**Lifelong Reproductive Healthcare**

National Midwifery Institute, Inc.

Study Group Coursework

*Syllabus*

Description:

This module explores caring for people’s needs outside pregnancy including well person care, sexual and reproductive health. . It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

* Understand the life transitions of menarche and menopause, and how midwives can help ease their facilitation in the body.
* Understand more common conditions of the menstrual cycle and reproductive bodies, and how a midwife may help clients manage these, including but not limited to PCOS, Endometriosis, Fibroids.
* Understand different positions and developmental anomalies of the uterus and how these may be detected.
* Understand current recommendations for pap smear, and perform pap smears appropriately in the context of midwifery practice.
* Identify risk factors for, and common treatments for reproductive cancers.
* Review risk factors, screening, and treatments for common and uncommon STIs.
* Review methods of contraception, and explain their effectiveness by typical use and perfect use.
* Discuss pregnancy testing and pregnancy options counseling including parenting, abortion, and adoption.
* Discuss breast health and screening for breast cancers.
* Explore options for preconception counseling and home-based IUI.
* Reflect on the legacies of experimentation and forced sterilization on black and indigenous bodies, and how this awareness may alter the experiences of clients and the practices of midwives today.
* Identify methods of emergency contraception.
* Identify community resources for HIV and Hepatitis testing.
* Create or adapt a reproductive healthcare chart for use in your own practice.
* Determine the regulations in your state regarding midwives providing care outside of pregnancy and postpartum.

Learning Activities:

* Research and read appropriate study sources, seeking out additional study sources where needed
* Complete short answer questions in attached module document for assessment
* Complete long answer questions for deeper reflection in attached module document for assessment
* Complete learning activities listed in attached module document for assessment
	+ Create or adapt a reproductive healthcare chart
	+ Draft practice guidelines for providing pregnancy testing
	+ Draft practice guidelines for providing Lifelong Reproductive Healthcare
	+ Create referral resources sheet for adoption
	+ Research in your community and identify services for HIV and Hepatitis testing
* Submit work to Study Group Course Coordinator
* Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources (print):

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using keywords from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

* Understanding Diagnostic Tests in the Childbearing Year, Frye
* Varney’s Midwifery
* Contraceptive Technology, Hatcher, Trussell, Stewart and Kowal
* *Optional*
* Killing the Black Body, Roberts
* Undivided Rights: Women of Color Organizing for Reproductive Justice, Sillman, Fried, Ross, & Guitérrez
* A New View of a Woman’s Body, Gage
* Clinical Practice Guideline for Midwifery and Women’s Health, Tharpe, et al.
* Primary Care of Women, Hackley
* Trans Bodies, Trans Selves, Erickson-Schroth
* Women’s Bodies, Women’s Wisdom, Northrup
* The Wisdom of Menopause, Northrup
* A Difficult Decision, A Compassionate Book About Abortion, Gardner
* Taking Charge of Your Fertility, Weschler
* The New Essential Guide To Lesbian Conception, Pregnancy, and Birth, Brill
* Decision Assessment and Counseling in Abortion Care, Perrucci
* Menopausal Years the Wise Woman Way, Weed
* Breast Cancer? Breast Health!, Weed
* Down There: Sexual and Reproductive Health the Wise Woman Way, Weed
* Healing Choice by Candace De Puy, Ph.D and Dana Dovitch, Ph.D.

Study Sources (online):

See NMI website Lifelong Reproductive Health module web resources section for current online study sources for this module.

Related Modules:

* Breastfeeding / Chestfeeding
* Digestion
* Ectopic Pregnancy
* Gender and Sexuality
* Grieving and Self-Care
* Holistic and Traditional Health and Healing
* Liver
* Pharmacology for Midwives
* Physical, Sexual, and Other Abuse
* Labwork and Other Clinical Assessments
* Pregnancy Loss: Abortion, Miscarriage, and Stillbirth
* Urinary Tract Infection
* Cesarean and VBAC
* Anti-Racism in Midwifery
* Embryology and Fetal Development
* Fertility and Conception
* Herpes
* Hypertension
* Nutrition
* Physical Assessment of the Adult
* Postpartum Care
* Renal System
* Substance Use and Abuse

Submitting Module for Assessment:

Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please e-mail your completed Study Group module to:

Study Group Course Work Instructor nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been e-mailed to us, you will receive an e-mail confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module’s page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

* Your first initial and last name in title of PDF, along with name of module. Example: “ERyanFirstStage.pdf”
* Title of module on the document’s front page
* Your name on the document’s front page
* Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
* Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer…
* Please leave margin space for our comments!
* Don’t use script or cursive writing style text
* Font size not smaller than 12
* Credit sources of direct quotes

Completion Requirements and Feedback:

In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated n the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10.**

|  | **Level 1** **(0 Points)** **Not Adequate** | **Level 2** **(1 Point) Developing Adequacy** | **Level 3** **(1.5 points)** **Meets Basic Expectations** | **Level 3** **(2 points) Exceeds Expectations** | **Student Score** |
| --- | --- | --- | --- | --- | --- |
| **Completion of module prompts and elements** | -Module not completed  | -Major Elements of module are missing  | -All aspects of module elements present, with some minor questions unanswered or missing | -All aspects of module elements present and answered completely |  |
| **Demonstrates Comprehension of module content and concepts** | - Lack of comprehension | - Responses are unclear and do not reflect basic comprehension of module concepts | - Responses are clear and reflect basic comprehension of module content and concepts | - Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity.  |  |
| **Analysis** | - Key terms not defined | -Inaccurate definitions of key items -Limited connections made between evidence, subtopics and clinical experience  | -Accurate definitions of key items       -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experiencein responses where possible | - Accurate definitions of key items       -Strong connections made between evidence, subtopics and clinical experience  |  |
| **Evidence** | - No research evidence used  | -Research not used -Research not clearly connected to questions asked in module  | -Research is present but limited -Research presented is weak or not relevant to communities served by midwives | -Research is abundant -Research is compelling and relevant to communities served by midwives |  |
| **Engagement with Learning Resources** | -Evident study sources were not utilized  | -Evident study sources were partially utilized  | -Evident that study sources were fully utilized | -Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible |  |

Skills

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI forms *Form 52 - Assessment of Student’s Midwifery Skills* and *Form 53 - Student Self-Assessment of Midwifery Skills.*

1. Midwifery Counseling, Education and Communication:

 J. Provides education, counseling and/or referral, where appropriate for:

 7. Sexually transmitted diseases

2. General Health care Skills:

 D. Demonstrates the use of instruments and equipment including:

 19. Speculum

 27. Vaginal culture equipment

3. Maternal Health Assessment:

 C. Estimates due date based upon:

 1. Date of mother’s last menstrual period

 2. Last normal menstrual period

 3. Length of cycles

 4. Changes in mucus condition or ovulation history

5. Postpartum

 G. Performs maternal four- to six-week postpartum check-up assessing for:

 1. Postpartum subjective history

 2. Lochia

 3. Return of menses

 4. Physical condition by performing an examination including assessment of:

 a) vital signs,

 b) systems function,

 c) breastfeeding, condition of breast and nipples,

 d) muscle prolapse of vagina and rectum (cystocele, rectocele, etc.), e) strength of pelvic floor,

 f) condition of uterus, ovaries and cervix,

 g) condition of the vulva, vagina, perineum and anus

6. Well-Women Care

 A. Obtains a client history including:

 1. Identifying information/demographics,

 2. Personal history, including religion, occupation, education, marital status, economic status, changes in health or behavior and woman’t evaluation of her health and nutrition,

 3. Potential exposure to environmental toxins,

 4. Medical condition,

 5. Surgical history

 6. Reproductive history including:

 a) menstrual history,

 b) gyn history,

 c) sexual history,

 d) childbearing history,

 e) contraceptive practice,

 f) history of STIs,

 g) history of behavior posing risk for STI exposure

 7. Family medical history,

 8. Psychosocial history,

 9. History of abuse,

 10. Mental health history,

 11. Relationship with significant other

 B. Performs a general physical examination including assessment of:

 1. General appearance,

 2. General symptoms,

 3. Skin condition,

 4. Torso, extremities for bruising, abrasions, moles, unusual growths,

 5. HEENT (head, eyes, ears, nose, throat) including:

 a) hair and scalp,

 b) eyes: pupils, whites, conjunctiva,

 c) thyroid by palpation,

 d) lymph glands of neck, chest and under arms,

 e) mouth, teeth, mucous membranes and tongue,

 6. Weight and height,

 7. vital signs,

 8.breast condition by examination,

 9.heart and lungs (auscultate),

 10. Abdomen (palpate and auscultate),

 11. (CVAT) Costovertebral Angle Tenderness,

 12. Deep tendon reflexes of the knee,

 13. lower extremities for varicosities,

 14. extremities for edema

 C. Performs urinalysis

 D. Provides gynecological examination including assessment of:

 1. External genitalia

 2. The cervix by speculum (observe)

 3. Vulva, vagina,anus, perineum, urethra, clitoris, Bartholin’s and Skene's

 glands

 4. Vaginal discharge: a)odor, b)color, c)consistency, d)amount, e)obtain PAP smear and cultures

 E. Provides education and communicates about:

 1. Nutrition

 2. Female reproductive anatomy and physiology: a)monthly breast self examination techniques (BSE), b)implications for the nursing mother, c)prevention of HIV/AIDS and other STIs,

 d)the practice of Kegel exercises

 F. Assesses client's family planning history and needs: counsels/prescribes

 G. Provides opportunity for client to discuss problems or concerns

 H. Refers client to other health care professionals, services, agencies, or other, as indicated

Introductory and Further Thoughts:

*This module covers what many communities would call “well woman care”, or in increasingly inclusive circles, “well person care”, including basic gynecological and reproductive healthcare throughout the lifespan. While not every licensed midwife will be able to care for people outside of their pregnancies and postpartum periods in their given jurisdictions and regulations, all midwives are asked many of these questions by friends, family, colleagues, and community as recognized experts in reproduction. It behooves all midwives to understand basic facts and holistic approaches to life’s challenges and transitions when it comes to our bodies, and be able to serve our communities beyond just the childbearing year.*

**Lifelong Reproductive Healthcare**

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Study Group Coursework

*Short Answer Questions*

Short Answer Questions:

1. Does the scope of practice of midwifery in your region include non-pregnancy tasks like annual exams, STI screening, pre-conception care, etc.?

2. What does midwifery care offer to non-pregnant clients? Why would someone see a midwife for their family planning or annual exam needs?

3. At what age does menarche typically occur for an individual?

4. What shifts typically happen in the body around menarche? What might you see in the months or years preceding and following menarche?

5. Describe the typical hormonal cycle the follows a menstrual cycle.

6. Other than commercial pads and tampons, what options do people have in catching and managing their menstrual blood?

7. As menstrual cycles continue in the lifespan, certain conditions may develop that present as differences in a menstrual cycle alongside other symptoms. For each of the following conditions (numbered below), please answer the following:

1. what is it? what are its defining characteristics?
2. how may it affect a menstrual cycle? how may it be detected in a body?
3. what labwork or other clinical assessments exist for diagnosis?
4. what are conventional/allopathic treatment options?
5. what are some holistic treatment options?

you may also choose to reflect on any personal experiences with these conditions.

1. Cystic Ovaries
2. Polycystic Ovarian Syndrome (PCOS)
3. Endometriosis
4. Adenomyosis
5. Fibroids

8. What is Pelvic Inflammatory Disease (PID)? How is it detected? How is it treated?

9. A uterus may itself develop with some anomalies or temporary conditions. Describe the following anomalies/conditions, *and how they may be detected*:

1. retroverted uterus
2. anteflexed uterus
3. septated uterus
4. unicornuate uterus
5. bicornuate uterus
6. uterine prolapse

10. Discuss the Papanicolaou Test (pap smear):

1. what is it? why are they recommended? what are they screening for?
2. when should people initiate getting pap smears in their lifetime?
3. how often should people get pap smears if their tests are normal?
4. if tests are abnormal, what are next steps? when should they be retested?
5. do you provide pap smears for pregnant or postpartum clients? for clients outside a childbearing cycle?

11. Discuss Cervical Cancer.

1. what types of cells cover the cervix and vagina?
2. in the context of cervical cancer, where does abnormal cell growth generally occur?
3. what seems to be the main contributing factor in cervical cancer?
4. how does smoking affect someone’s cervical cancer risk?
5. list the risks currently identified for cervical cancer.

12. Discuss Human Papilloma Virus (HPV).

1. what percentage of people are infected with some strain of HPV?
2. how many strains of HPV exist. Which strains of HPV are linked to cervical cancer?
3. what is the normal course of HPV in the body? Does it clear on its own?
4. what is the current offering of HPV vaccination? What is the controversy surrounding it?

13. Discuss other reproductive cancers.

1. what are the risk factors for ovarian cancer?
2. does oral contraceptive use affect ovarian cancer risk?
3. does hysterectomy or tubal ligation remove ovarian cancer risk?
4. how common is breast cancer?
5. what are the risk factors for breast cancer? how is it usually detected?
6. what are the most common treatments for ovarian, cervical, and breast cancer?

14. For each of the following Sexually Transmitted Infections (STIs) numbered below, please list:

1. common symptoms
2. current statistics for rate of infection in your country
3. how you test for it,
4. treatment (if any)

you may also choose to reflect on any personal or clinical experiences with these infections.

1. Bacterial Vaginosis
2. Chlamydia
3. Gonorrhea
4. Herpes
5. HPV
6. HIV
7. Syphilis
8. Trichomonas
9. Hepatitis B

15. Of the STIs listed in question 11, which are lifelong, and which can be “cured”?

16. Discuss Human Immunodeficiency Virus (HIV).

1. what is HIV? How does it function in the body?
2. what is the difference between HIV and AIDS?
3. what are the currently available treatments for HIV?
4. with regular treatment, what is the current mortality rate for individuals with HIV?

17. If you detect an STI in a client, what counseling, treatment options, and follow-up do you recommend/offer?

18. Explain what kinds of activities can expose one to STIs.

19. Describe how condoms, dental dams, finger cots, gloves, and other barrier methods help provide STI protection.

20. Describe the proper cleaning, use, and sharing of sex toys to discourage STI transmission.

21. What is the difference between “typical use” and “perfect use” when it comes to contraception?

22. Discuss contraception. For each of the following methods of contraception (numbered below), answer the following:

1. what is its contraceptive effectiveness for “typical use” and “perfect use”?
2. describe its physiology. *How* does it work?
3. can this method act as prevention for STIs?
4. is this method hormonal or non-hormonal? Is it safe for breastfeeding?
5. can it be used on-demand?

You may also choose to reflect on any personal or clinical experience with these methods.

1. Abstinence
2. Fertility Awareness Methods
3. Withdrawal
4. Vasectomy
5. Tubal Ligation
6. Depo-Provera and injectable hormonal contraception
7. Nexplanon and arm-insert hormonal contraception
8. IUD (hormonal)
9. IUD (copper)
10. Birth Control Pills
11. Birth Control Patch
12. Nuva Ring
13. Contraceptive Sponges
14. Spermicide
15. Diaphragm
16. Cervical Cap
17. Condoms (“Male”)
18. Condoms (“Female”)

23. What barrier methods of contraception can you recommend to someone concerned about latex sensitivity?

24. What are homemade/kitchen lubricants? Which are safe to use with latex condoms?

25. Do you/will you offer diaphragm or cervical cap fitting in your practice?

26. For clients looking for assistance with conception outside of a fertility clinic, discuss home Intrauterine Insemination (IUI) options.

1. what kinds of clients may be seeking this service? why?
2. why may some people choose to pursue IUI at home instead of in a clinic?
3. what supplies and skills are needed for home IUI?
4. is this a service you plan to offer in your practice? If so, where can you seek additional education?

27. Discuss pregnancy options counseling.

1. do you offer routine (urine or serum) pregnancy testing?
2. What kinds of counseling do you offer for pregnancy decision assessment? What questions do you ask that may help someone explore the options of abortion, adoption, and parenting?
3. What abortion options are available in your community? Which methods are available to which gestational ages?
4. What adoption options are available in your community? How would a person go about finding a family to adopt the baby after birth?
5. What is the difference between open and closed adoption?

28. Discuss Breast Self-Exam and breast health

1. do you teach clients about breast self-exam? why or why not?
2. what is the best time in a menstrual cycle to perform a breast self-exam?
3. what do current research or local public health departments recommend regarding breast self-exam?
4. how may breast self-exams become more challenging with breast enhancement or breast reduction surgeries?
5. what are cystic breasts?
6. what are the current recommendations regarding mammograms?

29. What is perimenopause? How long does it last?

30. What is menopause? What are its common symptoms?

1. what common changes does the body experience during menopause?
2. what nutritional needs may change with menopause?
3. how important is contraception during menopause?
4. how can menopause be framed as an important rite of passage, rather than an inconvenience in bodily symptoms?

31. Discuss hormone replacement therapy.

1. for menopause
2. for trans clients in gender transitions
3. alternatives (herbs and holistic medicine) to synthetic hormones
4. where can you refer clients for this therapy?

32. Discuss trans healthcare in the context of a midwifery practice.

1. why might trans clients seek out a homebirth midwife for annual exams and pap smears, as well as fertility and reproductive counseling?
2. if you are interested in working with this population, where can you seek more education in order to be a trans ally in healthcare?
3. what are you already doing to reach out to trans communities as a healthcare provider? What efforts are you seeing being made in your community?

33. What particular considerations, accommodations, sensitivity, knowledge, or community resources might you need to provide quality reproductive healthcare to clients:

1. with low BMI
2. with high BMI
3. of different races than you
4. of different religions and beliefs than you
5. with different abilities, including limited mobility
6. with neuro diversity, including autism and asperger's syndrome

34. What basic recommendations do you counsel all clients for maintaining sexual and reproductive health and wellness?

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*Long Answer Questions for Deeper Reflection*

Questions Requiring Longer, More Thoughtful Answers:

(number continued from previous section).

35. Reflect on your own experience of menarche, if applicable. How was that experience? What did it teach you about growing up, and about your body? How do you think the experience could have been different, with the help of a midwife?

36. Reflect on your own experiences using various forms of contraception. How was the experience? What did it teach you about your body? How do you think the experience could have been different, with the help of a midwife?

37. Reflect on your own experience of menopause, if applicable. How was that experience? What did it teach you about growing older, and about your body? How do you think the experience could have been different, with the help of a midwife?

38. Reflect on the legacy of experimentation in the foundations of gynecology on black and brown bodies, particularly of slave and immigrant women. How does this awareness impact your practice?

39. Reflect on the legacy of forced sterilization in communities of color, and the complicated feelings this can bring to conversations about contraception. How does this awareness impact your practice?

40. What is “Reproductive Justice”? What are your personal experiences with this concept?

41. Describe the current understanding of epigenetics. How/when do you discuss this with your clients?

42. What are the emergency contraception methods currently available and what are the guidelines for their application? How do they provide contraception? How effective are they?

43. Describe, step-by-step, how you perform a respectful pap smear in the midwifery model of care.

44. Describe the options for pre-conception care you can offer clients. How do you advise people prepare their bodies for conception?

 Continued…..

45. How do you support conception efforts in clients who have been trying to conceive for a long time? What tests do you suggest running? What interventions may be particularly appropriate?

46. What is the differential diagnosis for client presenting with vulvic and vaginal itching? How do you determine cause? What do you recommend?

47. What is the differential diagnosis for a client presenting with vulvic/vaginal sores? How do you determine cause? What do you recommend?

48. What is the differential diagnosis for a client presenting with periodic/cyclical pelvic pain? How do you determine cause? What do you recommend?

49. What is the differential diagnosis for a client presenting with constant, acute pelvic pain? How do you determine cause? What do you recommend?

 Continued…..

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Study Group Coursework

*Projects/Learning Activities*

Projects(send completed projects with the rest of your course work for this module)

(number continued from previous section).

50. Create or adapt a reproductive healthcare chart for use in your own practice. Include reference to your medical consultation and referral plan for clients who need various treatments or gyn follow up. Consider making this chart as inclusive as possible of different bodies, ages, trans bodies, and other communities you may be serving.

51. Draft practice guidelines for providing pregnancy testing to reproductive healthcare clients, through referral or within your own practice. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

52. Draft practice guidelines for providing Lifelong Reproductive Healthcare. Include references to lifecycle transitions, labwork and testing, counseling on STIs, counseling on pregnancy decision assessment, counseling on contraception, pre-conception counseling, and whatever else you would like to include. Submit this draft and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)

53. What referral resources will you utilize for a client choosing adoption or abortion in your practice?

54. Research in your community and identify services for HIV and Hepatitis testing, as well as supports and follow-up for clients who test positive. Make a referral list for clients