

## **Selection Criteria and Process Overview:**

### **Recruitment of Nurse Practitioner in Midwifery (NPM)**

#### **A. Objective of this document:**

- To maintain uniformity across the country on the recruitment process of Nurse Practitioner in Midwifery (NPMs)
- To streamline the process and maintain transparency and enable selection of committed and competent nurse practitioner in midwifery.

#### **B. Background:**

Government of India has released the Guidelines on Midwifery Services in December 2018 committing to a policy decision to initiate quality midwifery services in the country. The envisioned midwifery services are to be provided through Midwifery-led-care unit (MLCU) in high delivery load public health facilities. The MLCUs will be established by creating a cadre of Nurse Practitioners in Midwifery (NPMs).

#### **C. Who is a Nurse Practitioner in Midwifery (NPM):**

The Nurse Practitioner in Midwifery (NPM) is a registered nurse-midwife with an additional 18 months of post basic training in midwifery from an INC recognized institute.

**D. Duration of the Training:** 18 months residential training

**E. Site of the training:** State Midwifery Training Institute (SMTI)

**F. Batch size:** 30 candidates at each SMTI in an academic year

**G. Certification and Registration:** The NPMs would be provided a Post basic diploma by State Nursing Council/ Nursing Examination Boards approved by INC and would be registered by respective State Nursing Council as an additional qualification in Nurse Practitioner in Midwifery

**H. Place of Posting:** Midwifery Led Care Unit(MLCUs) established at high caseload facility (Medical College, District Hospital and Community Health Centre).

#### **I. Roles & Responsibilities of NPM:**

- Would be posted at the MLCUs and will work in collaboration with other maternity care team members
- Provide respectful maternity and newborn care to all women and newborns at the MLCUs
- Provide continuum of care for the mother and newborn
- Conduct ANC clinics and counselling

- Perform triaging in collaboration with obstetrician/specialist
- Promote and manage physiological normal births
- Identify complications, provide emergency care based on established protocols and refer complicated cases to appropriate facility
- Provide RMNCH services
- Teach and mentor other team members

**J. Qualifications and Experience Requirements:**

- **Qualifications:** General Nursing and Midwifery(GNM)/BSc Nursing
- **Experience:** Minimum of 2 years of recent clinical experience in maternal care with passion towards midwifery
- **Age:** 45 years or younger at the time of admission
- **Registration:** Must be a registered R.N.R.M with State Nursing Council
- **Competencies and skills:** Proficiency in basic computer usage i.e. MS word, PPT, excel etc. and use of internet to extract information from journals, public libraries etc.

**K. How to Apply:**

All candidates are required to submit their CV and a personal statement (1000 words maximum) explaining their motivation to join this training program along with copies of all academic, professional experience and active registration certifications and name and contact details of professional reference by xx/xx/2020 by post to this address -----, or email to example @ eg. com in PDF format.

Kindly note CVs submitted without a personal statement/essay will not be considered for the recruitment process.

**L. Selection Process of Nurse Practitioners in Midwifery (NPMs)**

- The Selection would be based on a Competency assessment and would include several aspects such as written test, Objective Structured Clinical Examination (OSCE) and interview.
- To create a pool of NPMs, fresh candidates can be recruited by the state on contractual basis.
- Alternatively, States may also depute in-service candidates/existing contractual candidates for NPM training, provided they meet the selection criteria and qualify via the selection process.
- States can also engage contractual staff against the regular positions of the staff who are deputed for NPM training

*Kindly note that the trained NPMs would be expected to exclusively work in the MLCUs they are posted in, upon completion of the course.*

**Selection Committee:** would comprise representatives from the State Health Mission/ State Directorates of Health & Family Welfare, State Nursing Directorate, State Nursing Council, State Midwifery Training Institute etc.

**Entrance Process:** All applications will be screened for qualification and experience as per INC requirement and state's recruitment policy. Only qualifying applicants will be eligible for the entrance process. The entrance will be conducted in three parts with certain percentage weightage for each component. The overall score for entrance examination is 100 marks (40 for written test, 40 for OSCE and 20 for interview).

**Orientation of candidate:** At the time of induction, it is mandatory that candidates are oriented about the Midwifery Initiative of the Government of India, their roles and responsibilities and place of posting through a formal presentation and brochure.

**Part 1 -Written test (40%):**

- The written test is for a duration of 2 hours and would comprise 50 multiple-choice questions and two short essays, covering the areas of antenatal care, intrapartum care, postnatal care, complication management and neonatal care.

**Part 2-Objective Structured Clinical Examination (40%):**

- OSCE or the multi station skill assessments would be carried out based on current protocols under Dakshata/ LaQshya (Sample OSCE - annexure 1).
- The stations would be set on clinical midwifery procedure in a simulated environment.
- The stations could include minimum 5 skills such as;
  - Active management of third stage of Labor (AMTSL)
  - Assessment and management of atonic PPH
  - Management of woman with Eclampsia
  - New Born Resuscitation
  - Abdominal Examination
- The candidate's performance is scored against the standard checklist
- A score of 60% is required in order to pass one skill station.

The state can conduct the OSCE at the skills lab of the nursing institutions/ State Institute of Health and Family Welfare /at any other facility in the state.

**Part 3-Interview (20%):**

Successful candidates who clear the written test and OSCE will be screened for the following at the interview:(Annexure-2)

1. **Motivational screening:** To assess the following based on the information provided in the personal statement of the candidate:

- a. Passion for woman's health-to provide respectful care for a positive pregnancy and birthing experience.
- b. Willingness to join for 18 months NPM training at their home state in the designated state midwifery training institutes.
- c. Willingness to serve as NPMs at any MLCU in their respective state and to continue the clinical practice throughout their career

**2. Aptitude assessment:** It will be a part of interview process to ascertain language proficiency and communication, technical knowledge, leadership and advocacy for client's rights and team spirit

**M. Specification of State Midwifery Training Institutes(SMTIs):**

- SMTI can be established at one of the Govt. B.Sc nursing institutes
- State may give preference to institutions strengthened under the Pre- Service Education program of the Government of India (National/ State Nodal Centres)
- Overall the institute must have the following; (As per INC curricular requirements)
- Attached maternity clinical practice site with adequate case load for hands on practice
- Good training infrastructure(Skills lab/Library/Computer lab)
- Adequate classrooms for theory sessions
- Accommodation facility for NPMs

**N. Medical Fitness of the candidates:**

- Considering the vigorous nature and commitment of the program the candidates who are selected for the NPM training should undergo necessary examinations and investigations to ensure that they are medically fit.
- States must be careful in selection of pregnant and lactating mothers as candidates in view of the vigorous nature of the training.
- If pregnant/ lactating candidates are selected for the NPM training, they can enroll for the training in subsequent batches.

**O. Remuneration:**

As specified in the guidance note for midwifery initiative 2019-20, a maximum of Rs-10000/month may be provided as stipend to all fresh candidates and continue the regular salary for the in- service/ contractual staff undergoing the NPM course. The salary would vary as per the state norms whereas the stipend has to be limited to a maximum of Rs. 10000/.

**P. Career progression pathway for Nurse Practitioners in Midwifery:**

- It is suggested that States/ UTs work towards defining career progression pathways in order to attract the best candidates and ensure their retention as per the proposed guidelines by MoHFW.
- It is essential that a robust appraisal system is institutionalized to create a promotion pathway that is linked to performance.
- If in - service/ existing contractual candidates are deputed for training and are certified as NPMs, States/ UTs may consider providing additional monthly allowance for them under NHM in order to ensure their retention.

**Q. Declaration & Undertaking:**

- At the time of admission, the selected candidates should be asked to sign an informed declaration stating that they would be willing to join any MLCU that will be established at CHC/District Hospital/Medical College Hospital by the state (Annexure- 3).
- Additionally, the selected NPMs would have to sign an undertaking stating that they would be willing to commit 6 years post -training to work in the MLUCs.

## Annexure

### Annexure-1:

#### OSCE Station

#### 1: Active Management of 3rd Stage of Labour

**Equipment:** Mama Natalie, SS tray with lid, pre-filled syringe with inj. oxytocin or Tab Misoprostol, kidney tray, artery forceps, scissors, perineal pad, PPEs, gauze piece/cotton swab.

**Scenario:** The second stage of labour is over. The baby is well and breathing normally. Now demonstrate active management of third stage of labour.

**Observation:** Observe if the candidate is performing the following steps of AMTSL in the right order, using the right technique. If performed the right steps give '1' mark otherwise '0'.

<b>Candidate's Name :</b>			
<b>Date:</b>			
S.N	Steps	Marks	Marks Assigned
1	Preliminary step--rules out the presence of another baby by palpating the mother's abdomen	1	
2	Administers uterotonic drug—10 IU oxytocin IM or Misoprostol 3 tablets (600ug) orally ,within 1 minute of childbirth	1	
3	Gently performs Controlled Cord Traction during contractions and delivers the placenta and membranes	1	
4	Performs uterine massage with a cupped palm until uterus is contracted	1	
5	Examines the lower vagina and perineum	1	
6	Examines the placenta, membranes and umbilical cord and discards it in the yellow bag a. Maternal surface of placenta b. Foetal surface c. Membranes d. Umbilical cord	1	
7	Places instruments in 0.5% chlorine solution for 10 minutes for decontamination	1	
8	Decontaminates or disposes the syringe and needle	1	
9	Immerses both gloved hands in 0.5% chlorine solution and removes the gloves inside out	1	
10	Washes hands thoroughly with soap and water and air dries	1	
<b>Score of competency = 6/10 (60%)</b>			
<b>Candidate's score:</b>			
<b>Result: Pass/Fail</b>			

## OSCE 2: Management of PPH due to Atonic Uterus

**Equipment:** Mama Natalie, IV arm, IV set, IV cannula, IV fluids, drip stand, BP apparatus, stethoscope, tourniquet, inj. Oxytocin, povidone iodine solution, PPE, adhesive tape, long gloves.

**Situation:** You are alone in a rural facility. A woman has delivered a baby girl and following delivery you have given 10 units of oxytocin IM and performed controlled cord traction with 3 contractions resulting in delivery of the placenta. The uterus never contracts and bleeding starts out moderate, then increases. How will you manage this condition.

**Observation:** Observe if the candidate is performing the following steps of PPH Management in the right order, using the right technique. If performed the right steps give '1' mark otherwise '0'.

Candidate's Name :			
Date:			
S.N	Steps	Marks	Marks Assigned
1	Massage the uterus	1	
2	Check the woman's per vaginal bleeding	1	
3	Inspect the placenta for completeness and any missing pieces	1	
4	Re-check the tone of uterus and bleeding	1	
5	Give a second dose of medication telling what dose, route and why (IV drip with Injection oxytocin 20 units in 1000 ml of Ringer Lactate at 40-60 drops per minute)	1	
6	Re-check bleeding and uterine tone	1	
7	Ensure that the urinary bladder is empty/catheterize if bladder is full	1	
8	Put on long gloves; Explain to woman and her attendant that you will be providing bi-manual compression	1	
9	Perform bi-manual compression of the uterus	1	
10	Make the decision to transfer and inform the specialist (Explain to the patient or family members about the need to be transported as she is at risk for complications that cannot be treated at this local facility, or is "too high risk", or "might bleed again", or may need blood transfusion)	1	
Score of competency = 6/10 (60%)			
Candidate's score:			
Result: Pass/Fail			

### OSCE 3: Management of Eclampsia

**Equipment:** IM Injection training mannequin, Inj. MgSO<sub>4</sub> 50 % 10 ampoules, Syringes (10ml syringe and 22 G needle) 2, Alcohol/antiseptic swab , Kidney tray, Knee hammer, Ampoule of 10% Calcium gluconate, SS large tray

**Scenario:** A woman is admitted to a basic facility at 38 weeks having just had a fit. She is semi-conscious. Demonstrate the steps to be done by you to administer the initial dose of MgSO<sub>4</sub>.

**Observation:** Observe if the candidate is performing the following steps of MgSO<sub>4</sub> administration in the right order, using the right technique. If performed the right steps give '1' mark otherwise '0'.

<b>Candidate's Name :</b>			
<b>Date:</b>			
S.N	Steps	Marks	Marks Assigned
1	Calls for help, assesses airway, breathing and circulation and places the woman in left lateral position	1	
2	Washes hands thoroughly with soap and water and dry before and after the procedure	1	
3	Keep ready 10 gms of 50% MgSO <sub>4</sub>	1	
4	Prepares 2 syringes(10ml syringe and 22 gauze needle) with 5 g of 50% magnesium sulfate solution in each	1	
5	Carefully cleans the injection site with an antiseptic wipe	1	
6	Gives 5 g MgSO <sub>4</sub> by DEEP IM injection in one buttock	1	
7	Carefully cleans the injection site in the other buttock with an antiseptic wipe	1	
8	Gives 5 g MgSO <sub>4</sub> by DEEP IM injection in the other buttock	1	
9	Cut the needle with a hub cutter and disposes of used needle and syringe in puncture proof box	1	
10	Records drug administered. (Refer the woman to FRU, for further necessary action. Ensure to send a referral slip with mention of time and amount of 1st dose given.)	1	
	<b>Score of competency = 6/10 (60%)</b>		
	<b>Candidate's score:</b>		
	<b>Result: Pass/Fail</b>		



#### OSCE 4: Newborn Resuscitation

**Equipment needed:** Neonatalie; Neonatal bag and mask (size 0 and 1); 2 towels; stethoscope, SS tray, Kidney tray, Artery forceps, Scissors, Mucous extractor, Shoulder roll, Cord Clamp  
Oxygen Source, Radiant Warmer.

**Scenario:** A woman (38 weeks pregnant) referred to your facility has been in labour for 17 hours. The baby is just delivered Baby is floppy, not breathing or crying and no meconium is visible. Demonstrate how you will resuscitate the baby?

**Observation:** Observe if the candidate is performing the following steps of NBR in the right order, using the right technique. If performed the right steps give '1' mark otherwise '0'.

Candidate's Name :			
Date:			
SN	Steps	Marks	Marks Assigned
1	Gets ready with: <ul style="list-style-type: none"><li>• Bag and mask (Sizes '0' and '1')</li><li>• Suction equipment</li><li>• Radiant warmer or other heat source</li><li>• Warm towels-2</li><li>• Clock with seconds hand</li><li>• Oxygen source</li><li>• Gloves</li><li>• Shoulder roll</li><li>• Cord tie/ Cord clamp</li><li>• Scissors</li><li>• Stethoscope</li></ul>	1	
2	While drying the baby assesses if baby is breathing or crying. If not, clamps and cuts the cord immediately	1	
3	Shifts the baby under the radiant warmer	1	
4	P-Positions the head with neck slightly extended using shoulder roll	1	
5	S-Clears airway by suctioning mouth then nose	1	
6	S-Stimulates the baby by gently rubbing the back	1	
7	R- Repositions the head	1	
8	Assesses the breathing <ul style="list-style-type: none"><li>• If breathing well-provide observational care with mother</li><li>• If not breathing well</li></ul>	1	

	<ul style="list-style-type: none"> <li>○ Initiates bag and mask(appropriate size) ventilation using room air</li> <li>○ Gives 5 ventilatory breaths and looks for chest rise</li> <li>○ If no chest rise after 5 breaths, takes corrective steps</li> <li>○ If adequate chest rise, continues ventilation for 30 seconds</li> </ul>		
9	<p>Assesses breathing</p> <ul style="list-style-type: none"> <li>• If breathing well-provides observational care with mother</li> <li>• If not breathing well <ul style="list-style-type: none"> <li>○ Calls for help</li> <li>○ Continues bag and mask ventilation</li> </ul> </li> </ul>	1	
10	<p>Assess heart rate</p> <ul style="list-style-type: none"> <li>• If heart rate <math>\geq 100</math>/min: Assesses breathing. If breathing well, continues observational care with mother</li> <li>• If heart rate <math>&lt; 100</math>/min and/or baby not breathing well <ul style="list-style-type: none"> <li>○ Continues bag and mask ventilation with oxygen</li> <li>○ Organizes referral for care at SNCU and continue ventilation if not breathing well</li> </ul> </li> </ul>	1	
Score of competency: 6/10 (60%)			
Candidate's Score =			
Result: Pass/ Fail			

## OSCE 5: Abdominal Examination

**Equipment needed:** Abdominal Palpation model/Child birth simulator, one Examination tray, Inch tape, Fetoscope.

**Scenario:** A woman attends your antenatal clinic at 36weeks' gestation for routine antenatal care. Perform her abdominal examination and determine the foetal lie & presentation and auscultate the FHR .

**Observation:** Observe if the candidate is performing the following steps of abdominal examination in the right order, using the right technique. If performed the right steps give '1' mark otherwise '0'.

<b>Candidate's Name :</b>			
<b>Date:</b>			
S.N	Steps	Marks	Marks Assigned
1	Ask the mother to empty her bladder	1	
2	Maintain privacy and obtain verbal consent from woman	1	
3	Ask her to loosen her clothes and uncover her abdomen	1	
4	Ask the woman to flex her knees	1	
5	Fundal grip: Place both hands over the fundus to determine the part of the fetus at the upper pole of uterus (fetal head feels hard and globular, buttocks feel soft and irregular)	1	
6	Lateral grip: Keep hand on one side of abdomen and palpate other side with other hand and repeat the manoeuvre to identify which side is the back of the fetus and determine the lie	1	
Pelvic grip			
7	First pelvic grip: With the fingers and thumb of right hand try to hold the part of fetus at the lower pole of the uterus just above the symphysis pubis, identify presenting part and it is engaged or not	1	
8	Second pelvic grip: Turn towards the feet of the woman; slightly extend the woman's legs, place palms of the hands on the sides of the uterus, with the fingers pointing downwards and inwards, and palpate to recognize the presenting part and engagement	1	
9	Auscultate Fetal Heart Rate(FHR): Place the fetoscope on the side of the uterus where the fetal back is felt and count the fetal heart sounds for one full minute	1	
10	Record all findings on the Mother and Child Protection Card and discuss them with the woman	1	
<b>Score of competency: 6/10 (60%)</b>			
<b>Candidate's Score =</b>			
<b>Result: Pass /Fail</b>			

### Sample question for Part 3-Interview

Successful candidates who clear the written test and OSCE will be screened for the following at the interview:

#### 1. Motivational Screening

Based on the information provided in the personal statement of the candidate:

- Passion for woman's health-to provide respectful care for a positive pregnancy and birthing experience.
  - Willingness to undergo the 18-month residential course at the designated SMTI in the state and ready to work in the MLCU where posted.
  - Willingness to serve as individual practitioners of midwifery care-low-risk pregnancies and normal births as posted after the training.
  - Willingness to continue with her clinical practice in midwifery throughout her career.
  - Commitment to program goals and GoI's vision of providing quality of care around the time of birth. Candidates should have clear understanding of the 18- month training and midwifery-led-model of care.
2. **Aptitude assessment** will be a part of interview process to ascertain spoken English language proficiency and communication, technical knowledge, leadership and advocacy for client's rights, and team spirit.

#### Questionnaire for Aptitude / Motivational Screening

1. What made you apply for the post of NPM?
2. Are you aware of the roles a midwife plays globally?
3. What is your opinion on woman centered care and respectful maternity care?
4. What is your opinion about women birthing in different position?
5. What do you think makes you a good midwife? /What are the attributes that a midwife must have? Attributes: compassion, empathy, competencies, knowledge and commitment, accountability, passion.
6. Tell us about your midwifery experience - what did you enjoy the most?
7. What do you see as the main challenges for midwifery in India?
8. If you were given the power to bring about a change in maternity services of this country what would it be and why?

**Declaration of Acceptance of the Position of Nurse Practitioner in Midwifery**

From

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To

.....

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Dear Sir/Madam

I..... have been selected for the position of Nurse Practitioner in Midwifery in the state of ..... I am willing to undergo the 18 months Nurse Practitioner in Midwifery training at State Midwifery Training Institute and I will comply with the rules and regulations for trainees as notified by the Institution and State from time to time.

I hereby declare that I am aware of my roles and responsibilities as a NPM and upon completion of the training I am willing to work at any Midwifery Led Care Unit that will be established at in the State. I understand that the MLCU may be established either at a Medical College/District Hospital /CHC etc.by the Govt of .....

This undertaking shall take effect from the time I am accepted by and confirmed for enrolment in the state as a Nurse Practitioner in Midwifery.

**Date:.....Signature of Candidate:.....**

# Selection Criteria and Process Overview - Recruitment of Midwifery Educators

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## A. Objective of this Document:

To maintain uniformity across the country on the recruitment process of Midwifery Educators, the Ministry of Health and Family Welfare (MoHFW) has prepared a recruitment guide for the states to streamline the process and maintain transparency. Please refer to the document and its corresponding annexures for better understanding.

## B. Background:

In December 2018 at Partners' Forum, Government of India released Guidelines on Midwifery Services committing to a policy decision to initiate quality midwifery services in the country. The envisioned midwifery services are to be provided through Midwifery-led-care unit (MLCU) in high delivery load public health facilities. These midwives are expected to have competencies as prescribed by the International Confederation of Midwives (ICM).

In order to create a cadre of Nurse Practitioners in Midwifery, eighteen months training would be provided to GNM/BSc nurses having 2 years experience in conducting deliveries. Training Curriculum would be based on the Essential Competencies for Midwifery Practice defined by International Confederation of Midwives. In order to train the Nurse Practitioners in Midwifery, a pool of Midwifery Educators will have to be created. In view of this, National Midwifery Training Institutes would be identified and strengthened for training of Midwifery Educators. 6 National Midwifery Training Institutes would be developed across the country for training and mentorship of Midwifery Educators. This would include 6 months of training and one year of mentorship. International Collaborations are being explored so that International tutors can be engaged for training of the initial batches of the Midwifery Educators as per ICM competencies. Once trained, these Midwifery Educators would in turn be posted at the State Midwifery Training Institutes for training of Nurse Practitioners in Midwifery.

## Selection and Training of State level Midwifery Educators

A pool of six<sup>[2]</sup> State level Midwifery Educators is required for each State Midwifery Training Institute. During selection, preference should be given to the candidates with M.Sc. Nursing with specialty in Obstetrics and Gynecology, Pediatrics or Community Health with minimum 2 years of clinical maternity working experience or Nurse Practitioners in Midwifery with 2 years of clinical experience. However passion towards Midwifery, clinical/ hands on experience of conducting deliveries and willingness to continue clinical practice and conduct deliveries are equally important for success of the initiative. Given this context, any MSc/ BSc Nursing candidate with a minimum of 5 years of clinical experience in maternal care, with passion towards midwifery, clinical/ hands on experience of conducting deliveries and willingness to continue clinical practice and conduct deliveries areas can also be engaged as a Midwifery Educator, if found suitable.

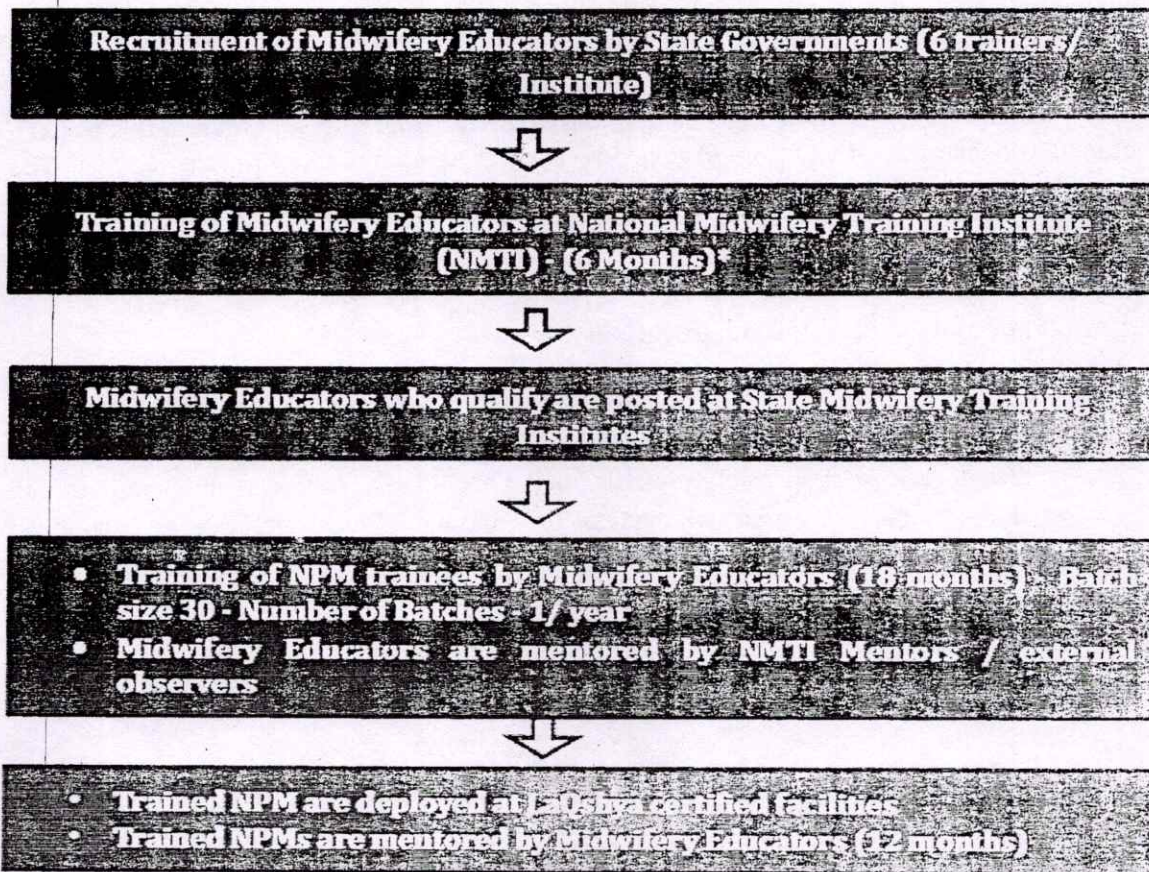
Selection would be based on a competency assessment and would include several aspects such as written test, OSCE, interview and motivational screening. To create this pool, fresh candidates would have to be recruited by the institute on contractual basis. Alternatively, States may also depute in-service candidates/ existing contractual candidates for Midwifery Educator training, provided they meet the selection criteria and qualify via the selection process. However, it must be understood that once an existing in-service/ contractual candidate is deputed for Midwifery Educator training, their work responsibilities would be accordingly redefined and they would be expected to exclusively work towards training of Nurse Practitioners in Midwifery. States may engage contractual candidates against the regular positions of tutors who are deputed as Midwifery Educators.

It is imperative to note that the success of the initiative depends on the quality and competencies of the Midwifery Educators. Selection of candidates would thus have to be conducted extremely carefully. States/ UTs may seek support from National Health Systems Resource Centre if required. Considering the programmatic ambition of the initiative, selection process must be completed immediately.

The recruited candidates would undergo six months intensive residential training at the National Midwifery Training Institute. During the training, i.e. at the end of three months of training, the educators would be expected to undergo a competency based examination. However, if the educator does not clear the examination, he/ she would be discontinued from the program. The educators who clear the examination at the end of three months would be re-assessed at the end of six months of training.

Midwifery Educators who clear the examinations at the end of six months, should be posted at State Midwifery Training Institutes for training of Nurse Practitioners in Midwifery (NPMs). Six Month training of Midwifery Educators would be followed by one year of onsite mentorship to ensure proficiency of Midwifery Educators. Indian Nursing Council would provide a provisional certificate to the candidates who have successfully completed six months of training and would further provide a final certification after they have completed the 12 months of mentorship.

The envisaged training cascade is outlined below:



In the PIP for 2019-20, States/ UTs have planned for recruitment of Midwifery Educators/ identification of Midwifery Educators from the existing in-service nursing cadre. The following guidance note has been prepared with the aim of providing a recruitment guide for the states to streamline the process of recruitment of Midwifery Educator.

#### C. Who are Midwifery Educators?

Midwifery educators are the pool of master trainers that will be developed to train NPMs for midwifery practice in India. Nurses who would undergo training in Midwifery Educator's Core Competencies prescribed by WHO and Essential Competencies for Midwifery Practice prescribed by ICM at the end of the training (6 months of training and one year of mentorship), will be designated as **Midwifery Educators**.

#### D. Role Description

MoHFW is seeking nurses with MSc/B.Sc nurses who have **passion for quality and respectful maternity care** and who are willing to serve as educators (trainers) for the NPMs. At the end of the training, the educator is expected to train the NPMs at their respective states. Successful candidates, will be taught to lead maternity care for low-risk pregnancies through a 18-month (6 months of training and one year of mentorship) midwifery educator course. The first part of the



training is a 6 month intensive residential program in the designated NMTI followed by 12 months on-site mentorship. The Midwifery educator is expected to engage in NPM training and must assume a dual role including teaching at designated NPM training institutions in their home state as well as clinical practice in addition to the teaching role. An order, in this context, outlining the dual role of all tutors has been recently released by Indian Nursing Council. The midwife educator will need to continue with her clinical practice throughout her career, though the distribution between teaching and clinical practice may vary depending on the stage of her career.

#### E. Academic and Experiential Qualifications

##### Essential Qualifications:

- MSc/ BSc Nursing candidate with a minimum of 5 years of clinical experience in maternal care, with passion towards midwifery, clinical/ hands on experience of conducting deliveries and willingness to continue clinical practice and conduct deliveries

##### Desirable Qualifications:

- M.Sc. Nursing with specialty in obstetrics and gynaecology, paediatrics or community health with minimum 2 years of recent clinical maternity working experience.
- B.Sc. (Nursing) with Nurse Practitioners in Midwifery with 2 years of recent clinical experience.
- Candidates with teaching experience in OBG nursing and will be given preference. Research experience in an added advantage.

#### C. Additional General Requirements - All Candidates

- Candidates are required to submit their CV and a personal statement (1000 words maximum) explaining their motivation to join this training program. CVs submitted without a personal statement essay will not be considered for the recruitment process.
- Age: 45 years or younger at the time of application
- Registration: Must be a registered R.N.R.M with Indian Nursing Council and should furnish an active registration certificate
- Professional references: Candidates must be asked to submit the name and contact details (name, email and contact number) of two references at the time of application who know them professionally.
- Proficiency in basic computer usage: MS word, PPT, excel etc.; use of internet to extract information from journals, public libraries etc.;

Candidates who are not appointed by the government for their present occupation as a regular or contractual staff, must be asked to provide copies of all academic certifications

## E. Selection Process

**Selection committee:** Representatives from the State Health Mission/ State Directorates of Health & Family Welfare, State Nursing Council, State Midwifery Training Institute, training sites etc

**Entrance Process:** All applications will be screened for qualification and experience as per state's recruitment policy. Only qualifying applicants will be eligible for the entrance process. The entrance will be conducted in two parts with certain percentage weightage for each component [**Annexure 2**] The overall score for entrance examination is 100 marks (60 for written test and 40 for interview).

- **Part 1 -Written test and OSCE:**
  - **Written Test (40%):** Multiple Choice Questions and two short essay (2 hours duration) covering the areas of antenatal, intrapartum, postnatal, complication management and neonatal care. Short essays will be screened for technical proficiency as well as fluency in written English. Some weightage should be given for proficiency in written English.
  - **OSCE Objectively Structured Clinical Examination (20%):** An OSCE bank based on current protocols under LaQshya is annexed for reference.
  -
- **Part 2-Interview (40%)**

Successful candidates who clear the written test and OSCE will be screened for the following at the interview:

- 1) **Motivational Screening (20%)**  
Based on the information provided in the personal statement of the candidate:
  - a) **Passion for woman's health**-to provide respectful care for a positive birthing experience.
  - b) **Willingness to undergo the 6-month residential course at the designated NMTI in a different state** and 12 months mentorship at their home state in the designated training centre.
  - c) **Willingness to serve as individual practitioners of midwifery care-low-risk pregnancies and normal births as posted after the training**
  - d) **Willingness to continue with her clinical practice throughout her career**, though the distribution between teaching and clinical practice may vary depending on the stage of her career.
  - e) **Commitment to program goals and GoI's vision of providing quality of care around the time of birth.** Candidates should have clear understanding of the 18-month training and midwifery-led-model of care.
- 2) **Aptitude assessment (20%)** will be a part of interview process to ascertain spoken English language proficiency and communication, technical knowledge, leadership and advocacy for client's rights, and team spirit.

**F. Undertaking:**

Selected Midwifery Educators must be asked to sign an undertaking stating that they would be willing to commit 5 years to training of Midwives. They should also be willing to continue clinical practice during the above duration.

**G. Advertising for Midwifery Educators:**

If States/ UTs decide to engage fresh contractual candidates for the Midwifery Educator Training, States may reach out to local chapters of Society of Midwives of India and Trained Nursing Association of India in order to advertise and attract the best candidates.

### Guidance note for application screening:

#### ➤ General Screening

- **Step 1:** select all applicants who fulfil the minimum required educational qualification, are 45 years or younger, and have an active registration status from the documents furnished. Label remaining applications as 'not eligible step 1' and store in a separate folder to discard.
- **Step 2:** Out of the selected applicants in the first step, extract applicants based on the minimum years of experience required. Label the applicants who doesn't have the minimum experience as 'not eligible step 2' and save their applications in a different folder.
- **Step 3:** From the eligible applicants in the second step, make a separate folder and rank (best to least suited) applicants who have the desirable qualification as well as experience, label it 'Desirable'. Keep the remaining applications at this step and rank them (best to least suited) and label as 'Essential'. If Step 4 is not applicable, pass all the application with ranking at this stage to the technical screening team.
- **Step 4:** If the number of desirable candidates is enough to maintain a ratio of 1:5 with the number of vacancies at the state-level, pass the details of this group to the technical screening team. If the number of applications doesn't fulfil the ratio, and this step is not applicable, pass all the applications after Step 3 to the technical screening team.

#### ➤ Technical Screening

- A team of four or more members should discuss together and create a cohort of applicants who will undergo written test and interview. This team will also randomly cross-check 5% of applications to test the general screening at Step 1.
- Step 5: If at Step 4, the vacancy to applicants' ratio of 1:5 is achieved, call all the candidates at this stage for the written test and interview.
- Step 6: If the ratio of 1:5 is not maintained, then review the applications from both the list 'Essential' and 'Desirable' to maintain the ratio of 1:5. To get the ratio, select the top most candidates from the 'Essential' folder based on the assigned rank.  
{E.g. if there is a shortage of 9 applicants to fulfil the ratio, select the top 9 names from the 'Essential' folder, and prepare a list adding these 9 candidates to the list of desirable candidates and call them for interview}

Technical screening team members: hiring manager, concerned Program Officer of the thematic area, a staff representative, representative from State Nursing Council.

## Annexure 2

## Percentage distribution for written exam, OSCE and interview

Written (40%)			
	15 Multiple Choice Questions (MCQs)	Short Essay 1 (500 words)- technical knowledge	Short Essay 2 (500 words)- teaching skill
Technical Knowledge	15%	10%	10%
Written English Proficiency	0%	2.5%	2.5%
OSCE-1 (20%)			
Interview (40%)			
Motivation (refer to annexure 5)	Personal statement	Commitment for the program goals and cause	Willingness to train in another state for 6-months
	10%	3%	7%
Aptitude (refer to annexure 5)	Technical knowledge in subject	Spoken English proficiency and communication	Leadership and advocacy for client's rights
	5%	10%	5%

### Sample Vacancy Notice

**Background:** In December 2018 at Partners' Forum, Government of India released Guidelines on Midwifery Services committing to a policy decision to initiate quality midwifery services in the country. The envisioned midwifery services are to be provided through Midwife-Led-Care Units (MLCU) in high delivery load public health facilities. These midwives are expected to have international standard competencies as prescribed by the International Confederation of Midwives (ICM). The existent nurse-midwives in India who fulfil selection criteria will undergo the 18-month training program and will be designated as Nurse Practitioners in Midwifery (NPMs). The NPMs would be involved in providing care through Midwife-led-care-units at high case load public health facilities.

**Who are Midwifery Educators?** Midwifery educators are the pool of master trainers that will be developed to train NPMs for midwifery practice in India. Nurse-midwives who develop the Midwifery Educator's Core Competencies prescribed by WHO and Essential Competencies for Midwifery Practice prescribed by ICM at the end of the training (6+12 months), will be designated as Midwifery Educators.

#### Role Description:

MoHFW is seeking nurses with MSc/B.Sc nurses who have **passion for quality and respectful maternity care** and who are willing to serve as educators (trainers) for the NPMs. At the end of the training, the educator is expected to train the NPMs at their respective states. Successful candidates, will be taught to lead maternity care for low-risk pregnancies through a 18-month (6 months of training and one year of mentorship) midwifery educator course. The first part of the training is a 6 month intensive residential program in the designated NMTI followed by 12 months on-site mentorship. The Midwifery educator is expected to engage in NPM training and must assume a dual role including teaching at designated NPM training institutions in their home state as well as clinical practice in addition to the teaching role. An order, in this context, outlining the dual role of all tutors has been recently released by Indian Nursing Council. The midwife educator will need to continue with her clinical practice throughout her career, though the distribution between teaching and clinical practice may vary depending on the stage of her career.

As mentioned above, if selected the candidate would undergo six months intensive residential training at the National Midwifery Training Institute. **During the training, i.e. at the end of three months of training, the educators would be expected to undergo a competency based examination.** However, if the educator does not clear the examination, *he/she would be discontinued from the program. The educators who clear the examination at the end of three months would be re-assessed at the end of six months of training.*

Midwifery Educators who clear the examinations at the end of six months, should be posted at State Midwifery Training Institutes for training of Nurse Practitioners in Midwifery (NPMs). Six Month training of Midwifery Educators would be followed by one year of onsite mentorship to ensure proficiency of Midwifery Educators. **Indian Nursing Council would**

provide a provisional certificate to the candidates who have successfully completed six months of training and would further provide a final certification after they have completed the 12 months of mentorship.

### **Academic and Qualification and Experience**

#### **Essential Qualifications:**

- MSc/ BSc Nursing candidate with a minimum of 5 years of clinical experience in maternal care, with passion towards midwifery, clinical/ hands on experience of conducting deliveries and willingness to continue clinical practice and conduct deliveries

#### **Desirable Qualifications:**

- M.Sc. Nursing with specialty in obstetrics and gynaecology, paediatrics or community health with minimum 2 years of recent clinical maternity working experience.
- B.Sc. (Nursing) with Nurse Practitioners in Midwifery with 2 years of recent clinical experience

### **Additional General Requirements**

All Candidates are required to submit their CV and a personal statement (1000 words maximum) explaining their motivation to join this training program. CVs submitted without a personal statement essay will not be considered for the recruitment process. Age should be 45 years or younger at the time of application. He/she must be a registered R.N.R.M with Indian Nursing Council and should furnish an active registration certificate at the time of application. Please submit the name and contact details (name, email and contact number) of two references at the time of application who know you professionally. Proficiency in basic computer usage: MS word, PPT, excel etc use of internet to extract information from journals, public libraries etc.

### **Selection Process**

All applications will be screened for qualification and experience as per state's recruitment policy. Only qualifying applicants will be eligible for the written test and OSCE. The entrance will be conducted in two parts as given below. The overall score for entrance examination is 100 marks (60 for written test and 40 for interview).

**Part 1 -Written test and OSCE:** In **written test (40%)** multiple Choice Questions and two short essays (2 hours duration) covering the areas of antenatal, intrapartum, postnatal, complication management and neonatal care will be asked. Short essays will be screened for technical proficiency as well as fluency in written English. Some weightage will be given for proficiency in written English. In **OSCE Objectively Structured Clinical Examination (20%)** candidates will be asked to do a clinical midwifery procedure in a simulated environment. The score will accordingly be assigned based on the candidate's performance against the standard checklist.

**Part 2-Interview (40%)** Successful candidates who clear the written test and OSCE will be screened at the interview for **motivation (20%)**. It involves screening for passion for woman's health, willingness to live in a different state for 6 months, willingness to serve after the training in a binding contract of 5 years, commitment to program goals and GoI's vision of providing quality of care around the time of birth. **Aptitude assessment (20%)** will be a part of interview

process to ascertain spoken English language proficiency and communication, technical knowledge, leadership and advocacy for client's rights, and team spirit.

**Documents to be submitted:** Degree or diploma certificates, active INC registration, experience certificate, training certificates and other documents required as per state's recruitment policy. Please submit your application by xx/xx/2019 by post to this address -----, or email to [example@eg.com](mailto:example@eg.com) in PDF format.

**Undertaking:** Selected Midwifery Educators would have to sign an undertaking stating that they would be willing to commit 5 years to training of Midwives. They should also be willing to continue clinical practice during the above duration.



**Career progression pathway for Midwifery educators:**

It is suggested that States/ UTs must work towards defining career progression pathways in order to attract the best candidates and ensure their retention. A suggested career pathway for the Midwifery Educators is outlined below. It is essential that a robust appraisal system is institutionalized to create a promotion pathway that is linked to performance. If in - service/ existing contractual candidates are deputed for Midwifery Educator Training and are certified as Midwifery Educators, States/ UTs may provide additional monthly allowance for these educators under NHM in order to attract the best candidates and ensure their retention.

Promotion Pathway	Salary Range	Min. No. of Years in Midwifery before Promotion	Education/Research		
			Leadership Track (College of Nursing/Midwifery)	Clinical Leadership Track	Administrative/Public Health Leadership Track
Directorate of HFW/Post-graduate via Open Application and External/Internal Review Panels	Band 6	Min 14 years Exp. in govt. Sector	Director of Midwifery Education	Director of Midwifery Clinical Services	Director of Midwifery Services
	Band 7	Min 12 years experience in govt. health Sector	Joint Director of Midwifery Education	Joint Director of Midwifery Clinical Services	Joint Director
	Band 5/6	Min 10 to 10 years in Midwifery in Govt. sector Experience before officially entering this role	Deputy Director of Midwifery Education	Deputy Director	Deputy Director
	Band 7	23 years	Principal		
General Promotions (With Assessments) and Departmental Promotions Committee	Band 6	23 years	Vice Principal/Professor	Chief Midwifery Officer District	District Administrative Officer
	Band 5	23 years	Associate Professor	Midwifery Superintendent	Tertiary Care Midwifery Admin Officer (AHs)
	Band 4	23 years	Assistant Professor	Deputy Midwifery Superintendent	District Public Health Midwife Officer (CHCs)
	Band 3	33 years	Senior Tutor	Delivery Suite Coordinator	Community Health Midwife (PHCs/CHCs)
	Band 2	33 years	Tutor	Senior Professional Midwife	
	Band 1	33 years		Professional Midwife	

**Questionnaire for Aptitude / Motivational Screening**

1. What made you apply for the course?
2. Are you aware of the roles a midwife plays globally?
3. What is your opinion on woman centred care and respectful maternity care?
4. What is your opinion about women birthing in different position?
5. What are the attributes that a midwife must have?  
Attributes: compassion, empathy, competencies, knowledge and commitment, accountability, passion.
6. If you were given the power to bring about a change in maternity services of this country what would be and why?

**Guidance Note for conducting OSCE Assessment**

An objective structured clinical examination (OSCE) is a modern type of examination often used in health sciences. It is designed to test clinical skill performance and competence in skills. It is a hands-on, real-world approach to learning that keeps examinees engaged, allows them to understand the key factors that drive the clinical decision-making process, and challenges the professional to be innovative and reveals their errors in case-handling and provides an open space for improved decision-making, based on evidence-based practice for real-world responsibilities.

An OSCE usually comprises a circuit of short (the usual is 5-10 minutes although some use up to 15 minute) stations, in which each candidate is examined on a one-to-one basis with one or two impartial examiner(s) and either real or simulated (actors or electronic patient simulators) patients.

**OSCE 1: Active Management of 3<sup>rd</sup> Stage of Labour**

**Equipment:** Model of placenta, kidney tray, forceps, syringe of 'oxytocin', gloves, abdominal model (put placenta inside abdomen and hold until ready to deliver)

**Scenario:** The second stage of labour is over. The baby is well and breathing normally. Now demonstrate active management of the third stage of labour.

Participant Name:	Facilitator name:
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	Total assessment marks	Marks Assigned
<b>Before attempting delivery of the placenta, what should you check for?</b>		
<ul style="list-style-type: none"> <li>Exclude additional baby(/babies) by palpating the mother's abdomen</li> </ul>	1	
<b>Describe and demonstrate how you should actively manage the third stage of labour</b>		
<ul style="list-style-type: none"> <li>Administer inj. oxytocin (10 IU IM on anterolateral aspect of thigh) or misoprostol (600 mcg oral) Within 1 minute of childbirth</li> </ul>	2	
<ul style="list-style-type: none"> <li>Palpate the uterus for contractions</li> </ul>	1	
<ul style="list-style-type: none"> <li>Wait for the uterus to contract</li> </ul>	1	
<ul style="list-style-type: none"> <li>Apply CCT with counter-traction</li> </ul>	1	
<b>Following delivery of the placenta, what action should you take?</b>		
<ul style="list-style-type: none"> <li>Check for uterine tone</li> </ul>	1	
<ul style="list-style-type: none"> <li>Palpate to check if uterus contracted</li> </ul>	1	
<ul style="list-style-type: none"> <li>Examine placenta and membranes to ensure completeness</li> </ul>	1	
<ul style="list-style-type: none"> <li>Put placenta in the yellow bag</li> </ul>	1	
<ul style="list-style-type: none"> <li>Estimate blood loss</li> </ul>	1	

• Complete records	1	
<b>Post-delivery, what would you check and how frequently?</b>		
Uterine contraction and vaginal bleeding every 15 minutes for 2 hours, maternal pulse, and BP	4	
<b>How long would you wait to deliver the placenta before referring to a higher facility?</b>		
30 minutes	2	
<b>When would you not perform CCT?</b>		
• When no contraction is present	1	
• Without applying counter-traction above symphysis-pubis	1	
<b>Total score:</b>	<b>20</b>	

<b>Faculty Comments &amp; Initials:</b>

## OSCE 2: Postpartum Haemorrhage

**Equipment:** MamaNatalie, IV arm, drip stand, BP apparatus, stethoscope, tourniquet, Catheterization model, iv set, inj. oxytocin, IV fluids, iodine solution, 0.5% chlorine solution, PPE, adhesive tape, long gloves, IV cannula, drip set

**Scenario:** Following a prolonged labour, normal delivery of a healthy baby and AMTSL, you note there is profuse vaginal bleeding estimated at 1000ml. You have checked and found signs of shock.

Participant Name:	Facilitator name:
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	Total assessment marks	Marks Assigned
<b>Describe the steps you will take in this scenario</b>		
• Shout for help	1	
• Reassure the woman	1	
<b>Demonstrate management</b>		
• Insert IV cannula (wide bore)	1	
• Take blood for cross-matching	1	
• Start IV fluids (1L RL)	1	
• Check whether oxytocin has been given in AMTSL. If not, give oxytocin 10 IU IM	1	
• Start oxytocin 20 IU in 500 ml of RL at 40-60 drops per minute	1	
• Wash hands	1	
• Wear gloves	1	
• Palpate and massage uterus to ensure well contracted	1	
• If atonic, start uterine massage	1	
• Check for soft-tissue trauma	1	
• Catheterize the bladder	1	
• Continue to massage the uterus if not contracted	1	
• Check placenta and membranes complete		

<b>If bleeding has not stopped, what further management would you perform?</b>		
• Bimanual compression/ Condom Tamponade	1	
<b>How do you reassess the woman once bleeding is under control?</b>		
• Take pulse every 30 minutes	1	
• Take blood pressure every 4 hours	1	
• Assess urine output every 4 hours until > 30 ml/hour	1	
<b>If bleeding does not settle what will you do?</b>		
• Refer to higher facility with complete referral note	1	
<b>Total score:</b>	<b>20</b>	

<b>Faculty Comments &amp; Initials:</b>



## OSCE 4: Newborn Resuscitation

**Equipment needed:** Neonatal mannequin; neonatal bag and mask; 2 towels; stethoscope.

**Scenario:** A woman (38 weeks pregnant) referred to your facility has been in labour for 17 hours. The baby is just delivered and passed to you. It is floppy, unresponsive and no meconium is visible.

Participant Name:	Facilitator name:
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	Total assessment marks	Marks Assigned
<b>Please demonstrate what you would do (Facilitator pass the baby to candidate)</b>		
<ul style="list-style-type: none"> <li>Clamp and cut the cord immediately</li> </ul>	1	
<ul style="list-style-type: none"> <li>Place under radiant warmer</li> </ul>	1	
<ul style="list-style-type: none"> <li>Dry and wrap in a pre-warmed towel</li> </ul>	1	
<ul style="list-style-type: none"> <li>Place baby in slight neck extension using a shoulder roll</li> </ul>	1	
<ul style="list-style-type: none"> <li>Do not suction, as there is no meconium</li> </ul>	1	
<ul style="list-style-type: none"> <li>Stimulate by rubbing the back</li> </ul>	1	
<ul style="list-style-type: none"> <li>Assess breathing and heart rate.</li> </ul>	2	
<b>Baby is breathing, has a heart rate of 90 bpm and is blue. What would you do next, please demonstrate?</b>		
<ul style="list-style-type: none"> <li>Choose correct size bag &amp; mask and position correctly covering mouth and nose</li> </ul>	2	
<ul style="list-style-type: none"> <li>Give 5 inflation breaths of 2-3 seconds each ( chest must rise)</li> </ul>	2	
<ul style="list-style-type: none"> <li>Reassess the heart rate and breathing</li> </ul>	2	
<b>The heart rate is now 70 bpm with little respiratory effort. What would you do, please demonstrate?</b>		
<ul style="list-style-type: none"> <li>Continue bagging at a rate of 40-60 breaths/min (candidate has to demonstrate)</li> </ul>	1	
<ul style="list-style-type: none"> <li>Provide oxygen if available</li> </ul>	1	
<b>If oxygen and a pulse oximeter are available, what is the recommended oxygen saturation level?</b>		
<ul style="list-style-type: none"> <li>90-95%</li> </ul>	1	
<b>If baby is breathing well and HR&gt;100, what would you do?</b>		
<ul style="list-style-type: none"> <li>Refer him for observational care</li> </ul>	1	
<b>If no improvement after effective ventilation, what would you do?</b>		
<ul style="list-style-type: none"> <li>Continue bag and mask ventilation</li> </ul>	1	
<ul style="list-style-type: none"> <li>Ask someone to prepare referral to appropriate centre</li> </ul>	1	
<b>Total scores:</b>	<b>20</b>	

<b>Faculty Comments &amp; Initials:</b>

## OSCE 5: Abdominal Examination

**Equipment needed:** Mama Natalie model, Complete set of 1 Examination tray, Gloves

**Scenario:** A woman attends your antenatal clinic at 36 weeks' gestation for routine antenatal care.

Steps	Total Mark	Remark
Please elaborate the steps before you carry out an abdominal examination/ palpation		
Ensure privacy of woman	1	
Obtain verbal consent from woman	1	
Check that she has emptied her bladder and instruct her to keep her legs and thighs in a semi-flexed position with thighs kept slightly open	1	
Examine from the right-hand side	1	
Centralize the uterus with one hand if it is tilted to one side	1	
Please demonstrate how to do an abdominal examination/ palpation		
Here instructor would prompt: What do you look for on the abdomen? Visually assess:		
Scars	1	
Shape	1	
Size	1	
Measure fundal height: <ul style="list-style-type: none"> <li>Using ulnar border of left hand, start palpating gently from xiphisternum downwards till you meet the first resistance (fundus of the uterus)</li> </ul>	1	
Identify symphysis pubis	1	
Measure the distance between symphysis pubis and fundus in cm with the tape face down	1	
Here the facilitator would prompt: What is the importance of this?		
cm = approx. gestational age in weeks	1	
Palpation:		
Fundal grip: Keep both hands over the fundus and try to palpate the part of the fetus at the upper pole of the uterus to identify head of breech	1	
Lateral grip: Keep hand on one side of the abdomen and palpate other side of the abdomen with other hand and repeat the manoeuvre to identify which side is the back of the fetus and determine the lie	1	
Pelvic pole to confirm presenting part and determine engagement:		



Steps	Total Mark	Remark
<ul style="list-style-type: none"> <li>• First pelvic grip: With the fingers and thumb of the right hand try to hold the part of the fetus at the lower pole of the uterus just above the symphysis pubis and identify it and move it to see if it is movable or fixed</li> </ul>	1	
<ul style="list-style-type: none"> <li>• Second pelvic grip: Turn towards the feet of the woman, slightly extend the woman's legs. Keep both hands on either side of the presenting part with fingers towards the pelvis</li> </ul>	1	
Auscultate FH on spino-umbilical line at the side identified as back		
<ul style="list-style-type: none"> <li>• For 60 seconds</li> </ul>	1	
<ul style="list-style-type: none"> <li>• Record findings</li> </ul>	1	
<ul style="list-style-type: none"> <li>• Explain to mother</li> </ul>	1	
<b>What is the normal FH range?</b>		
120-160 beats/min regular	1	
<b>Total score:</b>	<b>20</b>	