Access to Higher Education Unit

This unit forms part of an Access to HE Diploma. If delivering the graded version of this unit, please refer to the Provider Handbook for details on grading descriptors and the application of these across units within your programme.

Unit Title: Care of the Mother and Newborn in Maternity Settings

Graded Unit Reference Number: GA33BIO48

Ungraded Unit Reference Number: UA33BIO48

Module: Biology; Context of Health

Level: Three [3]

Credit Value: Three [3]

Minimum Guided Learning Hours: 30

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand how birthing environments meet the needs of women in different circumstances	1.1 Explain why women may be advised to consider different birthing environments.
2. Understand care needs during labour and the early postnatal period	2.1 Describe the stages of labour in a normal delivery.
	2.2 Explain the physical and emotional care needs of women during labour and after birth.
	2.3 Analyse why some women may require additional support or medical intervention during labour.
3. Understand common postnatal health issues experienced by new mothers	3.1 Describe two common postnatal health problems or complications and how midwives support monitoring, observation and referral.

Indicative Content Learners could cover the following: (The information below is provided for guidance only and is not mandatory)	
LO1	AC1.1 **Types of birthing environments:**

	Hospital labour ward: availability of obstetricians, anaesthetists, neonatal units; higher clinical support for complex pregnancies. **Midwife-led units (MLUs):** alongside/standalone units; emphasis on physiological birth, homely environment, reduced intervention rates. **Home birth:** suitability for low-risk pregnancies; continuity of midwife-led care; benefits for comfort and emotional wellbeing. **Specialist settings:** e.g., birth centres with waterbirth facilities or integrated perinatal mental health support. **Types of birthing environments:** - Maternal physical health (e.g., hypertension, diabetes). - Previous obstetric history (e.g., prior C-section, postpartum haemorrhage). - Pregnancy risk assessment outcomes. - Personal preferences, cultural considerations, desire for control and comfort. - Availability of pain management options (e.g., epidural access only in hospital). - Proximity to emergency care should complications arise. **Impact of environment on outcomes:** - Relationship between low-intervention settings and reduced medicalised birth. - Safety considerations for high-risk pregnancies requiring immediate obstetric support. - Influence of environment on emotional wellbeing, dignity, privacy and autonomy.
LO2	AC2.1 **Stage 1 – Onset of labour to full dilation:** **Latent phase:** irregular contractions, cervical effacement; advice on when to contact midwife. **Active phase:** regular painful contractions, progressive dilation; monitoring maternal observations and fetal well-being. **Stage 2 – Full dilation to birth of the baby:** - Descent and birth of the fetus. - Supporting maternal positioning, breathing, informed decision-making. - Recognition of normal vs abnormal labour progress. **Stage 3 – Delivery of placenta:** - Physiological vs active management (e.g., controlled cord traction, uterotonic drugs). - Monitoring for postpartum haemorrhage risk factors. AC2.2 **Physical care needs:** - Pain management options (pharmacological and non-pharmacological). - Hydration, nutrition, mobility, bladder care. - Monitoring vital signs, contractions, and fetal heart rate. - Preventing and recognising complications (e.g., obstructed labour, infection). - Immediate postpartum care: perineal care, uterine involution, blood loss

	assessment. **Emotional / psychological needs:** - Providing reassurance, empathy, compassionate communication. - Supporting birth partners, cultural needs and personal preferences. - Promoting informed choice and shared decision-making. - Recognising signs of distress, fear, trauma or overwhelm. AC2.3 **Common reasons for intervention:** - Abnormal fetal heart rate patterns. - Failure to progress. - Maternal complications (pre-eclampsia, infection, exhaustion). - Malpresentation (breech, occipito-posterior). - Need for assisted birth (forceps, ventouse) or emergency Caesarean. **Types of additional support:** - Obstetric review and escalation. - Intrapartum antibiotics or IV fluids. - Continuous monitoring (CTG) for high-risk cases. - Neonatal team presence where needed. - **Rationale:** - Balancing benefits of intervention with maternal autonomy and safety. - Minimising risk to mother and baby through timely decision-making.
LO3	AC3.1 **1. Postnatal infection** (e.g., perineal infection, Caesarean wound infection, endometritis, mastitis) **Signs & symptoms:** - Fever, abdominal/pelvic pain, offensive lochia, wound redness or discharge, breast pain and redness. **Midwifery support:** - Routine postnatal observations (temperature, pulse, palpation of uterus). - Breastfeeding support to prevent/treat mastitis. - Wound care guidance. - Early recognition and referral to GP/obstetrician for antibiotics. - Education on hygiene and self-monitoring. **2. Postnatal haemorrhage (PPH)** **Signs & symptoms:** - Excessive bleeding, dizziness, tachycardia, pallor, uterine atony. **Midwifery support:** - Monitoring uterine tone and lochia. - Recognising red flags and initiating emergency response pathways. - Administering uterotonics (within scope), fluid support, rapid referral to obstetric team. - Providing emotional reassurance following a traumatic event. **3. Postnatal mental health concerns** (e.g., postnatal depression, anxiety, baby blues) **Signs & symptoms:** - Low mood, tearfulness, difficulty bonding, intrusive thoughts, panic symptoms. **Midwifery support:** - Screening questions in postnatal checks.

	- Sensitive discussion, normalising early emotional fluctuation vs identifying red flags. - Referral routes: GP, perinatal mental health team, crisis support. - Partner/family support guidance. **4. Breastfeeding challenges** (e.g., poor latch, engorgement, low milk supply) **Midwifery support:** - Observation of feed, advice on positioning/latch. - Support for expressing, managing engorgement, preventing mastitis. - Referral to lactation specialists if needed.