

Postdates Management & Postmaturity

Study Group Module

Postdates Management and Postmaturity

National Midwifery Institute, Inc.

Study Group Coursework

Syllabus

Description:

This module explores postdates management in an out of hospital setting as well as risk and diagnosing of postmaturity. 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:

- Identify the difference between a postdates pregnancy and postmaturity syndrome.
- Identify the risks of a postdates pregnancy.
- Identify the risks of postmaturity syndrome.
- Identify the physical signs of postmaturity in a newborn.
- Understand current research on risks of postdates pregnancies and risks of induction.
- Review Meconium and Newborn Apnea modules.
- Review Informed Consent/Informed Choice.
- Define expectant management in the context of postdates pregnancy.
- Identify methods to stimulate the onset of labor at home and in hospital.
- Identify the screening mechanisms available for postdates management.
- Identify the contraindications for induction of labor.
- Review the Pharmacology for Midwives module.
- Review the Physical Assessment of the Newborn module.
- Identify the standard of practice among physicians in your community regarding postdates management.
- Determine your practice guidelines for postdates pregnancies.

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
 - Research medical community standard for postdates management
 - Draft a handout for clients for out of hospital induction methods
 - Draft practice guidelines for postdates pregnancies
- 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.

- Holistic Midwifery, Vol. I, II, III (when available), Frye
- Varney's Midwifery
- Myles Textbook for Midwives
- Physical Assessment of the Newborn: A Comprehensive Approach to the Art of
- Physical Examination, Tappero, Honeyfield
- The Natural Pregnancy Book, Romm
- Herbal for the Childbearing Year, Weed

Study Sources (online):

See NMI website Postdates Management and Postmaturity module web resources section for current online study sources for this module.

Related Modules:

- Fertility and Conception
- Embryology and Fetal Development
- Holistic and Traditional Health and Healing
- Meconium
- Apnea/Hypoxia/Respiratory Distress
- Pharmacology for Midwives
- Placenta

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 in 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
--	--	--	--	--	--------------------------

	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 experience in 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	

	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
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:
 - A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other health care providers
 - C. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment
 - F. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum
 - G. Applies the principles of informed consent
 - H. Provides individualized care
 - I. Advocates for the mother during pregnancy, birth and postpartum
 - J. Provides education, counseling and/or referral, where appropriate for:
 4. Diet, nutrition and supplements
 6. Situations requiring an immediate call to the midwife
 8. Complications
 10. Newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.
 11. Postpartum care concerning complications and self-care
2. General Health care Skills:
 - D. Demonstrates the use of instruments and equipment including:
 4. Bulb syringe
 5. Cord clamp
 6. cord tape
 13. Lancets
 14. Newborn and adult scale
 23. Thermometer
 - F. Uses alternate health care practices (non-allopathic treatments) and modalities
 1. Herbs
 2. Hydrotherapy (baths, compresses, showers, etc.)
 - G. Refers to alternate health care practitioners for non-allopathic treatments

H. Treats for shock by:

1. Recognizing the signs and symptoms of shock, or impending shock
2. Assessing the cause of shock
3. Assessing the cause of shock and providing treatment for shock by:
 - a) Positioning mother flat, legs elevated 12 inches
 - b) Keeping the mother warm, avoiding overheating
 - c) Administering/using non-allopathic remedies
 - d) Encouraging deep, calm, centered breathing
 - e) Administering oral isotonic/electrolyte fluids
 - f) Activating emergency medical services
 - g) Preparing to transport

K. Administers the following pharmacologic (prescriptive) agents:

3. Methergine
4. Prescriptive ophthalmic prophylaxis ointment (e.g., erythromycin)

3. Maternal Health Assessment:

K. Recognizes and responds to potential prenatal complications by:

1. Identifying pregnancy-induced hypertension
2. Assessing, educating and counseling for pregnancy-induced hypertension with:
 - a) Nutrition/hydration assessment,
 - b) Administration of calcium/magnesium supplement
 - c) Stress assessment and management,
 - d) Non-allopathic remedies,
 - e) monitor for signs and symptoms of increased severity,
 - f) Assessment for drug abuse,
 - g) increased frequency of maternal assessments

3. Identifying preeclampsia

4. Collaborating and managing preeclamptic mothers

5. Identifying breech presentations

6. Turning breech presentations with:

- a) Alternative positions (tilt boards, exercises), b) Non-allopathic methods

4. Labor, Birth and Immediate Postpartum

D. Assesses the condition of, and provides care for the newborn by:

- 1) keeping baby warm,
- 2) making initial newborn assessment
3. Determining APGAR score at:
 - a) 1 minute, b) 5 minutes, c) 10 minutes (as appropriate)
4. Performing routine suctioning
5. Keeping mother and baby together
6. Monitoring respiratory and cardiac function by assessing:
 - a) the symmetry of the chest, b) the sound and rate of heart tones and respirations c) nasal flaring, d) grunting, e) retractions, f) circumoral cyanosis, g) central cyanosis (check color)
10. clamping the cord after the cord stops pulsing
11. cutting the cord
- 12 caring for the cord including:
 - a) evaluating the cord stump, b) collecting a blood sample, c) treating the cord stump with:
 - 1) alcohol,
 - 2) non-allopathic remedies
13. Administering eye prophylaxis
14. Performing a newborn examination by assessing:
 - a) newborn general appearance,
 - b) newborn alertness,
 - c) the head for:

- 1)molding,2)hematoma,3)caput, 4)sutures, 5)fontanel, 6)measurement
- d) the eyes for:
 - 1) jaundice,2) pupil conditions, 3) tracking, 4) spacing,
- e) the ears for:
 - 1) positioning, 1) response to sound, 3) patency, 4) cartilage,
- f) the mouth for:
 - 1) appearance and feel of palate, 2) lip and mouth color,3) tongue, 4) lip cleft, 5) signs of dehydration,
- g) the nose for:
 - 1) patency, 2) flaring nostrils,
- h) the neck for:
 - 1) enlarged glands, 2) trachea placement
- i) the clavicle for:
 - 1) integrity, 2) symmetry,
- j) the chest for:
 - 1) symmetry, 2) nipples, 3) breast enlargement including discharge, 4) measurement (chest circumference, 5) monitor heart for irregularities and count heart rate, 6) auscultate the lungs, front and back for:
 - a) breath sounds,
 - b) auscultate the bronchioles,
 - c) equal bilateral expansion,
 - d) respiration count,
 - k) the abdomen for:
 - 1) enlarged organs, 2) masses, 3) hernias, 4) bowel sounds,
- l) femoral pulses,
- m) the groin for swollen glands,
- n) the genitalia for:
 - 1) appearance,
 - 2) testicle for:
 - a) descent, b) rugae, c) herniation,
 - 3) labia separation,
 - 4) discharge,
- o) the rectum for:
 - 1) patency, 2) meconium,
- p) the hips for abduction,
- q) the legs for:
 - 1) symmetry,2) equal length, 3) sickle foot/ankle,
- r) the feet for:
 - 1) digits, number, webbing, 2) creases, 3) reflexes, 4) length of toenails,
- s) the arms for symmetry in:
 - 1) structure,2) movement,
- t) the hands for:
 - 1) number of digits, 2) finger taper, 3) Simian crease, 4) length of nails,
- u) the backside of baby for:
 - 1) symmetry of hips,
 - 2) condition of the spine:
 - a) dimpling, b) holes c) straightness,
- v) temperature via:
 - 1) axillary,
 - 2) rectal,
- w) reflexes:
 - 1) flexion of extremities and muscle tone, sucking, 3) moro, 4) Babinski, 5) Plantar/palmar, 6)stepping, 7) grasp, 8)rooting,
- x) gestational age,
- y) skin condition for:

1) color, 2) lesions, 3) birthmarks, 4) milia, 5) vernix, 6) lanugo, 7) peeling,
8) rashes

z) length of baby,
aa) weight

5. Postpartum

A. Performs postpartum reevaluation of mother and baby at:

1. Day-one to day-two
2. Day-three to day-four
3. One to two weeks
4. Three to four weeks
5. Six to eight weeks

B. Completes the birth certificate

C. Provides contraceptive education and counseling

D. Assesses for, and treats jaundice by:

1. Administering non-allopathic treatments to nursing mother
2. Administering non-allopathic treatments to baby
3. Encouraging mother to breastfeed every two hours
4. Exposing front and back of newborn to sunlight through window
glass
5. Assessing baby for lethargy,
6. Consulting or referring

Postdates Management and Postmaturity

National Midwifery Institute, Inc.

Study Group Coursework

Short Answer Questions

Short Answer Questions:

1. What is the most reliable method of estimating a baby's due date?
2. What percentage of pregnancies go beyond 42 weeks?
3. What percentage of pregnancies go beyond 42 weeks when an early ultrasound has been used for dating?
4. Based on your answer in #3, does this affect your recommendation regarding early ultrasound?

5. What is the range of weeks in which a baby is considered “term”?
6. Define the following terms (in regards to gestation):
 - a. preterm
 - b. early term
 - c. full term
 - d. late term
 - e. postterm
 - f. postdates
 - g. postmaturity
7. Explain the difference between postdates pregnancy and postmaturity syndrome.
8. What are the risk factors or common associations with postdates pregnancies?
9. What are the risks of postdates pregnancy in regards to the following:
 - a. ossification of fetal skull bones
 - b. increase in fetal weight
 - c. amniotic fluid volume and oligohydramnios
 - d. placental function
 - e. passage of meconium and MAS
 - f. stillbirth
10. Describe the difference in stillbirth risks before 40 weeks, after 40 weeks, after 41 weeks, and after 42+ weeks.
11. For postdates pregnancy, do you suggest any increased fetal monitoring in your practice? How often should your recommendations be repeated?
12. Describe the following fetal surveillance methods:
 - a. kick-counts
 - b. non-stress tests (NSTs)
 - c. biophysical profile (BPP) ultrasound
 - d. other increased monitoring in your practice
13. What are the components of a biophysical profile? What are normal ranges for each component? How is a BPP scored?
14. Is the placenta a timed organ that decreases in function at a given point? What does the current research say?

15. What is “expectant management” when it comes to postdates pregnancies?
16. What can you suggest clients do to encourage the onset of labor at home?
17. What actions can you take, as the midwife, to help stimulate labor at home?
18. Do you make any referrals to other holistic practitioners to help expectant mothers/gestational parents prepare for labor, or to stimulate the onset of labor with a postdates pregnancy?
19. For each of the following labor stimulation methods (numbered below), please answer each of the following:
 - a. what does the evidence say in terms of effectiveness for labor stimulation?
 - b. what risks does it carry in terms of labor stimulation?
 - c. you may also choose to reflect on personal or client experiences with each method.
 1. stretch and sweep
 2. sex
 3. castor oil or castor oil cocktail
 4. herbal combinations
 5. acupuncture
 6. acupressure
 7. homeopathy
 8. nipple stimulation
 9. medication prostaglandin insertion against cervix
 10. amniotomy
 11. oxytocin IV drip
 12. misoprostol medication insertion against cervix
20. What is a Bishop score? What may it tell you about successful induction of labor?
21. Describe the role of prostaglandins in postdates pregnancy and induction of labor?
22. What are contraindications to induction of labor?
23. Who makes the decision for an induction of labor?
24. When is postmaturity syndrome diagnosed?
25. What causes postmaturity syndrome?

26. What are the signs of a postmature baby?
27. What are the risks of postmaturity syndrome?

Continued.....

Postdates Management and Postmaturity

National Midwifery Institute, Inc.

Study Group Coursework

Long Answer Questions for Deeper Reflection

Questions Requiring Longer, More Thoughtful Answers:

(number continued from previous section).

28. What is the standard of care in your local midwifery community about postdates pregnancies? Are there regulations you must abide by in keeping with a state license in regards to postdates pregnancies?

29. What is your experience with postdates pregnancy? Clinically? Anecdotally? How might your personal bias affect your practice?

30. Your client is currently 41+3 pregnant with no signs or symptoms moving towards labor yet. At their routine prenatal appointment today they say their mother-in-law is expressing great anxiety, saying the placenta will have stopped working, the baby will grow too big, and clearly your client's body will never go into labor naturally, so why isn't her midwife *doing something about it*? How do you respond?

Postdates Management and Postmaturity

National Midwifery Institute, Inc.

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).

31. What is the medical community standard in your area for postdates management? What is the preferred method of labor induction in your local hospital?

32. Draft a handout for clients in regards to home-based induction methods or suggestions for stimulating labor, if this is a part of your practice.

33. Draft practice guidelines for postdates pregnancies in your own practice. Include reference to your consultation plan, accessing fetal surveillance mechanisms, informed choice, labor stimulation at home, and transferring to hospital for induction. Submit this draft along with this module, and include it later in your Practice Guidelines projects (in the Charting and Practice Guidelines Module.)