Course description

Part 1

General information about the course		
1. Major of study: MIDWIFERY	2. Study level: first degree studies/practical	
1. Wajor of Study: MIDWIFERY	3. Form of study: stationary	
4. Year: I, II, III / training cycle 2022-2025	5. Semester: II,III,IV,V, IV	
6. Course name: Obstetric techniques and labor delivery		
7. Course status: required		

8. Course contents nad assigned learning outcomes

Learning outcomes / reference to learning outcomes indicated in the standards

For knowledge – student knows and understands: C.K 1, C.K 2, C.K 3, C.K 4, C.K 5, C.K 6, C.K 7, C.K 8

- the principles of obstetric care during a normal labour, premature labour and pathological labour, and the principles of delivering a baby outside the hospital setting;
- mechanisms of labour in the longitudinal cephalic lie, in extended attitudes, oblique foetal malpresentation (anterior and posterior asynclitism), in breech presentation, abnormal structure of the pelvis, and twin delivery;
- pharmacological and non-pharmacological methods of induction and stimulation of uterine contractions;
- a midwife's tasks at complicated labour and instrumental delivery;
- the principles of conduct in perinatal emergencies (obstetric haemorrhage, shoulder dystocia, umbilical cord prolapse, hand prolapse or multiple presentation);
- the rules of psychoprevention, with special regard to the methods of labour pain relief;
- the standards of guiding labour in accordance with the current legal regulations;
- the principles of neonatal care after the delivery;

For skills student can do: C.S 1, C.S 2, C.S 3, C.S 4, C.S 5, C.S 6, C.S 7, C.S 8, C.S 9, C.S 10, C.S 11, C.S 12, C.S 13, C.S 14

- to carry out the assessment of a pregnant woman, woman in labour, foetus, woman in the postpartum period, newborn, and their obstetric situation with the help of the available means and methods; to interpret examination findings, to implement obstetric interventions, and to evaluate obstetric care;
- to recognise and eliminate risk factors in the course of labour, and, if necessary, to provide a patient and her baby with specialist care;
- to get involved in the activities aimed at prevention and health promotion designed for women in the perinatal period, and to apply the principles of obstetric care based on legal regulations;
- to use the assumptions of obstetric psychoprevention, as well as to choose and apply non-pharmacological methods of labour pain relief;
- to develop personalised labour plans and to modify them as needed;
- to recognise the onset of labour and to assess its progression on the basis of external and internal obstetric examination and the observation of a birthing woman's behaviour; to anticipate a probable course of labour and to evaluate the chances of a spontaneous delivery;
- to use different methods for the monitoring and assessment of the foetal well-being during labour and to interpret the assessment findings, including CTG, and to recognise threats for the foetus based on abnormal results of the CTG examination;
- to provide obstetric care to a birthing woman at particular stages of labour, and to perform necessary procedures in accordance with the standards of perinatal care;

- to perform episiotomy, recognise different degrees of perineal tear, and to stitch the perineum after episiotomy or a first-degree tear;
- to deliver a baby in a physiological and breech delivery;
- to implement the standards of obstetric care in the case of birth by an HIV-positive patient and the other challenging situations indicated in the standards of obstetric care;
- to recognise emergencies in the course of labour, including placenta praevia, abruption of the placenta, obstetric haemorrhage, shoulder dystocia, umbilical cord prolapse and compound presentation, and to fulfil the necessary recommendations in force;
- to give obstetric first aid (to secure the access to a peripheral vein, administer infusion, provide oxygen, maintain the airways clear, perform cardiopulmonary resuscitation both in a patient and a newborn, secure the perineal or cervical wound, perform a manual removal of the placenta, apply hands-on intervention in a breech delivery);
- to perform perinatal procedures in a newborn and to evaluate his or her condition according to the currently used assessment scales;

For social competencies student is ready to: Point 1.3 of general learning outcomes

9. Number of hours for the c	ourse		480
10. Number of ECTS points for the course		34	
11. Methods of verification and evaluation of learning outcomes			
Learning outcomes	Methods of verification	Methods of evalu	uation*
Knowledge	Written evaluation – open questions Grade credit – MCQ	*	
Skills	Report Observation Practical exam	*	
Competencies	Observation	*	

^{*} The following evaluation system has been assumed:

Very good (5,0) – the assumed learning outcomes have been achieved and significantly exceed the required level

Better than good (4,5) – the assumed learning outcomes have been achieved and slightly exceed the required level

Good (4,0) – the assumed learning outcomes have been achieved at the required level

Better than satisfactory (3,5) – the assumed learning outcomes have been achieved at the average required level

Satisfactory (3,0) – the assumed learning outcomes have been achieved at the minimum required level

Unstatisfactory (2,0) – the assumed learning outcomes have not been achieved

Course description

Part 2

Other useful informa	tion about the o	course		
12. Name of Departm	nent, mailing ad	dress, e-mail:		
Department of Propa	edeutics of Obst	tetrics, Department of Women's Health, Faculty of Hea	alth	
		sity of Silesia in Katowice		
40-752 Katowice ul. N		·		
13. Name of the cour	se coordinator:			
Ph. D. in Health Mario	ola Czajkowska E	i-mail: <u>mczajkowska@sum.edu.pl</u>		
•		ls and other competencies:		
Basics of knowledge i	n the field of hu	man anatomy and physiology, Basics of obstetric care	1	
psychology, ethics, de	eontology of obs	tetrics		
15. Number of stude	ents in groups	In accordance with the Senate Resolution		
16. Study materials		notice board Department of Propaedeutics of Obste	trics 4th floor	
16. Study materials		www.kzk.sum.edu.pl		
17 Location of class		notice board Department of Propaedeutics of Obste	trics 4th floor	
17. Location of class	es	www.kzk.sum.edu.pl		
18. Location and tim	ne for contact	notice board Department of Propaedeutics of Obste	trics 4th floor	
hours		www.kzk.sum.edu.pl		
19. Learning outcome	es			
			Reference to	
Number of the			learning	
course learning		Course learning outcomes	outcomes	
_		course learning outcomes		
outcome			indicated in	
			the standards	
	- the principle	s of obstetric care during a normal labour,	C.K 1	
C_K01	premature lab	our and pathological labour, and the principles of		
	delivering a baby outside the hospital setting;			
	- mechanisms	of labour in the longitudinal cephalic lie, in extended	C.K 2	
C_K02	attitudes, oblique foetal malpresentation (anterior and posterior			
C_KUZ	asynclitism), in			
	pelvis, and twin delivery;			
C KU3	- pharmacolog	ical and non-pharmacological methods of induction	C.K 3	
C_K03	and stimulatio	n of uterine contractions;		
C V04	- a midwife's ta	asks at complicated labour and instrumental	C.K 4	
C_K04	delivery;			
	-	of conduct in perinatal emergencies (obstetric	C.K 5	
C_K05	haemorrhage, shoulder dystocia, umbilical cord prolapse, hand			
_	prolapse or multiple presentation);			
0.1406		sychoprevention, with special regard to the	C.K 6	
C_K06	methods of labour pain relief;			
0.407		s of guiding labour in accordance with the current	C.K 7	
C_K07	legal regulation			
C K08	- the principles of neonatal care after the delivery; C.K 8			
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C_S01	- to carry out the assessment of a pregnant woman, woman in labour, foetus, woman in the postpartum period, newborn, and their obstetric situation with the help of the available means and methods; to interpret examination findings, to implement obstetric interventions, and to evaluate obstetric care;	C.S 1
C_S02	- to recognise and eliminate risk factors in the course of labour, and, if necessary, to provide a patient and her baby with specialist care;	C.S 2
C_S03	- to get involved in the activities aimed at prevention and health promotion designed for women in the perinatal period, and to apply the principles of obstetric care based on legal regulations;	C.S 3
C_S04	- to use the assumptions of obstetric psychoprevention, as well as to choose and apply non-pharmacological methods of labour pain relief;	C.S 4
C_S05	- to develop personalised labour plans and to modify them as needed;	C.S 5
C_S06	- to recognise the onset of labour and to assess its progression on the basis of external and internal obstetric examination and the observation of a birthing woman's behaviour; to anticipate a probable course of labour and to evaluate the chances of a spontaneous delivery;	C.S 6
C_S07	- to use different methods for the monitoring and assessment of the foetal well-being during labour and to interpret the assessment findings, including CTG, and to recognise threats for the foetus based on abnormal results of the CTG examination;	C.S 7
C_S08	- to provide obstetric care to a birthing woman at particular stages of labour, and to perform necessary procedures in accordance with the standards of perinatal care;	C.S 8
C_S09	- to perform episiotomy, recognise different degrees of perineal tear, and to stitch the perineum after episiotomy or a first-degree tear;	C.S 9
C_S10	- to deliver a baby in a physiological and breech delivery;	C.S 10
C_S11	- to implement the standards of obstetric care in the case of birth by an HIV-positive patient and the other challenging situations indicated in the standards of obstetric care;	C.S 11
C_S12	- to recognise emergencies in the course of labour, including placenta praevia, abruption of the placenta, obstetric haemorrhage, shoulder dystocia, umbilical cord prolapse and compound presentation, and to fulfil the necessary recommendations in force;	C.S 12
C_S13	- to give obstetric first aid (to secure the access to a peripheral vein, administer infusion, provide oxygen, maintain the airways clear, perform cardiopulmonary resuscitation both in a patient and a newborn, secure the perineal or cervical wound, perform a manual removal of the placenta, apply hands-on intervention in a breech delivery);	C.S 13
C_S14	- to perform perinatal procedures in a newborn and to evaluate his or her condition according to the currently used assessment scales;	C.S 14
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C_C2 Consulting experts in the event of difficulties in solving the problem yourself. C_C3 Anticipating and taking into account factors that affect patient and patient responses. C_C4 Consulting experts in the event of difficulties in solving the problem yourself. C_C5 Anticipating and recognizing one's own limitations in knowledge, skills and social competences as well as making self-assessments of educational deficits and needs. C_C6 Recognizing and recognizing one's own limitations in knowledge, skills and social competences as well as making self-assessments of educational deficits and needs. C_C6 Forms and topics of classes C_C7 Forms and topics of classes C_C8 Point 1.3 general learning outcomes C_C9 Point 1.3 general l				
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22.2. Seminars 29		uscitation.		
	22.2. Seminars			29

Pelvic construction. Fetal construction.	3
Diagnostics in the perinatal period; CTG, OCT, NST, fetal movements, amnioscopy, laboratory	3
tests. Assessment of obstetric situation.	
The mechanism of delivery in the longitudinal head position - occiput frontal arrangement.	3
The mechanism of delivery in the longitudinal head position - posterior occipital arrangement.	2
Non-pharmacological and pharmacological methods of induction and stimulation of labor.	1
Pain relief methods. Anesthesia in obstetrics.	3
Abnormal systolic activity.	1
Incision, crotch fracture. Soft tissue injury to the birth canal.	3
Childbirth pathological. Impaired systolic function. Childbirth with abnormal maternal pelvis.	3
The disproportion fetal-pelvic. The role and participation of a midwife.	_
Hand aids.	4
Cesarean section. Emergency in obstetrics.	3
ecsured in section. Emergency in obstearies.	
23.3. Labs	100
Mechanism of physiological delivery.	10
Rear occiput mechanism. Sewing the crotch. Instrumental control of the uterine cavity.	10
Medical records. Partogram	10
Midwife's office-documentation	5
The midwife's competence in: Mechanism of physiological delivery. Rear occiput mechanism.	5
Mechanism of physiological delivery. Documentation, competence.	5
Rear occiput mechanism. Documentation, competence.	5
Fetal head pathologies	4
Mechanism of pelvic delivery.	4
Manual aids.	4
The midwife's competence in the course of pathological delivery	8
Shoulder dystocia	4
Procedural deliveries	4
Obstacle rotation.	4
The midwife's competence in: Shoulder dystocia, Procedural deliveries, Emergencies in	8
obstetrics.	Ü
24.4 Practical	320
Methods and methods for assessing the obstetric situation.	
Assessment of fetal well-being. Counting fetal movements. Performance and interpretation of	
the CTG record.	
Observation of uterine contractions. Systolic dysfunction.	
External obstetric examination.	80
Internal obstetric examination.	
Principles of communication with the delivering patient and her family.	
what is competence during delivery to the hospital / delivery room.	
Midwife's competence during delivery to the hospital / delivery room. The role of a midwife in admitting a patient after an emergency delivery outside hospital	
The role of a midwife in admitting a patient after an emergency delivery outside hospital	
The role of a midwife in admitting a patient after an emergency delivery outside hospital Midwife's actions in relieving labor pain - psycho-prevention, non-pharmacological methods	
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The role of a midwife in admitting a patient after an emergency delivery outside hospital Midwife's actions in relieving labor pain - psycho-prevention, non-pharmacological methods of relieving labor pain, labor delivery items, pharmacological methods of analgesia during delivery. Midwife care in the first parturition. Rules for conducting the second period of delivery. Assessment of placental abruption symptoms. Leading the third delivery period. Observation	80
The role of a midwife in admitting a patient after an emergency delivery outside hospital Midwife's actions in relieving labor pain - psycho-prevention, non-pharmacological methods of relieving labor pain, labor delivery items, pharmacological methods of analgesia during delivery. Midwife care in the first parturition. Rules for conducting the second period of delivery.	80

Competence of the midwife in caring for the woman giving birth in the course of delivery with	
increased obstetric risk - delivery in the longitudinal position of the fetus, posterior occiput	
arrangement	
Observation of obstetrics with incision, perineal rupture and after procedures: instrumental /	
manual inspection of the uterine cavity, manual placenta extraction, manual scar control.	
Preparation and performance of the OCT test. Interpretation of the result.	
Care for a patient during preterm delivery.	
Care for women giving birth during pelvic delivery.	
Disorders during the second delivery period.	00
The delivery process in the case of high straight and low transverse standing of the head.	80
Midwife deliveries in the prevention of HIV infection and AIDS.	
Midwife's care over delivery during induced delivery. Methods of labor induction.	
Care for women giving birth in multiple pregnancy. Conducting twin delivery.	
Preparation and performance of the OCT test. Interpretation of the result.	
Care for a patient during preterm delivery.	
Care for women giving birth during pelvic delivery.	
Disorders during the second delivery period.	80
The delivery process in the case of high straight and low transverse standing of the head.	80
Midwife deliveries in the prevention of HIV infection and AIDS.	
Midwife's care over delivery during induced delivery. Methods of labor induction.	
Care for women giving birth in multiple pregnancy. Conducting twin delivery.	
25.5 Professional practice	35h

24. Readings

- 1.Bręborowicz G.H. (red.): T.1. Położnictwo, PZWL, Warszawa 2015r.
- 2.Naworska B., Kotlarz B.: Poród. Przebieg, zasady prowadzenia, kompetencje położnicze. Podręcznik dla studentów kierunków medycznych. Wyd. SUM, Katowice 2015.
- 3. Troszyński M.: Położnictwo ćwiczenia. Podręcznik dla studentów medycyny. PZWL, Warszawa 2016r.
- 4.Baumert M. (red.): Ćwiczenia z neonatologii. Skrypt dla studentów. ŚAM, Katowice 2004.
- 5.Cekański A. (red.): Wykłady z położnictwa. Alfa Medica Press, Bielsko Biała 2011.
- 6.Ustawa z dnia 15 lipca 2011 r.o zawodach pielęgniarki i położnej (Dz. U nr 174, poz.1039 z późn. zm.). ROZPORZĄDZENIE MINISTRA ZDROWIA z dnia 16 sierpnia 2018 r. w sprawie standardu organizacyjnego opieki okołoporodowej.

25. Detail evaluation criteria

In accordance with the recommendations of the inspection bodies

Completion of the course – student has achieved the assumed learning outcomes

Detail criteria for completion and evaluation of the course are specified in the course regulations