

Women and Newborns The role of "R" in ERA Partnership

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Professional Regulatory Board of Midwifery
Professional Regulation Commission

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Integrated Midwives Association of the Philippines 7th Mid-Year Convention
Subic Bay, Olongapo City

Outline

- 1. Vision for Midwifery
- 2. ERA partnership
- 3. Licensure & Regulation update
- 4. Protecting the "M & N"
- 5. Summary

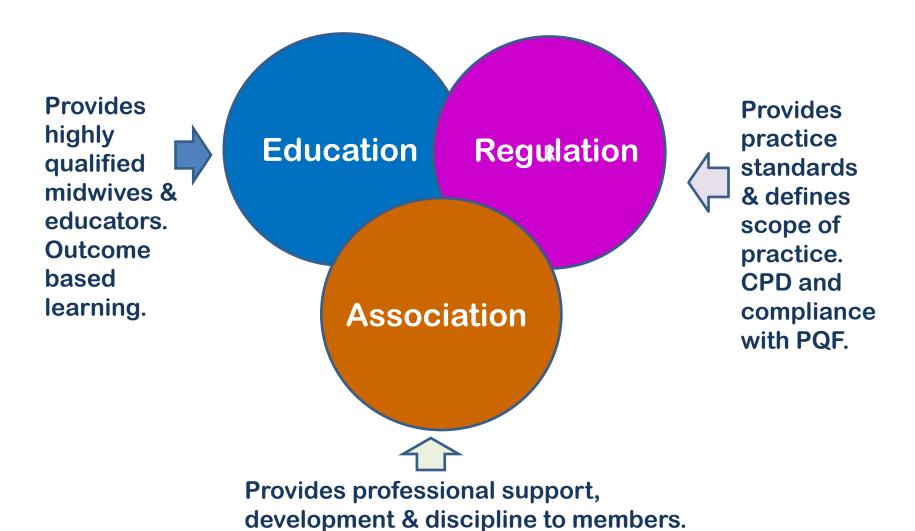
What do we want to happen?

Develop/train Midwives to be:

- Competent and caring
- Capable to provide services aligned with global standard
- Confident and comparable with foreign midwifery graduates and prepared to serve the Filipino and the global communities.

The ERA Partnership

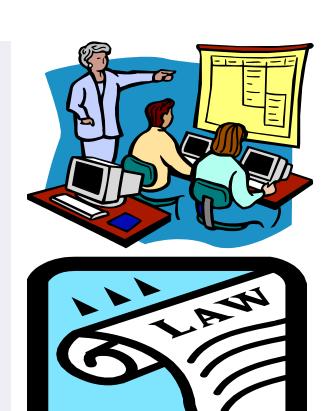
*(adapted from the ICM)



Board of Midwifery Mandate

- 1. Licensure
- 2. Regulation of midwifery practice

Source: Republic Act 8981: An Act Modernizing the Professional Regulation Commission Repealing for the Purpose PD 223, "Creating the Professional Regulation Commission and Prescribing its Powers and Functions," and for Other Purposes..



Licensure (Registration)

 The legal right to practice and to use the title of midwife after passing the licensure examination.

Global Standards for Midwifery Regulation ICM 2011

Why the Need for Regulation?

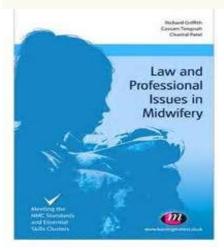
To ensure the safety of the public (women, babies and families) being cared for by midwives and protect them against incompetent (unsafe, substandard) or unethical practitioners.

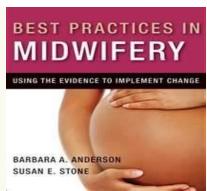
How is regulation being done? Practice of the Profession

- Initial assessment of capacity of midwifery care providers (Midwifery Licensure Examination).
- Set the levels of service & practice (based on education & law)
- Monitors quality of care provided by midwives to the public (facility visit, complaints).

Some Updates in Midwifery

- Supplement to the Implementing Rules and Regulation (IRR) R.A.7392
- Standards of Midwifery Practice
- Revised Guidelines CPD Series 2013
- R.A. 10354
- ASEAN MRA and PQF
- BScience in Midwifery



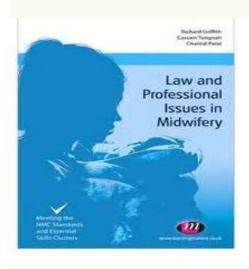


Responsible Parenthood and Reproductive Health Act (R.A. 10354) Section 4.11

Provision of Life-Saving Drugs During Maternal Care Emergencies by Midwife, e.g. MgSO4

Provided three conditions are fulfilled:

- Trained & Certified for the purpose;
- ✓ In an emergency, and;
- ✓ Where there is no doctor.



Issues on Medicines/Drugs

A prescription is an order to take medication. The prescriber has a legal responsibility to monitor the safety and efficacy of the drugs given (indications, actions, route, dose, side effects & contraindications of the medicines).



Main causes of direct maternal deaths

- Hemorrhage
- Obstructed labor
- Unsafe abortion
- Sepsis
- Eclampsia

Source: World Health Organization UNFPA







Global Emergency Obstetric & Newborn Care

EmONC functions:

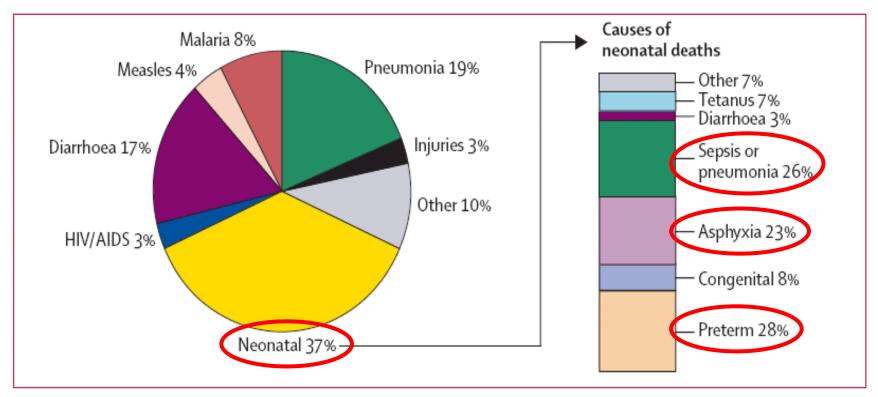
- 1. Inject antibiotics
- 2. Inject oxytocic drugs
- 3. Inject anticonvulsants
- 4. Manual removal placenta
- 5. Remove retained products
- 6. Assisted vaginal delivery
- 7. Newborn resuscitation plus...
- 8. Cesarean section
- 9. Blood transfusion



Adopted from World Health Organization

Why do many babies (newborn) still die? Are these deaths preventable?

82,000 Filipino children die annually, most could have been prevented



Source: CHERG estimates of under-five deaths, 2000-03

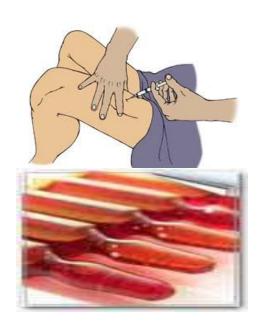
The Philippines is one of the 42 countries that account for 90% of global under-five mortality

Source: H. Sobel Unang Yakap – Essential Newborn Care Presentation

Emergency Newborn Care

EmNC functions:

- 1. Newborn resuscitation
- 2. Inject antibiotics
- 3. Inject steroids (to Mother)

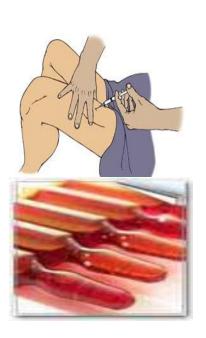


Adopted from World Health Organization

Some Emergency Newborn Care

EmNC functions:

- 1. Newborn resuscitation
- 2. Injectable antibiotics for sepsis
- 3. Thermal protection
- 4. Kangaroo Mother Care (KMC)
- 5. Infection prevention (includes Hygienic cord care)
- 6. Injectable steroids for preterm labor (to Mother)

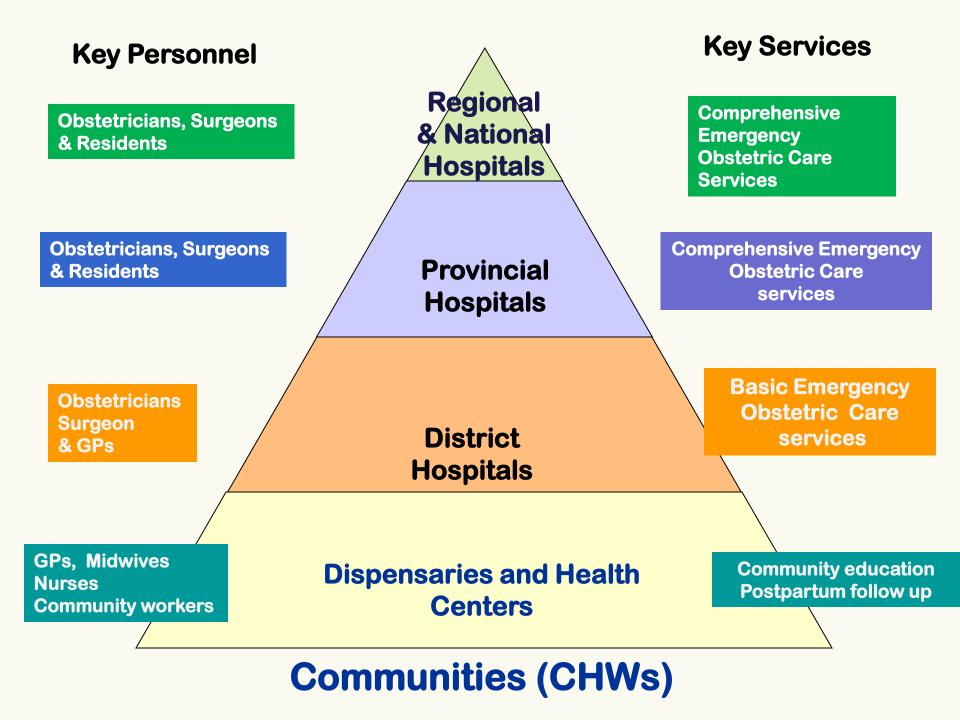


Adopted from World Health Organization

"Three Delays" are for babies also!

- 1. First Delay (Seeking care).
 Non-recognition of danger
 signs, late decision to refer.
- 2. Second Delay (Reaching care in health facility). Lack of transport, communications.
- 3. Third Delay (Receiving care in health facility). Inadequate skilled attendants, lack of equipment, drugs & supplies, poor referral system





Role of Midwife in SDN

Task	Services/Interventions
Pregnancy Care Pre-natal, Labor and Delivery (Birthing Facility)	 Monitor labor using Partograph Identify abnormalities (e.g. prolonged labor, PROM, fever, hypertension, malpresentation) and refer. BEMONC signal functions (which among the 7 functions are within scope of practice?)

Role of Midwife in SDN

Task	Services/Interventions
Postpartum Care and Newborn Care	 Identify signs and symptoms of complications (HPN, danger signs). Refer to higher facility. Identify newborn who ar preterm, low-birth weight, sick and refer. Breastfeeding Kangaroo Mother Care

Birth Center Philosophy

- Birth Centers seek to promote normal physiological childbirth by recognizing, respecting and safeguarding normal birth processes.
- Interventions are kept to a minimum and only used to support labor and birth when complications arise.
- Strong emphasis on skilled, sensitive and respectful midwifery care.

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Case No.	Complete Diagnosis (Gravida_Para)	Date and Time Performed			Supervi			
			Full Name, Address of Facilities & Contact no.	Check if Home Delivered	Printed Name & Contact No.	Pos		
	007856	Pregnancy uterine full term, cephalic ,delivered to alive baby Boy, Apgar score 8-9,birth weight 2.5 kg.,via NSVD,G1P1, with 2 nd degree laceration and repaired.	04-27-08 03:33 P.M	Gregorio T. Lluch Memorial Hospital Pala-o, Iligan City (063) 225-3177		Bernadette A. Aba, RM 09067762334	Clinic	
	015301	Pregnancy uterine full term, cephalic, delivered to alive baby girl, Apgar score 8-9, birth weight 3.1 kg., via NSVD, G1P1, with 3 rd degree laceration and repaired.	06-21-08 12:54 A.M	Gregorio T. Lluch Memorial Hospital Pala-o, Iligan City (063) 225-3177		Bernadette A. Aba, RM 09067762334	Clini	
	015969	Pregnancy uterine full term, cephalic ,delivered to alive baby girl, Apgar score 8-9,birth weight 3.2 kg., via NSVD,G2P2,with 2 nd degree laceration and repaired.	06-24-08 02:57 P.M	Gregorio T. Lluch Memorial Hospital Pala-o, Iligan City (063) 225-3177		Bernadette A. Aba, RM 09067762334	Clir	
	026381	Pregnancy uterine full term, cephalic ,delivered to alive baby Boy, Apgar score 8-9,birth weight 2.7 kg.,via NSVD, G2P2, with 1 st degree laceration and repaired.	10-20-08 03:48 A.M	Gregorio T. Lluch Memorial Hospital Pala-o, Iligan City (063) 225-3177		Bernadette A. Aba, RM 09067762334	Cli	
	027743	Pregnancy uterine full term, cephalic ,delivered to alive baby girl, Apgar score 8-9,birth weight 2.9 kg., via NSVD,G1P1, with 3 rd degree laceration and repaired.	11-08-08 07:16 P.M	Gregorio T. Lluch Memorial Hospital Pala-o, Iligan City (063) 225-3177		Bernadette A. Aba, RN 09067762334	A C	



weeks and 3 days Age Of Gestation, cephalic,

in labor, Premature Rupture of Membrane; IV

Gravida 2 Para 1 (1001) Pregnancy Uterine 40

weeks and 1 day Age Of Gestation, cephalic, in

labor, Premature Rupture of Membrane; IV

Gravida 4 Para 3 (3003) Pregnancy Uterine 39

weeks and 6 days Age Of Gestation, cephalic,

in labor, Premature Rupture of Membrane; IV

Gravida 2 Para 1 (1001) Pregnancy Uterine 38

weeks and 2 days Age Of Gestation, cephalic,

in labor, Premature Rupture of Membrane; IV

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Ebruary

MANILA

BOARD OF MIDWIFERY

Record of Actual Intravenous Insertions

ese lo.	Complete Diagnosis (Gravida_Para_)	Date & Time Performed	Full Name, Address of Facility & Contact Number	Check If Home Del.	Printed Name
42	Gravida 2 Para 1 (1001) Pregnancy Uterine 40 weeks and 1 day Age Of Gestation, cephalic, in labor, Premature Rupture of Membrane; IV inserted Left hand.	March 4, 2012 10:00 AM	JMC LYING - IN CLINIC (Philhealth Accredited) L 23 B 5 P 1 Bartholomew St., Sacred Heart Village, Novaliches, Quezon City Tel. No. (G2) 419-6713		& Contact No. Julie M. Castillo/ (02) 419-6713

Gravida 3 Para 2 (2002) Pregnancy Uterine 40 March JMC LYING - IN CLINIC (Philhealth Accredited)

L 23 B 5 P 1 Bartholomew St.,

Tel. No. (02) 419-6713

Tel. No. (02) 419-6713

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rs who supervise the student midwives and affix their signatures in thid Form must present a Certificate of Training on Intravend

Sacred Heart Village, Novaliches, Quezon City

JMC LYING - IN CLINIC (Philhealth Accredited)

Sacred Heart Village, Novaliches, Quezon City

JMC LYING - IN CLINIC (Philhealth Accredited)

Sacred Heart Village, Novaliches, Quezon City

JMC LYING - IN CLINIC (Philhealth Accredited)

Sacred Heart Village, Novaliches, Quezon City

A MARGARETH MAGBATA ALFONSO

28, 2012

6:00 PM

2013

May-

30, 2013

6:45 PM

November

20, 2013

10:45 PM

Manila

4:25 PM

February 26,

School: Far Eastern University- Nicanor Reyes Medical

Julie M. Castillo/

(02) 419-6713

Julie M. Castillo/

(02) 419-6713

Julie M. Castillo/

(02) 419-6713

Julie M. Castillo

(02) 419-6713

Affiant exhibiting to me his/her Residence Certificate No.__

CERTIFIED CORRECT:

Effective Interventions to lower maternal mortality

- 1. A skilled health care professional attends every childbirth
- 2. Every woman has access to Emergency Obstetric and Newborn Care (EmONC)
- 3. Family planning services to help women space their pregnancies

and a functioning referral system that ensures women who need emergency care reach/receive care on time.



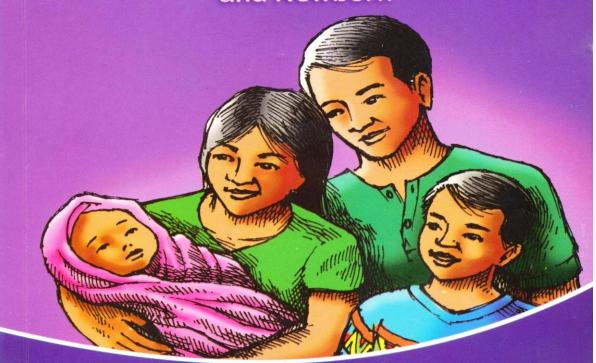
Key Points and Messages

- 1. Demonstrate knowledge, clinical skills & judgment based on core competencies of Basic Midwifery Practice to ensure patient safety (work within your scope).
- 2. Maintain up to date evidence-based practice/learning in the provision of safe, quality-assured & respectful maternity services.
- 3. Work with partners in the health profession & agencies because EmONC requires team effort to save women and newborn lives.





A Clinical Guide on Care of the Mother and Newborn



Alejandro R. San Pedro

Philippine Midwifery Series Book 2