

الوصف الوظيفي للقابلة القانونية في المستشفيات

☞ مبادئ عامة :

☆ **المؤهلات المطلوبة :**

- دبلوم قبالة لا يقل عن ثلاث سنوات دراسية او بكالوريوس أو دبلوم عالي أو ماجستير في القبالة
- الحصول على مزاولة مهنية كقبالة قانونية من وزارة الصحة وعضوية سارية المفعول من نقابة التمريض والقبالة الفلسطينية.

☆ **العلاقات الوظيفية :**

- مسؤولة عن القابلات المؤهلات ، ممرضات ، ممرضين ، او قابلات قانونيات.
- مسؤولة من رئيس قسم الولادة أو رئيس قسم الامومة.

☆ **التعريف الوظيفي:**

- تحتاج القبالة القانونية المعينة حديثاً الى ثلاثة شهور على الاقل كفترة تعريفية لتسهيل تاقلمها واندماجها مع متطلبات العمل الجديدة

المتطلبات الاساسية المطلوبة من جميع القابلات القانونية :

- 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.
- مراقبة وادارة مخزون الادوية والمستهلكات والتأكد من توفرها وتاريخ صلاحيتها بانتظام.

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

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

☆ **المهارات التي تتطلب تدريب وترخيص خاص:**

1. قطع العجان
2. خياطة العجان
3. انعاش المولود

☆ **مهام اضافية :**

- 1- المشاركة في التدريب والاشراف على زملائهم المبتدئين والطلبة
- 2- المساعده في البحث العلمي والتحقق من صحة الممارسات المهنية قبل تطبيقها
- 3- المشاركة في تعليم وتدريب القابلات
- 4- اعداد التقارير الاحصائية الشهرية
- 5- المشاركة في اللجان الصحية المهنية مثل لجنة مكافحة العدوى

للاطلاع على تفاصيل واجبات القبالة القانونية في المستشفيات، يرجى الاطلاع على الصفحات المرفقة

Job Description of Staff Midwife in Hospitals

General Principles

- **Qualifications requirement:**
 - **Master in midwifery**
 - **Postgraduate midwifery diploma**
 - **BS midwifery.**
 - **Three years midwifery diploma if available**
- Licensed as a qualified staff midwife by the Ministry of Health and has an active status at the Palestinian National Nursing and Midwifery Association (PNNMA).
- **Job Relationships:**
 - Supervises: Licensed Practical Midwife, nurses, or other staff midwives **in obstetric and neonatal wards..**
 - **Supervised by: midwife Manager or nursing manager of Labor or Maternity Ward.**
- **Job Orientation:** Any newly appointed midwife need a three months orientation to facilitate her adaptation to the new working setting.

Fundamental components required from all Staff 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.
 - Control and manage of medications and disposables **stock in Maternity wards and Neonatal ward,** ensure availability and check expiry dates regularly.

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

- I. Provide antenatal care
- II. Manage labor and delivery
- III. Provide newborn care
- IV. Provide post natal care
- V. Manage gynecological cases according to physicians' order

Competencies that need special training and certification:

- Episiotomy cut
- Episiotomy repair
- Neonatal resuscitation

Additional Tasks

- Participating in the training and supervision of junior colleagues and students.
- Help in research and validation of evidence-based practices.
- Involve in academic teaching or training for midwives.
- Prepare monthly statistical reports.
- Participate in the professional health committees such as infection control committee.

For additional details on the main duties of a hospital staff midwife, please see the attached pages.

Staff Midwife At Hospital: detailed description of main duties

I. Antenatal Care

- 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
 - Vital signs.
 - Weight and height.
 - Clinical breast exam
 - Abdominal (inspection, **palpation** and auscultation, Fundal height, position, lie, descent of fetus, fetal wellbeing and growth).
 - Perform and interpret Cardiotocography (CTG). **Monitor fetal heart rate regularly each visit.**
 - Pelvic exam as protocol guidelines. **(this is to be omitted as it is not done)**
 - Lab test according to protocol.
- Identify risk signs of pregnancy and refer the mother to related services accordingly as per protocol.
- Teaching and counseling according to the weeks of pregnancy and needs of mother according to teaching checklist.
- Provide mother with needed supplement.
- Monitor and ensure mother adherence to supplement and medication as prescribed.
- Document all performed procedures, medication or supplement given and assessment findings.
- Assess vaccination and immunization and give tetanus toxoid or others as needed.
- **Counseling the woman regarding the next visit and encourage her to follow up and adhere to antenatal visit schedule .**

II. Labor:

- Take a detailed present and past obstetric and health history.
- Prepare all needed equipments and instruments for delivery.
- Assessing the mother during labor, the assessment should include the following:
 - Perform abdominal assessment for fetal wellbeing, position and descent.
 - Perform vaginal examination, the five component of PV exam (assess dilatation and effacement of the cervix, descent of the presenting part, status of the membrane).
 - Encourage mobilization and exercise during the first stage of labor.
 - Assess the effectiveness of the uterine contraction.
 - Monitor maternal vital signs and fetal heart rate and the progress of labor with a partograph.
 - Monitor and document progress of labor using partograph.
 - Identify any signs of risks (bleeding, high BP, fetal distress,...etc) and consult with the physician according to national protocols.
- Provide bladder care.
- **Provide nutrition to the woman according to the protocol**
- Perform emergency care during labor according to the national protocol.
- Participate in the pre referral management and stabilization of the mother:
- Assist in the management of complicated birth (CS, prolonged labor, vacuum extraction, breech presentation, episiotomy, repair of genital tears, manual removal of placenta, shoulder **dystocia**).

- Perform ARM according to protocol.
- Encouraging participation family members in the birth to support the mother according to hospital policy.
- Conduct of a clean and safe childbirth and placenta delivery.
 - Provide support during birth and assist the woman to give birth in the position she prefers.
 - Perform appropriate hand maneuvers for normal delivery
 - Inspect the placenta and membranes
 - Estimate maternal blood loss
 - Inspect the perineum, vagina and cervix for lacerations and managing as per protocols
 - Care for STI, HIV, or HBV positive women and neonates
 - Undertake, only if indicated, an episiotomy and repair according to protocol.
 - Consider universal precautions during labor according to protocols.
- Prepare and give medications needed according to national protocols and according to physician's order.
- Provide immediate post natal care within the first hour of delivery (mother);
 - Take V/S
 - Ensure empty bladder.
 - Encourage breast-feeding.
 - Give medication according to protocol
- Enhance the mother and baby bonding.
- Perform active management of the third stage of labor according to current protocol.
- Perform uterine massage according to protocol.
- Identify and manage post partum hemorrhage.
- 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. Immediate Newborn Care

- Ensure patent airway.
- Perform resuscitation measures as necessary according to national guidelines.
- Clamp and cut the cord
- Assess the immediate condition of the neonate
- Perform a screening physical examination of the neonate (APGAR SCORE) immediately and at 5 min.
- Ensure neonate is kept warm, preferably by skin-to-skin contact with the mother
- Support the initiation of breastfeeding within the first hour of birth or as soon as possible after birth
- Care for neonates exposed to STI, HIV, or HBV according to standard guidelines.
- Assist early attachment: mother–father–baby (where culturally acceptable).
- Prevent abduction by applying identification band to the newborn.
- Administer eye prophylaxis for ophthalmia neonatorum, and vitamin K as per national protocols
- Provide routine vaccinations according to protocol.
- Immediately initiate transfer if needed.
- Document all performed procedures.

IV. Post natal care (postnatal ward)

- Receive the mother and newborn and check their labor records.
- Ensure that mother and baby are safe and comfortable.
- Assess the mother, V/S, examine the fundus, lochia and perineum.
- Assess the psychological status of the mother and the family.
- Encourage the mother to void frequently as indicted by protocol.

- Support and assist the mother in breast feeding immediately after birth.
- Identify and manage postpartum complications.
- Observe the baby's health status.
- Support mother and family in the cases of loss and grief (stillborn, abnormal baby,.....etc).
- Teach and counsel 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 emergency newborn resuscitation by the parents.
 - Providing a safe environment for the newborn and young child.
 - Danger signs for mother and newborn Vs normal physiological changes.
 - Sexual activity
 - Family planning
 - Rest and activity
 - Post natal exercise.
- Detection and management/referral of maternal and neonatal health problems and/or complications.
 - Detect and treat pre-eclampsia, eclampsia, anaemia, early postpartum infection, UTI, postpartum depression, cardiac, gestational diabetes.
 - Apply national protocols of treatment and care of detected STI (including HIV)
 - Stabilize the woman and the neonate before referral
 - Ensure fast and safe referral when necessary and possible
 - Observe the mother's emotional state throughout the immediate postpartum period.
 - Encourage the family members to provide support to mother.
 - Advise the mother for follow up at the PHC services (Postnatal visit, PKU, vaccinations...etc).
- Provide immediate post-operative care for mother post Cesarean section cases (close observation, vital signs, bleeding signs, bladder injury, vaginal discharge, newborn assessment).
- Document all performed procedures.
- **Provide care and monitoring for the newborns in the postpartum ward:**
 - a. Consider mother's perinatal history in planning the care for the newborn.
 - b. Prevent abduction by ensuring the presence of identification band on the newborn's limb and having an identification card on the baby's basinet.
 - c. Ensure that the vitamin K and the Hepatitis Vaccine were given by checking the newborn's records and the thighs of the baby.
 - d. Check mother's blood group Vs the newborn's blood group and report the results.
 - e. Close observation for each newborn at least every hour.
 - f. Monitor the vital signs including the temperature, pulse, and respiration every three hours. And the Blood pressure once a shift.
 - g. Ensure thermal regulation for each newborn and treat hypo or hyperthermia according to national protocols.
 - h. Position the baby in supine position during sleep.
 - i. Provide bathing for the newborn preferably in front of the mother according to updated national protocols.
 - j. Facilitate breast-feeding every two hours.
 - k. Perform a complete physical exam for the newborn after stabilization and before discharge, preferably in front of the mother.
 - l. Provide umbilical care according to updated national protocols.
 - m. Assess and facilitate infant parent bonding and attachment.
 - n. Ensure that the newborn is weighted immediately after birth and before discharge.
 - o. Monitor and report the voiding and stool of the newborn before discharge.

- p. Monitor and report RBS using dextrostix for high risk group such as poor feeding, large baby, IDM, small baby,etc.
- q. Provide safe transfer for high risk newborn cases such as premature infant, IDM, newborns with congenital anomalies, tight cord around the neck, newborn with coombs positive....etc.
- r. Ensure that a complete physical exam was done by a pediatrician before the discharge of each newborn.
- s. Take all the requested tests or lab investigations before discharge of each newborn and that all the results are within normal to proceed with the discharge process.

V. Gynecological cases:

The midwife should provide nursing care according to physicians order 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

- Prenatal classes
- Quickening.
- Sexuality: Libido changes & positions.
- Discomforts: Round ligament pain, backache, and heartburn.
- 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 awareness & contraception choice
- Logistic

37 – 38 Weeks

- Breastfeeding information.

39 – 40 Weeks

- Postpartum review.
- Early labor management at home.

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