

## الوصف الوظيفي للقابلة المساعدة في الرعاية الاولى

### مبادئ عامة:

#### ☆ المؤهلات المطلوبة :

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

#### ☆ العلاقات الوظيفية :

- مسؤولة من القابلة القانونية او الممرضة القانونية أو مدير التمريض في المحافظة

#### ☆ التعريف الوظيفي

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

### المتطلبات الاساسية المطلوبة من 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 ومرتبطة لمتلقي الخدمة حسب معايير الحد من العدوى.

### ☆ مجالات العمل الرئيسية للقابلة المساعدة في الرعاية الاولى التي يمكن ان تتغير وفقاً للحاجة والموقف وما يطلب منها من قبل المسؤول

#### المباشر:

1. المساعدة في تقديم رعاية ما قبل الحمل وتنظيم الاسرة
2. المساعدة في تقديم رعاية الحوامل
3. المساعدة في تقديم رعاية ما بعد الولادة
4. المساعدة في تقديم رعاية الطفل السليم
5. المساعدة في اجراء المسح اللازم لسرطان الجهاز التناسلي وسرطان الثدي.
6. المساعدة في التعرف على مشكلات المجتمع الصحي ونقل رسائل التعزيز الصحي المتعلقة بالصحة الانجابية.

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

## Job Description Of Assistant Midwife in PHC

### 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 nursing manager of health center.**
- **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 PHC that can change according to the assignment from first line manager and according to the need and context:

- I. Assist in providing preconception care and family planning.
- II. Assist in providing antenatal care.
- III. Assist in providing postnatal care.
- IV. Assist in providing well baby care.
- V. Assist in the screening for reproductive tract cancers and breast cancer.
- VI. Assist in identifying community health problem regarding reproductive health, and delivering effective health promotion messages.
- VII. **Assist in conducting home visit to the woman and her baby according to the protocol and as needed.**
- VIII. **Assist in conducting safe delivery in dangerous and frightening situations.**

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

# Practical Midwife Job Description At PHC

## I Preconception Clinic

- Participate in teaching of clients on healthy life style.
- Refer to needed services according to the national protocol
- Participate in providing Family planning counseling and according to the needs of the couples.
- Document all performed procedures.

## II 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 the supervision of the staff midwife**
  - Vital signs.
  - Weight and height.
  - Participate in making a complete general inspection of the woman.
  - Participate in clinical breast exam
  - **Abdominal (inspection, palpation and auscultation, Fundal height, position, lie, descent of fetus, fetal wellbeing and growth)**
  - **Monitoring fetal heart rate regularly each visit.**
- 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.

## III Post Natal Care

- a. **At 6 hours (in case of home delivery) the practical midwife can visit the mother at home with a staff midwife or a physician.**
- Visit the mother and newborn at home.
  - Perform a quick assessment for the status of the mother and baby to detect any deviation from normal.
  - Assess the mother, V/S.
  - Assess the psychological status of the mother and the family.

- Observe the mother's emotional state throughout the postpartum period.
- Encourage the family members to provide support to mother.
- Encourage the mother to void frequently as indicated by protocol.
- Support, teach, and assist the mother in breast feeding immediately after birth.
- Participate in teaching and counsel the mother about the following topics:
  - Breast feeding.
  - Personnel hygiene.
  - Diet and nutrition.
  - Baby care.
  - Danger signs for mother and newborn.
- Advise the mother for follow up at the PHC services (Postnatal visit, PKU, vaccinations...etc).
- Document all performed procedures.
- Assess and provide care for the newborn:
  - Close observation for the newborn during the visit and instruct the mother and care provider to monitor the newborn at least every hour.
  - Monitor the vital signs of the newborn including the temperature, pulse, respiration, and capillary refill on arrival and before leaving the home.
  - Ensure thermal regulation for each newborn and treat hypo or hyper thermia according to national protocols.
  - Assess how the cord was cut and refer in case of unclean cut.
  - Provide umbilical care according to updated national protocols.
  - Assess and facilitate infant parent bonding and attachment.
  - Position the baby in supine position during sleep and advise the mother to proceed with this routine during the first seven months of life.
  - Provide bathing for the newborn as needed preferably in front of the mother according to updated national protocols.
  - Facilitate breast feeding every two hours.
  - Weigh the newborn in front of the mother and record the result.
  - Assess the voiding and stool of the newborn then instruct the mother and the care taker to continue monitoring them during the first 48 hours of life.
  - Provide safe transfer for high risk newborn cases such as premature infant, IDM, newborns with congenital anomalies, tight cord around the neck,...etc.
  - Advise the mother and the care taker to visit a pediatrician for a complete physical exam for the newborn in the well baby clinic within the first 24 hours of life.

**b. Postnatal care at 6 days and 6 weeks.**

- Assess mother's vital signs.
- Participate in taking obstetric history (mode of delivery, birth outcome, condition, complication during delivery or post delivery)
- Encourage the family members to provide support to mothers
- Provide nutritional supplements for the women (under the supervision of a staff midwife or a staff nurse and according to national protocols).

- Participate in teaching and counseling the mother about the following topics:
  - ✧ Breast feeding.
  - ✧ Personnel hygiene.
  - ✧ Diet and nutrition.
  - ✧ Baby care.
  - ✧ Danger signs for mother and newborn.
  - ✧ Sexual activity
  - ✧ Family planning
  - ✧ Post natal exercise.
- Support and assist mother in breast feeding.
- Document all performed procedures.

#### **IV Well Baby Clinic**

- Participate in taking obstetric history (mode of delivery, birth out come, weight, height, Head circumference).
- Participate in monitoring child growth according to growth chart.
- Participate in the assessment and monitoring of child development.
- Request screening tests i.e. Hb according to protocols and under supervision of staff midwife or a staff nurse.
- Provide supplements according to national protocols (under supervision of staff midwife or staff nurse).
- Participate in providing counseling on breastfeeding, complementary feeding, and nutrition according to national protocols.
- Participate in providing counseling on baby care including hygiene, feeding, sleeping, ...etc.
- Participate in providing periodic vaccination according to national protocols.
- Participate in the assessment of health status of the child including complete physical exam.
- Refer any case that can't be managed within the available clinic setting to other health facilities.
- Document all performed procedures and assessment findings.

#### **V Reproductive system cancers:-**

- ✧ Screen for breast cancer using clinical breast exam (under supervision of a staff midwife or a staff nurse).
- ✧ Illustrate self breast exam.
- ✧ Refer suspected or diagnosed cancer cases (i.e.: cervical , Breast , ... etc) according to national protocols.
- ✧ Document all performed procedures and assessment findings.

#### **VI Role in the community:-**

- Participate in identifying community health problem regarding reproductive health through the maintenance of communication channels with the local community.
- Participate in preparing and delivering effective health promotion messages.
- Report suspected cases of domestic violence to a staff midwife or staff nurse.
- Raise awareness on the importance of equity & universal access to sexual reproductive health.
- Document all performed procedures and assessment findings.



## 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 awareness & contraception choice
- Logistic

### 37 – 38 Weeks

- Breastfeeding information.

### 39 – 40 Weeks

- Postpartum review.
- Early labour management at home

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