

## **TOR for Nurse Practitioner in Midwifery (NPM)**

**The Nurse Practitioner Midwives (NPMs) would have the following responsibilities in accordance with the scope for practice outlined by MOHFW, GOI and Indian Nursing Council.**

The gazette of Scope of Practice of NPM at the national level has been adopted by the Government of Rajasthan and is being followed in the state. The NPMs will have prescriptive rights and practice in the Antenatal OPD, MLCU/ Labour room, Postnatal Unit and family welfare centre. The NPMs will be posted at all level high delivery centre to promote continuum-women centric care.

### **Who is Nurse Practitioner in Midwifery(NPM):**

An NPM is one who has successfully completed the 18 months' Nurse Practitioner in Midwifery training program from State Midwifery Training Institute (SMTI) designed by the Indian Nursing Council (INC) based on the ICM essential competencies for basic midwifery practice and recognized in India by the Ministry of Health and Family Welfare, Government of India. The NPMs are registered to Rajasthan Nursing Council (RNC) and licensed to practice midwifery in high caseload facilities across Rajasthan under the title 'Nurse Practitioner Midwife', upon demonstrating competency in the practice of midwifery.

### **Responsibility of NPMs :**

- The NPM is a responsible and accountable professional who works in partnership with women to provide the necessary support, respectful care and advice to women and their families during pregnancy, childbirth and the postpartum period.
- The NPM will function primarily in the MLCUs alongside comprehensive Emergency Obstetric and Neonatal Care (CEmONC) centres, under the overall supervision of the Obstetrician at the facility, as envisaged by GoI. MLCUs shall promote normality during pregnancy, labour, birth and the postpartum period, early and timely detection of complications, carry out first line emergency measures, refer and facilitate access to a full range of medical and surgical care as well as provide preventive care
- The NPM will be able to competently perform the full scope of practice as per the education and training curriculum laid down by INC in accordance with MoHFW regulations and guidelines.
- They are fully responsible and accountable to provide care within their defined scope of practice in the country.
- They have the authority within their area of expertise to:
  - Educate and counsel women and their families on birth preparedness and complication readiness (BPCR), care prior to, during and after pregnancy, care of the healthy newborn, healthy timing and spacing of pregnancy including postpartum family planning and other health
  - Advocate for women's needs, autonomy and agency
  - Order and interpret diagnostic procedures and laboratory tests (refer Annexure 2)
  - Prescribe selected medications (Annexure 3)
  - Assess and triage women at the time of admission and refer the high-risk cases to the Obstetric Led Care Unit (OLCU)

- Provide care for women, and their newborns according to best evidence during normal pregnancy, labour, birth and the postnatal period including identification and initial management of selected complications during this period
- Consult with and refer to other professionals and services for care outside of their scope of practice and ensure continuity of care from preconception to the postnatal period
- Document and review provision of care

### **Clinical Roles of NPMs:**

The primary function of NPMs is to act professionally within their work environment to ensure the wellbeing of childbearing woman and her newborn. NPMs should empower pregnant women to instill confidence in women for their capabilities in childbirth and empower them to assume responsibility for their health, to enable them to learn for themselves, to build on their strengths and to access services in a timely way.

#### **A. Pre-pregnancy Care (Sexual and Reproductive Health)-(posting place-Family Welfare Centre)**

- Provide Family planning counselling and services.
- Provide Pre-conception care and counselling.
- Perform measures in prevention and screening for Sexually Transmitted Infections and advice treatment based on the syndromic management approach.
- Perform nutritional assessment and advise pre-conceptual supplement

#### **B. Antenatal care- (posting place- Antenatal OPD)**

- Detect and confirm pregnancy, estimate gestational age from history, physical examination and advice on laboratory test from the recommended list of investigations.
- Monitor the progression of pregnancy.
- Assess foetal and maternal wellbeing.
- Promote and support healthy behaviours that improve women's wellbeing including ANC exercises.
- Provide antenatal education and anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and postpartum family planning.
- Detect, manage, and refer women with complicated pregnancies (High risk pregnancies)
- Counsel the woman and her family and facilitate the preparation of a Birth preparedness and complication readiness plan.
- Provide counselling on pregnancy options and care to women with unintended or mistimed pregnancy.
- Provide counselling and post abortion care to women.
- Line listing of all the pregnant women who are at high risk and do their follow up.

#### **C. Care during Labour and birth (Intrapartum Care in MLCU/ Labour room)**

- Confirm onset of labour.
- Provide supportive respectful care to women in normal labour at term and in immediate postnatal period (e.g. explain and facilitate alternate birthing positions, birth companionship as chosen by women, facilitate informed choices/rights-based care).
- Identify complications during labour, childbirth and the immediate postpartum period, and provide immediate management and referral when indicated.
- Assist physiological birthing processes leading to a safe birth, active management of the

third stage of labour for the prevention of postpartum haemorrhage.

- Provide immediate essential new-born care (warmth, early initiation of breastfeeding, delayed cord clamping, vitamin K, eye and cord care)
- Perform neonatal resuscitation when indicated.
- Identify new-born complications, perform immediate management and when indicated, initiate timely referral.
- Perform and repair episiotomy based on evidence-based indications with the woman's consent.
- Repair perineal, vaginal and vulval lacerations (excluding 3rd /4th degree or complicated tears).
- Follow Situation, baseline, Assessment & Recommendation (SBAR) approach for collaborative care

#### **D. Ongoing care of women and new-borns (Postpartum Care- Postnatal observation room/ PNC ward)**

- Provide postnatal care that focuses on continuing health assessment of woman and neonate, health education, support for breastfeeding, detection of complications and provision of family planning services.
- Support maternal and infant bonding and healthy childrearing practices.
- Identify postpartum complications, perform immediate management and when indicated, initiate referral promptly.
- Identify postnatal complications in the woman and new-born, provide immediate management and when indicated, initiate referral promptly.
- Counsel on postpartum family planning services.
- Provide anticipatory guidance on birth planning and complication readiness for the woman and new-born including recognition of danger signs in both.
- Perform Women wellbeing screening- breast assessment, PAP smear collection, VIA

#### **Additional Roles & Responsibilities**

- Development of duty roster, monitoring and record keeping for day-to-day activities of MLCU.
- Coordination for ensuring regular supplies and logistics in MLCU.
- Coordination with facility I/C-HOD OB&GY, Medical Superintendent/ MO for smooth functioning of MLCU.
- Perform Collaborative care with OBGyn, Pediatrician and nurses for high risk management.
- Ensure that NPMs practice as per their roles defined in the Scope of Practice document including alternative birthing position, physiological birthing, respectful maternity care etc.
- Conflict resolution and smooth internal coordination.
- Maintaining Quality Standards in MLCU.

## List of Laboratory Test

**Laboratory Tests**

Maternal	
Condition	Laboratory tests to order
Prevention/Routine	Pregnancy test (Serum/Urine)
	Haemoglobin, Complete Blood Count (CBC)*
	Blood group, Rh typing
	Hepatitis B (HBsAg)/ Hepatitis C (HCV DNA)*
	Multi-reagent Urine dipsticks
	75 gm Oral Glucose Tolerance Test (OGTT)
	Rapid POC tests: HIV, syphilis. RPR for syphilis if available
TORCH Infections	TORCH Panel*
UTI	Multi-reagent Urine dipsticks: albumin, sugar nitrites, leucocytes, blood
	Urine microscopy
	Urine culture and sensitivity*
Uncomplicated Malaria	Rapid test: Malaria / thick drop or thin smear
Severe PE / Eclampsia	Urine dipsticks: Albumin
Thyroid Disorders	Thyroid Stimulating Hormone (TSH)*
TB in Pregnancy	Sputum for Acid-Fast Bacillus (AFB)

\*Subject to Indication in individual pregnant women

List of Medication that can be prescribed

**Medications**

<b>Maternal</b>	
<b>Condition</b>	<b>Medications to prescribe</b>
Prevention/Routine	Folic Acid, Iron Folic Acid tablets
	Calcium with Vit D3
	Albendazole
	Td vaccine
	Medical-Nutrition Therapy for potential gestational diabetes (Women with GDM will be referred for ANC with OBGYNs)
Preterm labour	Antenatal corticosteroids
IV fluids	Normal saline
	Ringer's Lactate
Antipyretic/Analgesic	Paracetamol tablets
RTI/STI(Syphilis, Chlamydia, Gonorrhoea, Vaginal candida infection, BV/Trichomoniasis)	<b>For the woman:</b> Erythromycin/Ceftriaxone/Metronidazole/Clotrimazole vaginal pessaries
	<b>For the partner:</b> Tetracycline /Doxycycline/Ciprofloxacin
UTI	Amoxicillin, Nitrofurantoin
Hypertensive disorders in Pregnancy	Loading dose of Magnesium Sulphate
Management of PPH	Oxytocin
Puerperal infection	Ampicillin, Metronidazole and Gentamycin
<b>Newborn</b>	
<b>Condition</b>	<b>Medications to prescribe</b>
Preventive treatment	Vitamin K1
	ART prophylaxis for newborns of HIV mothers
Possible serious illness, severe umbilical infection or severe skin infection	Ampicillin
	Gentamicin
	Oxygen
Gonococcal eye infection	Ceftriaxone/Kanamycin
Vaccinations	Birth dose <ul style="list-style-type: none"> <li>&gt; BCG</li> <li>&gt; '0' dose Polio</li> <li>&gt; Hepatitis followed by the routine immunization as per UIP</li> </ul>

## DRESS CODE

### 1. UNIFORM COLOR:

As per Government of India Branding guideline all NPM will wear Scrub of Any one shade of dark Lilac as mentioned in MLCU Brochure for NPMs & MEs

### 2. SHOES:

Black shoes/ Sandals with or without buckles. (Maximum heel 1.5 inch allowed)

### 3. SOCKS:

Natural skin color or Black

### 4. COAT/APRON

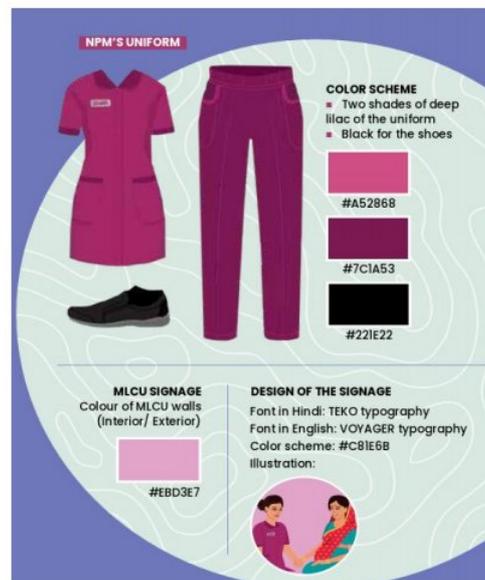
Half sleeves white color for NPM who are at senior nursing officers' grade and Three fourth sleeves white color for MEs, or NPMS at Metron/ ANS/ NS grade

### 5. SWEATER:

Black coloured Sweater

### 6. HAIRPINS/ HAIR BAND:

Black



### 7. TYPE OF APPAREL: Dark Lilac Scrub for male and Female NPMs

## Monitoring Indicators to be documented and reported from Facilities where NPMs are posted

### Monitoring indicators

S. No	Indicators	
1.	% of Deliveries conducted in Midwifery unit out of total deliveries in the facility	<b>Numerator:</b> No. of Deliveries Conducted at MLCU. <b>Denominator:</b> Total Deliveries conducted at the Facility.
2.	% of Deliveries conducted in Midwifery unit at night (8 PM to 8 AM)	<b>Numerator:</b> No. of Deliveries Conducted in MLCU at night (8 PM to 8 AM). <b>Denominator:</b> Total Deliveries conducted at MLCU.
3	% of Referrals to obstetric unit (OLCU)	<b>Numerator:</b> No. of Referrals to obstetric unit (OLCU). <b>Denominator:</b> Total Admissions in MLCU.
4	% of PW who underwent C Section out of those referred	<b>Numerator:</b> No. of PW referred who underwent C-section. <b>Denominator:</b> No. of Referrals to obstetric unit by MLCU.
5	% of Newborn who required Neonatal Resuscitation	<b>Numerator:</b> No. of Newborns who required Neonatal Resuscitation. <b>Denominator:</b> Total Live Births at MLCU.
6	% of Births which happened in Alternative Birthing Positions	<b>Numerator:</b> No. of Births at MLCU in Alternate Birthing Position. <b>Denominator:</b> Total Births at MLCU.
7	% of Episiotomies conducted at MLCU	<b>Numerator:</b> No. of Episiotomies conducted at MLCU. <b>Denominator:</b> Total Deliveries conducted at MLCU.
8	% of Perineal tear reported at MLCU	<b>Numerator:</b> No. of Perineal Tear Reported. <b>Denominator:</b> Total Deliveries conducted at MLCU.

Apart from these, the existing Labour Room Formats also need to be filled, as placed in