

# ***MIDWIFERY/REPRODUCTIVE HEALTH-1***

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## **Module 8: Introduction to Reproductive Health and Midwifery**

Code : RHM 1103

Hours : 27 Hours

Credits : 3

### **Module Competence**

- This module is designed to enable the learner apply concepts of RH in provision of quality maternal and newborn care.

### **Module Outcomes**

By the end of this module, the learner should;

1. Explain the background and milestones of reproductive health and Midwifery practice
2. Relate the structure and function of male and female reproductive systems
3. Provide health care services to a pregnant woman.

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## Module Units

Name	Hours	
	Theory	Practical
1 History of Reproductive Health and Midwifery	05	00
2 Anatomy and Physiology of Reproductive System	14	00
3 Embryology	08	00

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- **Content**
- **History of Reproductive Health and Midwifery;** terminologies and concepts in reproductive health, policies, standards and guidelines history and background of reproductive health and midwifery (Global, Regional and Kenya) (ICPD, safe motherhood initiative, NRHP, MDG, SDG, Beyond Zero), elements of quality care in reproductive health services, components of reproductive health

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- **Anatomy and physiology of reproductive system;** male reproductive system: structure and physiology of male reproductive system (scrotum, testis, spermatogenesis, epididymis, vas deferens, spermatic cord, seminal vesicle, ejaculatory ducts, prostate glands, bulbourethral gland, penis), female reproductive system: structure and functions female pelvis, pelvic bones, joints, ligaments, diameter, muscles, types of pelvis, female reproductive organs structure and functions (external genitalia, vagina, fallopian tubes, uterus, ovaries), anatomical relations of the female reproductive organs to urethra, bladder, rectum, anus, menstrual cycle, female breast, physiology of lactation.
- **Embryology;** fertilization, implantation, embryology, placenta, fetal development; Fetal skull, fetal circulation, amniotic fluid and umbilical cord,

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## Module 9: Maternal and Newborn Health I

- Code : MNH 1103
- Hours : 30 Hours
- Credits : 3

**Module Competence** This module is designed to enable the learner provide quality care to the pregnant woman during pregnancy, labour and puerperium.

Module Outcomes By the end of this module the learner should;

1. Provide care to a woman before and during pregnancy
2. Provide care to a woman during labour
3. Provide care to a woman in puerperium
4. Provide care to the newborn.

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## Module Units

Number Name

Hours

Theory

Practical

1 Normal Pregnancy

04

00

2 Normal Labour

14

00

3 Normal Puerperium

06

00

4 Normal Newborn

06

00

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## Module Content

- **Normal pregnancy;** Preconception care, diagnosis of pregnancy (presumptive, probable and positive) physiological changes in pregnancy, ante natal care, (pillars and concepts in MNH (preconception care, FANC), minor complications during pregnancy and their management
- **Normal labour;** concepts, onset, stages of labour, duration, physiology of stages of labour, mechanism of normal labour, management of normal labour( the partograph, pain relief, (pharmacological and non pharmacological), EMTCT)





- **Normal puerperium;** concepts, physiological changes, targeted postnatal care, physiology of lactation, infant feeding methods (exclusive breast feeding, cup and spoon), minor complications of puerperium.
- **Normal Newborn;** characteristics of a normal newborn, APGAR scoring, essential newborn care (feeding, warm chain, clean chain, Kangaroo mother care, first examination, daily physical examination, subsequent baby care, Essential Newborn Care, minor complications of the newborn, care of eyes, cord care.

## Teaching Strategies

- Group Discussions, Lectures, Demonstrations, Role plays.

## Teaching/Learning Resources

- Marker and whiteboard, LCD Projector and laptop, Text books, Manikins, Flip charts, Posters, Procedure Manuals

## Assessment Strategies

- Formative: CATs, RATs, Assignments, Case Presentations, Mid-Semester Examination, Promotional examination. Summative: OSCE, Clinical assessment, Final Qualifying Examination.

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## References/Further Readings

- Fraser, D, Cooper, M. and Nolte, A. (2013) Myles Textbook for Midwives, 18th ed. USA: Churchill Livingstone
- Ministry of Health (2002). Essential Obstetric Care Manual for Health Service Providers in Kenya. A Safe Motherhood Initiative Ministry of Health, Kenya

# ***Learning objectives***

By the end of this section you will be able to:

- Describe the evolution of reproductive health programmes
- Describe the national policy guidelines on the implementation of reproductive health programmes in Kenya
- Define the concepts of integrated comprehensive reproductive health services
- Describe strategies for implementing the reproductive health plan components
- Describe the structure of reproductive health services in Kenya

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# ***Terminologies in reproductive health***

- RH- reproductive health
- ICPD- International conference on population development
- MOH- Ministry of health
- KHPF-Kenya health policy framework
- SMI- Safe motherhood initiative
- SDP- Service delivery point
- MCH/FP- Maternal and child health/ family planning





# ***Definition.***

- Reproductive health is defined as” A state of complete physical, mental, and social well being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process”.
- People are able to have a satisfying and safe sex life and they have the capacity to reproduce and the freedom to decide if, when and how often to do so.



- Men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.

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# ***National Policy and Guidelines in Reproductive Health***

- A policy is an official statement issued by the government, a company or a non-governmental organisation (NGO) to guide the workers on what to do. It is a statement on the ‘course of action decided on by the government.’
- Policy guidelines are written instructions that give directives with regard to the practices that should be followed in the provision of services to the consumer. For our purposes, the services in question are reproductive health services and the consumer is the patient who makes use of the services.

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# ***This guidelines aims to;***

- Create awareness among leaders, communities and programme implementers of the need to promote high quality reproductive health services, in order to improve the well being of the people
- Make available quality and sustainable family planning services to all who need them, in order to reduce the unsatisfied needs for family planning
- Reduce health and socioeconomic burdens due to STDs/HIV/AIDS and their implications or effects

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- Enhance the health and well being of adolescents and youths
- Reduce the incidence of infertility and facilitate proper investigations and management of infertile individuals and couples
- Eliminate all forms of discrimination against women and female children to enable them to exercise their sexual and RH rights and to promote their equal representation in all levels of political and public life

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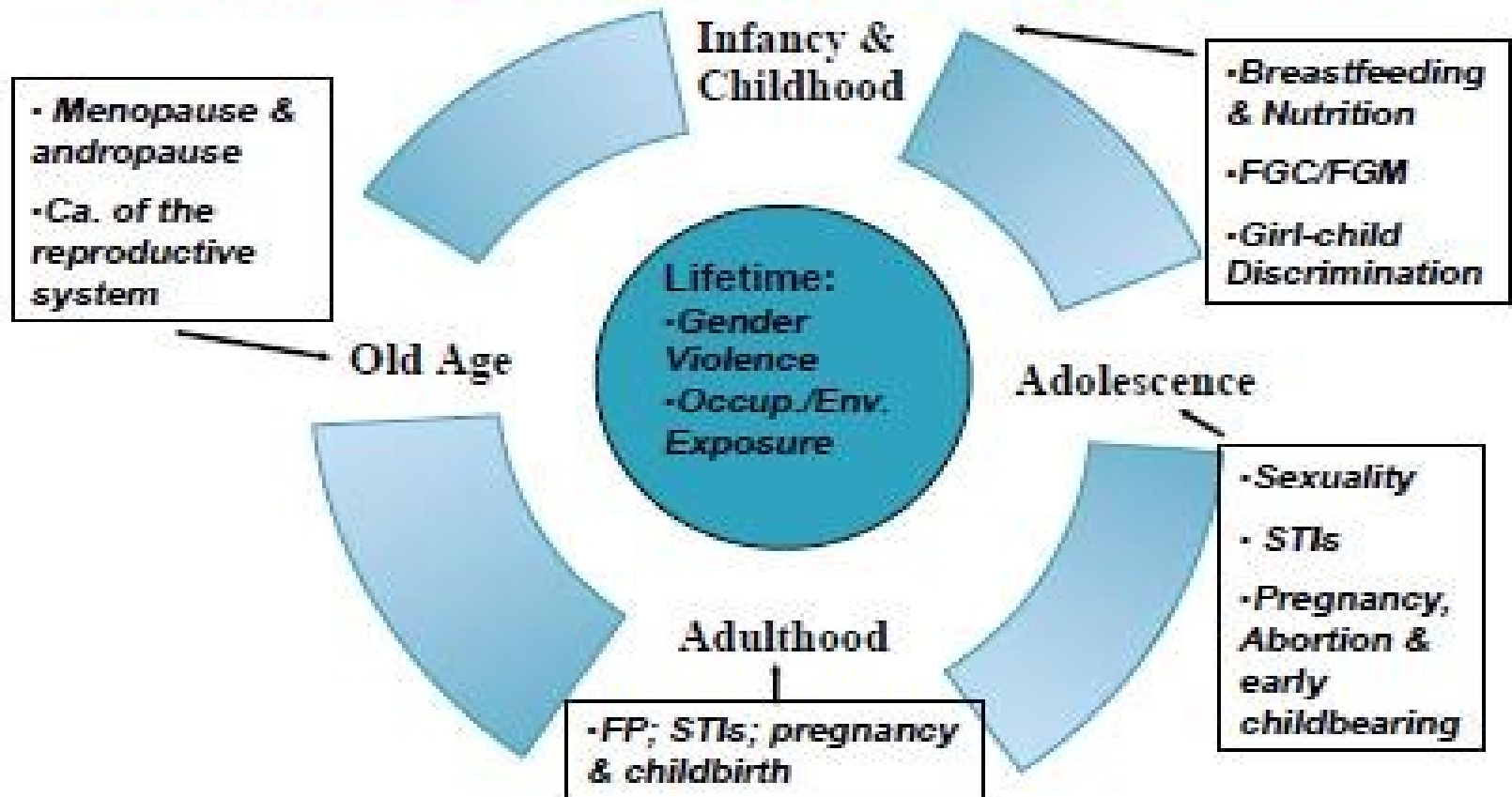
- Provide quality and sustainable comprehensive RH services in all service delivery points (SDP's) and community levels
- Enhance both men and women's health throughout their life cycle

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# RH .... A Life Cycle Approach



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# ***Reproductive Health Policy***

The general objectives of the policy are to:

- Guide planning, implementation, monitoring and evaluation of integrated quality gender sensitive RH services in Government, NGO, FBO and private sectors
- Standardise the quality and delivery of RH services
- Assist in resource mobilisation; ensure optimum, and efficient management of resources for the sustainability of effective RH services

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# ***Development of Reproductive Health***

World Summit 2005, declared universal access to reproductive health

- *“Sexual and reproductive health is fundamental to the social and economic development of communities and nations, and a key component of an equitable society.”*

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- During a Kenyan population census conducted in the late 1950's, the fertility and growth rates of Kenyans were found to be high. In response, the government adopted Family Planning (FP) as an important component of socioeconomic development in the 1960's.
- As early as 1965, when fertility control was a primary focus, the Government of Kenya (GoK) recognised population planning and family planning as part of the National Planning Strategies of Sessional Paper No. 10 of 1965. In 1967, the Family Planning Programme was established (GoK/MoH, 1998).

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- In 1974, further evaluation of reproductive health services established that the child health services were running parallel to those of family planning and antenatal care. This arrangement was viewed as inefficient.
- As a result, these services were integrated to offer a more consolidated package. Following this, the Maternal/Child Health Care and Family Planning (MCH/FP) Programme was established



# ***Elements/ Components of RH***

- Family-planning counselling, information, education, communication services.
- Safe motherhood: Prenatal care, safe delivery, essential obstetric care, postnatal care and breastfeeding.
- Prevention and treatment of infertility and sexual dysfunction in both men and women.
- Prevention and treatment of reproductive tract infections, especially, sexually transmitted diseases, including HIV/AIDS

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- Prevention and management of safe abortion practices.
- Elimination of harmful practices such as female genital mutilation, premature marriage, and domestic and sexual violence against women.
- Management of non-infectious conditions of the reproductive system, such as genital fistula, cervical cancer, complications of female genital mutilation and reproductive health problems associated with menopause.





# ***Concepts of intergrated comprehensive R.H.S***

- The provisions of more efficient and cost effective services since the same providers usually deliver services at the service delivery points.
- That no opportunity is missed for meeting patients reproductive health needs
- The creation of demand for and the development of actual and potential opportunities for provision of reproductive health services

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- Efficiency within the existing system so that key technical interventions can be provided up to the peripheral level
- The creation of efficient services, improved patient satisfaction and health seeking behaviour
- The removal of one significant barrier to care by guaranteeing services availability on all days of the week
- Provision of reproductive health services, defined for each level of the health care system, on all days, during the same visit, and where possible by the same provider

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# ***Strategies for Implementation of Reproductive Health Services***

- Human resource development and management
- Integration of reproductive health services including training, Identification, mobilisation and allocation of resources
- Operational research in reproductive health and monitoring and evaluation as well as supervision

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# ***Factors affecting reproductive health***

Reproductive health affects, and is affected by, the broader context of people's lives, including:

- Economic circumstances
- Education
- Employment
- Living conditions and family environment
- Social and gender relationships

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- Traditional structure.
- Legal structures within which they live.
- Sexual and reproductive behaviours are governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone

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# Assignment

## Female reproductive system

- Draw and write notes on female pelvis showing important landmarks:
  - Draw and write notes on
    - Pelvic joints
    - Ligaments
    - Diameters
    - Muscles
    - Types of pelvis
- Function of pelvis