الوصف الوظيفي للقابلة المساعدة في المستشفيات

مبادئ عامة:

☆ **المؤهلات المطلوبة :**

- دبلوم قبالة سنتين كحد ادنى
- الحصول على مزاولة مهنة كمساعدة قابلة من وزارة الصحة وعضوية سارية المفعول من نقابة التمريض والقبالة الفلسطينية.

☆ **العلاقات الوظيفية :**

- مسؤولة من القابلة القانونية او الممرضة القانونية اضافة الى رئيس قسم الولادة و الامومة

☆ **التعريف الوظيفي**

- تحتاج القابلة المساعدة المعينه حديثاً الى ثلاثة شهور على الاقل كفترة تعريفية لتسهيل تأقلمها وإندماجها مع متطلبات العمل الجديدة.
- تعمل القابلة المساعدة فقط تحت إشراف قابلة قانونية أو ممرضة قانونية.

المتطلبات الاساسية لعمل جميع القابلات المساعدات :

- التصرف الدائم وفقاً لمعايير اخلاقيات المهنة المتفق عليها وطنياً من قبل وحدة السياسات التمريضية في المجلس الصحي الفلسطيني الاعلى (سنة 1996)
- التصرف الدائم وفقاً للبروتوكولات المهنية الوظيفة المستخدمة حالياً في وزارة الصحة.
- تطبيق مبادئ السلامة ومكافحة العدوى في مكان العمل.
- إبلاغ المسؤول المباشر عن أي حادث يمكن ان يؤثر على حالة متلقى الخدمة أو عائلته ، ابلاغاً شفهياً وكتابياً.
- القيام بالمحافظة على بيئة نظيفة ومرتبة لمتلقي الخدمة حسب معايير الحد من العدوى.

☆ **مجالات العمل الرئيسية للقابلة المساعدة في المستشفيات التي ممكن ان تتغير وفقاً للحاجة والموقف وما يطلب منها من قبل المسؤول المباشر:**

1. المساعدة في تقديم رعاية الحوامل.
2. المساعدة في رعاية المخاض والولادة
3. المساعدة في تقديم العناية بالاطفال حديثي الولادة
4. المساعدة في تقديم رعاية ما بعد الولادة
5. المساعدة في رعاية حالات الامراض النسائية وفقاً للتعليمات الطبية.

للاطلاع على تفاصيل واجبات القابلة المساعدة ، يرجى الاطلاع على الصفحات المرفقة

Job Description Of Assistant Midwife in Hospitals

General Principles

- **Qualifications requirement:**
  - Minimum of two years midwifery diploma
  - Licensed as Assistant midwife by the Ministry of Health and has an active status at the Palestinian National Nursing and Midwifery Association (PNNMA).
- **Job Relationships:**
  Supervised by: Staff midwife, staff nurse, and manager of Labor and Maternity ward.
- **Job Orientation:**
  - Any newly appointed midwife need a three months orientation to facilitate her adaptation to the new working setting.
  - An Assistant midwife should not work without the supervision of a staff midwife or staff nurse.

Fundamental components required from all Assistant Midwives

- Act consistently in accordance with the national code of ethics published by nursing polices unit at the Palestine Council of Health (1996).
- Act consistently in accordance with the current national practice protocols in the Ministry of Health.
- Apply principles of safety and infection control in the working institution.
- Report any incident that can affect the health of the client/family to the immediate line manager using oral report and written documentation.
- Always maintain a clean tidy environment for her clients using infection control principles.

The main job responsibilities for the Assistant Midwife in the Hospitals that can change according to the assignment from first line manager and according to the need and context:

I. Assist in providing antenatal care
II. Assist in labor care.
III. Assist in providing newborn care
IV. Assist in providing post natal care
V. Assist in the care of gynecological cases according to physicians' order

For additional details on the example main duties, please see the attached pages.

Practical Midwife At Hospital

I. Antenatal Care

- Participate in taking comprehensive history including;
  - Personnel and family history
  - Educational level and occupation of parents
  - Complete health history.
  - Present pregnancy history
  - Past obstetric and gynecological history

- Perform general physical examination under supervision of the staff midwife
- Abdominal (inspection, palpation and auscultation, Fundal height, position, lie, descent of fetus, fetal wellbeing and growth)
- Monitoring fetal heart rate regularly each visit
- Participate in teaching and counseling according to the weeks of pregnancy and needs of mother according to teaching checklist
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  - Vital signs.
  - Weight and height.
  - Participate in making a complete general inspection of the woman.
  - Participate in clinical breast exam

- Identify risk signs of pregnancy and refer the mother to related services accordingly as per protocol.
- Participate in teaching and counseling according to the weeks of pregnancy and needs of mother (according to teaching checklist).
- Provide mother with needed supplement (under supervision of staff midwife or staff nurse).
- Participate in monitoring and ensuring mother adherence to supplement and medication as prescribed.
- Document all performed procedures, medication or supplement given and assessment findings.
- Participate in scheduling the next visit and encourage her to follow up and adhere to antenatal visit schedule.

II. Labor:

- Assist in preparing of all needed equipments and instruments for delivery.
- Follow the instruction from a staff midwife in encouraging mobilization and exercise during the first stage of labor.
- Participate in providing bladder care.
- Participate in performing emergency care during labor according to the national protocol.
- Encouraging participation family members in the birth to support the mother according to hospital policy.
- Consider universal precautions during labor according to protocols.
- Maintain a clean tidy environment of the mother and the newborn following infection control principles.
- Assist in providing immediate post natal care within the first hour of delivery (mother);

- Take V/S
- Ensure empty bladder.
- Ensuring adequate nutrition as protocol

- Encourage breast-feeding.

- Enhance the mother and baby bonding.
- Document all performed procedures.
- Safely transfer mother and newborn to Post natal ward.
- Inspect and ensure that all equipment (clean or sterile), and environment are clean and ready for the next delivery.

III. Post natal care (postnatal ward)

- Ensure that mother and baby are safe and comfortable.
- Assess the mother's V/S.
- Assess the psychological status of the mother and the family under supervision of the staff midwife or the staff nurse.
- Encourage the mother to void frequently as indicted by protocol.
- Support and assist the mother in breast feeding immediately after birth.
- Observe the baby's health status and report any abnormality to the immediate supervisor.
- Participate in teaching and counseling the mother about the following topics:
  - Breast feeding.
  - Personnel hygiene.
  - Diet and nutrition.
  - Baby care (bathing, cord care, diaper care, skin care, circumcision, thermal regulation and use of thermometer, use of bulb syringe)
  - Screening tests for the newborn including PKU, hearing tests, and vaccination.
  - Providing a safe environment for the newborn and young child.
  - Postnatal exercise.
  - Family planning

- Participate in providing immediate post-operative monitoring for mother post Cesarean section cases (close observation, vital signs, bleeding signs, vaginal discharge, newborn assessment).
- Document all performed procedures.
- **Participate in providing care and monitoring for the newborns in the postpartum ward:**
  - Prevent abduction by ensuring the presence of identification band on the newborn's limb and having an identification card on the baby's basinet.
  - Close observation for each newborn at least every hour.
  - Monitor the vital signs including the temperature, pulse, and respiration every three hours. And the Blood pressure once a shift.
  - Ensure thermal regulation for each newborn including hypo or hyperthermia according to national protocols.
  - Position the baby in supine position during sleep.
  - Provide bathing for the newborn preferably in front of the mother according to updated national protocols.
  - Facilitate breast-feeding according to protocols.
  - Provide umbilical care according to updated national protocols.
  - Assess and facilitate infant parent bonding and attachment.
  - Ensure that the newborn is weighted immediately after birth and before discharge.
  - Monitor and report the voiding and stool of the newborn before discharge.

IV. Gynecological cases:

The practical midwife should provide nursing care according to physicians order under the supervision of a staff midwife and according to national protocols.

Teaching list guide during antenatal care

Initial Visit (Up to 12 weeks)

- Introduce yourself
- Genetic counseling, AFP.
- Danger signs: Bleeding, UTI, and Cramping, Fever.
- Substance abuse including smoking.
- Discomforts: NN, constipation, fatigue . . . .
- Diet counseling: weight gain, vitamins & iron.
- Fetal development.
- Feelings toward pregnancy.

2nd visit (12 – 16 Weeks)

- Review lab tests.
- Diet review.
- Exercises for backache & Kegels.
- Family support.

16 – 20 Weeks

- Quickening. - Prenatal classes
- Sexuality: Libido changes & positions.
- Discomforts: Round ligament pain, backache, and heart burn.
- Danger signs: Bleeding, PROM, Headaches. & edema.

24 – 28 Weeks

- Rh information, Anti – D.
- CBC, 1hr. GTT.
- Diet check.
- Breastfeeding choice & preparation.
- Feelings, body image, emotional changes/dreams.
- Danger signs: Bleeding, PROM, Headaches. & edema.

30 – 32 Weeks

- Braxton-Hicks Vs. Premie labor.
- Danger signs: Bleeding, PROM, Headaches. & edema.
- Feelings, baby sex, names & acceptance.
- Stages of labor.

34 – 36 Weeks

- Signs & symptoms of labour
- Discuss birth room
- Labour review, active
- Fetal movement importance
- Preparation for labour. Clothes, bassinet, transportation, insurance
- Perineal massage / episiotomy
- Fertility awarencess & contraception choice
- Logistic

37 – 38 Weeks

- Breastfeeding information.

39 – 40 Weeks

- Postpartum review.
- Early labour management at home

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