



# MDWF13008 *Foundations of Midwifery 3*

## Term 3 - 2023

Profile information current as at 20/04/2024 04:38 am

All details in this unit profile for MDWF13008 have been officially approved by CQUniversity and represent a learning partnership between the University and you (our student). The information will not be changed unless absolutely necessary and any change will be clearly indicated by an approved correction included in the profile.

### General Information

#### Overview

In this unit, you will critically analyse and apply evidence-based research to identify and care for women experiencing highly complex physiological and psychosocial issues that may occur during the childbearing continuum. In addition, you will consider the particular experiences of women from marginalised groups. This may include women experiencing substance misuse, incarceration, migrant and refugee women, and members of the lesbian, gay, bisexual, transgender, queer and/or intersex (LGBTQI) community.

#### Details

Career Level: *Undergraduate*

Unit Level: *Level 3*

Credit Points: 6

Student Contribution Band: 7

Fraction of Full-Time Student Load: 0.125

#### Pre-requisites or Co-requisites

Co-requisites: MDWF13007 Midwifery Practice for Aboriginal and Torres Strait Islander Families

Important note: Students enrolled in a subsequent unit who failed their pre-requisite unit, should drop the subsequent unit before the census date or within 10 working days of Fail grade notification. Students who do not drop the unit in this timeframe cannot later drop the unit without academic and financial liability. See details in the [Assessment Policy and Procedure \(Higher Education Coursework\)](#).

#### Offerings For Term 3 - 2023

- Online

#### Attendance Requirements

All on-campus students are expected to attend scheduled classes - in some units, these classes are identified as a mandatory (pass/fail) component and attendance is compulsory. International students, on a student visa, must maintain a full time study load and meet both attendance and academic progress requirements in each study period (satisfactory attendance for International students is defined as maintaining at least an 80% attendance record).

#### Website

[This unit has a website, within the Moodle system, which is available two weeks before the start of term. It is important that you visit your Moodle site throughout the term. Please visit Moodle for more information.](#)

## Class and Assessment Overview

### Recommended Student Time Commitment

Each 6-credit Undergraduate unit at CQUniversity requires an overall time commitment of an average of 12.5 hours of study per week, making a total of 150 hours for the unit.

### Class Timetable

#### [Regional Campuses](#)

Bundaberg, Cairns, Emerald, Gladstone, Mackay, Rockhampton, Townsville

#### [Metropolitan Campuses](#)

Adelaide, Brisbane, Melbourne, Perth, Sydney

### Assessment Overview

#### 1. **Written Assessment**

Weighting: 50%

#### 2. **Oral Examination**

Weighting: 50%

### Assessment Grading

This is a graded unit: your overall grade will be calculated from the marks or grades for each assessment task, based on the relative weightings shown in the table above. You must obtain an overall mark for the unit of at least 50%, or an overall grade of 'pass' in order to pass the unit. If any 'pass/fail' tasks are shown in the table above they must also be completed successfully ('pass' grade). You must also meet any minimum mark requirements specified for a particular assessment task, as detailed in the 'assessment task' section (note that in some instances, the minimum mark for a task may be greater than 50%). Consult the [University's Grades and Results Policy](#) for more details of interim results and final grades.

## CQUniversity Policies

**All University policies are available on the [CQUniversity Policy site](#).**

You may wish to view these policies:

- Grades and Results Policy
- Assessment Policy and Procedure (Higher Education Coursework)
- Review of Grade Procedure
- Student Academic Integrity Policy and Procedure
- Monitoring Academic Progress (MAP) Policy and Procedure – Domestic Students
- Monitoring Academic Progress (MAP) Policy and Procedure – International Students
- Student Refund and Credit Balance Policy and Procedure
- Student Feedback – Compliments and Complaints Policy and Procedure
- Information and Communications Technology Acceptable Use Policy and Procedure

This list is not an exhaustive list of all University policies. The full list of University policies are available on the [CQUniversity Policy site](#).

## Previous Student Feedback

### Feedback, Recommendations and Responses

Every unit is reviewed for enhancement each year. At the most recent review, the following staff and student feedback items were identified and recommendations were made.

#### Feedback from SUTE data

**Feedback**

I found the assignment similar to an assignment of a different subject being completed in the same term. It would have been great to do something different.

**Recommendation**

The assessment tasks for all term 3 units will undergo peer review by all members of the midwifery academic team to ensure that any similarities are avoided.

## Unit Learning Outcomes

### On successful completion of this unit, you will be able to:

1. Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
2. Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
3. Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
4. Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

The proposed changes to learning outcomes and the unit will meet the following:

#### **The draft ANMAC Midwifery Education Standards (2020).**

Standard 1: Safety of the public.

Standard 3: Program of study.

3.5 f. Integrated knowledge of care across the childbearing continuum within the scope of midwifery practice including:

1. social and emotional wellbeing of women, 2. complex family health domestic and family violence stillbirth, bereavement care. 3. perinatal mental health

#### **The Nursing and Midwifery Board of Australia (NMBA) Midwife Standards for Practice.**

Standard 1: Promotes evidence-based maternal health and wellbeing.

Standard 2: Engages in respectful partnerships and professional relationships.

Standard 3: Demonstrates the capability and accountability for midwifery practice.

Standard 4: Undertakes comprehensive assessments

Standard 5: Develops a plan for midwifery practice.

Standard 6: Provides safe and quality midwifery practice.

Standard 7: Evaluates outcomes to improve midwifery practice.

#### **The Nursing and Midwifery Board of Australia (NMBA) Code of Conduct for Midwives.**

Principle 1. Legal compliance.

Principle 2. Woman-centred practice.

Principle 3. Cultural practice and respectful relationships.

Principle 4. Professional Behaviour.

Principle 7. Health and wellbeing.

#### **The International Confederation of Midwives (ICM) International Code of Ethics for Midwives (2014).**

1. Midwifery Relationships.

2. Practice of Midwifery.

3. The Professional Responsibilities of Midwives.

4. Advancement of Midwifery Knowledge and Practice.

#### **National Safety and Quality Health Service Standards (2017).**

Clinical Governance Standard.

Partnering with Consumers Standard.

Preventing and Controlling Healthcare-Associated Infection Standard.

Medication Safety Standard.

Comprehensive Care Standard.

Communicating for Safety Standard.

Blood management Standard.

Recognising and Responding to Acute Deterioration Standard.

## Alignment of Learning Outcomes, Assessment and Graduate Attributes



### Alignment of Assessment Tasks to Learning Outcomes



## Textbooks and Resources

### Textbooks

MDWF13008

#### Prescribed

##### "Midwifery" Preparation for Practice

4th edition (2019)

Authors: Pairman, S., Tracy, S., Dahlen, H. G., & Dixon, L.

Elsevir

Sydney , NSW , Australia

ISBN: 9780729542678

Binding: eBook

MDWF13008

#### Prescribed

##### Myles Textbook for Midwives

Edition: 17th (2020)

Authors: Marshall , Jayne & Raynor , Maureen

Elsevir

Sydney , NSW , Australia

ISBN: 9780702076428

Binding: Hardcover

[View textbooks at the CQUniversity Bookshop](#)

### IT Resources

**You will need access to the following IT resources:**

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)
- Computer - ability to access study materials, including instructional videos and scan and upload assessment.
- Zoom (both microphone and webcam capability)

## Referencing Style

All submissions for this unit must use the referencing style: [American Psychological Association 7th Edition \(APA 7th edition\)](#)

For further information, see the Assessment Tasks.

## Teaching Contacts

**Rachelle Chee** Unit Coordinator

[r.chee@cqu.edu.au](mailto:r.chee@cqu.edu.au)

## Schedule

### Week 1 - 06 Nov 2023

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations LGBTQIA+ Families	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. <a href="https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&amp;dbid=AP6&amp;checksum=kYb00%2b07kx9l%2fBlvmKH%2bwg%3d%3d">https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&amp;dbid=AP6&amp;checksum=kYb00%2b07kx9l%2fBlvmKH%2bwg%3d%3d</a>	

### Week 2 - 13 Nov 2023

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Midwifery in a global context: Refugee and migrant women's' health	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. <a href="https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&amp;dbid=AP6&amp;checksum=kYb00%2b07kx9l%2fBlvmKH%2bwg%3d%3d">https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&amp;dbid=AP6&amp;checksum=kYb00%2b07kx9l%2fBlvmKH%2bwg%3d%3d</a>	

## Week 3 - 20 Nov 2023

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Perinatal mental health	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. <a href="https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&amp;dbid=AP&amp;checksum=kYb00%2b07kx9%2fBlvmKH%2bwg%3d%3d">https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&amp;dbid=AP&amp;checksum=kYb00%2b07kx9%2fBlvmKH%2bwg%3d%3d</a> Schmied, V., & Dixon, L. (2019). Women's psychosocial health and wellbeing. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier.	

## Week 4 - 27 Nov 2023

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Substance use in pregnancy	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. <a href="https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&amp;dbid=AP&amp;checksum=kYb00%2b07kx9%2fBlvmKH%2bwg%3d%3d">https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&amp;dbid=AP&amp;checksum=kYb00%2b07kx9%2fBlvmKH%2bwg%3d%3d</a>	

## Vacation Week - 04 Dec 2023

Module/Topic	Chapter	Events and Submissions/Topic
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## Week 5 - 11 Dec 2023

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Incarcerated women	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Baldwin, A., Capper, T., Ferguson, B., Wood, E., Jensen, B., Harvey, C., Winter, K., Mainey, L., & Geia, L. Birth charter for women in prison in Australia. <a href="https://www.cqu.edu.au/_data/assets/pdf_file/0019/140545/Australian_Birth_Charter_2020_screen.pdf">https://www.cqu.edu.au/_data/assets/pdf_file/0019/140545/Australian_Birth_Charter_2020_screen.pdf</a> Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. <a href="https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&amp;dbid=AP&amp;checksum=kYb00%2b07kx9%2fBlvmKH%2bwg%3d%3d">https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&amp;dbid=AP&amp;checksum=kYb00%2b07kx9%2fBlvmKH%2bwg%3d%3d</a>	

## Week 6 - 18 Dec 2023

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Sepsis, infections, & viruses	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Doughty, R., McLean, M., & Coombes, S. (2020). Medical conditions of significance to midwifery practice. In J. Marshall & M. Raynor (Eds). Myles textbook for midwives. Elsevier. Queensland Clinical Guidelines. (2021). Hypertension and pregnancy. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0034/139948/g-hdp.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0034/139948/g-hdp.pdf</a>	

## Vacation Week - 25 Dec 2023

Module/Topic	Chapter	Events and Submissions/Topic
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## Week 7 - 01 Jan 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Maternal collapse and other complications	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Queensland Clinical Guidelines. (2020). Venous thromboembolism (VTE) prophylaxis in pregnancy. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0011/140024/g-vte.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0011/140024/g-vte.pdf</a>	<b>Written Assessment Due:</b> Week 7 Friday (5 Jan 2024) 11:55 pm AEST

## Week 8 - 08 Jan 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Uterine anomalies, placenta accreta spectrum, thromboembolism and pulmonary embolus in pregnancy	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Dixon, L., & Cooke, H. (2019). Life-threatening emergencies. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier. Queensland Clinical Guidelines. (2018). Primary postpartum haemorrhage. <a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0015/140136/g-pph.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0015/140136/g-pph.pdf</a>	

## Week 9 - 15 Jan 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Eclampsia, HELLP syndrome, DIC	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Dixon, L., & Cooke, H. (2019). Life-threatening emergencies. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier.	

## Week 10 - 22 Jan 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 3: Pregnancy loss & Bereavement Fetal and infant loss in midwifery care	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a> Donnolley, N., & Dahlen, H.G. (2019). Grief and loss during childbearing - the crying times. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier.	

## Week 11 - 29 Jan 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 3: Pregnancy loss & Bereavement Poor prognosis	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a>	

## Week 12 - 05 Feb 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 3: Pregnancy loss & Bereavement Traumatic birth	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. <a href="https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf">https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf</a>	<b>Viva Voce Due:</b> Week 12 Friday (9 Feb 2024) 11:55 pm AEST

## Exam Week - 12 Feb 2024

Module/Topic	Chapter	Events and Submissions/Topic
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# Assessment Tasks

## 1 Written Assessment

## Assessment Type

Written Assessment

## Task Description

Type: Case Study

Due date: 2355 hours (AEST) Friday 5th January 2024 (Week 7)

Weighting: 50%

Length: 2500 words

Unit Coordinator: Rachelle Chee

## Aim

The aim of this assessment is to enhance your understanding of physical and psychosocial complexities of pregnancy. You will build on your knowledge of holistic, woman-centred midwifery practice, evidence-based midwifery care, and multidisciplinary collaboration by examining a case study.

Case Study:

Jane is a 42-year-old unemployed single mother, G9P6, who presents to the hospital at 25 weeks gestation for her booking appointment. Jane reports that she smokes twenty cigarettes daily. She has had six previous vaginal births and has history of essential hypertension. Whilst Jane has been prescribed antihypertensive medication, she does not take it due to the cost.

Upon assessment, Jane's observations are as follows: BP 169/100 mmHg, HR 82 bpm, urinalysis ++ protein. Her fundal height is 24 centimetres and the fetal heart rate is auscultated at 158 beats per minute.

## Instructions

Utilising an essay format, please follow the steps below to complete your assessment task.

With reference to the case study:

1. Analyse Jane's medical and obstetric history to determine her primary presenting problems and risk factors.
2. Discuss the immediate evidence-based midwifery care for each of Jane's presenting problems.
3. Describe how the midwife should collaborate with the multidisciplinary team to optimise Jane's care. Refer to the National Midwifery Guidelines for Consultation and Referral (Australian College of Midwives, 2021) when completing this step.

You may choose to use sub-headings to structure your response.

## Literature and references:

In this assessment use at least 10 contemporary references (<5 years) to support your discussion. You may also use seminal scholarly literature where relevant. Suitable references include peer-reviewed journal articles as well as textbooks and credible websites. When sourcing information, consider the 5 elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Grey literature sourced from the internet must be from reputable websites such as from government, university, or peak national bodies: for example, the Australian College of Nursing or the Australian Association of Social Workers.

## Requirements

Use a conventional and legible size 12 font, such as Times New Roman or Arial, with 2.0 line spacing and 2.54cm page margins (standard pre-set margin in Microsoft Word).

Include page numbers on each page in a footer.

Write in the third-person perspective.

Use formal academic language.

Use the 7th edition American Psychological Association (APA) referencing style. The CQUniversity Academic Learning Centre has an online [APA Referencing Style Guide](#).

The word count is considered from the first word of the introduction to the last word of the conclusion. The word count excludes the reference list but includes in-text references and direct quotations.

## Resources

You can use unit provided materials and other credible sources (e.g. journal articles, books) to reference your argument. The quality and credibility of your sources are important.

We recommend that you access your discipline specific library guide.

We recommend you use EndNote to manage your citations and reference list. More information on how to use EndNote is available at the CQUniversity Library website.

For information on academic communication please go to the Academic Learning Centre Moodle site. The Academic Communication section has many helpful resources including information for students with English as a second language.

Submit a draft before the due date to review your Turnitin Similarity Score before making a final submission. Instructions are available here.



## Submission

Submit your assessment via the unit Moodle site in Microsoft Word format only.

## Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned.

## Learning Outcomes Assessed

1. Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
2. Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
3. Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
4. Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

## References

Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral.

[https://midwives.org.au/common/Uploaded%20files/\\_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-\(2021\).pdf](https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf)

## Assessment Due Date

Week 7 Friday (5 Jan 2024) 11:55 pm AEST

Please submit your assessment on the Foundations of Midwifery 3 Moodle site.

## Return Date to Students

Week 9 Friday (19 Jan 2024)

Please allow two weeks for the return of this assessment task.

## Weighting

50%

## Assessment Criteria

HD	D	C	P	F
<b>Structure (15%)</b>				
Clear and succinct introduction that introduces the topic and outlines the direction of the paper. (5%) (5-4.25)	Clear and appropriate introduction that introduces the topic and outlines the direction of the paper. (4.2-3.75)	Appropriate introduction that introduces the topic and outlines the direction of the paper. (3.7-3.25)	Introduction is apparent and the topic is introduced but there is not clear direction to the paper. (3.2-2.5)	No recognisable introduction-the topic is not introduced and/or there is no direction of the paper. (<2.5)
Clear and succinct conclusion that outlines the main points and brings the argument to a logical close. (5%) (5-4.25)	Clear and appropriate conclusion that outlines the main points and brings the argument to a close. (4.2-3.75)	Conclusion outlines most of the main points and brings some sense of closure. (3.7-3.25)	Conclusion apparent and outlines most of the main points and endeavours to bring the argument to a close-there may be some incongruity. (3.2-2.5)	No recognisable conclusion-little reference to the main points and no clear conclusion to the paper. (<2.5)
Excellent presentation of assignment double spaced with 12-point font. Consistently accurate with spelling, grammar, and paragraph structure. (5%) (5-4.25)	Well-presented assignment double spaced with 12-point font. One or two errors spelling, grammar and paragraph structure. (4.2-3.75)	Well-presented assignment double spaced with 12-point font. 3 or 4 consistent errors with spelling, grammar, and paragraph structure. (3.7-3.25)	Well-presented assignment double spaced with 12-point font. 3 or 4 inconsistent errors with spelling, grammar, and paragraph structure. (3.2-2.5)	Poorly presented assignment. Double spacing not used. 12-point font not used. Many inaccuracies with spelling, grammar, and paragraph structure. (> 5 errors). (<2.5)
<b>Approach &amp; Argument (75%)</b>				
Content is clearly relevant to the topic; the approach comprehensively answers the question, and the argument proceeds logically and is within the set word limit. (10%) (10-8.5)	Content is relevant to the topic; the approach clearly answers the question, and the argument proceeds logically and is within the set word limit. (8.4-7.5)	Content is appropriate and answers the question and the argument for the most part proceeds logically and is within the set word limit. (7.4-6.5)	Content answers the question the argument is at times repetitive or lacks cohesion and is within the set word limit with a 10% allowance (under or over the set limit). (6.4-5)	Content is irrelevant and or does not answer the question and the argument lacks cohesion. The word limit has not been adhered to, the word limit is well over or under the 10% allowance. (<5)
An articulate and comprehensive analysis of Jane's medical and obstetric history that determines her primary presenting problems and risk factors. Refers to the case study. (15%) (15-12.75)	A well-developed analysis of Jane's medical and obstetric history that determines her primary presenting problems and risk factors. Refers to the case study. (12.7-11.25)	A logical analysis of Jane's medical and obstetric history that determines her primary presenting problems and risk factors. Refers to the case study. (11.2-9.75)	A disjointed analysis of Jane's medical and obstetric history that determines her primary presenting problems and risk factors. Refers to the case study. (9.7-7.5)	An inadequate analysis of Jane's medical and obstetric history that poorly determines her primary presenting problems and risk factors. Does not refer to the case study. (<7.5)

Comprehensive discussion of the immediate evidence-based midwifery care for each of Janes presenting problems. Care is woman centred. Refers to the case study. (30%) (30-25.5)	Well-developed discussion of the immediate evidence-based midwifery care for each of Janes presenting problems. Care is woman centred. Refers to the case study. (25.4-22.5)	Broad discussion of the immediate evidence-based midwifery care for each of Janes presenting problems. Care is generally woman centred. Refers to the case study. (22.4-19.5)	Minimal or disjointed discussion of the immediate evidence-based midwifery care for each of Janes presenting problems. Care is somewhat woman centred. Refers to the case study. (19.4-15)	Inadequate discussion of the immediate evidence-based midwifery care for each of Janes presenting problems. Care is not woman centred Does not refer to the case study. (<15)
Clear and comprehensive description of how the midwife should collaborate with the multidisciplinary team, which utilises the National Midwifery Guidelines for Consultation and Referral. Refers to the case study. (20%) (20-17)	A clear and relevant description of how the midwife should collaborate with the multidisciplinary team, which utilises the National Midwifery Guidelines for Consultation and Referral. Refers to the case study. (16.9-15)	A logical description of how the midwife should collaborate with the multidisciplinary team, which utilises the National Midwifery Guidelines for Consultation and Referral. Refers to the case study. (14.9-13)	Satisfactory description of how the midwife should collaborate with the multidisciplinary team, which utilises the National Midwifery Guidelines for Consultation and Referral. Refers to the case study. (12.9-10)	Inadequate description of how the midwife should collaborate with the multidisciplinary team. Does not utilise the National Midwifery Guidelines for Consultation and Referral. Does not refer to the case study. (<10)
<b>Referencing (10%)</b>				
Consistently integrates up-to-date references to support and reflect all ideas, factual information and quotations. (5%) (5-4.25)	Frequently, integrates up-to-date references to support and reflect ideas, factual information and quotations, with 1 or 2 exceptions. (4.2-3.75)	Generally integrates up-to-date references to support and reflect ideas, factual information and quotations, with 3 or 4 exceptions. (3.7-3.25)	Occasionally integrates up-to-date references to support and reflect ideas, factual information and quotations, with 5 or 6 exceptions. (3.2-2.5)	Fails to or infrequent attempts (>7 errors) to integrate up-to-date references to support and reflect ideas, factual information and quotations. (<2.5)
Consistently accurate with referencing. A minimum of 10 references used including 7 journal articles and relevant websites. (5%) (5-4.25)	One or two consistent referencing errors identified. A minimum of 10 references used including 6 journal articles and relevant websites. (4.2-3.75)	Three or four consistent referencing errors identified. A minimum of 10 references used including 5 journal articles and relevant websites. (3.7-3.25)	Three or four inconsistent referencing errors identified. A minimum of 10 references used including 4 journal articles and relevant websites. (3.2-2.5)	Many inaccuracies with referencing (>5). Less than 10 references used. Less than 4 journal articles not sourced. Relevant websites not included. (<2.5)

## Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

## Submission

Online

## Submission Instructions

Please submit your assessment on the Foundations of Midwifery 3 Moodle site.

## Learning Outcomes Assessed

- Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
- Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
- Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
- Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

## Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Information Technology Competence
- Cross Cultural Competence
- Ethical practice

- Social Innovation

## 2 Viva Voce

### Assessment Type

Oral Examination

### Task Description

Due date: 23:55 hours (AEST) Friday 9th February 2024 (week 12)

Weighting: 50%

Length:

10 mins (scenario provided & prep/reflect)

20 mins (question & answer time)

30 mins in total

### Aim

The aim of this assessment is to demonstrate and apply your understanding of the physical and psychosocial complexities of the childbearing continuum, and the role of the midwife in providing woman-centred care for women experiencing complexities. This assessment will provide you with an opportunity to show your understanding and application of the Nursing and Midwifery Board of Australia's Midwife Standards for Practice (2018) to clinical scenarios related to the childbearing continuum.

### Instructions

Students will attend an oral viva examination via a Zoom meeting. Each student will be allocated an individual zoom meeting link on a particular day and time during week 12 of term 3. It is compulsory to attend this examination. Students will be given a handover relating to a specific clinical scenario. You will then have some reflection and thinking time.

After 10 minutes, you will be asked exam questions related to the scenario that you have been given.

You will be questioned by an examiner/s from the midwifery academic team. The assessment question and answer time is scheduled for 20 minutes and will be recorded for marking and quality purposes. Your Viva will relate to the provision of midwifery care for a woman experiencing a normal pregnancy/childbirth/postpartum period which will be selected at random on the day of the assessment. You will be assessed on your communication skills as well as your clinical midwifery knowledge.

The topics for the Viva Voce assessment are as follows:

Complex antenatal care

Complex intrapartum care

Psychosocial complexities

### Important considerations for being successful in the viva voce:

You must be prepared to answer questions relating to your case and discuss your course of action in relation to the midwifery care of your woman/neonate, this will require you to be 'present' in the scenario (verbalising what you would do if faced with this scenario in practice).

When answering the exam questions, students will consider the following NMBA Midwife Standards for Practice (standards 1, 2, 3 & 6) which state that midwives should:

Standard 1: Promote evidence-based maternal health and wellbeing.

Standard 2: Engage in respectful partnerships and professional relationships.

Standard 3: Demonstrate the capability and accountability for midwifery practice.

Standard 6: Provide safe and quality midwifery practice.

Please see the assessment rubric for a detailed description of the assessed criteria.

**Scenarios are confidential and we ask that you do not share them with your student peers.**

### Assessment to take place in week 12.

Students will be allocated their timeslot by the unit coordinator and sent a Zoom link via email.

Students must reply to this email confirming: 1) their receipt of the Zoom meeting link and 2) their confirmation of attendance at the allocated time.

### Examination conditions:

View the University's policy on examination in the Assessment of Coursework Policy at:

<http://policy.cqu.edu.au>

### Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned.

### Learning Outcomes Assessed

1. Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family

2. Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
3. Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
4. Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

### References

Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice.

<https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP&chksum=kYbO0%2b07kx9l%2fBlvmKH%2bwg%3d%3d>

### Assessment Due Date

Week 12 Friday (9 Feb 2024) 11:55 pm AEST

Examination times to be allocated by the unit coordinator.

### Return Date to Students

Exam Week Friday (16 Feb 2024)

Please allow two weeks for the return of this assessment task.

### Weighting

50%

### Assessment Criteria

Qualities & Criteria	High Distinction 85-100%	Distinction 75-84%	Credit 65-74%	Pass 50-64%	Fail >50%
<b>Communication Skills 30%</b>					
<b>Verbal &amp; non-verbal</b> · Use of language · Fluency & Pronunciation · Engagement · Eye Contact <b>30%</b>	Uses an extensive and rich vocabulary appropriate to topic. Speaks clearly with a natural speaking pace Strongly and positively engaged in topic during discussion Consistently holds attention of panel/questioner with the use of direct eye contact (30-25.5)	Uses a wide and appropriate vocabulary appropriate to topic Speaks clearly with minimal pauses or hesitation Demonstrates good and mostly positive engagement with topic during discussion Mostly consistent use of direct eye contact with panel/questioner (25.2-22.5)	Uses acceptable vocabulary which is appropriate to topic. Speech mostly clear but noticeable pauses and/or speaks too fast occasionally Demonstrates acceptable engagement with topic during discussion Adequate eye contact made with panel/questioner (22.2-19.5)	Uses adequate vocabulary appropriate to topic Speech is low and/or unclear at times. Multiple pauses and/or speaks too fast on numerous occasions. Demonstrates adequate engagement with topic during discussion Minimal eye contact made with panel/questioner (19.2-15)	Uses limited or inadequate vocabulary which is not appropriate to the topic. Student mumbles is incoherent and speaks too quietly for panel to hear. Shows no engagement and/or negativity towards topic during discussion. No eye contact made with panel/questioner (14.7-0)
<b>Mastery of Maternity Care Scenario 70% (Knowledge and comprehension, application, analysis, and synthesis of information)</b>					
<b>Overall understanding 10%</b>	Shows a deep/robust understanding of the scenario with fully accurate information Answers all questions with explanation and elaboration (10-8.5)	Shows an extended understanding of the scenario with accurate information Answers most questions with ease though sometimes requires further elaboration (8.4-7.5)	Shows good understanding of scenario with mostly accurate information Ability to answer some questions but answers lack complexity (7.4-6.6)	Shows satisfactory understanding of scenario with some inaccurate information Is only able to answer rudimentary questions on topic. (6.4-5)	Shows limited or no understanding of scenario. Information mostly inaccurate. Has no grasp of the information and is unable to answer questions. (4.9-0)

<b>Articulation of thoughts 10%</b>	Clearly articulates position and thoughts are extensively expressed (10-8.5)	Articulates position and thoughts expressed clearly (8.4-7.5)	Articulates a position that is incomplete or lacks complexity. Expression of thoughts mostly clear (7.4-6.6)	Articulates a position that is unfocused at times. Expression of thoughts sometimes unclear and/or ambiguous (6.4-5)	Limited or no ability to articulate a position. Limited ability to express any thoughts, those expressed are unclear. (4.9-0)
<b>Evidence 10%</b>	All evidence is highly relevant and specific to the scenario discussion (10-8.5)	Presents relevant evidence that is accurate to the scenario discussion (8.4-7.5)	Presents mostly relevant evidence that links to the scenario discussion. Mostly accurate. (7.4-6.6)	Presents evidence that often links to the scenario but evidence is somewhat inaccurate. (6.4-5)	Does not present any evidence of relevance to scenario or presents highly inaccurate or evidence. (4.9-0)
<b>Implications 10%</b>	Comprehensive and fully explores the major implications of proposed plan of care (10-8.5)	Relevant and accurate discussion of the major implications of the proposed plan of care. (8.4-7.5)	Acceptable and mostly relevant discussion of the major implications of the proposed plan of care. (7.4-6.6)	Satisfactory discussion of the major implications of the proposed plan of care. (6.4-5)	No discussion of any implications for a proposed plan of care (4.9-0)
<b>Structure and organisation 10%</b>	Presents information/ideas logically (10-8.5)	Present information in a mostly logical sequence (8.4-7.5)	A few areas of disjointedness /lack of logical progression. (7.4-6.6)	Ideas are presented in a partly logical way but disjointed and do not always flow logically (6.4-5)	Ideas are illogical and very disjointed with no logical flow making it difficult to follow. (4.9-0)
<b>Demonstration of Woman-centred Care 20%</b>	Comprehensively considers the needs of the woman and her family in relation to the issue and analyses how they can be best integrated into her plan of care (20-17)	Sound ability to consider the needs of the woman and her family in relation to the issue and analyses how they can be best integrated into her plan of care (16.9-15)	Acceptable ability to consider the needs of the woman and her family in relation to the issue and analyses how they can be best integrated into her plan of care (14.9-13)	Consideration of the needs of the woman and her family in relation to the issue are basic. Some ability to form a plan of care but lacks integration and is unclear at times (12.9-10)	Limited or no consideration of the needs of the woman and her family in relation to the issue. Little or no evidence of any ability to form a plan of care. (9.9-0)

### Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

### Submission

Online

### Submission Instructions

Examination times to be allocated by the unit coordinator.

### Learning Outcomes Assessed

- Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
- Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
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### Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Information Technology Competence
- Cross Cultural Competence
- Ethical practice
- Social Innovation

## Academic Integrity Statement

As a CQUniversity student you are expected to act honestly in all aspects of your academic work.

Any assessable work undertaken or submitted for review or assessment must be your own work. Assessable work is any type of work you do to meet the assessment requirements in the unit, including draft work submitted for review and feedback and final work to be assessed.

When you use the ideas, words or data of others in your assessment, you must thoroughly and clearly acknowledge the source of this information by using the correct referencing style for your unit. Using others' work without proper acknowledgement may be considered a form of intellectual dishonesty.

Participating honestly, respectfully, responsibly, and fairly in your university study ensures the CQUniversity qualification you earn will be valued as a true indication of your individual academic achievement and will continue to receive the respect and recognition it deserves.

As a student, you are responsible for reading and following CQUniversity's policies, including the [Student Academic Integrity Policy and Procedure](#). This policy sets out CQUniversity's expectations of you to act with integrity, examples of academic integrity breaches to avoid, the processes used to address alleged breaches of academic integrity, and potential penalties.

### What is a breach of academic integrity?

A breach of academic integrity includes but is not limited to plagiarism, self-plagiarism, collusion, cheating, contract cheating, and academic misconduct. The Student Academic Integrity Policy and Procedure defines what these terms mean and gives examples.

### Why is academic integrity important?

A breach of academic integrity may result in one or more penalties, including suspension or even expulsion from the University. It can also have negative implications for student visas and future enrolment at CQUniversity or elsewhere. Students who engage in contract cheating also risk being blackmailed by contract cheating services.

### Where can I get assistance?

For academic advice and guidance, the [Academic Learning Centre \(ALC\)](#) can support you in becoming confident in completing assessments with integrity and of high standard.

### What can you do to act with integrity?



#### Be Honest

If your assessment task is done by someone else, it would be dishonest of you to claim it as your own



#### Seek Help

If you are not sure about how to cite or reference in essays, reports etc, then seek help from your lecturer, the library or the Academic Learning Centre (ALC)



#### Produce Original Work

Originality comes from your ability to read widely, think critically, and apply your gained knowledge to address a question or problem