

# CLINICAL SPECIALITY-I

## OBSTETRIC AND GYNAECOLOGICAL NURSING

Placement : 1st year

Hours of Instruction  
Theory : 150 Hours.  
Practical : 650 Hours.  
Total : 800 Hours.

### Course Description

This course is designed to assist students in developing expertise and in-depth understanding in the field of Obstetric and Gynaecological Nursing. It will help students to appreciate the client as a holistic individual and develop skill to function as an independent midwifery practitioner. It will further enable the student to function as educator, manager, and researcher in the field of Obstetric and Gynaecological nursing

### Objectives

At the end of the course the students will be able to:

1. Appreciate the trends in the field of midwifery, obstetrics and gynaecology as a speciality.
2. Describe the population dynamics and indicators of maternal and child health
3. Describe the concepts of biophysical, psychological and spiritual aspects of normal pregnancy, labor and puerperium.
4. Provide comprehensive nursing care to women during reproductive period and newborns.
5. Integrate the concepts of family centered nursing care and nursing process approach in obstetric and gynaecological nursing.
6. Identify and analyze the deviations from normal birth process and refer appropriately.
7. Describe the pharmacological agents, their effects during pregnancy, child birth, puerperium, lactation and the role of nurse
8. Counsel adolescents, women and families on issues pertaining to pregnancy, child birth and lactation
9. Describe the role of various types of complementary and alternative therapies in obstetric and gynaecological nursing.
10. Incorporate evidence based nursing practice and identify the areas of research in the field of obstetric and gynaecological nursing.
11. Describe the recent advancement in contraceptive technology and birth control measures
12. Appreciate the legal and ethical issues pertaining to obstetric and gynaecological nursing

## Course Content

Units	Hours	Content
I	10	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>□ Historical and contemporary perspectives</li> <li>□ Epidemiological aspects of maternal and child health</li> <li>□ Magnitude of maternal and child health problems</li> <li>□ Issues of maternal and child health : Age, Gender, Sexuality, psycho Socio cultural factors</li> <li>□ Preventive obstetrics</li> <li>□ National health and family welfare programmes related to maternal and child health: health care delivery system- National Rural health mission, Role of NGO's</li> <li>□ Theories, models and approaches applied to midwifery practice</li> <li>□ Role and scope of midwifery practice: Independent Nurse midwifery practitioner</li> <li>□ Legal and Ethical issues: Code of ethics and standards of midwifery practice, standing orders</li> <li>□ Evidence based midwifery practice</li> <li>□ Research priorities in obstetric and gynaecological nursing.</li> </ul>
II	15	<p><b>Human reproduction</b></p> <ul style="list-style-type: none"> <li>□ Review of anatomy and physiology of human reproductive system: male and female</li> <li>□ Hormonal cycles</li> <li>□ Embryology</li> <li>□ Genetics, teratology and counseling</li> <li>□ Clinical implications</li> </ul>
III	25	<p><b>Pregnancy</b></p> <ul style="list-style-type: none"> <li>□ Maternal adaptation : Physiological, psychosocial <ul style="list-style-type: none"> <li>• Assessment – Maternal and foetal measures Maternal measures:History taking , examination-General,physical and obstetrical measure, identification of high risk,</li> <li>• Foetal measure- clinical parameters, biochemical- human estriol, Maternal Serum Alfa Feto Protein, Acetyl Choline esterase (AchE), Triple Test Aminocentesis, Cordocentesis, chorionic villus sampling (CVS)),</li> <li>• Biophysical- (US IMAGING, Foetal movement count, Ultra Sonography, Cardiotocography, cardiotomography, Non Stress Test(NST), Contraction stress test(CST), amnioscopy, foetoscopy,</li> <li>• Radiological examination,</li> </ul> </li> <li>□ Interpretation of diagnostic tests and nursing implications</li> <li>□ Nursing management of the pregnant women, minor disorders of pregnancy and management, preparation for child birth and parenthood, importance of institutional delivery , choice of birth setting, importance and mobilizing of transportation, prenatal counseling, role of nurse and crisis intervention, identification of high risk pregnancy and refer</li> <li>□ Alternative/complementary therapies</li> </ul>

Units	Hours	Content
IV	25	<p><b>Normal Labour and nursing management:</b></p> <ul style="list-style-type: none"> <li>□ Essential factors of labour</li> <li>□ Stages and onset</li> </ul> <p><b>First stage: Physiology of normal labour</b></p> <ul style="list-style-type: none"> <li>• Use of partograph: Principles, use and critical analysis, evidence based studies</li> <li>• Analgesia and anaesthesia in labour</li> <li>• Nursing management</li> </ul> <p><b>Second stage</b></p> <ul style="list-style-type: none"> <li>• Physiology , intrapartum monitoring</li> <li>• Nursing management.</li> <li>• Resuscitation , immediate newborn care and initiate breast feeding (Guidelines of National neonatology forum of India)</li> </ul> <p><b>Third stage</b></p> <ul style="list-style-type: none"> <li>• Physiology and nursing management</li> </ul> <p><b>Fourth stage – Observation, critical analysis and Nursing management.</b></p> <ul style="list-style-type: none"> <li>• Various child birth practice: water birth, position change etc</li> <li>• Evidence based practice in relation to labour intervention</li> </ul> <p><b>Role of nurse midwifery practitioner</b></p> <ul style="list-style-type: none"> <li>• Alternative /complementary therapies</li> </ul>
V	20	<p><b>Normal puerperium and nursing management</b></p> <ul style="list-style-type: none"> <li>□ Physiology of puerperium</li> <li>□ Physiology of lactation, lactation management, exclusive breast feeding ,Baby friendly hospital initiative(BFHI)</li> <li>□ Assessment of postnatal women .</li> <li>□ Minor discomforts and complications of puerperium</li> <li>□ Management of mothers during puerperium: Postnatal exercises Rooming in, bonding, warm chain</li> <li>□ Evidence based studies</li> </ul> <p><b>Role of nurse midwifery practitioner</b></p> <ul style="list-style-type: none"> <li>• Alternative /complementary therapies</li> </ul>
VI	20	<p><b>Normal Newborn</b></p> <ul style="list-style-type: none"> <li>□ Physiology and characteristics of normal newborn</li> <li>□ Physical and Behavioural assessment of newborn</li> <li>□ Needs of newborn</li> <li>□ Essential newborn care: Exclusive breast feeding, Immunization, Hygiene measures, Newborn nutrition</li> <li>□ Organization of neonatal care, services(Levels), transport, neonatal intensive care unit, organization and management of nursing services in NICU</li> <li>□ Observation and care of newborn</li> <li>□ Parenting process</li> </ul>

<b>Units</b>	<b>Hours</b>	<b>Content</b>
<b>VII</b>	<b>10</b>	<p><b>Pharmacodynamics in obstetrics</b></p> <ul style="list-style-type: none"> <li>□ Drugs used in pregnancy, labour, post partum and newborn</li> <li>□ Calculation of drug dose and administration</li> <li>□ Effects of drugs used</li> <li>□ Anaesthesia and analgesia in obstetrics</li> <li>□ Roles and responsibilities of midwifery nurse practitioner</li> <li>□ Standing orders and protocols and use of selected life saving drugs and interventions of obstetric emergencies approved by the MOHFW</li> </ul>
<b>VIII</b>	<b>10</b>	<p><b>Family welfare services</b></p> <ul style="list-style-type: none"> <li>□ Population dynamics</li> <li>□ Demography trends: vital statistics, calculation of indicators especially maternal and neonatal mortality rates and problems and other health problems</li> <li>□ Recent advancement in contraceptive technology</li> <li>□ Role of nurses in family welfare programmes in all settings</li> <li>□ Role of independent nurse midwifery practitioner</li> <li>□ Family life education</li> <li>□ Evidence based studies</li> <li>□ Information, Education and Communication (IEC)</li> <li>□ Management information and evaluation system (MIES)</li> <li>□ Teaching and supervision of health team members</li> </ul>
<b>IX</b>	<b>5</b>	<p><b>Infertility</b></p> <ul style="list-style-type: none"> <li>□ Primary and secondary causes</li> <li>□ Diagnostic procedures</li> <li>□ Counseling: ethical and legal aspects of assisted reproductive technology (ART)</li> <li>□ Recent advancement in infertility management.</li> <li>□ Adoption procedures</li> </ul> <p>Role of nurses in infertility management.</p>
<b>X</b>	<b>5</b>	<p><b>Menopause</b></p> <ul style="list-style-type: none"> <li>□ Physiological, psychological and social aspects</li> <li>□ Hormone Replacement Therapy</li> <li>□ Surgical menopause</li> <li>□ Counseling and guidance</li> </ul> <p>Role of midwifery nurse practitioner</p>
<b>XI</b>	<b>5</b>	<p><b>Abortion</b></p> <ul style="list-style-type: none"> <li>□ Types, causes</li> <li>□ Legislations, Clinical rights and professional responsibility</li> <li>□ Abortion procedures</li> <li>□ Complications</li> <li>□ Nursing management</li> </ul> <p>Role of midwifery nurse practitioner</p>

## Practical

**Total = 660 Hours**  
**1 week = 30 Hours**

S.No.	Deptt./Unit	No. of Week	Total Hours
1	Anetenatal Wards & OPDs	4	120
2	Labour Room	5	150
3	Postnatal Ward	2	60
4	Family Planning Clinics	2	60
5	PHC/Rural maternity settings	4	120
6	Gynae	2	60
7	Maternity OT	2	60
8	NICU	1	30
	<b>Total</b>	<b>22 Weeks</b>	<b>660Hours</b>

### Procedures observed

- Diagnostic investigations : amniocentesis, chorionic villi sampling
- Infertility management: artificial reproduction : artificial insemination, invitro fertilization, and related procedures

### Procedures assisted

- Medical termination of pregnancy,

### Procedures performed

- Antenatal assessment-20
- Postnatal assessment-20
- Assessment during labour : use of partograph - 20
- Per vaginal examination-20
- Conduct of normal delivery-20
- Episiotomy and suturing-10
- Setting up of delivery areas
- Insertion of intra uterine devices( copper T)

### Others

- Identification of high risk women and referral
- Health education: to women and their families
- Motivation of couples for planned parenthood