



**CONTINUING PROFESSIONAL
DEVELOPMENT (CPD)
FRAMEWORK FOR MIDWIVES
IN CLINICAL PRACTICE IN
THE ASIA PACIFIC REGION**

ABOUT THIS BRIEF

This technical brief has been developed by UNFPA APRO in response to requests for more specific guidance on development of CPD programmes to improve quality of care, that are linked to maintaining core competencies and relicensure of midwives. This brief is intended for use by UNFPA country offices in Asia and the Pacific Region, Nursing and Midwifery Councils, individual midwives, employers, educational providers and educators, midwifery associations and other regulatory authorities.

UNFPA APRO is committed to strengthen midwifery education, training and regulation as part of a broader effort to improve quality of care and end preventable maternal and newborn mortality in this region.

Background

Midwives play a central role in the sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) workforce and their competence and performance underpins quality, respectful care for women, newborns and adolescents. Ensuring midwives' competence through continuing professional development (CPD) programmes is a global priority for workforce development and is central to providing quality midwifery care (UNFPA et al., 2021).

CPD refers to the continuous process of midwives' learning throughout their career. Midwives who participate in CPD are more likely to provide care that responds to changing work environments, healthcare needs and best practice. In the Asia Pacific Region, some countries have introduced national CPD programmes for midwives (WHO, 2018). Increasingly, mandatory training (prescribed content or courses) and CPD participation in general are monitored by employers and professional bodies (i.e., for licensure). Mandatory training has been introduced in many countries to improve the standard of midwifery services, address the risks associated with midwives' underperformance or incompetence, and to protect the public from unsafe midwifery care.

The protection of the public is a key principle of regulation. Regulation is a mechanism through which the social contract between the midwifery profession and society is expressed. Society grants the midwifery profession authority and autonomy to regulate itself. In return, society expects the midwifery profession to act responsibly, ensure high standards of midwifery care and maintain the trust of the public (ICM 2011). This expectation is met through the six core functions of regulation which are inter-related. Any model of midwifery regulation must undertake all six functions to be effective and to deliver the social contract with the public. One component of regulation is the renewal of registration and ongoing competence.



Maintaining competence across all essential competencies for midwifery practice is required for the provision of safe, effective care (ICM, 2019). Where resources are limited, decisions will need to be made about what CPD activities to implement or support. This framework may guide the selection, development, and review of activities and expectations for those involved in ensuring quality CPD for midwives, including individual midwives, employers, educational providers and educators, midwifery associations and regulatory authorities.

The CPD Framework

The CPD framework presents categories of learning in line with the approach from the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) of survive, thrive, and transform. The CPD framework is aligned with the International Confederation of Midwives (ICM) essential competencies for midwifery practice (ICM, 2019).

The CPD framework provides guidance on minimum requirements (hours) and learning frequency for maintaining midwives' competence and re-licensure. The framework is based on the premise that clinical skills and knowledge diminish over time if not used regularly in practice; that all midwives may encounter or be called to support obstetric and newborn emergencies within their practice setting; and that engagement in professional development opportunities should be encouraged to the greatest depth, frequency, and quality as the employment context, practice culture, and resources allow. Adaptations will need to be made relative to available resources and structure of national CPD programmes.

How to use the CPD framework

The framework includes three columns which describe the recommended frequency that each content area should be revisited: 1) annually, 2) periodically, and 3) as needed i.e., a learning need identified by midwives or required by employers. We suggest a cumulative minimum number of 30 hours per year with a balance between skills-based, participatory learning and those that are self-directed or theoretical depending up the person's role and identified needs. The rows, categorised by survive, thrive and transform, can support prioritisation of content on an annual basis.

Activity is facilitated, learning outcomes are defined by educator/education provider

- Formal postgraduate studies
- In-service training in the workplace (in-person or online)
- Structured professional clinical supervision
- Online courses or distance education
- Attending lectures, seminars, skills workshops

Activity is facilitated, learning outcomes are defined by individual

- Participation on accreditation, audit, or quality improvement committees
- Participating in clinical audits, critical incident monitoring, case reviews and clinical meetings
- Professional reading, journal club, or discussion group
- Acting as a preceptor, mentor or tutor or working with a mentor to improve practice
- Developing policies, protocols, or guidelines
- Group meetings relevant to quality or practice improvement
- Presenting at or attending conferences
- Presenting lectures, seminars, in-service sessions, or skills workshops
- Workplace shadowing

Activity may not be facilitated, learning outcomes are defined by individual

- Reflecting on feedback, keeping a practice journal
- Writing or reviewing education materials, journal articles, books
- Reading professional journals or books
- Conducting or contributing to research
- Active membership of professional groups and committees
- Coaching and mentoring
- Participation in online discussions on facilitated social network platforms

The CPD framework emphasises structured or semi-structured opportunities with a focus on competency-based learning. However, midwives' self-directed learning is also integral to maintaining competence and is a key component of a CPD programme. Informal learning can be supported by tools to aid learning and documentation of learning and should be part of midwives' daily practice and reflection. Examples of CPD are listed in Box 1.

CPD programmes should be designed to meet the needs of the midwifery profession and health system; the needs of individual midwives; and the needs of women and families. In each country and context these needs are unique. Thus, the framework as a planning tool must be supported by degree of understanding or a process of assessment and should be interpreted at each level to align with midwives' learning and development priorities.

CPD activities should be reviewed by educational providers and/or regulators using the checklists provided in Attachment 2: Review of educational resources and teaching and learning methods. This will improve the degree to which educational content enhances quality, respectful midwifery care, is responsive to evolving needs, and ultimately builds midwives' capacity to apply learning, solve problems and make decisions.



Continuing professional development framework for midwives in clinical practice

1. ANNUAL

10 hours per year

2. PERIODIC EVERY 3-5 YRS

15 hours per year

3. NEEDS BASED / UPDATES

5 hours per year

TOTAL RECOMMENDED MINIMUM - 30 hours per year

A. SURVIVE

End preventable deaths

- Refresher/updates - Basic emergency obstetric and newborn care (eg. PPH, maternal collapse, neonatal resuscitation)
- Critical thinking and context-specific problem solving
- Medication safety and administration
- Infection prevention and control
- Basic emergency obstetric and newborn care (BEmONC) - all aspects of BEmONC
- Sexual and gender-based violence
- Perinatal mental health
- Family planning and post-abortion care
- Child safe environments
- Disaster and emergency preparedness and practice
- Essential routine care for women, for example, antenatal, intrapartum postpartum, family planning
- Essential routine care for all newborns

B. THRIVE

Ensure health and wellbeing

- Respectful care and cultural safety
- Non-communicable diseases
- Infectious diseases (eg. malaria, dengue, TB, COVID-19)
- Priority populations e.g., adolescents, people with disabilities, minority groups
- Appropriate use of technology
- Data management, reporting, confidentiality, and information use
- Sexual and reproductive health care
- Care during pregnancy
- Care during labour, childbirth, and postpartum period
- Newborn care and care of small or sick newborns
- Legal and professional responsibilities
- Community services and referral systems
- Crisis counselling and mental health first aid

C. TRANSFORM

Expand enabling environments

- Self-care and safety
- Review and quality improvement
- Mentoring and supervision
- Leadership
- Self-development
- Digital literacy
- English language
- Climate change and health impact
- Research and education
- Midwifery policy and planning
- Midwifery services and project management
- Advocacy and public engagement
- Innovation and entrepreneurship
- Midwifery leadership



Attachment 1.

Framework description

The following table provides additional detail on each component, related ICM competencies, example CPD resources, and training resources for educators. Recommended educational approaches should be reviewed with regards to the cost, feasibility, availability and other context-specific limitations or opportunities for midwives.

All educational content should be founded on a human-rights perspective and provide opportunities for midwives to develop skills in effective communication, adult education, reflective practice, and critical thinking across all domains, and promote interprofessional learning and teamwork.

ANNUAL	COMPONENT	EXAMPLE CONTENT
SURVIVE End preventable deaths	Basic life support and maternal collapse	Adult, maternal, child and newborn life support. Early recognition of maternal collapse, resuscitation, and common aetiology
	Critical thinking and problem solving in emergencies	Adapting and responding to maternal newborn emergencies within limitations of practice context. Providing midwifery care within context and limitations of emergency and humanitarian settings. Capacity to analyse situation, identify and evaluate options, and explain choices.
	Medication safety and administration	Causes and prevention of medication errors. Modes of administration of different medications and immunizations
	Infection prevention	Standard universal precautions Hand hygiene Aseptic technique
	BEmONC refresher and updates	Refresher and updates for: Postpartum haemorrhage Sepsis Pre-eclampsia and eclampsia Obstructed labour Retained placenta Retained products of conception Newborn resuscitation
	Basic emergency obstetric and newborn care (BEmONC) - full course	Pre-eclampsia and eclampsia and parenteral magnesium sulphate Obstructed labour and assisted vaginal birth Sepsis and parenteral antibiotics Postpartum haemorrhage and parenteral oxytocic Retained placenta and manual removal Retained products of conception and manual removal Newborn resuscitation
THRIVE Ensure health and wellbeing	Respectful care and cultural safety	Respectful care and cultural safety
	Self-care and safety	Mental health Manual tasks Work health safety Injury management
TRANSFORM Expand enabling environments	Review and quality improvement	Evidence-based practice, critical case review and learning
	Mentoring and supervision	Responsibility and skills for being an effective mentor, preceptor, and supervisor to peers and students



PERIODIC	COMPONENT	EXAMPLE CONTENT
SURVIVE End preventable deaths	Sexual and gender-based violence	Detection, management, and referral of cases of gender-based violence and survivors of rape
	Perinatal mental health	Mental health, psychiatric conditions, management of psychiatric emergencies including sexual violence and intimate partner violence
	Family Planning and post-abortion care	Counseling and services for modern contraceptives across the perinatal period and post-abortion care
	Child safe environments	Child protection/safeguarding including working with child survivors of violence, and child marriage Legal requirements for midwives (country-specific)
	Disaster and emergency preparedness	Fire and emergency safety, including threatening situations, conflict, environmental emergencies, and health pandemics. Minimum initial service package (MISP), key SRMNAH risk factors, considerations, and service management
	Non-communicable diseases	Management of diabetes in pregnancy, chronic hypertension, cardiovascular diseases, anaemia, depression and other medical conditions
	Infectious diseases	Prevention and management of infectious diseases in pregnancy including HIV, malaria, hepatitis B, dengue fever, tuberculosis, COVID-19, herpes simplex -vaccination in pregnancy (for example, tetanus, pertussis, influenza, COVID-19) Newborn vaccinations
THRIVE Ensure health and wellbeing	Priority populations	Adolescents, people living with a disability, ethnic minorities, displaced peoples, people in humanitarian contexts, people living in rural and remote locations, those in lowest wealth quintiles, people who are illiterate, people of diverse sexuality, sex, and gender, and other marginalised populations
	Appropriate use of technology in midwifery care	Appropriate use of technology, updates to guidelines and new applications of technology in client care (i.e., telehealth, mobile applications, information-sharing)
	Data management, reporting, and information use	Understanding and using data and information Monitoring and evaluation, e.g., maternal and perinatal death surveillance and response data, Health management information system data on RMNCAH, Logistic management information systems for management of essential life saving maternal health drugs and supplies and contraceptives
TRANSFORM Expand enabling environments	Self-development	Reflective practice, learning needs assessment, values alignment, career options
	Leadership	Leadership skills including strategic thinking, management, delegation, collaboration and creativity
	Digital literacy	Functional use of technology for personal, educational, and workplace including basic computer use, word processing, social media use, creating online content, privacy and security
	Climate change and healthcare	Adapting services and care to address climate changes Impact of climate changes on health

NEEDS BASED	COMPONENT	EXAMPLE CONTENT
SURVIVE End preventable deaths	Routine care for all mothers	Care for women using the suite of WHO recommendations (for example, antenatal, labour and birth, postnatal and newborn care)
	Routine care for all newborns	Thermal protection Immediate and exclusive breastfeeding Hygienic cord care Management of prelabour rupture of membranes Corticosteroids in preterm labour Kangaroo mother care Alternative feeding Injectable antibiotics for sepsis Prevention of mother-to-child transmission of HIV
	First-line management of maternal and newborn emergencies	Care of women with complex pregnancy, labour and birth and postpartum period Management of specific issues depending on context and identified need. Many include early pregnancy complications, significant maternal, fetal and neonatal complications Consultation, referral and transfer Collaboration with higher level facilities
THRIVE Ensure health and wellbeing	Legal and professional responsibilities	Code of conduct and standards for midwifery practice Ethics and human rights
	Community services and referral systems	Referral systems and protocols Collaborative relationships with individuals, agencies, institutions
	Sexual and reproductive health care	Reproductive cancers Sexually transmitted infections Infertility and subfertility Female genital mutilation Family planning and post-abortion care Reproductive cancers and conditions Sexual health and education Pre-conception screening and health promotion
	Pregnancy care	Perinatal mental health and health conditions Anaemia Birth planning and preparedness Nutrition during pregnancy Tobacco, alcohol, and addictive drugs Prevention of mother-to-child transmission of infections Physical examination, counselling, and screening Other conditions relevant to the context (e.g., tuberculosis, malaria)
	Labour, childbirth, and postpartum care	Promoting physiologic labour and birth Labour and birth monitoring; use of Labour Care Guide and cardiotocography (CTG) Breech presentation and fetal malposition Perinatal mental health and conditions Perineal and vaginal trauma and repair Stillbirth including bereavement care Anaemia Incontinence Supporting women with pain in labour Postpartum family planning Care of women with obesity
	Newborn care	Small or sick newborns including small for gestational age and low birth-weight infants Congenital anomalies and genetic conditions Withdrawal from maternal drug use Jaundice Neonatal death including bereavement care Breastfeeding Newborn screening Newborn examination Prevention of mother-to-child transmission of infections Immunization
	TRANSFORM Expand enabling environments	Research and education
Midwifery policy and planning		Developing and implementing policy Planning and evaluation Advocacy for policy implementation Leadership
Midwifery services and project management		Developing service plans Project management Monitoring and evaluating services
Advocacy and public engagement		Advocacy for midwifery and midwifery services Public speaking Dealing with the media
Innovation and entrepreneurship		Innovations in midwifery Being an entrepreneur

Attachment 2.

Review of educational resources and teaching and learning methods

The following boxes provide questions to be used by educational providers and/or regulators to review CPD resources and methods. This will improve the degree to which midwives' CPD enhances quality, respectful midwifery care, is responsive to evolving needs, and ultimately builds midwives' capacity to apply learning, solve problems, and make decisions.

2.1

QUALITY OF EDUCATIONAL RESOURCE

Use the following questions to review the quality of the educational resource or activity. To answer these questions, you may need to gather information about the training developer or provider, and their capacity to monitor and evaluate the effectiveness of the training resource and approach.

- Has the educational resource been produced or endorsed by a reputable organisation or institution?
- Has the educational resource been produced or updated within the last 5 years?
- Does the resource or activity use valid and reliable assessment methods that provide feedback on whether the learning objectives have been met?
- Can participation or engagement be monitored through the training platform or approach?

2.2

SCOPE OF EDUCATIONAL CONTENT (SUBJECT MATTER)

Use the following questions to assess whether the educational content is appropriate for midwives in your context. To answer these questions, you may need to gather information about midwives' needs and interests, scope of practice, practice context, and regulatory framework for midwifery:

Needs of women and newborns

- Is the subject matter relevant to the context in which care is provided?
- Does the subject matter enhance quality, respectful care from a human rights perspective?
- Does the subject matter build midwives' ability to solve problems and make decisions?

Needs of midwives

- Is the subject relevant to midwives' interests and expectations for professional growth?
- Is the subject matter responsive to, and does it address midwives' safety and wellbeing?
- Does the subject matter promote midwives' ability to engage in reflective practice, and to learn?

Needs of the profession and health system

- Is the subject matter aligned with the national legal and regulatory framework for midwives?
- Is the subject matter aligned with midwives' defined scope of practice, and scope of practice in actuality?
- Does it respond to skills gaps and enhance skills mix in the midwifery workforce?

2.3

APPROPRIATENESS AND POTENTIAL EFFECTIVENESS OF EDUCATIONAL METHOD

Use the following questions to review the proposed educational method to assess whether it will be suitable for midwives or likely to be effective in your context. To answer these questions, you may need to gather information on your target audience or participants, as well as information about resources available.

Needs of learners in your context:

- Is the educational method appropriate for midwives' capacity for learning (i.e., language, familiarity with technology or application, experience, and prerequisite knowledge)?
- Is the educational method accessible by all midwives (i.e., internet connection, hardware, location, time facilitated, cost)?
- Does the educational method specifically address or accommodate diverse learning styles and preferences?
- Does the educational method promote interaction and provide an opportunity for consolidation of skills?

Limitations and opportunities within your context:

- Are there adequately skilled educators, mentors, and/or supervisors available to effectively facilitate the educational method?
- Are the necessary equipment and materials available to support the educational method?
- Is the educational method cost-effective in relation to learning outcomes and midwives' competence?
- Does the educational method provide opportunities for interprofessional team-based learning?

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ICM. (2019). *Essential Competencies for Midwifery Practice: 2018 Update*.

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WHO. (2018). *Decade of health workforce strengthening in the South-East Asia Region 2015-2024*.

United Nations (2015). *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*. <https://www.everywomaneverychild.org/global-strategy/>

KEY RESOURCES

ICM Global Standards for Midwifery Education

https://www.internationalmidwives.org/assets/files/education-files/2021/10/global-standards-for-midwifery-education_2021_en-1.pdf

ICM Global Standards for Midwifery Regulation

<https://internationalmidwives.org/assets/files/regulation-files/2018/04/global-standards-for-midwifery-regulation-eng.pdf>

ICM Regulation Toolkit

https://internationalmidwives.org/assets/files/regulation-files/2018/04/icm_toolkit_eng.pdf

ICM Enabling Environment Policy Brief

[https://www.internationalmidwives.org/our-work/other-resources/icm-enabling-environment-policy-brief-\(2021\).html](https://www.internationalmidwives.org/our-work/other-resources/icm-enabling-environment-policy-brief-(2021).html)

WHO Midwifery Educator Core Competencies

https://apps.who.int/iris/bitstream/handle/10665/112730/9789241506458_eng.pdf

ICM Essential Competencies for Midwifery Practice

https://www.internationalmidwives.org/assets/files/general-files/2019/02/icm-competencies_english_final_jan-2019-update_final-web_v1.0.pdf

ICM Professional Framework for Midwifery

<https://internationalmidwives.org/our-work/policy-and-practice/icms-professional-framework-for-midwifery.html>

ICM Definition of a Midwife and Scope of Practice

<https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>

ICM Respect Workshops and Toolkit

<https://www.internationalmidwives.org/our-work/other-resources/respect-toolkit.html>

International Code of Ethics for Midwives

<https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-international-code-of-ethics-for-midwives.pdf>

ICM Advocacy Toolkits

<https://www.internationalmidwives.org/our-work/icm-advocacy/toolkits.html>

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