

# Mentoring Guidelines

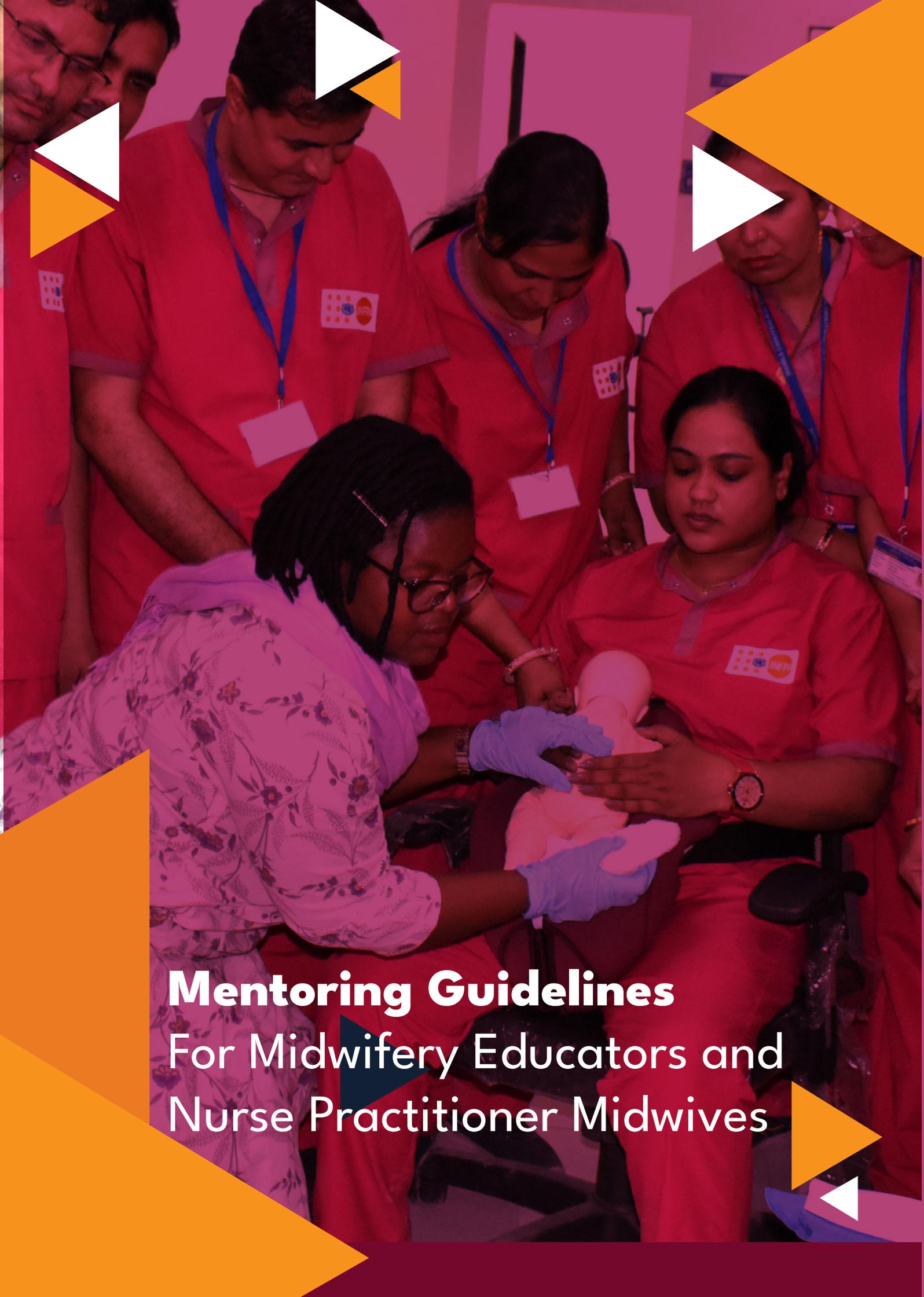
## For Midwifery Educators and Nurse Practitioner Midwives



Talent Knowledge  
**Mentoring**  
 Success Learn Motivate  
 Training Service  
 Leadership

**Instruct**  
 Practice  
 Share

Guide  
 Grow  
**Coach**  
 Educate  
 Communication



**Mentoring Guidelines**  
For Midwifery Educators and  
Nurse Practitioner Midwives



सत्यमेव जयते



**आराधना पटनायक, भा.प्र.से.**  
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

**Aradhana Patnaik, IAS**  
Additional Secretary & Mission Director (NHM)

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली-110011

Government of India

Ministry of Health and Family Welfare  
Nirman Bhawan, New Delhi-110011



## FOREWORD

The journey towards elevating maternal healthcare services to unparalleled heights has been an endeavour fuelled by dedication and vision. As we stand on the cusp of a transformative era in healthcare, the Midwifery Initiative emerges as a beacon of hope, embodying our unwavering commitment to ensuring every pregnant woman receives the highest quality of care with dignity and respect.

Mentoring is considered a vital component of this initiative, providing Midwifery Educators (ME) and Nurse Practitioner Midwives (NPM) with dedicated support and supervision from experienced mentors. These mentors will guide and assist in honing their skills, ensuring the seamless integration of theoretical knowledge with practical expertise. The one-year mentorship period represents a significant phase of development, during which mentees gain invaluable insights from seasoned professionals. These mentors leverage their extensive experience to nurture clinical competence and instil the confidence necessary to provide quality and respectful maternity care services.

As guardians of maternal well-being, the positive influence of impactful mentoring extends well beyond the individual midwives, enhancing the experiences of the pregnant women under their watch. I sincerely trust that these guidelines will offer direction to all stakeholders and facilitate their implementation. Let us march forward together, bound by our commitment to excellence, and pave the way for a transformative era in maternal and new born healthcare services nationwide.

(Aradhana Patnaik)



सत्यमेव जयते



आज़ादी का  
अमृत महोत्सव

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली-110011

Government of India  
Ministry of Health and Family Welfare  
Nirman Bhawan, New Delhi-110011



## Preface

Midwifery Initiative was launched with the aim of providing high quality and respectful maternal healthcare services to all pregnant women. As part of this initiative, a pool of National Trainers named Midwifery Educators (ME) has been created to establish a Nurse Practitioner Midwife (NPM) Cadre. These educators underwent an 18-month training program, including 6 months of residential training at National Midwifery Training Institutes (NMTI) and 12 months of mentorship at respective State Midwifery Training Institutes (SMTI) along with NPMs posted at Midwifery Led Care units (MLCUs).

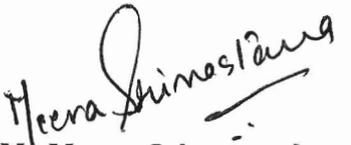
The one-year mentorship period is significant, requiring mentees to receive supportive guidance from mentors. Mentoring plays a crucial role in cultivating clinical competence among midwives, given the unique demands of midwifery that necessitate a blend of theoretical knowledge and hands-on skills. Mentors, drawing from their experience, offer valuable insights to ensure midwives excel not only in theory but also in the practical aspects of their profession.

Mentoring provides a vital support system, aiding midwives in building confidence in decision-making and navigating the emotional complexities of their roles. This, in turn, contributes to the overall well-being of both midwives and the pregnant women they serve. Considering the dynamic nature of healthcare, especially in midwifery, staying updated on the latest advancements and evidence-based practices is crucial. Mentoring establishes a structured framework for continuous learning, equipping midwives with the latest knowledge and skills needed for high-quality care throughout their careers.

I complement the Maternal Health Division team for developing the mentoring guidelines for the Midwifery Initiative. These guidelines represent a significant step forward in our journey to enhance effective mentorship, fostering a culture of collaboration and teamwork within healthcare settings. By encouraging open communication and shared learning experiences, mentors contribute to the development of a supportive professional Community where midwives can thrive and collectively contribute to improved maternity services.

As we embark on shaping the Midwifery Initiative in India, I hope that these mentoring guidelines will serve as a valuable resource for all the States/Union Territories', NMTIs/SMTIs, MEs/NPMs, and Development partners. This will aid them in establishing

robust mentoring mechanism, not only enhancing the skills and competencies of midwives but also contributing to the overall improvement of maternal and newborn healthcare services across the nation.

  
(Ms Meera Srivastava)



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली-110011

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAWAN, NEW DELHI - 110011

**Dr. Pawan Kumar**

MBBS, MD, DNB, MBA

Additional Commissioner, Incharge (MH & Immunization)



## ACKNOWLEDGEMENT

Mentoring is a fundamental aspect of the Midwifery Initiative, offering vital assistance to Midwifery Educators (MEs) throughout their 12-month training at the State Midwifery Training Institute (SMTI) within the 18-month training program. Moreover, ongoing mentorship is indispensable as Nurse Practitioner Midwives (NPMs) assume roles in Midwifery Led Care units (MLCUs).

The provision of mentorship involves collaboration among International Midwifery Educators (IMEs), MEs, State officials, Service providers and Development partners. Together, they guide aspiring midwives, fostering confidence and momentum in alignment with the curriculum developed by the Government of India.

The Government of India explicitly recognizes the pivotal role of mentoring, extending its significance beyond the Midwifery Initiative to various Maternal Health initiatives such as LaQshya, Center of Excellence (CoE) under Surakshit Matritva Aashwasan (SUMAN), Daksh, Dakshta, Comprehensive Emergency Obstetric and Newborn Care (CEmONC), Life Saving Anaesthesia Skills (LSAS), Delivery Points (DP), First Referral Units (FRUs) etc. This commitment is demonstrated through the allocation of budgetary resources under the National Health Mission (NHM) to support mentorship across all aforementioned initiatives.

These meticulously crafted mentoring guidelines are poised to offer comprehensive support to all stakeholders involved in the Midwifery Initiative. Developed with insights derived from the field experiences and good practices, these guidelines epitomize a commitment to excellence and inclusivity in mentoring practices.

With this, I extend my gratitude to Shri Apurva Chandra, Secretary (H&FW), Ms Aradhana Patnaik, AS & MD (NHM), Ms Meera Srivastava, JS (RCH), for their unwavering guidance and administrative support that helped in developing the mentoring guidelines under Midwifery Initiative.

Special thanks to the Technical Expert Group, including Dr. Deepika Cecil Khakha, Advisor Nursing Division; Mr. Deelip Kumar, INC; Dr. Deepa Prasad from UNFPA, and Dr. Kamlesh from Jhpiego for their insightful contributions.

The contributions of my esteemed colleagues Dr Anupama Prasad (Deputy Commissioner MH), Dr Santosh Ojha, Dr Bhumika Talwar, Mr Vivek Singhal, Dr Tushar Purohit, Dr Priyanka Sharma, Dr Himangini Wadhawan, Dr Jagdish Chhimpa and Mr Brahm Kumar Sharma are unwavering in drafting and finalizing these guidelines.

I am confident that States/UTs will benefit from this document in structured and quality mentoring activities for strengthening the Midwifery initiatives in their respective districts.



**(Dr. Pawan Kumar)**

# List of contributors

01	Shri Apurva Chandra-Secretary, (Health & Family welfare), MoHFW, Gol
02	Ms Aradhana Patnaik-AS & MD, NHM, MoHFW, Gol
03	Ms Meera Srivastava, JS(RCH), MoHFW, Gol
04	Dr Pawan Kumar, Additional Commissioner, In-charge (MH & Immunisation), MoHFW, Gol
05	Dr Anupama Prasad, Deputy Commissioner, Maternal Health, MoHFW, Gol
06	Dr Deepika C Khakha , Advisor Nursing Division, MoHFW, Gol
07	Dr. Santosh Ojha, Lead Consultant, Maternal Health, MoHFW, Gol
08	Mr Vivek Singhal, Lead Consultant, Maternal Health, MoHFW, Gol
09	Dr T Dilip Kumar, President INC
10	Ms K.S Bharti, Joint Secretary INC
11	Dr Tushar Purohit , Senior Technical Officer, Maternal Health, MoHFW, Gol
12	Dr Bhumika Talwar, Maternal Health & Midwifery Specialist , UNFPA India
13	Dr Priyanka Sharma, Consultant Midwifery CCU
14	Dr Himangani Wadhawan, Consultant Midwifery CCU
15	Dr Jagdish Chhimpa, Consultant Midwifery CCU
16	Mr Brahm Kumar Sharma , Consultant Midwifery CCU
17	Dr Deepa Prasad, Chief Programmes and Technical Support, UNFPA India
18	Dr Saswati Das, Sexual Reproductive Health and Rights Specialist , UNFPA India
19	Dr Kamlesh Lalchandani, Deputy Country Director, Jhpiego
20	Dr. Geeta Chhibber, Senior Technical Advisor , Jhpiego
21	Ms Bijali Sinha , Lead Nursing & Midwifery, Jhpiego

# Table of Contents

**09** ▶

Introduction

**11** ▶

Purpose of the Document

**12** ▶

Mentoring as a Key Part of Midwifery Training Programme

**13** ▶

Roles and Responsibilities of Mentors

**14** ▶

Modes of Mentorship

**15** ▶

Mentorship Programme Structure

**17** ▶

Completion of Mentorship

**18** ▶

Annexures

# GLOSSARY

BCG	Bacillus Calmette-Guerin
BSc(N)	Bachelor of Science (Nursing)
CST	Contraction Stress Test
CTG	Cardiotocography
D&C/D&E	Dilation & Curettage/Dilation & Evacuation
DFMC	Daily Fetal Movement Count
EBM	Expressed Breast Milk
Gol	Government of India
HIV	Human Immuno-deficiency Virus
ICM	International Confederation of Midwives
IME	International Midwifery Educator
INC	Indian Nursing Council
IUCD	Intra Uterine Contraceptive Device
LRP	Learning Resource Package
MCSP	Maternal and Child Survival Program
MLCU	Midwifery-Led Care Unit
MNCH	Maternal Neonatal and Child Health
MoHFW	Ministry of Health and Family Welfare
NICU	Neonatal Intensive Care Unit
NMC	Nursing and Midwifery Council
NMTI	National Midwifery Training Institute
NPM	Nurse Practitioner Midwife
NPME	Nurse Practitioner Midwifery Educator
NST	Non-Stress Test
OBG	Obstetrician and Gynaecologist
OCP	Oral Contraceptive Pills
OPD	Out Patient Department
PAIUCD	Post Abortion Intra Uterine Contraceptive Device
PE/E	Pre-Eclampsia/Eclampsia
PPH	Postpartum Haemorrhage
PPIUCD	Post Partum Intra Uterine Contraceptive Device
QI	Quality Improvement
RMNCH	Reproductive Maternal Neonatal & Child Health
SMTI	State Midwifery Training Institute
TT/Td	Tetanus Toxoid/Tetanus Diphtheria
USG	Ultrasonography
WHO	World Health Organization





# Introduction

## Background

The inception of the Midwifery initiative marked the commencement of a significant shift in the landscape of reproductive, maternal, newborn, and child (RMNCH) care, catering to the needs of women, children, and families on a national scale. The primary objective of this initiative is to forge a cadre of midwives known as Nurse Practitioner in Midwife (NPM), characterised by their proficiency, knowledge, and ability to deliver compassionate, respectful and women-centered RMNCH services to women undergoing uncomplicated pregnancies and births.

In order to create qualified NPMs, a curriculum was meticulously crafted in adherence to the International Confederation of Midwives (ICM) competencies, developed in collaboration with the Indian Nursing Council and Nursing Division, MoHFW. This curriculum spans a duration of 18 months. Development of competent Midwifery Educators (MEs) is vital to train NPMs. The Midwifery Educators training program encompasses a comprehensive 6-month residential training period at National Midwifery Training Institutes (NMTIs), followed by a crucial 12-month mentorship phase at State Midwifery Training Institutes (SMTIs). At SMTIs, Midwifery Educators play a pivotal role in imparting 18-months NPM training as a Master Trainer.

## This programme has two components



### Midwifery Educators

6 months training at NMTI and then posted at SMTI for NPM training

12 months mentorship at SMTI

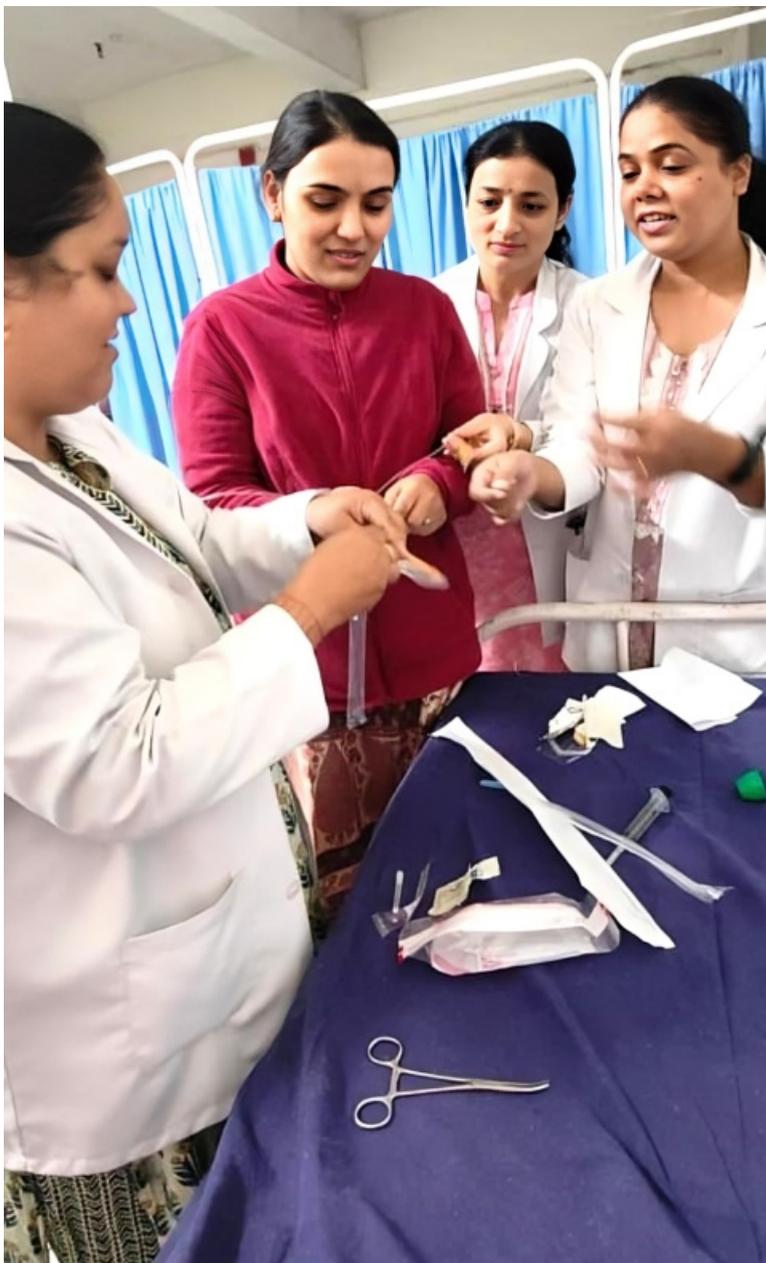
### Nurse Practitioner Midwives

18 months training at SMTI and posted at MLCU

Mentorship at MLCU

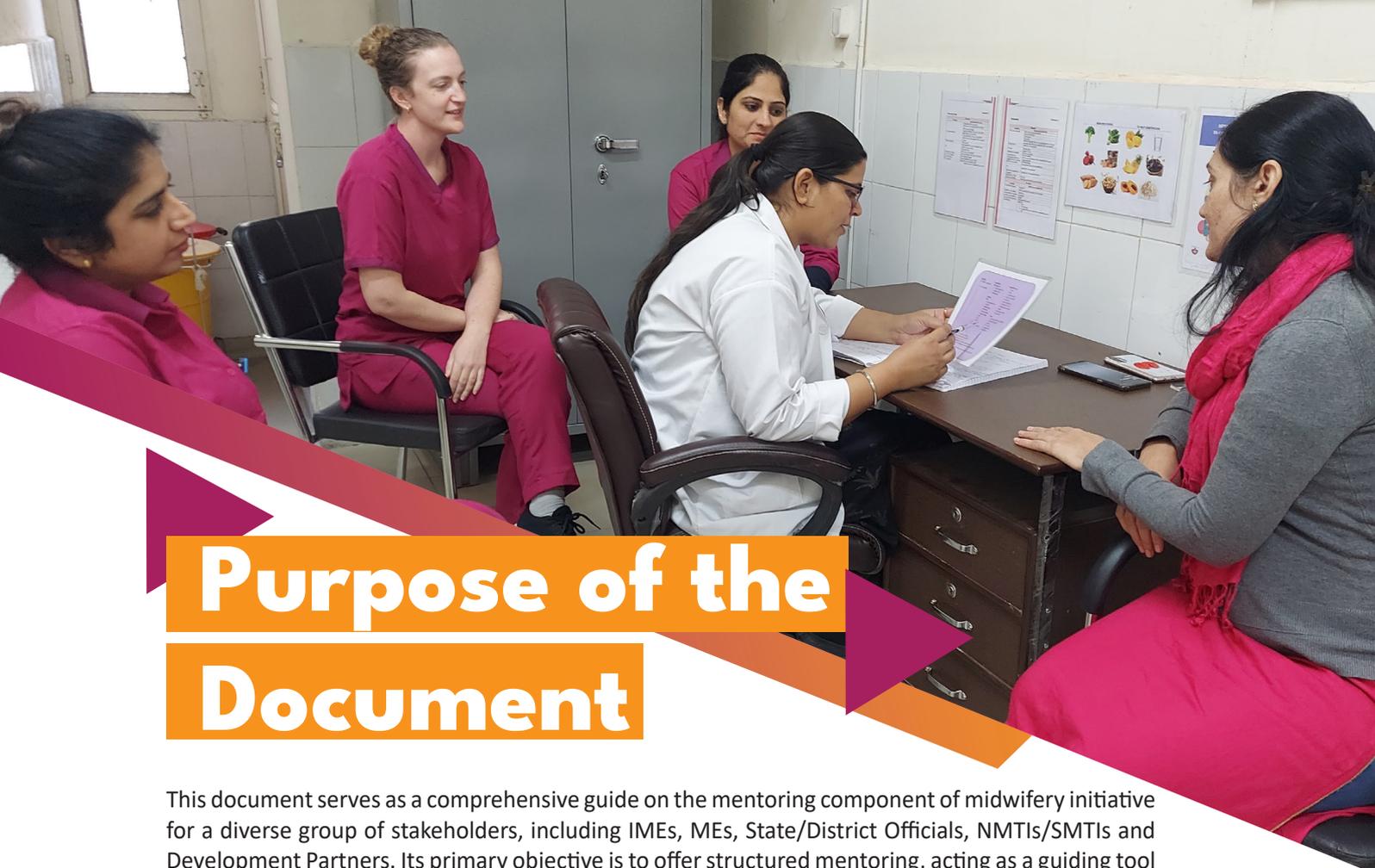
The mentoring component within the Midwifery initiative holds a paramount position in the training process, serving as a cornerstone for the professional development of MEs/NPMs. This phase plays a multifaceted role, extending beyond the mere transmission of knowledge to encompass a comprehensive, hands-on approach that fosters practical skills, confidence, and a deep understanding of the intricacies involved in RMNCH care.

During the 6-month training at National Midwifery Training Institutes, Midwifery Educators (ME's) are immersed in a dynamic learning environment, where theoretical knowledge is complemented by practical competency building experiences. The mentorship period that follows, spanning 12 months at State Midwifery Training Institutes (SMTIs), is designed to provide personalised guidance, constructive feedback, and a supportive framework for MEs to apply their knowledge in real-world scenarios. This immersive mentorship is crucial for honing clinical skills, enhancing decision-making capabilities, and instilling a patient-centric approach.



Furthermore, for the NPMs, the mentoring done after completion of 18-months of training by the MEs serves as a platform to navigate complex situations at MLCUs under the guidance of experienced mentors. It enables them to observe, learn, and adapt to diverse scenarios, preparing them to handle the nuances of RMNCH care with competence, empathy & respectful maternity care. The mentorship program also facilitates the cultivation of effective communication skills, teamwork, and leadership qualities, essential attributes for delivering holistic and compassionate care.

By placing a strong emphasis on mentoring, the Midwifery initiative ensures that MEs/NPMs not only acquire theoretical knowledge and skills but are able to implement their learning into actions for providing respectful and high-quality RMNCH services. This investment in mentorship underscores the commitment to producing well-rounded, capable midwives who contribute significantly to the transformative change in healthcare by providing respectful maternity care, thereby providing women with a positive pregnancy and childbirth experience.



# Purpose of the Document

This document serves as a comprehensive guide on the mentoring component of midwifery initiative for a diverse group of stakeholders, including IMEs, MEs, State/District Officials, NMTIs/SMTIs and Development Partners. Its primary objective is to offer structured mentoring, acting as a guiding tool to facilitate effective mentorship initiatives.

**This document is designed to provide guidance for mentoring in two key components:**

**1**  
**Mentoring of MEs posted at SMTIs and NMTIs.**  
The document outlines a detailed checklist tailored for the mentoring process during the 12-month placement of MEs posted at NMTIs/SMTIs.

**2**  
**Mentoring of NPMs posted at Midwifery Led Care Units (MLCUs) in high case load facilities.**  
Another critical focus area involves the mentoring of NPMs stationed at MLCUs.

The document is structured to assist mentors in comprehending the mentorship approach thoroughly and serves as a practical and detailed guide, streamlining the mentorship process. It also explains how to conduct mentoring sessions, details various methodologies, and outlines modalities employed in the mentoring of MEs/NPMs. Additionally, the document equips mentors with essential tools and resources to uphold standardised practices in mentoring.



# Mentoring as a Key Part of the Midwifery Training Programme

## Key pillars of Mentoring under the Midwifery Initiative are;

- ▶ Strengthen the NPMs' and MEs' competence and confidence in performing their new roles as midwives and educators respectively,
- ▶ Demonstrate and advocate for the midwifery model of care,
- ▶ Support in establishing and providing quality services in MLCUs and,
- ▶ Aid MEs/NPMs to build collaborative practices, and collaborative relationships, with other providers vis-a-vis Doctors/ Obstetricians & Gynaecologists/Nursing Staff, who care for women and newborns.

The primary objective of mentorship in the Midwifery Initiative is to ensure that newly trained midwives and educators are well-equipped for their roles. The mentorship period presents an opportunity to reinforce skills developed during residential training, be it clinical, educational, or managerial/leadership skills.

## Who can be a Mentor?

Mentors, who are skilled and proficient midwifery service providers within a health-care system or in a facility play a vital role in supporting and nurturing other service providers. In case of MEs, the mentors would be IME's and when it comes to NPMs the mentors would be MEs.



# Roles and Responsibilities of Mentors

- ▶ Introduce the mentorship programme to midwifery training institutes and clinical teaching sites where midwife-led care services are established. Sensitisation sessions will be conducted to explain and introduce mentorship to facility management, hospital staff, and educators.
- ▶ Provide support for the establishment of institutional processes at NMTI/SMTI for implementing the midwifery initiative in accordance with the guidelines of the Government of India.
- ▶ Facilitate assessment of teaching institutes and ensure facility readiness, as well as collaborate with them in developing action plans to enhance services.
- ▶ Develop and execute mentoring plans in coordination with the facility Quality Circle/ Quality Improvement (QI) Team for addressing the identified gaps and inform the corrective measures within a stipulated time-frame.
- ▶ In case of ME training, the mentors will conduct three mentoring visits in the first quarter i.e. one visit/ month for 1st quarter, subsequently 1 mentoring visit/quarter to assess the skills of MEs posted at SMTI/NMTI.
- ▶ In case of NPM training, the mentors will conduct quarterly mentoring visits (1 mentoring visit/ quarter) at the respective MLCUs.
- ▶ Facilitate and document on-site learning aligned with facility priorities and action plans.
- ▶ Follow up on priority issues to enhance the skills of midwifery providers.
- ▶ Collect, review, verify, and compile service delivery data from health-care facilities.
- ▶ Report findings and recommendations to program stakeholders.



# Modes of Mentorship

	MEs	NPMs
One-on-one Mentoring	Prior to the conclusion of the <b>6 month residency program</b> , mentees and mentors will be paired based on where the ME's are placed.	Prior to the conclusion of the <b>18 month residential training program</b> , mentees and mentors will be paired based on where the NPMs are placed.
Group Mentoring	Mentors will also be assigned a cohort of 6-10 mentees in the <b>SMTIs</b> .	Mentors will also be assigned a cohort of 6-10 mentees <b>within a district (if available) or intra district (combining 2/3 adjoining Districts/Region/Division)</b> .

- Each mentor will be matched with 6-10 NPM mentees, and together they will formulate measurable, mentee-led goals.
- Group mentoring fosters inclusivity, enhancing teamwork skills crucial for establishing the MLCU and reinforcing collaborative practice. Mentee cohort-mentor partners will collaborate on measurable goals, allowing mentors to guide progress, pace, and activities.



# Mentorship Programme

## Structure

### A: For the Midwifery Educators Course Months (0–3) of Mentorship

The initial three months of the mentorship period will focus on specific clinical competencies and clinical practice at the SMTI/NMTI. During this period, mentees will receive on-site mentorship visits monthly. This first quarter will also be focused on preparing the SMTIs for the initiation of the NPM training. During this period, the mentors will review mentees’ performance during clinical practice, using the standardised skill checklists, and support them in the development of new skills. The mentors will be required to complete the competency assessment of general and specific practice skills according to the ICM essential competencies.

The schedule below offers an illustrative focus of mentorship by month, during the first three-month period.

Week (1-4)	Week (5-8)	Week (9-12)
Introduction to mentorship, portfolio, relationship-building between mentor and mentees, introduction to documentation, goal-setting, assessment and support (clinical development, educational development)	Re-assessment on the skills, individual development plan and support (clinical development, educational development)	Progress on different technical skills (clinical development, educational development) and achievement of expected outcomes

## Months (4–12) of Mentorship

After the third month of mentorship, and the initiation of NPM training at SMTI/ NMTI, the mentor will observe, evaluate and provide constructive feedback, to the mentees during classroom teaching and skill demonstration; as well as during clinical coaching of the NPM students. During the remainder of the mentoring period, the academic requirements will be completed as per the logbook, including the mentees' reflections. The clinical, academic and management performance at clinical site will be directly observed and supported by mentors. During this period, on-site visits will be less frequent (once per quarter).

The schedule below illustrates the plan of the mentorship guideline by month, during weeks (16-52) of the mentorship period.

### Week (13-24)

Case presentation of how a midwife has facilitated and supported (both clinically and emotionally) a safe, respectful normal birth experience.

### Week (25-36)

Update on achievement of competencies and individual development plans, revisit areas of interest, goals, plans for meeting the said goals, the individual development plan (IDP), and discuss any concerns or problems, as well as accomplishments. An action plan will be developed using the IDP to focus the discussion.

### Week (37-48)

- Refresher session-
- What do you need more help on?
  - What is going well?
  - Clinical progression and achievement of learning outcomes.
  - Update on achievement of competencies and individual development plan.

## B: For the Nurse Practitioner Midwives Course

The clinical and management performance at MLCU will be directly observed and supported by mentors. During this period, onsite visits will be done once per quarter.

The mentor during the visits will observe their skills/ knowledge of NPMs in providing physiological birthing, alternative birthing positions, their acceptance by the beneficiaries, provision of ANC and intra-partum exercises, availability of equipment and registers placed in MLCU.

**For details pertaining to alternative birthing positions, ANC/intra-partum exercises, list of equipment and registers, refer to the GoI MLCU guidelines.**



# Completion of Mentorship

## A. For the Midwifery Educators Course

After 12 months of mentorship, a final reflective overview will be summarised in the portfolio format for submission to the NMTI. The individual portfolio, containing remarks by the mentor should be submitted to the NMTI for evaluation. On successful completion of the mentorship programme and final examination, ME mentees will be provided with the certificate titled –Nurse Practitioner Midwife-Midwifery Educator by the respective State Nursing Council.

## B. For the Nurse Practitioner Midwives Course

For NPM, continued mentoring support after completion of the 18 months course helps them to provide quality, respectful and compassionate midwifery services to all low-risk pregnant women and get updated on various newer maternal health initiatives/amendments released by MoHFW, GoI.





# Annexures

# **Annex 1**

**Timing of expected clinical skills/competency attainment during 18-month ME/NPM training programme**

Competencies/Skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
<b>ANTENATAL CARE</b>		
Health assessment – medical and obstetric history collection, physical & obstetric examination		
Urine pregnancy test		
Estimation of Hemoglobin using Sahli's Hemoglobinometer/ Digital Hemoglobinometer	Estimation of Hemoglobin using Sahli's Hemoglobinometer/ Digital Hemoglobinometer  Management of mild and moderate anemia (7-10.9%)	
Urine testing for albumin and sugar, testing blood sugar by 75 gm OGTT using Glucometer and MNT	Medical Nutrition therapy (MNT)	
Preparation of peripheral smear for malaria	Women with Uncomplicated Malaria	
Point of care HIV test	Point of care HIV test	
Point of care syphilis test	Point of care syphilis test	
Counsel on use of Kick chart / DFMC (daily fetal movement count) in the 3rd trimester; evaluate reduced kick counts		
Preparation and recording of CTG-Cardiotocography/NST-Non-stress test		Preparation and recording of CTG/NST/ Contraction stress test (CST)  Preparation and assisting women for antenatal investigations – amniocentesis, chorionic villus sampling.

Competencies/Skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
Antenatal counseling – diet, exercise, rest, personal care, birth preparedness, complication readiness, Post Partum Family Planning		
Administration of Td (Tetanus & Diptheria) vaccine		
Prescription of iron and folic acid tablets, calcium carbonate with Vit D3 tablet.		
Albendazole tablet		
Prenatal counseling and care of general and vulnerable groups in case of teenage pregnancies		
<b>INTRANATAL CARE</b>		
Identification, assessment of woman in labour		
Labour monitoring through Doppler and Cardiotocography (CTG)		
Vaginal examination during labour including clinical pelvimetry	Vaginal examination during labour including clinical pelvimetry	
Preparation for birth– physical and psychological		
Setting up of the delivery room / unit		
Supportive, respectful care of women in labour – ambulation, positions, hydration, birth companionship		
Pain management during labour: non–pharmacological	Pharmacologic pain management	

Competencies/Skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
Conducting delivery as per protocol-facilitate normal physiological birthing		
Identify perineal and vaginal tears		
Repair of 1st and 2nd degree perineal and vaginal tears		
Newborn resuscitation		
Active management of third stage of labour		
Post partum family planning counselling, providing informed choice and Insertion of post-partum Intra-uterine contraceptive device (PPIUCD)		
Examination of placenta		
Care during fourth stage of labour		
Initiation of breast feeding and lactation management		
Assessment and weighing of newborn	Care of small (low-birth weight)/ pre- term newborn	
Administration of Vitamin K		
<b>POSTNATAL CARE</b>		
Postnatal assessment and care-women and newborn		
Perineal / Episiotomy care		
Breast care		
Postnatal counseling – diet, exercise, rest, hygiene, breast feeding, identification of danger signs-women & newborn, resumption of sexual activity, and return to fertility, consumption of IFA and calcium for 6 months		

Competencies/Skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
Postpartum family planning		
<b>NEWBORN CARE</b>		
Assessment of newborn, including gestational age	Identification of minor disorders of newborn and their management	
Ensure Zero Dose vaccination		
<b>CARE OF WOMAN WITH COMPLICATIONS</b>		
Identification of antenatal complications- pre- eclampsia/ eclampsia, anemia, antepartum hemorrhage, diabetes, thyroid disorders & medical disorders in pregnancy		
Glucose Challenge Test / Glucose Tolerance test/OGTT using Glucometer		
Hypertensive Disorders of Pregnancy- identification, diagnosis and administration of loading dose of MgSO4 for severe PE/eclampsia	Gestational HTN, management of Severe PE- administration of loading dose of MgSO4 and anti-hypertensive drugs	
Identification of fetal distress, immediate management and referral as required		
Prepare for Vacuum delivery		
Diagnosis of Malpresentations and Malposition and referral		
Cord Presentation or Cord Prolapse- Initial stabilization and referral (depending upon the stage of labour). Midwives should be capable of initial management and delivery if second stage of labour		

Competencies/skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
Diagnosis of Preterm Labour– correct estimation of gestational age, stabilize, administration of Antenatal Corticosteroids as per indication and refer	Administration of Antenatal corticosteroids	
Prepare for Breech delivery- (depending upon the stage of labour). Midwives should be capable of initial management and delivery in second Stage of labour		
Counseling and testing of HIV/ Syphilis/RTIs/STIs		
Diagnosis and referral of Prolonged labour		
Prepare for Forceps birth		
Manual removal of the Placenta (already separated placenta)	Manual removal of the placenta	
Diagnosis and management of PPH - Bimanual Compression of uterus, Balloon Tamponade for Atonic uterus, Aortic Compression for PPH, Prescription and administration of fluids, uterotonics and electrolytes through intravenous route.	Stabilize and refer	
Identification and first aid management of obstetric shock	Stabilize and refer	
Diagnosis and initial management of puerperal sepsis	Stabilize and refer	
Management of breast engorgement, lactation failure	Stabilize and refer	
Identification of suspected deep vein thrombosis (DVT)	Stabilize and refer	
Identification of other postpartum complications – Urinary tract infections (UTI), Obstetric fistulas etc.	Stabilize and refer	

Competencies/Skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
<b>HIGH RISK NEWBORN</b>		
Feeding of high-risk newborn – Expressed breast milk (EBM) (spoon/paladai)	Feeding of high-risk newborn – EBM (spoon/paladai) and assisting in neonatal diagnostic procedures	Assisting in neonatal diagnostic procedures
Insertion/removal/feeding through Naso/oro gastric tube		Insertion/removal/feeding – (Naso/oro gastric tube)
Administration of medication – oral / parenteral	Administration of medication – oral / parenteral	
Neonatal drug calculation	Neonatal drug calculation	
Oxygen administration		
Care of neonate in incubator/warmer/ventilator		Care of neonate in Radiant warmer/ventilator
Care of neonate on phototherapy	Assist in exchange transfusion	Care of neonate on phototherapy Assist in exchange transfusion.
Organize different levels of neonatal care	Organize different levels of neonatal care	
Transportation of high-risk newborn		
<b>FAMILY PLANNING</b>		
Family planning counseling		
Determine medical eligibility, support informed decision-making/choice and provide contraceptive of choice (except permanent methods). Provision of <ul style="list-style-type: none"> <li>• Condoms (Nirodh)</li> <li>• OCP's (Mala-N, Chhaya)</li> <li>• ECP (Ezy Pill)</li> <li>• Injectable (Antara)</li> </ul>		

Competencies/Skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
Insertion and removal of Interval IUCD		
Insertion and removal of PPIUCD/PAIUCD		
Preparation of the woman for Postpartum sterilization	Assist in Tubectomy, Vasectomy	
<b>OTHER PROCEDURES</b>		
Pre-conception counseling and care - nutritional assessment	Pre-conception counseling and care – nutritional assessment	Pre-conception counseling and care - nutritional assessment
Prepare and counsel for D&C and D&E operations	Assist in D&C and D&E operations	
Prepare and counsel for Medical Methods of Abortion (MMA) Manual Evacuation	Assist in Manual Vacuum Aspiration	
Post abortion care and counseling		
Screening for HIV/Syphilis		
Screening for Cervical cancer Pap smear Visual inspection with acetic acid/ iodine (VIA/VILI)	Pap smear VIA/VILI	Preparation of women for Pap smear. Visual inspection of the cervix with acetic acid/iodine
Counseling on Breast self-examination		
Clinical Breast Examination		
Reporting maternal and perinatal death	Assist in conducting maternal and perinatal death audit	
Maintenance of registers		
Maintenance of records		

Competencies/Skills MEs / NPMs must gain by the end of the 6-month/18-months residential training	Competencies/Skills MEs must gain by the end of the 12-month mentorship period	Additional Competencies/ Skills MEs/NPMs may gain by the end of the 12-months
Advising selected lab investigations as per national guidelines		
Prescribing & administering selected medicines as per national guidelines		

# **Annex 2**

## **Assessment Checklist**

**(To be used by mentor)**

Sl. NO	Skills/Activity
I	
A	<b>Facility Readiness</b>
1	Assessment of the infrastructure, logistics and development of action plan
2	Collaborative care
B	<b>Management of Midwifery Services</b>
1	Baseline assessment of the clinical practice site and preparation of action plan
2	Observe the facilities in the different areas – antenatal/ OPD ward/ labour room/ MLCU, postnatal clinic/ward, NICU /SNCU
3	Observe for the implementation of evidence-based practices and identify outdated/ old practices that are not evidence-based.
4	Management of MLCU (Indent, stock and equipment management)
5	Documentation (registers) and reporting
6	Use of data for decision making
7	Coordination and management of district midwifery action group meeting
II	
A	<b>Antenatal Care</b>
1	Health assessment of antenatal woman: history taking, physical examination and obstetrical examination
2	Urine pregnancy test
3	Estimation of haemoglobin using Sahli's hemoglobinometer /Digital hemoglobinometer
4	Preparation of peripheral smear for uncomplicated malaria
5	Urine testing for albumin and sugar
6	Point of care HIV test
7	Point of care syphilis test
8	Preparation of mother for USG
9	Assist in performing USG
10	Fetal patterns/ kick chart / DFMC (daily fetal movement count)
11	Preparation and recording of Cardio Tocography (CTG)/ Non-Stress Test (NST)/ Contraction Stress Test (CST)

Sl. NO	Skills/Activity
12	Preparation/ assisting woman for antenatal investigations amniocentesis, cordocentesis, Chorionic villus sampling
13	Antenatal counselling- diet and exercise, birth preparedness, complication readiness, birth companion and future antenatal visits
14	Administration of Td vaccine
15	Prescription of iron and folic acid tablets, calcium tablets
16	Prenatal counselling and care of general and vulnerable groups such as adolescent or young pregnant mothers
<b>B</b>	<b>Care During Labour</b>
1	Identification, assessment and admission of woman in labour
2	Perform cardiotocography (CTG)
3	Vaginal examination during labour including clinical pelvimetry
4	Plotting and interpretation of partograph
5	Preparation for birthing – physical and psychological
6	Setting up of the birthing room / unit
7	Pain management during labour-non-pharmacological
8	Supporting normal births
9	Episiotomy only if required and repair
10	Essential newborn care
11	Active management of third stage of labour
12	Examination of placenta
13	Skin to skin care at birth for every newborn
14	Care during fourth stage of labour
15	Early initiation of breast feeding, exclusive breast feeding and lactation management
16	Assessment and weighing of newborn
17	Administration of Vitamin K
<b>C</b>	<b>Postnatal assessment and care</b>
1	Perineal / episiotomy care
2	Breast care

Sl. NO	Skills/Activity
3	Postnatal counselling-diet, exercise & exclusive breast feeding
4	Postpartum family planning
<b>D</b>	<b>Assessment of newborn including gestational age</b>
1	Kangaroo Mother Care for preterm and low birth weight babies
2	Identification of minor disorders of new-born and their management
3	Neonatal immunization- Administration of BCG, Hepatitis B vaccine
<b>E</b>	<b>Identification, first-aid management and timely referral for obstetric complications</b>
1	Identification of antenatal complications - Pre-eclampsia
2	Identification of antenatal complications - Anaemia
3	Identification of antenatal complications - Antepartum Haemorrhage
4	Glucose challenge test / Glucose Tolerance test
5	Administration of MgSo4
6	Identification of foetal distress and its management
7	Preparation of woman for emergency / elective caesarean section and assisting in caesarean
8	Prepare the mother and perform vacuum delivery when favourable
9	Diagnosis of malpresentations and mal-positions
10	Diagnosis and initial management of cord presentation/cord prolapse
11	Early diagnosis of pre-term labour
12	Prepare, assess suitability and support the mother during breech delivery when favourable
13	Infection prevention during labour and newborn care
14	Diagnosis and referral of prolonged labour
15	Prepare for low forceps operation
16	Manual removal of the placenta
17	Diagnosis and initial management of PPH
18	Bimanual compression of uterus

Sl. NO	Skills/Activity
19	Balloon tamponade for atonic uterus
20	Aortic compression for PPH,
21	Prescription and administration of fluids and electrolytes through intravenous route
22	Repair of perineal and vaginal tears (up to II degree)
23	Referral of perineal and vaginal tears (above II degree)
24	Identification and first aid management of obstetric shock
25	Diagnosis and management of puerperal sepsis
26	Management of breast engorgement
27	Identification of of DVT/thrombophlebitis
28	Timely referral to the specialist obstetrician
<b>F</b>	<b>Identification, first-aid management and timely referral for high risk newborn</b>
1	Identification of high-risk newborn
2	Neonatal resuscitation
3	Assisting in neonatal diagnostic procedures
4	Feeding of high-risk newborn –EBM (spoon/paladai)
5	Insertion/removal/ feeding - Naso/oro gastric tube
6	Administration of medication – oral / parenteral
7	Neonatal drug calculation
8	Oxygen administration
9	Care of neonate in incubator / Radiant warmer
10	Neonatal intubation / ventilator
11	Care of neonate on phototherapy
12	Assist in exchange transfusion
13	Organizes different levels of neonatal care
14	Transportation of high-risk newborn

Sl. NO	Skills/Activity
<b>G</b>	<b>Immediate post-partum family planning counselling</b>
1	Family planning counselling
2	Distribution of temporary contraceptives – condoms, OCP's, emergency contraception
3	Insertion and removal of Interval IUCD
4	Insertion and removal of PPIUCD/PAIUCD
5	Counselling of the woman for postpartum sterilization
<b>III</b>	
<b>A</b>	<b>Post-abortion family planning counselling</b>
1	Pre-abortion counselling and care – nutritional assessment
3	Prepare, counsel & assist for uterine evacuation operations (Electric/ Manual Vacuum Aspirations)
4	Prepare & assist in Medical Methods for Abortion
5	Post abortion family planning services
6	Post abortion counselling
<b>B</b>	<b>Other services</b>
1	Screening for HIV
2	Screening for Cervical Cancer - Pap smear
3	Screening for Cervical Cancer - Visual inspection with acetic acid / iodine
4	Counselling on breast self-examination
5	Reporting & conducting of maternal and perinatal death audit
6	Maintenance of registers
7	Maintenance of records
<b>IV</b>	
<b>A</b>	<b>Midwifery leadership in the hospital and community</b>
1	Roles of midwives
2	Quality assurance of MNCH services
3	Research on midwifery practices
4	Preparation of research proposal and plan
5	Facilitating group or individual research project

Sl. NO	Skills/Activity
V	
A	<b>Management of midwifery education program</b>
1	A master rotation plan is made for the ME/NPM program as per the curriculum (check copy with dates and areas)
2	Clinical rotation plans are made and followed (check the plans with the dates. Cross check with students)
3	Time table is made and followed (check copy and up-to-date implementation)
4	Rotation includes evening and night shifts for the trainees (check the plan)
5	Records and registers are maintained up-to-date (check daily attendance, class attendance, leave register etc.)
6	Leave and vacation are given as per the curriculum (check leave record)
7	Observation and feedback of simulation sessions and skill demonstration and practice sessions
B	<b>For Midwifery Educators only</b>
1	MEs incorporate experiential learning, reflective learning and scenario-based learning in the teaching learning process (look into the lesson plan / teaching plan)
2	MEs integrate the transformative learning process in midwifery education
3	MEs select and use effective and appropriate teaching and learning resources.
4	MEs recognize and support the learning styles and unique learning needs of NPM students (check mentorship plan / portfolios).
C	
1	MEs assess student competency using various assessment strategies and tools (check records)
2	MEs use checklists to evaluate skills (check)
3	MEs maintain various assessment records (check)
4	MEs periodically plan for assessment (check the exam timetable / plan)
D	
1	MEs focus on research and evidence-based practices during teaching (ask trainees about the evidence of certain midwifery practices)
2	MEs cultivate a culture supporting critical inquiry and evidence-based practice (look into the trainee's projects).
3	MEs teach research and use of evidence as a part of the curriculum

Sl. NO	Skills/Activity
VI	
1	Reflection with educators' champions to identify challenges
2	Reflection with NPM trainees' champions to identify challenges
3	Reflection with obstetric champions to identify challenges
4	Review of portfolio for existing gaps and address the issue to fill the gaps
5	Completion of portfolio
6	Drill for improvement in specific skills
7	Final validation and assessment of mentorship

# **Annex 3A**

## **Portfolio Template**

# Portfolio of Mentorship Period

Name of the (Mentee):

Name of the International/National Midwifery Educator (Mentor):

Year of training:

Duration of Mentorship (Start-end date):

Objectives:

Experiential Learning Activity/Portfolio format:

S.No	Skill / Area identified	Area: Classroom /Skills lab/Clinical/MLCU	Strength/ Achievements	Challenges	Planned Mentoring activity	Evaluation	Date of completion

Remarks by Mentor:

Date of Completion

Signature of Mentor

Signature of Mentee

# **Annex 3B**

## **Individual Development Plan**

# Portfolio of Mentorship Period

Instructions for completing this form. The mentee development plan will be curated at the beginning of the mentorship period. This plan will then be reviewed and revised after each mentoring visit. Mentor(s) will guide and support the ME/NPM mentee to draft the development plan through discussion and reflection on their roles and supporting them to understand their professional development goals.

**Mentors can help ME/NPM to develop their plans by encouraging them to think about:**

- What kind of ME/NPM would you like to be in one year? What will you need to get there?
- What competencies will you need to develop to practice and manage the MLCU?
- What additional support is needed to develop clinical midwifery skills?

**Name of ME/NPM Mentee:**

**Name and placement of Mentor(s):**

**Posting (NMTI/SMTI/MLCU):**

**Details of clinical site:**

1. What would you like to achieve over the next 12 months? (This may be Role, Skills, Knowledge, Behaviors)
2. What do you consider your areas of strength? (Self-reflections about 6 months residential training)
3. What do you consider the areas in which you need to improve? (This needs to be planned based on the self-reflections about 6 months residential training and also by considering the dual role of the MEs at NMTIs/SMTIs)
4. What support / resources do you need from the mentor to complete these objectives?

# **Annex 3C**

## **Facilitation ‘Skills’ Evaluation Checklist**

# Checklist to be used during Evaluation

## Checklist 1.1: Effective Facilitation Skills

Place “Yes” in the box if task/activity is performed satisfactorily, and “NO” if it is not performed satisfactorily, or “N/O” if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by mentee during evaluation by mentor

Skilled delivery of a learning activity: If the mentee has achieved competency, and able to deliver the session effectively place your C (Competent) in the corresponding column.

Name of Mentee

Date Observed

CHECKLIST FOR EFFECTIVE FACILITATION SKILLS				
STEP/TASK	OBSERVATIONS			
1. Presents an effective introduction				
2. States the objective(s) as part of the introduction				
3. Asks questions to the entire group				
4. Targets questions to individuals				
5. Uses learner names				
6. Provides positive feedback				
7. Responds to learner questions				
8. Follows trainer’s notes and/or a personalized reference manual				
9. Maintains eye contact				
10 .Projects voice so that all learners can hear				
11. Moves about the room				
12. Uses audiovisuals effectively				
13. Presents an effective summary				
14. Skilled delivery of facilitating a learning activity or presentation				

## CHECKLIST FOR EFFECTIVE FACILITATION SKILLS

STEP/TASK	OBSERVATIONS
Mentor Feedback	
Mentee response	
Plan for improvement	

# **Annex 3D**

## **Demonstration Session/ Evaluation Checklist**

## Checklist 1.2: Demonstration Session/Evaluation Checklist

Place “Yes” in the box if task/activity is performed satisfactorily, an “NO” if it is not performed satisfactorily, or “N/O” if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by mentee during evaluation by mentor

Skilled delivery of a clinical demonstration: If the mentee has achieved skills needed to train providers in the service delivery site, place C (Competent) in the corresponding column.

Name of Mentee

Date Observed

CHECKLIST FOR DEMONSTRATION SESSION/EVALUATION CHECKLIST				
STEP/TASK	OBSERVATIONS			
1. States the objective(s) as part of the introduction.				
2. Presents an effective introduction				
3. Arranges demonstration area so that learners are able to see each step in the procedure clearly				
4. Communicates with the model or client during demonstration of the skill/activity				
5. Asks questions and encourages learners to ask questions				
6. Demonstrates or simulates appropriate infection prevention practices				
7. When using model, positions model as an actual client				
8. Maintains eye contact with learners as much as possible				
9. Projects voice so that all learners can hear				
10. Provides learners opportunities to practice the skill/activity under direct supervision				
11. Skilled delivery of a clinical demonstration				

**CHECKLIST FOR DEMONSTRATION SESSION/EVALUATION CHECKLIST**

**STEP/TASK**

**OBSERVATIONS**

**States the objective(s) as part of the introduction**

Mentor Feedback

Mentee response

**Plan for improvement**

# **Annex 3E**

## **Clinical Coaching Checklist**

## Checklist 1.3: Clinical Coaching Skills

Place “Yes” in the box if task/activity is performed satisfactorily, “NO” if it is not performed satisfactorily, or “N/O” if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task or skill not performed by mentee during evaluation by mentor

**Skilled delivery of coaching:** If the mentee has skills needed for practice in the service delivery site, place C (Competent) in the corresponding column.

Name of Mentee

Date Observed

CHECKLIST FOR CLINICAL COACHING CHECKLIST				
STEP/TASK	OBSERVATIONS			
<b>BEFORE PRACTICE SESSION</b>				
1. Greets learner and review previous performance when applicable.				
2. Works with the learner to set specific goals for the practice session.				
<b>DURING PRACTICE SESSION</b>				
1. Observes the learner, provides positive reinforcement or constructive feedback (when necessary for client comfort or safety) as s/he practices the procedure.				
2. Refers to the checklist or performance standards during observation.				
3. Records notes about learner performance during the observation.				
4. Is sensitive to the client when providing feedback to the learner during a clinical session with clients.				
<b>AFTER PRACTICE FEEDBACK SESSION</b>				
1. Reviews notes taken during the practice session.				
2. Greets the learner and asks to share perception of the practice session.				
3. Asks the learner to identify the steps performed well.				
4. Asks the learner to identify the steps where performance could be improved.				
5. Provides positive reinforcement and corrective feedback.				
6. Works with the learner to establish goals for the next practice session.				

## CHECKLIST FOR CLINICAL COACHING CHECKLIST

STEP/TASK	OBSERVATIONS			
Skilled Delivery of Coaching				
Mentor Feedback				
Mentee response				
Plan for improvement				



**Ministry of Health & Family Welfare  
Government of India**