الوصف الوظيفي للقابلة القانونية في الرعاية الاولية

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 كقابلة 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 مدير التمريض في المحافظة

☆ **التعريف الوظيفي:**

- تحتاج القابلة القانونية المعينة حديثاً الى ثلاثة شهور على الاقل كفترة تعريفية لتسهيل تأقلمها 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 الرعاية الأولية التي ممكن ان تتغير وفقاً للحاجة والموقف وما يطلب منها من قبل المسؤول المباشر:**

1. تقديم عناية ما قبل الحمل
2. تقديم رعاية الحوامل
3. تقديم رعاية ما بعد الولادة
4. تقديم رعاية الطفل السليم
5. تقديم المشورة المتعلقة بتنظيم الاسره
6. تقديم الرعاية والمشوره للامراض المنقولة جنسياً
7. اجراء المسح اللازمة لسرطانات الجهاز التناسلي وسرطان الثدي.
8. توفير الرعاية لحالات الاجهاض
9. التعرف على مشكلات المجتمع الصحية ونقل رسائل التعزيز الصحي المتعلقة بالصحة الانجابية.

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

تركيب وازالة وسائل منع الحمل

☆ **مهام اضافية**

1. المشاركة في التدريب والاشراف على زملائهم المبتدئين والطلبة
2. المساعدة 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 القابلة القانونية في الرعاية الأولية، يرجى الاطلاع على الصفحات المرفقة

Job Description Of Staff Midwife in PHC

General Principles

- **Qualifications requirement:**
  - Minimum of three years midwifery diploma, BS midwifery, postgraduate midwifery diploma, or masters in midwifery.
  - o Master in midwifery
  - o Postgraduate midwifery diploma
  - o BS midwifery.
  - o 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 at MCH CENTER.
  - Supervised by: midwifery or 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.

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 MCH center, , ensure availability, and check expiry dates regularly.

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

I. Provide preconception care.
II. Provide antenatal care.
III. Provide postnatal care.
IV. Provide well baby care.
V. Provide Family Planning counseling.
VI. Provide care and counseling for Sexually transmitted infections (STIs)
VII. Screen and refer cases of reproductive tract cancers and breast cancer.
VIII. Provide abortion care.
IX. Identify community health problem regarding reproductive health, and deliver effective health promotion messages.
X. Conducting home visit to the woman and her baby according to the protocol and as needed.
XI. Conducting safe delivery in dangerous and frightening situations.

Competencies that need special certification:

- Insert and remove contraceptive devices as intrauterine contraceptive device.

Additional Tasks

- Participating in the training and supervision of junior colleagues and students, orientation and assisting of nursing & midwifery students as needed..
- Help in research evidence based practices.
- Involve in academic teaching or training for midwifes.
- Prepare monthly statistical reports
- Participate in the professional health committees such as infection control committee.

For additional details on the main duties of a Staff Midwife in the Primary Health Care, please see the attached pages.

Staff Midwife Job Description At PHC

I Preconception Clinic

- Involve the husband in counseling taking into consideration the culture acceptance.
- Assess the mother general health status and take family history
- Assess for hereditary diseases.
- Provide genetic counseling and refer the case as needed.
- Perform screening tests according to national protocols (i.e.: Full blood count, Ferritin level, Urine test, B/P, dental checkup,...etc).pap smear and rubella titers are no longer done
- Provide needed supplements according to the national protocol.
- Teach on healthy life style.
- Counsel Client based on the assessment findings.
- Refer to needed services according to the national protocol
- Vaccination and immunizing according to protocol (Tetanus Toxoid, and others)
- Provide Family planning counseling and according to the needs of the couples.
- Provide fertility awareness as needed by the couple.
- Document all performed procedures.

II 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)
  - Provide regular monitoring of fetal heart rate each visit.
  - Pelvic exam as protocol guidelines. (not done and to be omitted)
  - Lab test according to protocol.
- Identify risk signs of pregnancy and refer the mother to the doctor accordingly as per protocol as the policy in primary health care.
- Teaching and counseling according to the weeks of pregnancy and needs of mother and 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 give Tetanus Toxoid or others as needed.
- Counseling the woman regarding 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)

- 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, examine the fundus, lochia and perineum.
- 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 indicted by protocol.
- Support, teach, and assist the mother in breast feeding immediately after birth.
- Identify and manage postpartum complications.
- 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.
  - Danger signs for mother and newborn.
  - Postnatal exercise.
  - Family planning
  - Sexual activities

  NB: It is important for the midwife to provide psychological support for the woman during preconception period, pregnancy, labour and postnatal period and to the woman at various stages of her life

- **Detection, management, and referral of maternal and neonatal health problems and/or complications.**
  - Detect and refer pre-eclampsia, eclampsia, anaemia, early postpartum infection, UTI, postpartum depression, cardiac, gestational diabetes, STI, or HIV cases.
  - Stabilize the woman and the neonate before referral
  - Ensure fast and safe referral when necessary and possible

- Advice 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:
  - Consider mother's perinatal history in planning the care for the newborn.
  - Give vitamin K and the Hepato Vaccine and document.
  - Check mother's blood group versus the newborn's blood group and report the results.
  - 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.
  - Perform a complete physical exam for the newborn after stabilization and before leaving the home, preferably in front of the mother.
  - 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 advice 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 according to national protocols.
- 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.
- Monitor and report RBS using dextrostix for high risk group such as poor feeding, large baby, IDM, small baby, ...etc, then refer the cases as necessary.
- Provide safe transfer for high risk newborn cases such as premature infant, IDM, newborns with congenital anomalies, tight cord around the neck,....etc.
- Transfer the newborn and the mother to a close hospital in case the mother's blood group was O or had an Rh –ve.
- Advice 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 condition (Vital signs, Abdominal exam, breast exam, Fundal height, Lochia, Perineum)
- Take obstetric history (mode of delivery, birth outcome, condition, complication during delivery or post delivery)
- Request lab tests according to national protocols.
- Refer and follow up according to the assessment findings.
- Encourage the family members to provide support to mothers
- Provide nutritional supplements for the women as needed and according to national protocols.
- Teach and counsel 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.
- Identify and manage breast problems related to breast feeding.
- Observe the mother's emotional state, beginning in antenatal clinics and continuing throughout postpartum
- Offer support and advice in cases of loss and grief (miscarriages, neonatal deaths, abnormal baby,.....etc).
- Detect, manage, and/or refer maternal and neonatal health problem and complications
  - Detect and manage any high risk cases or deviations (i.e.: pre-eclampsia, eclampsia, anaemia, PPH, early postpartum infection, UTI, postpartum depression, STI, HIV, ... etc) according to national protocols.
  - stabilize the woman and/or the neonate before referral of high risk cases.

- ensure fast and safe referral procedures
- Document all performed procedures.

IV Well Baby Clinic

- Take obstetric history (mode of delivery, birth out come, weight, height, Head circumference).
- Monitor Child growth according to growth chart.
- Assess and monitor child development.
- Perform screening tests according to national protocols (Hb, PKU).
- Provide supplements according to national protocols.
- Provide counseling on breastfeeding, complementary feeding, and nutrition according to national protocols.
- Provide counseling on baby care including hygiene, feeding, sleeping, ...etc.
- Provide periodic vaccination according to national protocols.
- Assess the 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 Family planning;

- Take complete health, obstetrics, and gynecological history including STIs.
- Take family planning history (previous family planning, method)
- Conduct a counseling session by using (GATHER) technique
  - provide the couple with full information about different methods
  - help the couple to choose the appropriate method for her needs.
  - Perform physical exam & lab tests (CBC,V/S ,lower extremists , P.V exam ect …) as protocol and guidelines.
- Check and monitor the IUD periodically according to national protocols.
- Insert or remove IUD if trained and certified according to national protocols.
- Appoint follow up visits as needed.
- Assess couples compliance with the selected family planning method.
- Identify presence of any related problem with the method used & switch to other method if needed
- Document all performed procedures and assessment findings.

VI Sexually transmitted infections (STI)

- Collect full history
- Identify related STI symptoms and HIV.
- Detect & manage related STI problems.
- Perform physical exam.
- Collect samples and perform High Vaginal Swab (H.V.S) according to national protocols.
- Follow up by syndromic management flow chart.
- Refer according to protocol.
- Provide teaching and counseling to prevent and manage STIs according to the client needs.
- Document all performed procedures and assessment findings.

VII Reproductive system cancers:-

- Screen for cervical cancer using pap smear
- Screen for breast cancer using clinical breast exam or mamogram.
- Illustrate self breast exam.
- Detect any abnormal signs such vaginal bleeding.

- Refer suspected or diagnosed cancer cases (i.e.: cervical , Breast , ... etc) according to national protocols.
- Document all performed procedures and assessment findings.

VIII Abortion care:-

- Collect full history (L.M.P, vaginal discharge) and physical exam.
- Perform abdominal exam to detect fetal heart if possible and fundal height.
- Provide emergency management as needed.
- Provide counseling on post abortion contraception.
- Refer according to protocol.
- Document all performed procedures and assessment findings.

IX Role in the community:-

- Identify community health problem regarding reproductive health through the maintenance of communication channels with the local community.
- Prepare &deliver effective health promotion messages.
- Identify and refer cases of suspected domestic violence.
- Raise awareness on the importance of equity & universal access to sexual reproductive health.
- Conduct home visit according to protocol.
- 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 labor
- Discuss birth room
- Labor review, active
- Fetal movement importance
- Preparation for labor. Clothes, bassinet, transportation, insurance, and other logistic preparation
- Perineal massage / episiotomy
- Fertility awareness & contraception choice

37 – 38 Weeks

- Breastfeeding information.

39 – 40 Weeks

- Postpartum review.
- Early labour management at home

DRAFT