Reproductive Health Program Safe Motherhood Protocols Health Centres

- Kingdom of Cambodia Ministry of Health National Reproductive Health Program Safe Motherhood protocols Hospitals

- Global Development Alliance Helping Babies Breathe
www.healthychildren.org/English/our-mission/aap-in-action/pages/Helping-Babies-Breathe.aspx

- WHO Human Resources and Health Nursing and Midwifery Factsheet 2012
http://www.wpro.who.int/hrh/factsheets/fs_201205_nursing/en/



Prepared by

CAMBODIAN MIDWIVES COUNCIL