

Hand in hand course - Registration pack



Specialised Childbirth Educator Course

Independent course under the banner of the Childbirth Educators Professional Forum Professional Group of South Africa

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Contact details for course

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Note

For the purposes of this course the female gender will be used to refer to the childbirth educator. This is not intended to show any gender bias but rather recognises that more women enter this profession than do men.

The Hand in hand courses are run under the Baby Talk banner



Healthcare professionals

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Professionals Group

- Roadshows
- Awareness week campaigns
- Hand in hand courses
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Magazine



CBEPF App



Consumer reach – Pregnant moms and dads



Pregnancy webinars
www.thoughtfulchildbirth.co.za



Expectant Mother's & Father's Guide magazine



EMG website
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&
EMG App



Expectant Mother's
Guide Journey App



Digital newsletter

Childbirth Educators Professional Forum



The Childbirth Educators Professional Forum is the national professional body for childbirth educators in South Africa. Our aim is to improve the standard of education of childbirth educators in private practice so pregnant moms and dads can receive evidence based information about their pregnancy, birth and parenting experiences. We achieve this by

- Running professional educational Roadshows three time a year – January, May and September in
 - Port Elizabeth
 - Cape Town
 - Durban
 - Johannesburg
 - Online on the Zoom platform
- Publishing the Professional Forum Magazine three times a year – March, July and November and so disseminating researched information about the pregnancy, birth and parenting environments.

Coordinator of the CBEPF

Lynne Bluff

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Lynne@babytalk..co.za

www.babytalk.co.za

www.expectantmothersguide.co.za

www.thoughtfulchildbirth.co.za

www.cbepf.co.za

Childbirth educators professional forum App from GooglePlay + the AppStore

Specialised Childbirth Educator Course

Course summary

Educational philosophy

Hand in hand courses assume that students are healthcare professionals and are adult learners who wish to gain knowledge and will be motivated and self-driven to finish the course and will bring with them a range of skills and experiences. This course facilitates learning.

Course structure

- The course is offered over a one year period. Should a student need to move out their studies due to unforeseen circumstances – they can apply for an extension of 6 months (only once)
- There are 2 intakes a year – February and June
- Final submissions – March and July
- Graduations – May and September
- There are 7 core modules that must be completed
- There are 15 extra modules that are available of which you can choose any 3 modules
- Each module has outcomes which guide the student's self-directed learning
- Each module has Learning Moments
- Each learning moment is set to assist the student in developing tools and resource materials to use in her practice
- Tools and resources will include designing resources in order to keep childbirth education teaching fresh and exciting – for both the educator and her clients
- Module work is to be submitted to Lynne@handinhandlearning.co.za
- Attendance at the CBEPP roadshows three times a year is part of the course work – Perinatal CPD certificates need to be submitted along with the Portfolio of Evidence
- A Portfolio of evidence is to be submitted to Lynne both emailed /online and as a physical hard copy – delivered/couriered to 31 Barnard Street, Hazeldene, Germiston 1401
- Practical requirements
- A discussion article written on a topic of your choice. Submit 5 different topic choices – one of which will be given the go ahead
- No exam
- A video of teaching part of a class
- Students ideally aim for a core module per month to be completed
- There will be monthly zoom discussion forums / group contact sessions with Lynne Bluff and other course coordinators where questions and

discussions can take place as well as students can interact with each other. These will follow the core modules for the first 7 months

The developers of the course and the authors of the study material all have expertise. Knowledge, however, is not finite in any subject. Each student will add something to the available knowledge on childbirth education as a result of her own experience and pre-existing knowledge of, not only childbirth education, but of life. The modules are therefore set out in such a way that the importance, focus and aim of each module is stated, from the perspective of the developers of the course. Subject matter facilitates the student to gain further knowledge, to be better able to function as a childbirth educator, on the understanding that students may also hold varying perspectives, which they will explore and research further. This process will continue after completion of the course as the childbirth educator continues life-long learning.

Course modules

Core modules

1. Practice management
2. Teaching with pizzazz
3. Pregnancy journey
4. Physiological birth
5. Medical interventions
6. Breastfeed with confidence
7. Newborn nurturing

Modules of choice

1. Self-care of the professional
2. Confidence building
3. Exercise in pregnancy
4. Shark latch and penguin posture
5. Prematurity
6. HIV in pregnancy and breastfeeding
7. LGBTQ+ families
8. Rainbow families 4th trimester options
9. Diabetes in pregnancy
10. Toxaemia
11. Mental health for mom and family
12. Covid in pregnancy and beyond
13. Grandparents and newborns
14. Birth trauma
15. Wound management

Portfolio of evidence

- Learning moments
- Development of teaching materials with explanations

- Fact sheets
- Teaching video
- Interviews
- Practical write ups
- Debriefings
- Discussion article
- Roadshow CPD certificates

Practical requirements

- Observe
 - a government hospital birth and/or and write up
 - a private hospital birth and/or and write up
 - a midwives unit / home birth and write up
- Support a birth and do a write up
- Observe a doula supporting during labour and birth and do a write up (particularly observing comfort measure of labour that promote the progress and process of physiological labour)
- Observe and document 9 instinctive stages
- Observe and document skin to skin immediately after birth
- Conduct a birth experience interview and debriefing
- Video part of a teaching class

If a student can demonstrate she has been denied access to births at various institutions, she can look for birth videos on the internet and can comment and do write ups on those. (The team can help sourcing the videos).

When arranging access to maternity facilities you need to present current registration with your professional body, proof of legal liability insurance (eg DENOSA), proof of private practice number and a certified copy of your ID.

Resource cupboard

A resource cupboard will be made available to you for most modules where there will be applicable videos and teaching materials that can be accessed.

Good Reading

- Prepared childbirth the family way – By Debbie Amis and Jeanne Green / www.thefamilyway.com (Can be accessed from the Resource Cupboard)
- Gentle Birth / Gentle Mothering / A doctors guide to natural childbirth – by Dr Sarah Buckley – www.sarahbuckley.com
- The Process of Teaching Birth by Trish Booth – this will be in the resource cupboard – with permission from Trish
- Evidence based birth – www.evidencebasedbirth.com
- www.lamaze.org

- **Childbirth Education: Practice, Research and Theory** - Francine H. Nichols, Sharron Smith Humenick - Saunders, 2000
- **Pregnancy, Childbirth, and the Newborn** – Penny Simkin 2010.. The complete Guide. Fourth Edition. Meadowbrook Press. New York.
- **An up to date midwifery textbook : Myles Textbook for Midwives : African Edition** - Fraser, D., M., Nolte, A., Cooper, C.M... Elsevier
- **Birthing from Within : An extra ordinary guide to childbirth preparation** - Pam England. Rob Horowitz. 1998. Partera Press.
- **MIDIRS Midwifery Digest** – www.midirs.org
- **Journal of Perinatal Education** – www.lamaze.org

Useful resources for current information

- **WHO Reproductive Health Library** - <https://srhr.org/rhl> . Takes Cochrane Reviews and summarizes them in everyday language
This is an essential site for all childbirth educators.
- **Cochrane Collaboration** - Research Reviews
www.cochrane.org/cochranereview.
Note - to avoid having to pay for articles you can go through the Medical Research Council of SA. <https://www.samrc.ac.za> MRC features a free link to Cochrane. (BUT you don't need to do this if you access RHL directly).
- **South African Nursing Council** - www.sanc.co.za Keep abreast of nursing legislation and changes in regulations governing the practice of Midwives.
- **National Department of Health : Maternal and Child Health** - www.doh.gov.za
The acceleration of The Prevention of Mother to Child Transmission (PMTCT) program has reduced the rate of mother to child transmission of HIV to between 1-2%. SA could prevent MTCT completely in the next 5 years. With HIV exposed infants being treated with Nevirapine (ARV) from birth until the HIV positive mother stops exclusive breastfeeding – less babies are acquiring HIV in infancy. PMTCT has been renamed globally as EMTCT - Elimination of mother to child transmission.
- **National Department of Health : Guidelines for Maternal Care in South Africa** – An excellent and free resource for conditions and complications from pregnancy through to postpartum as well as standards of care. www.doh.gov.za This document is very clear and concise featuring the National Protocols for Maternity Care. For practicing midwives it is essential to know the National Protocols and institutional protocols that spell out exactly what care is needed from conception to taking a well newborn home. (These guidelines to practice are for both public and private sector)
- **RCM - Royal College of Midwives** - www.rcm.org.uk RCM is a leader in midwifery matters globally.
- **ICM - International Confederation of Midwives** - www.internationalmidwives.org This site features detailed competencies for each area of midwifery practice. And is driving the standards for training midwives globally.
- **Saving Mothers Report** - This report is drawn up from the Confidential Enquiry into Maternal Deaths in SA. It is an extremely useful document in

understanding SA's high maternal death rate. The recommendations made are very practical and effects all levels of maternal care. The highest number of women die from non-pregnancy related infections – HIV and TB. The major obstetrical causes are hypertension in pregnancy (women under 20 and over 35 are the most at risk), postpartum haemorrhage despite the national protocol of active management of third stage, pregnancy related sepsis (despite the Access to Termination of Pregnancy Act and facilities) and pre-existing maternal disease – of note is diabetes, cardiac disease, epilepsy. www.midwivessociety.co.za

The Hand in Hand Specialised Childbirth Educators course strives to develop childbirth educators with skills, evidence based cutting edge knowledge, a fun and dynamic way to teach this information

Aim of the course

This course aims to prepare healthcare professionals to offer childbirth education in the community in a variety of settings. A midwifery background, is a distinct advantage, but the program is aimed at all current or aspiring childbirth educators who wish to use their knowledge and skills to improve the quality of life of women in the childbearing phase of their lives, and their families.

Childbirth education assists people to develop a positive attitude towards pregnancy, birth and the postpartum period. It also enables women and their families to cope successfully with pregnancy, birth and the postpartum period, and enhances communication between families and caregivers. The childbirth educator provides women and their families with knowledge, skills and support to empower them to take responsibility for their health and that of their families, and to make informed decisions regarding their health and that of the families.

Guidelines for completing study material

Please read these guidelines carefully before starting to work through the outcomes and learning moments outlined in each module.

Before the student can complete a learning moment she needs to have worked through the **outcomes** for each sub section and reflect this work together with the completed learning moment.

Learning moments focus on **applying** theory to practice, self-development as a childbirth educator and developing tools and resources for her own use. Students are encouraged to view the work which they do for each learning activity as a useable resource for long term use. This way you will generate ideas, materials and resources for your own practice.

Course Work requirements

1. Students are required to work through the outcomes for each module.
2. Students are required to work through each learning moment outlined at the end of each module.
3. Students are required to submit their course work for assessment as they progress through the course, ideally one core module per month.

Guidelines for submitting course materials

- It is the student's responsibility to make sure that she keeps a copy of **all** materials submitted for marking.
- When a learning activity has several parts eg 1.1, 1.2, 1.3 – the student is required to complete **all** the parts of the activity.
- When an activity calls for review of an article or other material, a clean copy of that material reviewed (eg The article – with the source clearly stated) **must** be submitted together with the student's review.
- Research articles can be sourced through the internet, professional journals or university libraries. These articles need to be current – within the past 5 – 10 years. (Unless it is impossible to find recent material. This must be stated when submitting material which is not current.)
- When an activity calls for a role play, discussion or debate, the students must provide the name and contact details for each participant, and a brief note from one participant to verify that the activity has taken place. I strongly suggest meeting with 2 other students – two do the role play and one acts as the note taker.
- Activities submitted for the year mark must be original work.
- It is not permissible to plagiarize copy material, verbatim. The student **must** acknowledge the source of information and include relevant references where appropriate.
- On no account is material photocopied out of a magazine or book acceptable for submission as a learning moment. i.e. it must be accompanied by a review or other interpretation or explanation from the student.
- All visual aids included in your coursework must acknowledge the source.

Evidence based discussion article

Students are required to submit the title for their paper in writing within 3 months of starting the course to Lynne@handinhandlearning.co.za No topic may be duplicated so it is advisable for the student to submit the title for paper as early in the year as possible in order to secure her chosen topic. 5 topics can be submitted of which one will be given the go ahead. Topics for this paper should be drawn from the course curriculum.

Structure of the paper

Marking of the written paper will adhere strictly to the structure outlined below.

The paper needs to include the following -

- **Abstract**
This is a short summary of the whole document. You complete the abstract **after** you have finished the paper.
- **Literature review**
Before you search for articles choose 3 key words with which to search. Use a maximum of 10 references from academically recognised Journals and websites. Please use the Harvard Referencing style. You start the literature review either according to topic or with an article that has triggered your interest. Once you have read each reference then you pull it all together in approximately 3 paragraphs.
- **Acknowledgment of references throughout the paper -**
e.g. Simkin, P., 2010. *Pregnancy, Childbirth and the Newborn. The Complete Guide*. Fifth edition. Meadowbrook Press. New York.
The first time you need to acknowledge all the authors and the date published. After that you use the first author and the year published.
e.g. Simkin, P., Whalley, J., Keppler, A., Durham, J., and Bolding, A. 2010
The next time it is “(Simkin, p. 2010)”
- **Introduction**
Tell the reader why the topic is of interest to you. Contexturise the topic in your own setting.
- **Body of information**
This is all the information you have found and present in an orderly manner (main part of the paper)
- **Recommendation for childbirth education practice (this is very important)**
From **best evidence** what does the profession need to do in the future?
- **Conclusion**
“Saying Goodbye” and maximum of 3 paragraphs.
- **Appropriate visual aids** you put in an appendix at the back of your paper. Remember to acknowledge the source.
- Present this paper with a **Cover Page** – Topic and Student’s contact details and date submitted, **Table of Contents** and not more than 5 x A4 single spacing, 12 font, pages (except the appendix). Pages must be numbered.

Marking

Portfolio of evidence

- Learning moments
- Development of teaching materials with explanations

- Fact sheets
- Teaching video
- Interviews
- Practical write ups
- Debriefings

Practical requirements

- Observe
 - a government hospital birth and/or and write up
 - a private hospital birth and/or and write up
 - a midwives unit / home birth and write up
- Support a birth and do a write up
- Observe a doula supporting during labour and birth and do a write up (particularly observing comfort measure of labour that promote the progress and process of physiological labour)
- Observe and document 9 instinctive stages
- Observe and document skin to skin immediately after birth
- Conduct a birth experience interview and debriefing
- Video part of a teaching class

Mark weighting **100%**

Core modules x 7	(7 x 6%)	42%
Extra modules x 3	(3 x 6%)	18%
Teaching class video		8%
Birth and observation write ups x 5	(5 x 3%)	15%
Birth experience interview		3%
9 instinctive stages documentation		3%
Skin to skin documentation		3%
Evidence based discussion article		8%

Percentage achieved

Pass = 70%

Honours = 75%

With Distinction = over 80%

Special mention award = over 90%

Portfolio of evidence is moderated by an independent internal and external moderator

Specialised Childbirth Educators Course - Competencies

The competencies written in red are the most essential childbirth educator competencies. The ones written in blue support the essential competencies (red) and the ones written in black are developmental competencies and are developed concurrently with practicing as a childbirth educator.

1. Act as a client advocate for pregnant women and their families during pregnancy, intrapartum and postnatally.
2. Evaluate and review current research on childbirth education topics.
3. Empower women through childbirth education
4. Develop a business plan for a childbirth practice.
5. Develop a course curriculum for childbirth education.
6. Apply the principles of family centred maternity and newborn care in teaching expectant parents on their approach to labour, birth and the early postnatal period.
7. Teach women and their families active participation during labour and birth.
8. Demonstrate an understanding of how psycho prophylactic techniques work in labour and birth.
9. Teach expectant women self-help techniques to assist in managing pain during labour and birth.
10. Prepare expectant women for breastfeeding and matrescence.
11. Effective interpersonal relationships and communication with expectant and postnatal women and their families.
12. Conduct counselling for expectant women and their families on pregnancy, birth and postnatal issues which might be of concern to the client.
13. Teach the principles of conflict resolution to expectant families.
14. Assess the learning needs of adult learners in a childbirth education setting.
15. Acknowledge factors which will influence and enhance learning in a childbirth education setting.
16. Facilitate interaction and interdependence amongst group members in the childbirth education setting.
17. Utilise presentation skills and visual aids to optimise learning in a childbirth education setting.
18. Integrate evaluation techniques into future practice.
19. Prepare expectant families for unexpected outcomes, including caesarean sections during labour or birth.
20. Guide the expectant family in preparing for the baby at birth enhancing attachment and providing for the baby's basic needs at birth.
21. Present the risks and benefits of medicated pain relief options for managing pain during labour and birth, including mobile epidurals.
22. Support women through breastfeeding.
23. Prepare expectant and postnatal women for bottle-feeding.
24. Prepare expectant couples for parenting a newborn baby.
25. Prepare women for the emotional changes that occur postnatally.
26. Facilitate the expectant couples transition and adjustment to parenting.
27. Develop a philosophy of childbirth education.
28. Describe the role of the childbirth educator in the childbirth health care team.
29. Develop a lifelong learning strategy for childbirth educators.

30. Demonstrate awareness of childbirth cultural practices and demonstrate cultural sensitivity in teaching expectant families.
31. Demonstrate awareness of childbirth gender practices and demonstrate gender sensitivity in teaching expectant families.
32. Demonstrate awareness of childbirth racial practices and demonstrate racial sensitivity in teaching expectant families.
33. Practice within the legal confines of the profession and society.
34. Demonstrate a thorough understanding of pregnancy, teratogenesis, emotional adjustment to pregnancy and the care women can expect during pregnancy.
35. Apply the physiology, mechanics and psycho-emotional response to teaching expectant families about labour and birth.
36. Explain the physiology and neuro chemistry of pain in labour and birth.
37. Teach birth companions how to provide support during labour and birth.
38. Advise expectant women on appropriate nutrition for pregnancy and postpartum appropriate to cultural and socioeconomic circumstances.
39. Teach pelvic floor exercises to expectant and postnatal women.
40. Design a prenatal and postnatal exercise program.
41. Facilitate discussion amongst expectant couples on sexuality during pregnancy and postpartum.
42. Prepare and support mothers in introducing solid food to infants from 6 months onwards.
43. Monitor the growth and development of a newborn up to two years of age.
44. Support parents through infancy and childhood ailments, immunisation, infectious diseases and behavioural issues until the child is two.
45. Advise women on birth control options after childbirth.