

Advanced Master's Degree Obstetric and Maternal- Child Nursing





Advanced Master's Degree Obstetric and Maternal-Child Nursing

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: www.techtitute.com/us/nursing/advanced-master-degree/advanced-master-degree-senior-obstetric-and-maternal-child-nursing

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01

Introduction

The role of the nursing professionals in the evolution of the pregnant woman, postpartum mother and her newborn is essential. This work is carried out in close contact with the patients and to a great extent determines the evolution of the processes in which we intervene. This Advanced Master's Degree in Obstetric and Maternal-Child Nursing will enable nursing professionals to meet the health needs of pregnant women and newborns with scientific rigor and the highest professional standards, following the recommendations on normal childbirth, as well as the latest standards developed in the Clinical Guide for Normal Childbirth published by the Ministry of Health and Social Policy.

Throughout this specialization, the professional will learn the work carried out in the Delivery Room and the Neonatal Hospitalization Ward, providing him/her with a specific qualification that will result in an improvement in the quality of care.





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The World's Largest Nursing Faculty”

The Spanish Society of Gynecology and Obstetrics (SEGO) considers that the birth of a healthy child is not, although it may seem so, a casual event. It is the result of a great deal of care and attention given with generosity and professionalism by different professional categories. It also considers that childbirth care should be based on the principles of humanization, fetal control and pain relief. For this reason, the protocols for assistance during dilatation and expulsion must prioritize the safety and health of both the mother and the newborn. The ultimate goal is to ensure, throughout the delivery process, both the mother's and the newborn's well-being.

The Nursing Staff works in the care and attention of the pregnant woman ensuring basic care such as hygiene, comfort, psychological support and nutritional care, basic principles to ensure effective care. Thanks to the evolution of low-intervention childbirth proposed by the Ministry of Health and Social Policy, the different health professionals who work with the pregnant woman must provide adequate and effective care, reducing unnecessary interventions to a minimum and ensuring the privacy of the pregnant woman, favoring newborn care such as cleaning, placing identification bracelets, etc., in close contact with the mother, favoring the maternal-filial bond.

This line of thought and action coincides with a strong change that has to take place in the relationship between health teams and the woman user, to move from a technical relationship to one in which the bioethical principle of autonomy and attention to the integrity of the person involved is prioritised. The aim is to comprehensively address the process that women face during childbirth and thus improve health outcomes for them and their babies.

On the other hand, in the last three decades, the low incidence and duration of breastfeeding have been recognized as a public health problem.

The European Action Plan for the protection, promotion and support of breastfeeding recognizes breastfeeding as a public health priority. Society suffers from the detriments of not breastfeeding, since artificial breastfeeding means an increase in health care costs due to the greater illness associated with non-breastfeeding; the mother has a greater risk of postpartum hemorrhage, spinal and hip fractures after menopause, rheumatoid arthritis, uterine, breast and ovarian cancer, hypertension, anxiety and depression. The increased sickness of non-breastfed infants and their mothers leads to an increase in absenteeism from work, so companies also suffer from these effects. Breastfed children cause less expenditure to their families, to society in medicines and in the use of health services, as well as fewer losses due to absenteeism from work. We must not forget that it saves natural resources, does not pollute the environment and there is no need to spend on manufacturing, packaging and transportation.

This **Advanced Master's Degree in Obstetric and Maternal-Child Nursing** contains the most complete and up-to-date scientific program on the market. The most important features of the program include:

- ◆ Development of more than 75 clinical cases presented by experts in Obstetric and Maternal-Child Nursing. The graphic, schematic, and eminently practical contents with which they are created provide scientific and practical information on the disciplines that are essential for professional
- ◆ New developments in Obstetric and Maternal-Child Nursing care and intervention
- ◆ It contains practical exercises where the self-evaluation process can be carried out to improve learning
- ◆ Algorithm-based interactive learning system for decision-making in the situations that are presented to the student
- ◆ With special emphasis on evidence-based nursing and research methodologies in Obstetric and Maternal-Child Nursing
- ◆ All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ◆ Content that is accessible from any fixed or portable device with an Internet connection



Get up to date knowledge through the Advanced Master's Degree program in Obstetric and Maternal-Child Nursing"

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This specialization will generate a sense of confidence in the performance of daily tasks, which will help you grow personally and professionally"

It includes, in its teaching staff, professionals belonging to the field of Obstetric and Maternal-Child Nursing, who pour into this specialization the experience of their work, in addition to recognized specialists belonging to leading specialists from scientific societies.

The multimedia content developed with the latest educational technology will provide the health professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive program to train for real-life situations.

The design of the program is based on Problem-Based Learning, by means of which the nursing professional must try to solve the different professional practice situations that arise throughout the course. For this purpose, the physician will be assisted by an innovative interactive video system created by renowned and experienced experts in the field of Maternal-Child and Obstetric Nursing with extensive teaching experience.

This Advanced Master's Degree in Obstetric and Maternal-Child Nursing contains the most complete and up-to-date scientific program on the market.

Take the opportunity to learn about the latest advances in Obstetric Nursing and Maternal-Child and improve the care of your patients.



02 Objectives

The Advanced Master's Degree in Obstetric and Maternal-Child Nursing is oriented to facilitate the nursing professional's performance in the care of all patients with obstetric problems or at risk of suffering them.





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This Advanced Master's Degree is designed to update your knowledge in Obstetric and Maternal-Child Nursing, with the use of the latest educational technology, to contribute with quality and safety to decision making, care, monitoring and patient follow-up"



General Objectives

- ♦ Acquire specific knowledge in obstetric care
- ♦ Promote work strategies based on a comprehensive approach to the patient as a standard model for achieving excellent care
- ♦ Encourage the acquisition of technical skills and abilities, through a powerful audiovisual system and the possibility of development through specific training
- ♦ Encourage professional stimulation through continuing education and research

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With this program you will be able to master the new therapeutic procedures and apply the best care in Obstetric and Maternal-Child Nursing”





Specific Objectives

- ◆ Train health providers so that they are in a position to implement new and/or up to date knowledge
- ◆ Up-to-date scientific-technical and unified care criteria that ensure continuity of care
- ◆ Coordination between the professionals attending the process
- ◆ Facilitate the first contact with the newborn
- ◆ Ensure the identification of the newborn
- ◆ Close, respectful, empathetic, and professional treatment
- ◆ Availability of professionals for consultations (doubts) on demand
- ◆ Identified professionals
- ◆ Facilitate the accessibility and participation of the accompanying person throughout the process
- ◆ Involve the woman in decision-making throughout the process
- ◆ Facilitate the access of the accompanying person at all times
- ◆ Compliance with Decree 101/95, which determines the rights of parents and children in the healthcare environment during the birth process
- ◆ Favouring a climate of trust, security, and intimacy, respecting the privacy, dignity and confidentiality of women
- ◆ Promotion of Breastfeeding
- ◆ Helping mothers to initiate breastfeeding
- ◆ Provide a place where the woman can breastfeed her baby in comfort

03 Skills

After passing the Advanced Master's Degree in Obstetric and Maternal-Child Nursing evaluations, the nursing professional will have acquired the professional competencies necessary for quality and up-to-date practice based on the latest scientific evidence.





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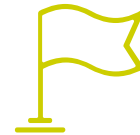
With this program you will be able to master the new therapeutic procedures and apply the best care in Obstetric and Maternal-Child Nursing”



Basic Skills

- ◆ Possess and understand knowledge that provides a basis or opportunity to be original in the development and/or application of ideas, often in a research context
- ◆ Learning to apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their area of study
- ◆ Being able to integrate knowledge and face the complexity of making judgments based on incomplete or limited information
- ◆ Ability to communicate conclusions, knowledge, and supporting arguments to specialized and non-specialized audiences in a clear and unambiguous way
- ◆ Acquire the learning skills that will enable further studying, in a largely self-directed or autonomous manner
- ◆ Be able to apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their area of study
- ◆ Be able to integrate knowledge and face the complexity of making judgments based on incomplete or limited information, including reflections on the social and ethical responsibilities related to the application of their knowledge and judgments
- ◆ Acquire the learning skills that will enable further studying in a largely self-directed or autonomous manner



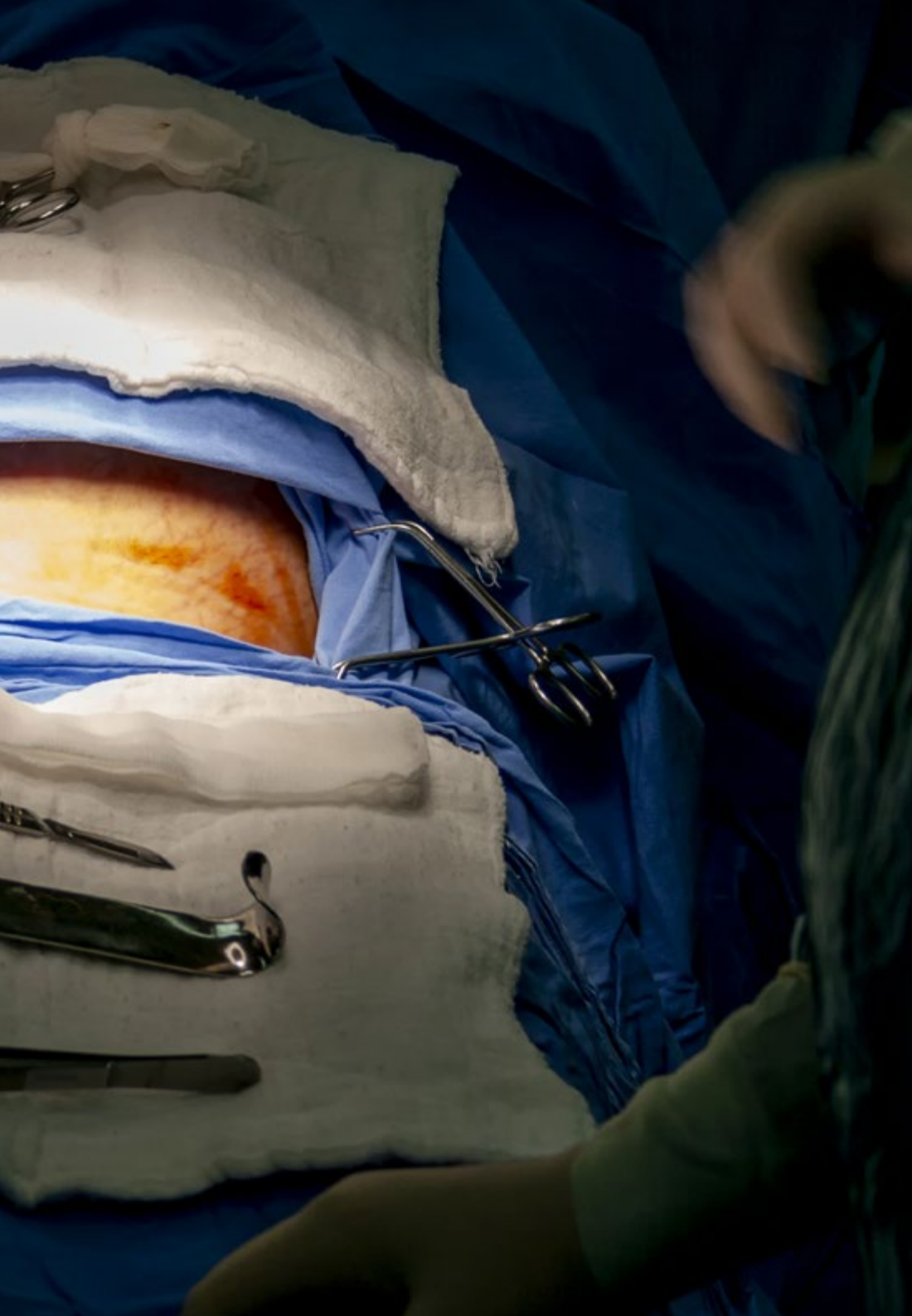


Specific Skills

- ◆ Participate in leading and energizing health and women's care programs
- ◆ Carry out appropriate health education for women, families and the community, identifying learning needs in relation to maternal and child health, carrying out the different educational programmes related to the needs detected
- ◆ Promote a positive experience and a responsible attitude towards childbirth in the population and give advice on postpartum and breastfeeding
- ◆ Collaborate in the implementation of activities for the promotion, prevention, assistance, and postpartum recovery of women
- ◆ Detect risk factors and problems in childbirth in women
- ◆ Apply the principles of clinical reasoning, problem detection, decision making, care, and attention plan and appropriate evaluation to the different clinical situations in the field of nursing
- ◆ Describe all the benefits of breastfeeding based on scientific evidence
- ◆ Inform mothers of existing breastfeeding support groups and facilitate contact with them
- ◆ Acquire knowledge to achieve prolongation and maintenance of breastfeeding for two years or more
- ◆ Develop skills in the preparation of the breastfeeding interview with mothers (breastfeeding clinical history)
- ◆ Advise the breastfeeding mother on current legislation related to breastfeeding
- ◆ Define the approach to the establishment and maintenance of breastfeeding in special situations

- ♦ Identify the general physiological and anatomical particularities that characterize the healthy newborn
- ♦ Recognize the contraindications of breastfeeding and adequately advise the mother in this process
- ♦ Demonstrate the reasons why exclusive breastfeeding is the best food for the baby
- ♦ Develop skills in nursing techniques that will enable them to identify the most common problems during breastfeeding and the appropriate solution for each one
- ♦ Participate in and, if necessary, lead and energize maternal and child health and women's health programs
- ♦ Carry out appropriate health education for women, families and the community, identifying learning needs in relation to maternal and child health, carrying out the different educational programmes related to the needs detected
- ♦ Promote a positive experience and a responsible attitude towards childbirth in the population and give advice on postpartum and breastfeeding
- ♦ Collaborate in the implementation of activities for the promotion, prevention, assistance, and postpartum recovery of women
- ♦ Apply the principles of clinical reasoning, problem detection, decision making, care, and attention plan and appropriate evaluation to the different clinical situations in the field of nursing





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Make the most of this opportunity and take the step to get up to date on the latest developments in Maternal-Child and Obstetric Nursing”

04

Course Management

The program includes in its teaching staff leading specialists in Obstetric and Maternal-Child Nursing who bring the experience of their work to this specialization. Additionally, other recognized specialists participate in its design and preparation, which means that the program is developed in an interdisciplinary manner.





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*Learn from leading professionals the latest advances in
Obstetric and Maternal-Child Nursing procedures”*

Management



Dr. Rodríguez Díaz, Luciano

- ♦ Diploma in Nursing
- ♦ PhD from the University of Granada
- ♦ Midwife at the University Hospital of Ceuta
- ♦ Lecturer at the University Centre of Nursing of Ronda
- ♦ Lecturer in the Ceuta Midwifery Teaching Unit
- ♦ SEEUE obstetric-gynecologic emergencies group member.
- ♦ Responsible for Perinatal Health: Reproductive Sexual Health and Normal Childbirth of Ingesa.
- ♦ Member of the Clinical Commission for Research and Continuing Education of the University Hospital of Ceuta
- ♦ Full member of the Institute of Ceuta Studies
- ♦ Member of the Editorial Board of the European Journal of Health Research



Dr. Vázquez Lara, Juana María

- ♦ Diploma in Nursing
- ♦ PhD from the University of Granada
- ♦ Nurse of the 061 of Ceuta
- ♦ Midwife in the Ceuta Health Area
- ♦ Head of Studies of the Ceuta Midwifery Teaching Unit
- ♦ Professor of the Ceuta Midwifery Teaching Unit
- ♦ Coordinator of SEEUE obstetric-gynecologic emergencies group

Professors

Dr. Palomo Gómez, Rocío

- ◆ Diploma in Nursing Ceuta Specialized Care Midwife

Ms. De Dios Pérez, María Isabel

- ◆ Diploma in Nursing
- ◆ Midwife at the Zaragoza University Hospital

Dr. Díaz Lozano, Paula

- ◆ Diploma in Nursing
- ◆ Midwife at the Ceuta University Hospital

Dr. Gilart Cantizano, Patricia

- ◆ Diploma in Nursing
- ◆ Specialized Care Midwife Campo de Gibraltar and Quirón Campo de Gibraltar

Dr. Revidiego Pérez, María Dolores

- ◆ Diploma in Nursing
- ◆ Specialized Care Midwife Campo de Gibraltar and Quirón Campo de Gibraltar

Dr. Rivero Gutiérrez, Carmen

- ◆ Diploma in Nursing
- ◆ Ceuta Specialized Care Midwife

Dr. Márquez Díaz, Antonio

- ◆ Diploma in Nursing
- ◆ Midwife Hospital Costa del Sol de Marbella and Hospital Quirón Campo de Gibraltar

Dr. Andrés Núñez, Carmen Patricia

- ◆ Degree in Medicine and Surgery
- ◆ Specialist in Obstetrics and Gynecology at the University Hospital of Ceuta.

Dr. Vázquez Lara, María Dolores

- ◆ Diploma in Nursing
- ◆ Campo de Gibraltar Primary Care Nurse

Dr. Muñoz Vela, Francisco Javier

- ◆ Diploma in Nursing
- ◆ Midwife in Specialized Care at the Maternal-Children's Hospital of Malaga

Dr. Rodríguez Díaz, David

- ◆ Diploma in Nursing
- ◆ Nurse at Nuestra Señora de Candelaria University Hospital

Dr. Llinás Prieto, Lucía

- ◆ Diploma in Nursing
- ◆ Nurse in Specialized Care Cadiz

Dr. Vázquez Lara, Francisco José

- ◆ Degree in Biological Sciences

Dr. Mérida Téllez, Juanma

- ◆ Diploma in Nursing
- ◆ Midwife Costa del Sol de Marbella Hospital

Dr. Mérida Yáñez, Beatriz

- ◆ Diploma in Nursing
- ◆ Midwife Granada Hospital

Dr. Carrasco Racero, María Mercedes

- ◆ Diploma in Nursing
- ◆ Nurse and Internship Coordinator at the University Center of Ronda

Ms. Armijo Navarro, Elena

- ♦ Midwife San Sebastián Hospital

Ms. Hachero Rodríguez, Carmen María

- ♦ Midwife Zaragoza Hospital

Ms. Miquelajáuregui Espinosa, Araceli

- ♦ Midwife the Ceuta University Hospital

Ms. Del Pozo Álvarez, Lidia

- ♦ Midwife the Ceuta University Hospital

Ms. Gómez González, Irene

- ♦ Midwife the Ceuta University Hospital

Mr. Carrasco Guerrero, Manuel

- ♦ Midwife the Ceuta University Hospital

Ms. Martínez Picón, Claudia

- ♦ Midwife the Ceuta University Hospital

Ms. Ortega del Valle, Silvia

- ♦ Midwife the Ceuta University Hospital





Ms. Rojas Carmona, Belén

- ◆ Midwife the Ceuta University Hospital

Dr. Díaz Lozano, Paula

- ◆ Diploma in Nursing
- ◆ Midwife at the Ceuta University Hospital

Ms. De la Cabeza Molina Castillo, María

- ◆ Midwife at the Ceuta University Hospital

Ms. Mohamed Mohamed, Dina

- ◆ Midwife at the Ceuta University Hospital

Ms. Martín Ansede, Esperanza

- ◆ Pediatric nurse. the Ceuta University Hospital

Dr. Revidiego Pérez, María Dolores

- ◆ Diploma in Nursing
- ◆ Specialized Care Midwife Campo de Gibraltar and Quirón Campo de Gibraltar

05

Structure and Content

The structure of the contents has been designed by a team of professionals from the best hospitals and universities in the country, aware of the relevance of current specialization in order to intervene in the prevention, care and monitoring of the obstetric health of our patients, and committed to quality teaching through new educational technologies.





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A unique, key, and decisive Training experience to boost your professional development”

Module 1. Preconception consultation

- 1.1. The Need for Preconception Consultation
- 1.2. Content of The Consultation
 - 1.2.1. Medical History
 - 1.2.2. Physical Exploration
 - 1.2.3. Complementary Tests
- 1.3. Education and Promotion of Health
- 1.4. Pharmacological Supplementation

Module 2. Pregnancy

- 2.1. Duration of pregnancy. Nomenclature
- 2.2. Anatomico-physiological Changes
 - 2.2.1. Cardiovascular and Cardiac Changes
 - 2.2.1.1. Cardiac changes.
 - 2.2.1.2. Hematological Changes
 - 2.2.1.3. Vascular Changes
 - 2.2.2. Respiratory Changes
 - 2.2.2.1. Anatomical Changes
 - 2.2.2.2. Functional Changes.
 - 2.2.3. Renal and Urinary Changes
 - 2.2.3.1. Anatomical Changes
 - 2.2.3.2. Functional Changes
 - 2.2.4. Metabolic Changes
 - 2.2.4.1. Weight Gain
 - 2.2.4.2. Basal Metabolism
 - 2.2.4.3. Carbohydrate Metabolism
 - 2.2.4.4. Lipid Metabolism
 - 2.2.4.5. Protein Metabolism
 - 2.2.4.6. Acid-base Equilibrium
 - 2.2.4.7. Water Metabolism
 - 2.2.4.8. Minerals and Vitamins



- 2.2.5. Genital and Mammary Changes
 - 2.2.5.1. External Genitalia
 - 2.2.5.2. Internal Genitals
 - 2.2.5.3. Breast Changes
- 2.2.6. Endocrine Changes
 - 2.2.6.1. Constitution of the Fetoplacental unit
 - 2.2.6.2. Pituitary
 - 2.2.6.3. Thyroid
 - 2.2.6.4. Parathyroid
 - 2.2.6.5. Pancreas
 - 2.2.6.6. Adrenal Gland
- 2.2.7. Skin and Eye Changes
 - 2.2.7.1. Vascular Changes
 - 2.2.7.2. Pigmentation Changes
 - 2.2.7.3. Tegumentary system
 - 2.2.7.4. Eye Changes
- 2.2.8. Gastrointestinal Changes
 - 2.2.8.1. Mouth
 - 2.2.8.2. Esophagus and Stomach
 - 2.2.8.3. Intestine
 - 2.2.8.4. Liver
 - 2.2.8.5. Gallbladder
- 2.2.9. Musculoskeletal changes
 - 2.2.9.1. Change to the Center of Gravity
 - 2.2.9.2. Pelvis
 - 2.2.9.3. Musculoskeletal Changes
- 2.3. Diagnosis of Pregnancy for Midwives
 - 2.3.1. Diagnosis of Pregnancy
 - 2.3.2. Biochemical Tests
 - 2.3.2.1. Biological Tests
 - 2.3.2.2. Immunological Tests
 - 2.3.3. Ultrasound
- 2.3.4. Signs and Symptoms
 - 2.3.4.1. Signs
 - 2.3.4.2. Symptoms
- 2.4. Prenatal Care. Midwife's Program of Gestational Control
 - 2.4.1. Prenatal Care
 - 2.4.2. Pregnancy Control Program
 - 2.4.2.1. First Pregnancy Check-up Visit (< 10 weeks)
 - 2.4.2.2. Successive Prenatal Visits
 - 2.4.3. Perinatal Risk Assessment
 - 2.4.4. Prenatal Control Protocols
 - 2.4.4.1. Definition
 - 2.4.4.2. Objectives
 - 2.4.4.3. Personnel Involved
 - 2.4.4.4. Process
- 2.5. Prenatal Diagnosis
 - 2.5.1. Non-Invasive Techniques
 - 2.5.2. Invasive Techniques
 - 2.5.3. Counseling of the Couple in Prenatal Diagnosis
 - 2.5.3.1. Definition
 - 2.5.3.2. General Objectives
 - 2.5.3.3. Specific Objectives
 - 2.5.3.4. Targeted Population
 - 2.5.3.5. Description of the Process
- 2.6. Health Education of the Midwife for the Pregnant Woman
 - 2.6.1. Health Education for the Pregnant Woman
 - 2.6.2. Healthy Habits
 - 2.6.2.1. Feeding
 - 2.6.2.2. Consumption of Harmful Substances
 - 2.6.2.3. At Work
 - 2.6.2.4. Sports
 - 2.6.2.5. Travel
 - 2.6.2.6. Hygiene, Clothing, and Footwear
 - 2.6.2.7. Violence in Pregnancy

- 2.6.3. Sexuality
- 2.6.4. Common Discomforts during Pregnancy
 - 2.6.4.1. Cardiovascular
 - 2.6.4.2. Dermatological
 - 2.6.4.3. Digestive
 - 2.6.4.4. Locomotor
 - 2.6.4.5. Respiratory
 - 2.6.4.6. Genitourinary
- 2.6.5. Warning Signs
- 2.6.6. Promotion of Breastfeeding
- 2.6.7. Birth Plan
- 2.7. Nutrition of the Pregnant Woman
 - 2.7.1. Evaluation of the Diet
 - 2.7.1.1. Energy Requirements
 - 2.7.1.2. Food Selection
 - 2.7.1.3. Supplements During Pregnancy
 - 2.7.1.4. Weight Gain
 - 2.7.2. Special Situations
 - 2.7.2.1. Medical Treatment
 - 2.7.2.2. Vegetarians
 - 2.7.3. Dietary Counseling during Pregnancy
- 2.8. Pharmaceuticals in Pregnancy
 - 2.8.1. Pharmaceuticals in Pregnancy
 - 2.8.2. Pharmacology in Pregnancy
 - 2.8.3. Mechanisms of Action in the Mother and Fetus
 - 2.8.3.1. Mother
 - 2.8.3.2. Placenta
 - 2.8.3.3. Fetus
 - 2.8.4. Use and Management of Pharmaceuticals in Pregnancy
 - 2.8.5. Indications, Pharmaceutical Interaction, and Dosage
 - 2.8.5.1. Anti-inflammatory, Analgesic, and Antipyretic Medications
 - 2.8.5.2. Gastroesophageal Reflux Prophylactics and Antiulcer Medications
 - 2.8.5.3. Anticoagulants
 - 2.8.5.4. Laxatives
 - 2.8.5.5. E. Vitamins
 - 2.8.5.6. Anti-anemic Medications
 - 2.8.5.7. Antiarrhythmics
 - 2.8.5.8. Antihypertensives
 - 2.8.5.9. Hormones
 - 2.8.5.10. Oral Contraceptives
 - 2.8.5.11. Oral Antidiabetics
 - 2.8.5.12. Corticoids
 - 2.8.5.13. Dermatological Treatments
 - 2.8.5.14. N. Antiviral Treatments
 - 2.8.5.15. Trichomonacides
 - 2.8.5.16. Antibiotics
 - 2.8.5.17. Anti-asthmatics
 - 2.8.5.18. Antitussives
 - 2.8.5.19. Rhinologicals
 - 2.8.5.20. Antihistamines
 - 2.8.5.21. Antiepileptics
 - 2.8.5.22. Antidepressants
 - 2.8.5.23. Antipsychotics
 - 2.8.6. Annex. FDA Classification of the Different Groups of Medications
- 2.9. Psychosocial Aspects of Pregnancy
 - 2.9.1. Psychosocial Aspects of Pregnancy
 - 2.9.2. Cultural and Religious influences
 - 2.9.3. The Meaning and Impact of Pregnancy on the Couple and on the Family and Social Environment
 - 2.9.4. Psychological Changes in Pregnancy
 - 2.9.4.1. First Trimester
 - 2.9.4.2. Second Trimester
 - 2.9.4.3. Third Trimester
 - 2.9.5. Bonding

Module 3. Maternity Education Program

- 3.1. History
- 3.2. Objectives
 - 3.2.1. General Objective
 - 3.2.2. Specific Objectives
- 3.3. Theoretical and Practical Content
 - 3.3.1. Course Content
 - 3.3.2. Methodology
- 3.4. Physical Exercises, Pelvic Floor Exercises and Body Statics
- 3.5. Breathing Techniques
 - 3.5.1. Breathing Classification
 - 3.5.2. Current Trends
- 3.6. Relaxation Exercises
 - 3.6.1. Theoretical Basis of Childbirth Education
 - 3.6.2. Different Schools
- 3.7. Use of the Birthing Ball or Spherodynamics
- 3.8. Aquatic Maternal Education
- 3.9. Pilates Method for Pregnant Women

Module 4. Labor

- 4.1. Physiology of Uterine Contraction. Uterine Activity
 - 4.1.1. Basic Physiological Aspects of Uterine Contraction
 - 4.1.2. Basic Biochemistry of Uterine Contraction
 - 4.1.3. Uterine Activity. Brief Historical Review
 - 4.1.4. Components of Uterine Activity
 - 4.1.5. Abdominal Muscles
 - 4.1.6. Causes of the Onset of Labor
- 4.2. Factors involved in Labor
 - 4.2.1. The Fetus. Fetal Head
 - 4.2.2. Fetal Statics
 - 4.2.3. Leopold's Maneuvers
 - 4.2.4. Obstetric Nomenclature determined by Fetal Statics
 - 4.2.5. Diagnosis by Vaginal Examination



- 4.2.6. Birth Canal
- 4.2.7. Pelvic Axis
- 4.2.8. Hodge Planes
- 4.2.9. Soft Birth Canal
- 4.2.10. Forces Involved in Labor and Delivery
- 4.3. Assessment of Fetal Well-being
 - 4.3.1. Evaluation of Fetal Activity
 - 4.3.2. Non-Stress Test (NST)
 - 4.3.3. Stress Test or Contraction Tolerance Test
 - 4.3.4. Biophysical Profile
 - 4.3.5. Amnioscopy
 - 4.3.6. Ultrasound. Doppler Study
 - 4.3.7. Bioelectronic Monitoring in Labor
 - 4.3.8. Fetal Heart Rate Monitoring
 - 4.3.9. Fetal Heart Rate Parameters
 - 4.3.10. Biochemical Monitoring
- 4.4. Onset of Labor and Periods of Labor
 - 4.4.1. Onset of Labor. Prodromes of Labor
 - 4.4.2. Dilatation Period
 - 4.4.3. Expulsion Period
 - 4.4.4. Delivery Period
- 4.5. Delivery Mechanism in Vertex Presentation
 - 4.5.1. Accommodation and Wedging in the Upper Strait
 - 4.5.2. Descent and Intrapelvic Rotation
 - 4.5.3. Flexion
 - 4.5.4. Detachment
 - 4.5.5. E. External Rotation and Delivery of the Shoulders
- 4.6. Pharmacology in Childbirth
 - 4.6.1. Pharmacokinetic Principles
 - 4.6.2. Mechanisms of Action between Mother and Fetus
 - 4.6.3. Use and Management of Pharmaceuticals in Childbirth



Module 5. Assistance and Care of the Woman in Childbirth

- 5.1. Assessment and Care of the Woman
 - 5.1.1. Diagnosis of Labor
 - 5.1.2. The Partogram
 - 5.1.3. Assistance and Care of the Woman during Dilatation
 - 5.1.4. Assessment of the Evolution of Labor
 - 5.1.5. Assistance and Care of the Woman during Expulsion
 - 5.1.6. Episiotomy and Episiorrhaphy
 - 5.1.7. Assistance and Care of the Woman during Childbirth
 - 5.1.8. Collection and Donation of Umbilical Cord Blood
 - 5.1.9. Protocol for Delivery Assistance
- 5.2. Pain Relief in Labor. Physiology of Pain in Childbirth. Pain Perception
 - 5.2.1. Physiology of Pain in Childbirth
 - 5.2.2. Characteristics of Pain During Labor
 - 5.2.3. Gate Theory
 - 5.2.4. Perception of Pain in Childbirth
 - 5.2.5. Non-pharmacological Techniques for Pain Relief in Labor
- 5.3. Normal Childbirth Care. Birth Plan
 - 5.3.1. Birth Plan
 - 5.3.2. Biomechanics of Childbirth
 - 5.3.3. Positions that Favor the Evolution of Labor
 - 5.3.4. Protocol for Normal Delivery Assistance
- 5.4. Obstetric Analgesia and Anesthesia
 - 5.4.1. Nitrous Oxide
 - 5.4.2. Morphine
 - 5.4.3. Local Anesthetics
 - 5.4.4. Pudendal Anesthesia
 - 5.4.5. Peridural Analgesia
 - 5.4.6. General Anesthesia
 - 5.4.7. Comparative Analysis of Anesthesia Techniques in Cesarean Section
- 5.5. Assistance of the Woman in Directed Childbirth
 - 5.5.1. Indications for Induction
 - 5.5.2. Elective Induction
 - 5.5.3. Contraindications for Induction
 - 5.5.4. Risks for Induction
 - 5.5.5. Recommendations on Induction Information. Decision Making
 - 5.5.6. Induction Methods
 - 5.5.7. Labor Stimulation
 - 5.5.8. Assistance and Care of the Woman
 - 5.5.9. Information
 - 5.5.10. Techniques and Movement Restriction
 - 5.5.11. Monitoring of Analgesia
 - 5.5.12. Hydration and Ingestion
 - 5.5.13. Expulsion Positions
- 5.6. Psychological Aspects of the Mother During Childbirth
 - 5.6.1. Family Relationship. Family and Professional Support During Childbirth
 - 5.6.2. Psychological Factors During Labor
 - 5.6.3. Psychological Factors During Expulsion
 - 5.6.4. Mother-Child Interactions
 - 5.6.5. Data on Early Skin-to-skin Contact
- 5.7. Different Alternatives in Obstetric Care
 - 5.7.1. Hospital Birth
 - 5.7.2. Birthing Centers
 - 5.7.3. Home Birth
 - 5.7.4. Maternal and Perinatal Risk Assessment

Module 6. Nursing care in the Postpartum Period

- 6.1. Assistance of the Midwife and Care of the Woman During Postpartum
 - 6.1.1. Puerperium, Adaptations and Modifications
 - 6.1.2. Postpartum Care and Assistance
 - 6.1.3. General Examination
 - 6.1.4. Identification of Problems and their Prevention
 - 6.1.5. C. Discharge Counseling
- 6.2. Psychosocial Aspects in the Puerperium
 - 6.2.1. Psychosocial Adaptation of the Postpartum Mother
 - 6.2.2. Psychological Changes
 - 6.2.3. Assessment of the Emotional State: Detection of Postpartum Depression
 - 6.2.4. Mother/Partner/Newborn Relationship Bonds
 - 6.2.5. Family Adaptation
- 6.3. Pharmaceuticals in the Puerperium
 - 6.3.1. Pharmaceuticals in the Puerperium
 - 6.3.2. Use and Management of Pharmaceuticals in Postpartum. Indications, Pharmaceutical Interaction, and Dosage
- 6.4. Home Care by the Midwife During the Puerperium
 - 6.4.1. Characteristics of Home Care of the Mother and the Newborn During the Puerperium
 - 6.4.2. Home Care of the Mother and the Newborn During the Puerperium
- 6.5. Postpartum Care
 - 6.5.1. Postpartum Program
 - 6.5.2. Counseling and Health Education for the Mother-Child Pair
 - 6.5.3. Maternal Recovery. Postpartum Groups
 - 6.5.4. Physical Exercises During Postpartum
 - 6.5.5. Pelvic Floor Recovery

Module 7. Breastfeeding

- 7.1. Physiology
 - 7.1.1. Milk Secretion
 - 7.1.2. Physiology of Lacteal Secretion
 - 7.1.3. Inhibition of Milk Secretion
- 7.2. Breastfeeding
 - 7.2.1. Definition of Breastfeeding
 - 7.2.2. Breastfeeding Practices
 - 7.2.3. Breastfeeding Positions
 - 7.2.4. Manual Expression of Breast Milk
 - 7.2.5. Baby-friendly Hospital Initiative
 - 7.2.6. Advantages of Breastfeeding
 - 7.2.7. Breastfeeding Problems. Special Situations. Breastfeeding in Neonates with Health Problems
 - 7.2.8. Breastfeeding Support Groups (GALM)
- 7.3. Pharmaceuticals in Lactation
 - 7.3.1. Mechanisms of Action in the Mother and Fetus
 - 7.3.2. Use and Management of Pharmaceuticals in Lactation. Indications, Pharmaceutical Interaction, and Dosage

Module 8. Nursing Care in a Newborn

- 8.1. Adaptation to Extrauterine Life
 - 8.1.1. Definition of Newborn or Neonate
 - 8.1.2. Anatomophysiological Recollection of the Fetal Stage
 - 8.1.3. Changes after Birth
- 8.2. Assessment of the Neonates Health Status
 - 8.2.1. Assessment of the Newborn's Health Status Apgar Test
 - 8.2.2. Assessment of Physical Characteristics
 - 8.2.3. Physical Examination of the Newborn
 - 8.2.4. Evaluation of Weight and Gestational Age
 - 8.2.5. Classification of Newborns According to Weight and Gestational Age
- 8.3. Immediate Care of the Newborn
 - 8.3.1. Introduction

- 8.3.2. Immediate Care of the Newborn
- 8.3.3. Immediate Care of the Newborn
- 8.3.4. Neonatal Resuscitation: Levels
- 8.4. Anatomical and Physiological Characteristics of the Newborn
 - 8.4.1. Anatomical and Physiological Characteristics of the Newborn
 - 8.4.2. Thermal Regulation
 - 8.4.3. Respiratory System
 - 8.4.4. Circulatory System
 - 8.4.5. Digestive system
 - 8.4.6. Urinary System
 - 8.4.7. Hormonal and Immune Changes
 - 8.4.8. Assessment of Neurological Status
- 8.5. General Care of the Newborn
 - 8.5.1. Care of the Newborn. General Care
 - 8.5.2. Hygiene, Temperature, Umbilical Cord Care
 - 8.5.3. Importance of Aseptic Measures in the Newborn
 - 8.5.4. History of RN
 - 8.5.5. Physical Examination Vital Signs Control
 - 8.5.6. Somatometric Techniques
 - 8.5.7. Mother-child Interaction and Mother-Partner Relationship Bonding
- 8.6. Newborn Feeding
 - 8.6.1. Newborn Feeding
 - 8.6.2. Nutritional Needs of the Neonate
 - 8.6.3. Types of Lactation
 - 8.6.4. Artificial Breastfeeding. Concept. Formula Feeding
 - 8.6.5. Techniques of Artificial Lactation
- 8.7. Discharge Counseling
 - 8.7.1. Discharge Counseling. Importance of Parental Counseling at Newborn Discharge
 - 8.7.2. Screening Tests
 - 8.7.3. Signs of Health/ Disease
 - 8.7.4. Immunizations: Schedule
 - 8.7.5. Prevention of Neonatal Accidents
 - 8.7.6. Follow-up Program of the Healthy Child

Module 9. Physiology and Clinical History in Lactation

- 9.1. Anatomy of the Breast
 - 9.1.1. Surrounding Osseous Structure of the Breast
 - 9.1.2. Muscular Structure of the Breast
- 9.2. Physiology of Breastfeeding
 - 9.2.1. Physiological Development of Breastfeeding
 - 9.2.2. Hormonal Circuit of Lactation
- 9.3. Benefits of Breastfeeding for the Mother
 - 9.3.1. Concept
 - 9.3.2. Mother's Benefits of Breastfeeding
- 9.4. Benefits of Breastfeeding for the Baby
 - 9.4.1. Concept
 - 9.4.2. Benefits for the Baby from Breastfeeding
- 9.5. Evaluation of the Intake
 - 9.5.1. Indications for Use
 - 9.5.2. Inadequate Actions in the Intake
- 9.6. Signs of Good and Bad Bonding
 - 9.6.1. Bonding Concept
 - 9.6.2. Benefits of a Good Bond
- 9.7. Recommended Positions
 - 9.7.1. Proper Breastfeeding Positions
 - 9.7.2. Improper Breastfeeding Positions

Module 10. Breastfeeding Care and the Health of the Breastfeeding Mothers

- 10.1. First Recommendations during Pregnancy
 - 10.1.1. Evolution of Breastfeeding in Pregnancy
 - 10.1.2. Breastfeeding Care in Pregnancy
- 10.2. Breast Care during Breastfeeding
 - 10.2.1. General Care
 - 10.2.2. Specific Advice

- 10.3. Proper Techniques for Breastfeeding
 - 10.3.1. Different Breastfeeding Techniques
 - 10.3.2. Incorrect Breastfeeding Measures
- 10.4. Effects of Breastfeeding on Women's Health in the Short Term
 - 10.4.1. Immediate Benefits of Breastfeeding in Women
 - 10.4.2. Positive Breastfeeding Tips
- 10.5. Effects of Breastfeeding on Women's Health in the Mid- and Long-Term
 - 10.5.1. Long-term Benefits of Breastfeeding
 - 10.5.2. Mid-term Benefits of Breastfeeding
- 10.6. Maternal Diet and Breastfeeding
 - 10.6.1. Foods that alter Breast Milk
 - 10.6.2. Foods that benefit Breastfeeding
- 10.7. Physical Activity and Breastfeeding
 - 10.7.1. Encouraging Physical Activity During Breastfeeding
 - 10.7.2. Contraindications to Physical Activity During Breastfeeding

Module 11. The Healthy Newborn

- 11.1. Anatomical and Physiological Characteristics
 - 11.1.1. Anatomy of the Newborn
 - 11.1.2. Physiology of the Newborn
- 11.2. Nutritional Requirements of the Infant
 - 11.2.1. Infant Nutrition
 - 11.2.2. Dietary Advice
- 11.3. Growth of Breastfed Infants
 - 11.3.1. WHO Curves
 - 11.3.2. Normality in the Curve
- 11.4. Infantile Colic
 - 11.4.1. Concept
 - 11.4.2. Indications to Avoid Infant Code
- 11.5. Early Skin-to-Skin Contact
 - 11.5.1. The Skin-to-Skin Start
 - 11.5.2. Immediate Skin-to-Skin Benefits

- 11.6. First Shot. Attachment
 - 12.6.1. Concept of Attachment
 - 12.6.2. Indications of Onset of Contact
- 11.7. Breastfeeding and Kangaroo Mother Method
 - 12.7.1. Kangaroo Method Approach
 - 12.7.2. Start of the Technique
- 11.8. Nipples and Pacifiers During Breastfeeding
 - 11.8.1. Description of Nipples and Pacifiers
 - 11.8.2. Precautions for Nipples and Pacifiers

Module 12. Problems during Breastfeeding

- 12.1. Contraindications to Breastfeeding
 - 12.1.1. Situations that Prevent Breastfeeding
 - 12.1.2. Nutritional
- 12.2. Maternal Pathologies Preventing Breastfeeding
 - 12.2.1. Identify Maternal Pathologies Preventing Breastfeeding
 - 12.2.2. Advice on Breastfeeding Contraindications
- 12.3. Newborn Pathologies Preventing Breastfeeding
 - 12.3.1. Identify Neonatal Pathologies Preventing Breastfeeding
 - 12.3.2. Advice on Breastfeeding Contraindications
- 12.4. Nipple Problems
 - 12.4.1. Different Types of Nipples
 - 12.4.2. Support for the Mother
- 12.5. Mammary Ingurgitation
 - 12.5.1. Concept
 - 12.5.2. Adequate Treatment
- 12.6. Mastitis
 - 12.6.1. Concept
 - 12.6.2. Adequate Treatment

- 12.7. Aids and Devices to Assist in Breastfeeding
 - 12.7.1. Different Breastfeeding Devices
 - 12.7.2. How to help Breastfeeding?

Module 13. Other Types of Breastfeeding

- 13.1. Artificial Breastfeeding
 - 13.1.1. Concept
 - 13.1.2. Development of the Technique
- 13.2. Formula Milk: Handling and Disadvantages
 - 13.2.1. Formula Milk Preparation
 - 13.2.2. Benefits and Drawbacks
- 13.3. Preparation of a Baby Bottle
 - 13.3.1. Technique for Preparing a Baby Bottle
 - 13.3.2. Sterilizing Baby Bottles
- 13.4. Mixed Breastfeeding
 - 13.4.1. Concept
 - 13.4.2. How to Carry it out?
- 13.5. Relactation
 - 13.5.1. Concept
 - 13.5.2. Indications
- 13.6. Combination of Breastfeeding with Nutrition
 - 13.6.1. Complementary Nutrition
 - 13.6.2. Nutritional Needs

Module 14. Breastfeeding in Special Situations

- 14.1. Hypogalactia
 - 14.1.1. Concept
 - 14.1.2. Measures to Treat them
- 14.2. Newborns with Illnesses
 - 14.2.1. Different Pathologies
 - 14.2.2. Breastfeeding in Children with Pathologies
- 14.3. Premature Infants
 - 14.3.1. Definition of Prematurity
 - 14.3.2. Breastfeeding in Premature Infants

- 14.4. Teenage Mothers
 - 14.4.1. Breastfeeding in Adolescent Mothers
 - 14.4.2. Problems in Adolescent Mothers
- 14.5. Breastfeeding and LAM
 - 14.5.1. Concept
 - 14.5.2. Benefits of LAM
- 14.6. Cleft Lip and Lip Malformations
 - 14.6.1. Concept
 - 14.6.2. Support for Newborns and Breastfeeding Mothers
- 14.7. Breastfeeding and New Pregnancy
 - 14.7.1. Tandem Breastfeeding
 - 14.7.2. Nutritional
- 14.8. Breastfeeding and Stress
 - 14.8.1. Stress as a Detrimental to Breastfeeding
 - 14.8.2. Measures to Cope with Stress

Module 15. Common Situations During Breastfeeding

- 15.1. Crying and Breast Refusal
 - 15.1.1. Concept
 - 15.1.2. Immediate Attention
- 15.2. Breastfeeding Strike
 - 15.2.1. Concept
 - 15.2.2. Strike Counseling
- 15.3. Prolonged and Tandem Breastfeeding
 - 15.3.1. Concept
 - 15.3.2. Benefits
- 15.4. Co-Sleeping
 - 15.4.1. Concept
 - 15.4.2. Benefits of Co-sleeping
- 15.5. Working Outside the Home and Breastfeeding
 - 15.5.1. Incorporation into Work
 - 15.5.2. Support in this Situation

- 15.6. Milk Extraction: Methods and Tools
 - 15.6.1. Parts of the Breast Pump
 - 15.6.2. Use of the Breast Pump
- 15.7. Transport and Storage of Breast Milk
 - 15.7.1. Milk Storage Mechanisms
 - 15.7.2. Milk Transport

Module 16. Drugs and Breastfeeding

- 16.1. Passage of Drugs and Other Elements into Breast Milk
 - 16.1.1. Concept
 - 16.1.2. Contraindications to the Administration of Medication
- 16.2. Drug Interaction and Breastfeeding
 - 16.2.1. Drug Interactions.
 - 16.2.2. Drug Administration
- 16.3. Most Commonly Used Drugs During Lactation
 - 16.3.1. Recommended Drugs for Breastfeeding
 - 16.3.2. Indications
- 16.4. Web-based Resources and Tools on Pharmaceuticals and Breastfeeding
 - 16.4.1. Website about Breastfeeding and Pharmaceuticals
 - 16.4.2. How to Search Online?
- 16.5. Harmful Substances and Breastfeeding
 - 16.5.1. Different Harmful Substances in Breastfeeding
 - 16.5.2. Attitude towards the Ingestion of Harmful Substances

Module 17. Diseases and Breastfeeding

- 17.1. Concept
 - 17.1.1. Definition of Diseases and Breastfeeding
 - 17.1.2. Performance





- 17.2. Absolute and False Contraindications
 - 17.2.1. Contraindications
 - 17.2.2. False Myths
- 17.3. HIV and Breastfeeding
 - 17.3.1. Concept
 - 17.3.2. Indications for Breastfeeding
- 17.4. Hepatitis and Breastfeeding
 - 17.4.1. Concept
 - 17.4.2. Indications for Breastfeeding
- 17.5. Oncological Processes and Breastfeeding
 - 17.5.1. Cancer and Breastfeeding
 - 17.5.2. Indications for the Oncologic Process and Breastfeeding Mothers
- 17.6. Special Situations in the Newborn that Make Breastfeeding Difficult
 - 17.6.1. Newborns in Special Situations
 - 17.6.2. Mechanisms for Adapting to Special Situations and Breastfeeding
- 17.7. How to Promote Breastfeeding in Maternal-Fetal Conditions
 - 17.7.1. Concept
 - 17.7.2. Promoting Breastfeeding in situ

06

Methodology

This specialization provides you with a different way of learning. Our methodology uses a cyclical learning approach: ***Re-learning***.

This teaching system is used in the most prestigious medical schools in the world, and major publications such as the ***New England Journal of Medicine*** have considered it to be one of the most effective.





“

Discover Re-learning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: A way of learning that has proven to be extremely effective, especially in subjects that require memorization”

At TECH Nursing School we use the Case Method

In a given clinical situation, what would you do? Throughout the program, you will be presented with multiple simulated clinical case studies based on real patients, where you will have to investigate, establish hypotheses and, finally, resolve the situation. There is abundant scientific evidence on the effectiveness of the method. Nurses learn better, faster, and more sustainably over time.

With TECH, nurses can experience a learning methodology that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, in an attempt to recreate the real conditions in professional nursing practice.

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Did you know that this method was developed in 1912 at Harvard for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method”

The effectiveness of the method is justified by four fundamental achievements:

1. Nurses who follow this method not only grasp concepts, but also develop their mental capacity by evaluating real situations and applying their knowledge.
2. The learning process has a clear focus on practical skills that allow the nursing professional to better integrate knowledge acquisition into the hospital setting or primary care.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the university program.



Re-learning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Re-learning.

Our University is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, which represent a real revolution with respect to simply studying and analyzing cases.



The nurse will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



At the forefront of world teaching, the Re-learning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best Spanish-speaking online university (Columbia University).

With this methodology we have trained more than 175,000 nurses with unprecedented success, in all specialities regardless of practical workload. All this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5 years.

Re-learning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: A direct equation to success.

In our program, learning is not a linear process, but rather a spiral (we learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by our learning system is 8.01, according to the highest international standards.

In this program you will have access to the best educational material, prepared with you in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is really specific and precise.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.



Nursing Techniques and Procedures on Video

We introduce you to the latest techniques, to the latest educational advances, to the forefront of current nursing procedures and techniques. All this, first hand, with the maximum rigor, explained and detailed for your assimilation and understanding. And best of all, you can watch them as many times as you want.



Interactive Summaries

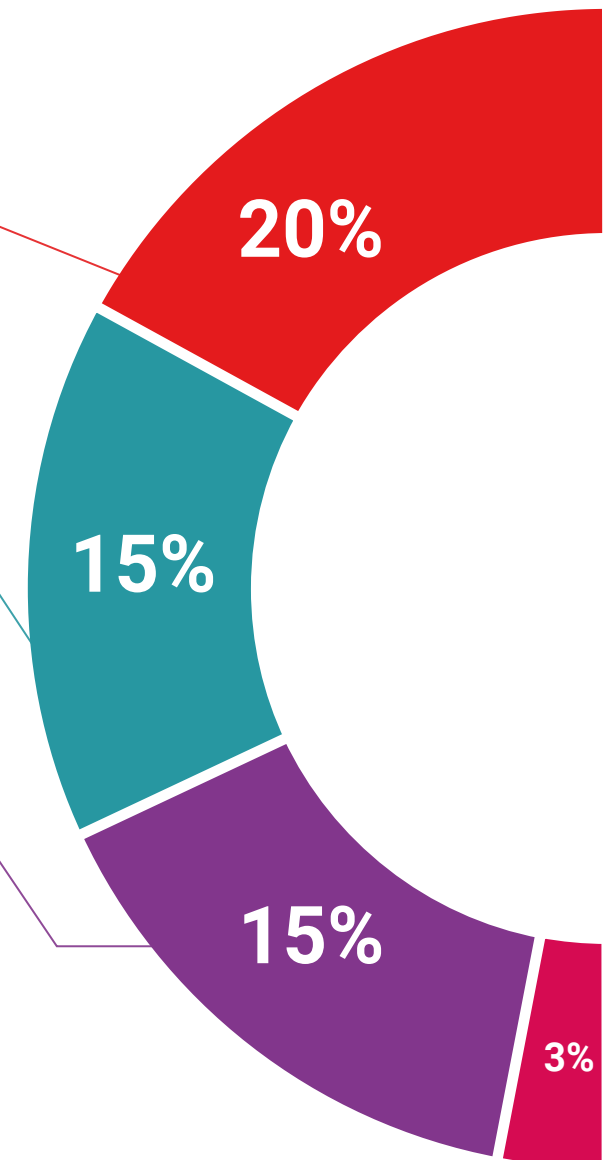
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

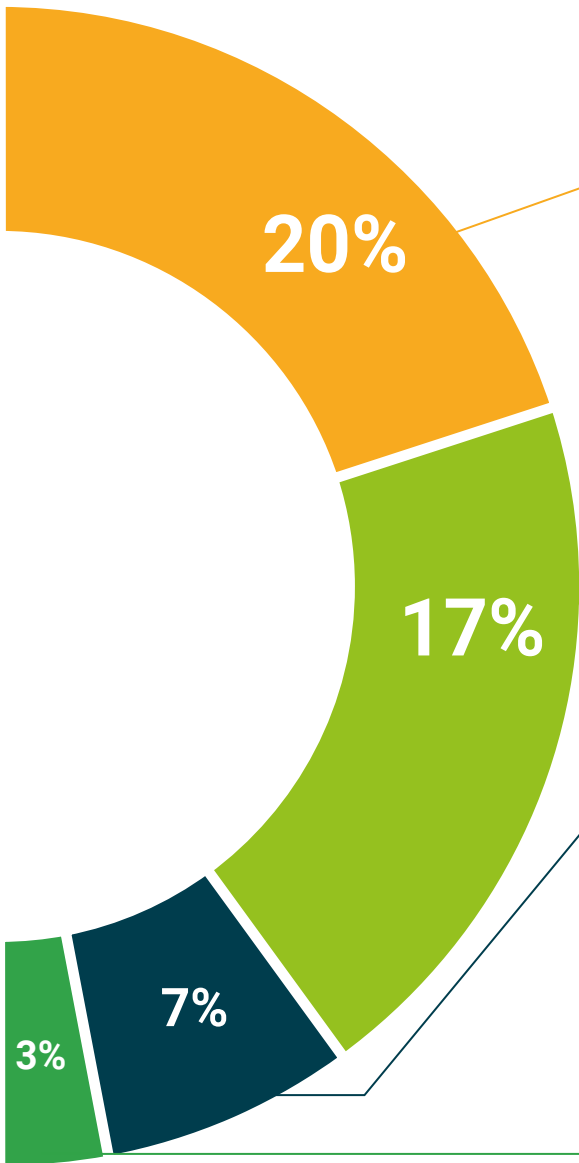
This unique specialization system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents, international guides... in our virtual library you will have access to everything you need to complete your specialization.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, we will present you with real case developments in which the expert will guide you through focusing on and solving the different situations: A clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically evaluate and re-evaluate your knowledge throughout the program, through assessment and self-assessment activities and exercises: So that you can see how you are achieving your goals.



Classes

There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an expert strengthens knowledge and memory, and generates confidence in our future difficult decisions.



Quick Action Guides

We offer you the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help you progress in your learning.



07 Certificate

The Advanced Master's Degree in Teaching English in Primary Education guarantees in addition to the most rigorous and updated specialization, access to a Advanced Master's Degree Certificate issued by TECH Technological University.



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*Successfully complete this training program
and receive your university degree without
travel or laborious paperwork”*

This **Advanced Master's Degree in Obstetric and Maternal-Child Nursing** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Advanced Master's Degree** diploma issued by **TECH Technological University** via tracked delivery.

The diploma issued by **TECH Technological University** will reflect the qualification obtained in the Advanced Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: **Advanced Master's Degree in Obstetric and Maternal-Child Nursing**

ECTS: **120**

Official N° of Hours: **3,000 h.**



*Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

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Advanced Master's Degree Obstetric and Maternal-Child Nursing

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Advanced Master's Degree Obstetric and Maternal-Child Nursing