

Description of Competence for Registered Midwives

Translated by the Swedish Association of Midwives



The National Board of Health and Welfare classifies its publications in different ways. This is a Description of Competence. It contains recommendations regarding professional skills, competence, experience and attitude for the regulated health and medical care professions. The National Board of Health and Welfare is responsible for the content and recommendations, whilst The Swedish Association of Midwives is responsible for this translation.

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Preface

Since 1995, the National Board of Health and Welfare has published competence descriptions for nurses and midwives, physiotherapists, occupational therapists, clinical physicists and dental hygienists. In 2005 the Description of Competence for Registered Nurses from 1995 was revised [1] and this in turn led to a revision of the Description of Competence for Registered Midwives from 1995.

Competence descriptions are established through a method of consensus on a national basis and they express The National Board of Health and Welfare's recommendations regarding professional skills, competence, attitude, and experience. Competence descriptions form one of many foundations for the management of the workplace.

This Description of Competence for Licensed Midwives has been produced by a working group consisting of seven people. The project manager was Maria Forsgren from the Board's Department of Health and Medical Care. The other members of the group were Ann-Britt Thörn, also from The Board; Ann-Katrin Håkansson, registered midwife at Kristianstads Central Hospital; Marianne Johansson, research and development midwife at Sahlgrenska University Hospital/East; Boel Stålnacke, registered midwife at Uppsala University Hospital; Ingela Wiklund, research and development midwife, BB Stockholm at Danderyd Hospital; and Catharina Zätterström, registered midwife responsible for coordination of antenatal care and youth clinics in south west of Stockholm.

A Steering Committee consisting of the following members from the Board has supported the Working Group: Susanne Gullack-Flyrén, Birgitta Wallin and Pernilla Ek.

A reference group has provided feedback on the work. The following representatives have been a part of this group: Britt-Marie Ternestedt, Swedish National Agency for Higher Education; Gunilla Strand, Swedish Association of Local Authorities and Regions; Kerstin Belfrage, The Swedish Association of Health Professionals; Anna Nordfjell, The Swedish Association of Midwives; Kyllike Christensson, The National Board of Health and Welfare's Scientific Council for Perinatal Care and Reproductive Health; Charlotta Grunewald, The Swedish Society of Obstetrics and Gynecology; Åsa Witkowski, National Centre for Knowledge on Men's Violence against Women; Eva-Marie Wenneberg, The Forum for Swedish Youth Centres and Elisabeth Kylberg, The Nursing Mothers Support Group.

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Definitions

A competence description is one of the forms of documentation created by The National Board of Health and Welfare. A competence description contains recommendations regarding professional skills, competence, experience and attitude for the regulated professions of health and medical care and for dental care. Listed below are definitions of the terms used in this document.

Professional Skills

“Professional skills include three types of skills; skills concerning direct exercising of a profession (the technical part of the work); skills related to the technical, financial, organisational and social principles, traditions and conventions which define the profession (the professional theoretical part); related skills, including skills that make it possible to interpret and understand the context in which the work is done as well as communication skills (the educational part). These three parts form the fundamental prerequisite for vocational training.” [2]

Competence

“The ability and the will to perform a task by applying knowledge and skills. Note: ... the following meaning has been applied to the words: ‘ability’ = experience, understanding and judgement to put knowledge and skills into practice; ‘will’ = attitude, commitment, courage and responsibility; ‘knowledge’ = facts and methods – to know; ‘skill’ = to be able to perform the task in practice - to do.” [3]

Attitude

In this document, attitude refers to the underlying approach or sense that constitutes the spirit of one’s reaction to a situation or a task.

Patients

A person who receives or is registered to be able to receive health and medical care (The National Board of Health and Welfare’s ‘Term-bank’[4]). This document uses the term patient irrespective of the type or area of care that is applicable. This also includes, where pertinent, the patient’s partner.

Sexual and Reproductive Healthcare

"Sexual health is the integration of the somatic, emotional, intellectual and social aspects of the sexual being in ways that are positively enriching and that enhance personality, communication and love." [5]

"Reproductive health is defined by WHO as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this are the rights of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth. Reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted infections." [6]

Background

The work of a registered midwife is regulated amongst other things by;

The Medicinal Devices Ordinance (1993:876)

The Ordinance relating to professional activity in the field of health and medical care (1998:1513)

The Medicinal Products Act (1993:584)

The Act for Occupational Activity in Healthcare (1998:531)

The Pharmaceutical Act (1992:859)

The Patient Records Act (1985:562)

The Patient Rights Act (1996:799)

The Secrecy Act (1980:100)

The regulations and general instructions of the National Board of Health and Welfare concerning: the competence requirements for working as a nurse and midwife (SOSFS 1995:15); leadership systems for quality and patient safety in health and medical care (SOSFS 2005:12); the Patient Records Act (SOSFS 1993:20); documentation within health and medical care (SOSFS 2005:29).

The Health and Medical Services Act (1982:763) is also an important piece of legislation that regulates the responsibilities of caregivers.

The work of the midwife, regardless of field of operation and form of care, shall be characterised by an ethical attitude based on science and tested experience, and shall be performed according to current legal provisions (laws, ordinances, rules and regulations) and other guidelines. A patient shall be given informed and careful health and medical care which fulfils these requirements. Care should, wherever possible, be conceived and performed in consultation with the patient. The patient shall be treated with care and respect. The practise of the profession of midwife includes both prevention and medical care measures that are limited by current laws

Within the EU the education and professional duties of midwives are regulated by EU directive 2005/36/EG regarding mutual recognition of professional qualifications.[7] The directive describes the minimal requirements for a professional qualification to be recognised in other EU/EES countries. In 1999 the International Confederation of Midwives developed the 'International Code of Ethics for Midwives'. This is translated into Swedish and based upon the International Code of Ethics, the Ethical Council for the Swedish Association of Midwives works with issues regarding ethics which affect the different professional areas of a midwife. The translation can be found on the Swedish Association of Midwives website (www.barnmorskeforbundet.se.) Click on 'Forbundet' and then 'Etiska Rådet'.

The rapid progress of knowledge within the healthcare sector; the demands for knowledge within information and communication technologies and requirements for improved quality and cost-efficiency require that the education of midwives constantly

develops. The ability to find and apply evidence based knowledge is therefore essential for the professional midwife.

Purpose

It is the intention of the National Board of Health and Welfare that this competence description clarifies the role and the professional competence of the midwife and thereby contributes to providing good and safe care for the patient.

This competence description should be able to be used to shape the education of the midwife and within clinical practice as a foundation for the midwife's competence.

The National Board of Health and Welfare supports and supervises health and medical care and its staff. The competence description shows what is covered by the profession of midwife. At the same time, it is not a legally binding document, but can serve as a basis for the supervision operations of the National Board of Health and Welfare.

The registered midwife works within Sexual and Reproductive Healthcare. This work is performed within many different professions, departments and forms of care where the professional tasks vary greatly. The competence description of the National Board of Health and Welfare has a comprehensive perspective rather than a detailed description of work assignments.

Nursing certification provides the basis for the professional exams required to become a midwife. A midwife's education consists of 60 points (90 ECTS) and is at an advanced level.[8] In 2005 The National Board of Health and Welfare published a competence description for Registered Nurses [1] which also provides a basis for this Description of Competence for Registered Midwives. The profession of midwife requires a high degree of independent work, scientific attitude, multicultural understanding and professional responsibility. Further education is required for certain specialist areas.

Overview of the Description of Competence

The National Board of Health and Welfare has chosen to prepare this document as a model containing three areas that are of significance for the midwife, namely:

- Sexual and Reproductive Health
- Research, development and education
- Management and Organisation

A comprehensive view and an ethical attitude shall permeate all competence areas (figure 1).

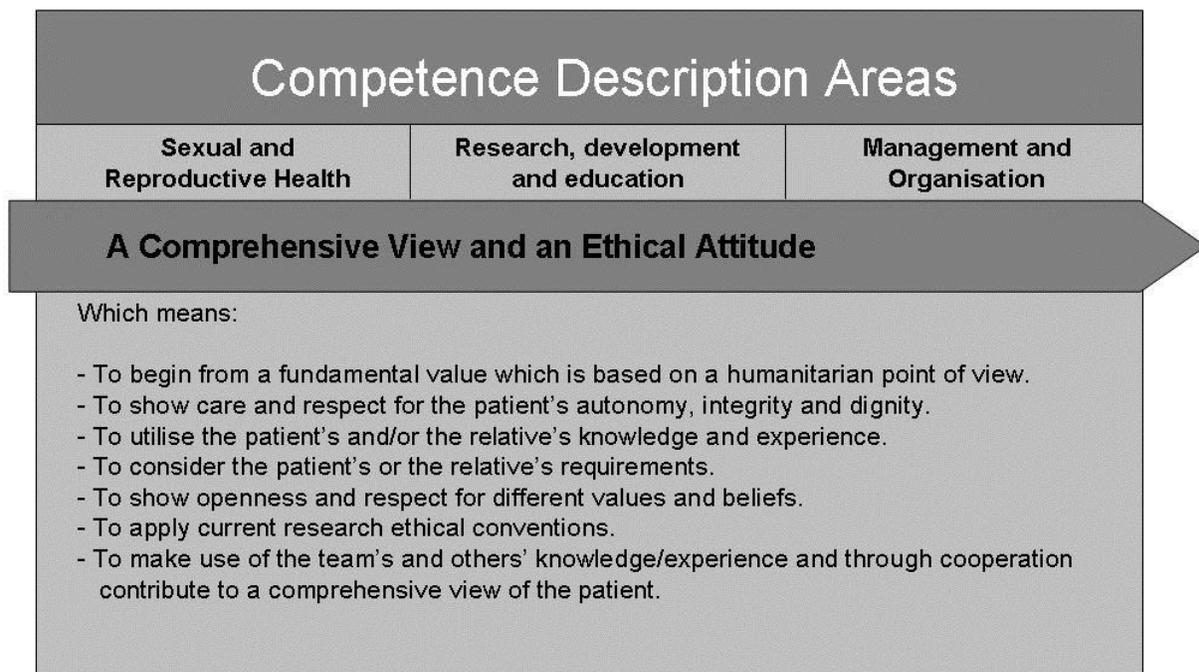


Figure 1. The competence description discusses three main areas that are important to the midwife regardless the activity and form of care: Sexual and Reproductive Health; Research, development and education; and Management and Organisation. These areas are described in more detailed in several areas of competence which have in turn been broken down to different sub-competences. The figure shows how the overall view and ethical attitude shall permeate the work of the midwife.

Sexual and Reproductive Health

Competence Area Sub-competences

Sexual and reproductive health

To be able to apply knowledge about:

- Factors which affect healthcare from a gender and lifecycle perspective
- Sexuality and coexistence from a gender perspective
- Contraception and its applications
- STI prevention (sexually transmitted infections)
- Normal and complicated pregnancies, deliveries and postnatal care
- Instrumental and manual delivery methods
- Healthy and sick newborn children
- Breastfeeding and possible complications
- Abortion and complications which can arise in conjunction with an abortion
- Gynaecological conditions
- Infertility, infertility testing and treatment
- Menopause and its difficulties

Information, Counselling and Professional Support

To, through dialogue, be able to give:

- Information and education about sexuality and coexistence from a lifecycle perspective.
- Information about and follow up on contraception usage
- Information about those seeking abortions
- Information about STIs
- Information about complications with an early pregnancy
- Basic information about infertility, infertility testing and treatment
- Information about foetus diagnoses
- Support in parenthood and preparation for delivery
- Counselling for fear of delivery
- Counselling for pregnancy and delivery complications
- Support, security and continuity during delivery
- Counselling post delivery
- Support and counselling for breastfeeding
- Information about self-examination of breasts
- Information about incontinence
- Fundamental information about menopause
- Information about cervical cancer screening and test results

Examination and Treatment

To be able to:

- Prescribe and administer contraception
- Independently handle a normal pregnancy, delivery and postnatal care
- Identify and assess discrepancies from the normal course of events
- Complete a delivery with vacuum extraction
- Complete a manual delivery
- Care for patients with complicated pregnancies, deliveries and postnatal care
- In acute situations begin life support treatment of mother and child
- Care for the healthy child and identify discrepancies from the normal course of events
- Care for the sick newborn child
- Identify and assess breast feeding complications
- Care for patients undergoing abortion
- Care for patients with gynaecological conditions
- Conduct and follow up on STI testing
- Conduct a gynaecological examination within the qualified areas of midwife competency
- Use medical devices within all the professional areas of midwifery and to interpret results
- Conduct cervical cancer screening

Promotion of Health and Prevention of Ill Health

To be able to:

- Promote healthy living on individual, group and community levels
- Identify and actively prevent health risks and where necessary motivate lifestyle changes from a lifelong perspective
- Participate in different screening examinations
- Identify individuals with special requirements of care and support

Security and Quality

To be able to:

- Provide good quality care with a high standard of hygiene and see to the needs of the patient with regards the security of care and treatment
- Follow the appropriate statutes and management systems in the workplace – i.e. their routines and guidelines
- Initiate and contribute to continuously improved work
- Identify, document and report negative events and incidents in conjunction with care and treatment
- Follow up goals and results regarding the standard of care
- Act in case of professional misconduct by colleagues
- Use information and communication technology as a work aid

Research, Development and Education

Competence Area Sub-competences

Research and development

To be able to:

Find, analyse and critically review relevant knowledge within their field

Initiate, contribute to and operate as well as evaluate developmental work

Critically reflect upon existing routines and where necessary initiate and contribute to changes of these

Contribute to guiding studies

Education and Teaching

To be able to:

In a pedagogical manner provide information about sexual and reproductive healthcare on an individual and group level

Teach, supervise and assess students

Supervise colleagues

Personal and professional development

To have the ability to

Analyse strengths and weaknesses concerning his/her own competence

Regularly develop his/her own competence within sexual and reproductive healthcare and other pertinent disciplines

Management and organisation

Competence Area Sub-competences

Cooperation in the chain of care

To be able to:

Relate relevant information about individual patients

Contribute to the care process within and between professional groups; different functions, instances, levels, workplaces and areas of responsibility as well as different care providers and authorities

Organisation

To be able to:

From the patients needs systematically manage, prioritise, allocate and coordinate care

Document relevant information, implemented examinations and treatments according to the appropriate provisions

Contribute to workplace planning and reviews

From knowledge of group dynamics work with group development and strengthen their ability to handle conflicts and to solve problems

Reflect upon, motivate and contribute to the development of a good care environment

References

- 1 Description of Competence for Registered Nurses. The National Board of Health and Welfare, 2005. Article Number 2005-105-1 www.socialstyrelsen.se/Publicerat
2. Nilsson L. Cooperation between the school and the working life: Regarding the possibilities to learn while working, appendix 1 (in Ds 2000:62). Ministry of Education and Research, 2000
3. Swedish Standards Institute (SIS), SS 62 40 70 Competence Management Systems – Requirements, Stockholm, Swedish Standards Institute, 2002
4. The National Board of Health and Welfare 'Term-bank', <http://app.socialstyrelsen.se/termbank>
5. IPDC, International Population Development Conference. Report from ICPD. Cairo, 1994 www.who.int/reproductive-health/publications/RHR_01_22/annex2.html
6. The WHO Definition of Reproductive Health. WHO, 1998. (Progress 45) www.who.int/reproductive-health/hrp/progress/45/prog45.pdf
- 7 Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications
- 8 Higher Education Ordinance (1993:100) (in particular the revision 2006:1053)

Other documents of importance for the Competence Description

- The Abortion Act (1974:595)
- The Medicinal Devices Ordinance (1993:876)
- The Ordinance relating to professional activity in the field of health and medical care (1998:1513)
- The Health and Medical Services Act (1985:763)
- Biobanks in Medical Care Act (2002:297)
- The Medicinal Products Act (1993:584)
- The Act on Occupational Activity in Healthcare (1998:531)
- The Pharmaceutical Act (1992:859)
- The Patient Records Act (1985:562)
- The Patient Rights Act (1996:799)
- The Secrecy Act (1980:100)
- The regulations and general instructions of the National Board of Health and Welfare concerning abortion (SOSFS 2004:4)

The regulations and general instructions of the National Board of Health and Welfare concerning the competence requirements for working as a nurse and midwife (SOSFS 1995:15)

The regulations and general instructions of the National Board of Health and Welfare regarding quality and patient safety management systems in health and medical care (SOSFS 2005:12)

The regulations and general instructions of the National Board of Health and Welfare regarding medicine management in health and medical care (SOSFS 2000:1)

The regulations and general instructions of the National Board of Health and Welfare concerning the Patient Records Act (SOSFS 1993:20)

The regulations and general instructions of the National Board of Health and Welfare concerning the rights of midwives to prescribe pharmaceutical products within the context of delivery (SOSFS 1996:21)

The regulations of the National Board of Health and Welfare concerning documentation within health and medical care (SOSFS 2005:29)

The regulations of the National Board of Health and Welfare concerning the application of the Sterilisation Act (1975:580) (SOSFS 2005:1)

The Sterilisation Act (1975:580)