

Master's Degree

Obstetric and Neonatal Emergencies for Midwives





Master's Degree Obstetric and Neonatal Emergencies for Midwives

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Global University
- » Credits: 60 ECTS
- » Schedule: at your own pace
- » Exams: online

Website: www.techtitude.com/us/nursing/master-degree/master-obstetric-neonatal-emergencies-midwives

Index

01

Introduction

p. 4

02

Objectives

p. 8

03

Skills

p. 14

04

Course Management

p. 18

05

Structure and Content

p. 24

06

Methodology

p. 36

07

Certificate

p. 44

01

Introduction

Midwives' assistance during all stages of pregnancy is crucial, especially if the focus is on the area of Obstetric and Neonatal Emergencies, since quick and effective action guarantees a good approach to the most compromising situations. The various advances in early detection of deviations, health education or infections during pregnancy establish a framework for action in which the midwife must maintain a constant pace of updating and adapted to the latest clinical practice. For this reason, TECH has brought together a team of specialist nurses in the field, with a clear focus on combining the most recent scientific postulates with the current daily reality in the most prestigious hospitals. The 100% online format of the program also allows a unique flexibility to combine this academic facet with the most demanding personal and professional responsibilities.



“

*Get updated in the most modern approach to
Obstetric Emergencies both in the different
periods of pregnancy and in labor and postpartum"*

Nowadays it is common in large hospitals for the obstetric and gynecological emergency services to be independent of the general hospital emergency services. This is an important feature, since the midwife must not only be prepared to deal with obstetric pathology itself, but also with all types of non-obstetric complaints that may occur to the pregnant woman.

Among her daily tasks is not only emergency care, but also assistance in the delivery room and operating room, where the life of the patient, both mother and fetus, are in danger. Therefore, it is vitally important that healthcare professionals are prepared to deal with any type of unexpected situation in the normal course of a pregnancy, both in the early stages of pregnancy and in subsequent trimesters.

The modules that make up this Master's Degree delve precisely into the latest and most interesting issues in the area of Obstetric and Neonatal Emergencies for Midwives. Health professionals will carry out an extensive and in-depth review of non-obstetric pathologies present during pregnancy, frequent neonatal emergencies distinguished by stages, cardiopulmonary resuscitation and special situations such as pseudocyesis or gender violence during pregnancy.

All this under a unique theoretical and practical perspective, as the teaching team has made special emphasis on each topic through numerous multimedia resources of high quality, useful in the work of contextualization of all the theory. The numerous real clinical cases, complementary readings and self-knowledge exercises to which the midwife has access during the course are a distinctive advantage to update herself in a much more effective and comprehensive way.

Taking into account that taking on a program of this nature is usually a complicated task for the midwife, TECH has eliminated both the presential classes as well as the usual pre-fixed schedules in this type of program. This means that there is total freedom to assume the teaching load at the pace you choose, being able to download the entire syllabus from any device with an Internet connection.

This **Master's Degree in Obstetric and Neonatal Emergencies for Midwives** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ♦ The examination of practical cases presented by experts in Emergencies Obstetric and Neonatal
- ♦ Graphic, schematic, and practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional practice
- ♦ Practical exercises where self-assessment can be used to improve learning
- ♦ Its special emphasis on innovative methodologies
- ♦ 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



Incorporate into your daily practice the updated approach to pathologies such as specific gestational dermatoses, ectopic pregnancy, premature rupture of membranes and labor dystocias"

“

All content will be available from the first day of your program, and you can download each topic and supplementary material at your own pace and interests"

You will have the constant support and advice of the largest online academic institution in the world.

You will gain privileged access to real clinical cases and a practical approach to each of the topics covered throughout the syllabus.

The program's teaching staff includes professionals from the sector who contribute their work experience to this educational program, as well as renowned specialists from leading societies and prestigious universities.

Its multimedia content, developed with the latest educational technology, will allow professionals to learn in a contextual and situated learning environment, i.e., a simulated environment that will provide immersive education programmed to prepare in real situations.

The design of this program focuses on Problem-Based Learning, by means of which professionals must try to solve the different professional practice situations that are presented to them throughout the academic year. For this purpose, the student will be assisted by an innovative interactive video system created by renowned and experienced experts.



02 Objectives

Since the area of Obstetric and Neonatal Emergencies has a vital responsibility and importance in the daily work of the specialized midwife, this program aims to provide the most up-to-date scientific and practical content possible. This allows midwives an effective update, without having to sacrifice any aspect of their own professional or personal life thanks to TECH's advanced pedagogical methodology.



“

You will achieve your professional objective progressively, incorporating the advances studied during the program into your daily work"



General Objectives

- ♦ Detect the different obstetric emergencies during pregnancy, delivery and postpartum as early as possible in order to apply the latest treatments and achieve a satisfactory obstetric outcome, thereby reducing maternal-fetal morbidity and mortality
- ♦ Be able to provide specialist care for each urgent obstetric pathology
- ♦ Acquire skills for emergency neonatal care when the obstetric pathology involves mother and fetus



You will be able to maintain your high level of professional practice thanks to the thoroughness of all the content provided"





Specific Objectives

Module 1. Neonatal Emergencies

- ♦ Recognize and initiate timely management of urgent situations that may occur during the neonatal period
- ♦ Demonstrate midwifery skills to deal with these situations

Module 2. Non-obstetric Pathologies during Pregnancy

- ♦ Recognize and initiate timely management of the most frequent pathologies that could have obstetric repercussions
- ♦ Demonstrate midwifery skills to deal with these pathologies
- ♦ Adopt a multidisciplinary approach to these pathologies promoting communication and coordination between healthcare practitioners

Module 3. Infections During Pregnancy

- ♦ Recognize and initiate timely management of the most frequent Infections that could have obstetric repercussions
- ♦ Demonstrate midwifery skills to deal with these Infections
- ♦ Be able to deliver effective and targeted health education to prevent the pregnant woman from becoming infected and to avoid infecting the fetus

Module 4. Obstetric Emergencies in the First Trimester

- ♦ Recognize and initiate timely management pathologies occurring in the first trimester of pregnancy
- ♦ Demonstrate midwifery skills to deal with these pathologies
- ♦ Promote continuity of care for women suffering from first trimester pathology whether they are admitted to the hospital ward or discharged
- ♦ Be able to deliver effective and targeted health education for each of these pathologies

Module 5. Obstetric Emergencies in the Second and Third Trimester

- ♦ Recognize and initiate timely management of pathologies occurring in the second and third trimester of pregnancy
- ♦ Demonstrate midwifery skills to deal with these pathologies
- ♦ Promote continuity of care and communication with the rest of healthcare practitioners who will attend those pathologies that generally require hospital admission

Module 6. Obstetric Emergencies During Labor: Dilation Phase

- ♦ Recognize and initiate timely management of urgent situations that may occur during the dilation phase of labor
- ♦ Identify and know how to perform the obstetric maneuvers indicated to solve each urgent situation during the dilation phase of labor
- ♦ Demonstrate midwifery skills to deal with these situations

Module 7. Obstetric Emergencies During Labor: Expulsion and Delivery Phase

- ♦ Recognize and initiate timely management of urgent situations that may occur during the third stage of labor and delivery
- ♦ Identify and know how to perform the obstetric maneuvers indicated to solve each urgent situation during the third stage of labor and delivery
- ♦ Demonstrate midwifery skills to deal with these situations

Module 8. Postpartum Emergencies

- ♦ Recognize and initiate timely management of urgent situations that may occur during the postpartum period
- ♦ Identify and know how to perform the obstetric maneuvers indicated to solve each urgent situation during the postpartum period
- ♦ Demonstrate midwifery skills to deal with these situations





Module 9. Cardiopulmonary Resuscitation

- ♦ Recognize and initiate early management of disorders that promote cardiac arrest
- ♦ Demonstrate ability to apply basic life support
- ♦ Recognize and manage respiratory arrest of CPR until its completion or transfer of patient care
- ♦ Recognize the importance of team dynamics in overall performance
- ♦ Recognize and initiate the timely management of neonatal CPR until its completion or the transfer of patient care

Module 10. Special Situations in the Obstetrics Emergency Department

- ♦ Recognize and identify specific situations that occur less frequently in an obstetric emergency
- ♦ Initiate timely management of these situations
- ♦ Be able to carry out an adequate health education specific to each situation
- ♦ Demonstrate midwifery skills to deal with these situations
- ♦ Have a thorough understanding of the legal bases of informed consent in an emergency situation

03

Skills

The competencies that a midwife must handle in the area of Obstetric and Neonatal Emergencies are varied, since the pathologies or ailments that a pregnant woman may present require an agile, safe and quick intervention. Therefore, the contents of this program distinctively enhance the competencies of the midwives themselves, while also incorporating new methods and cutting-edge approach techniques in their own work.



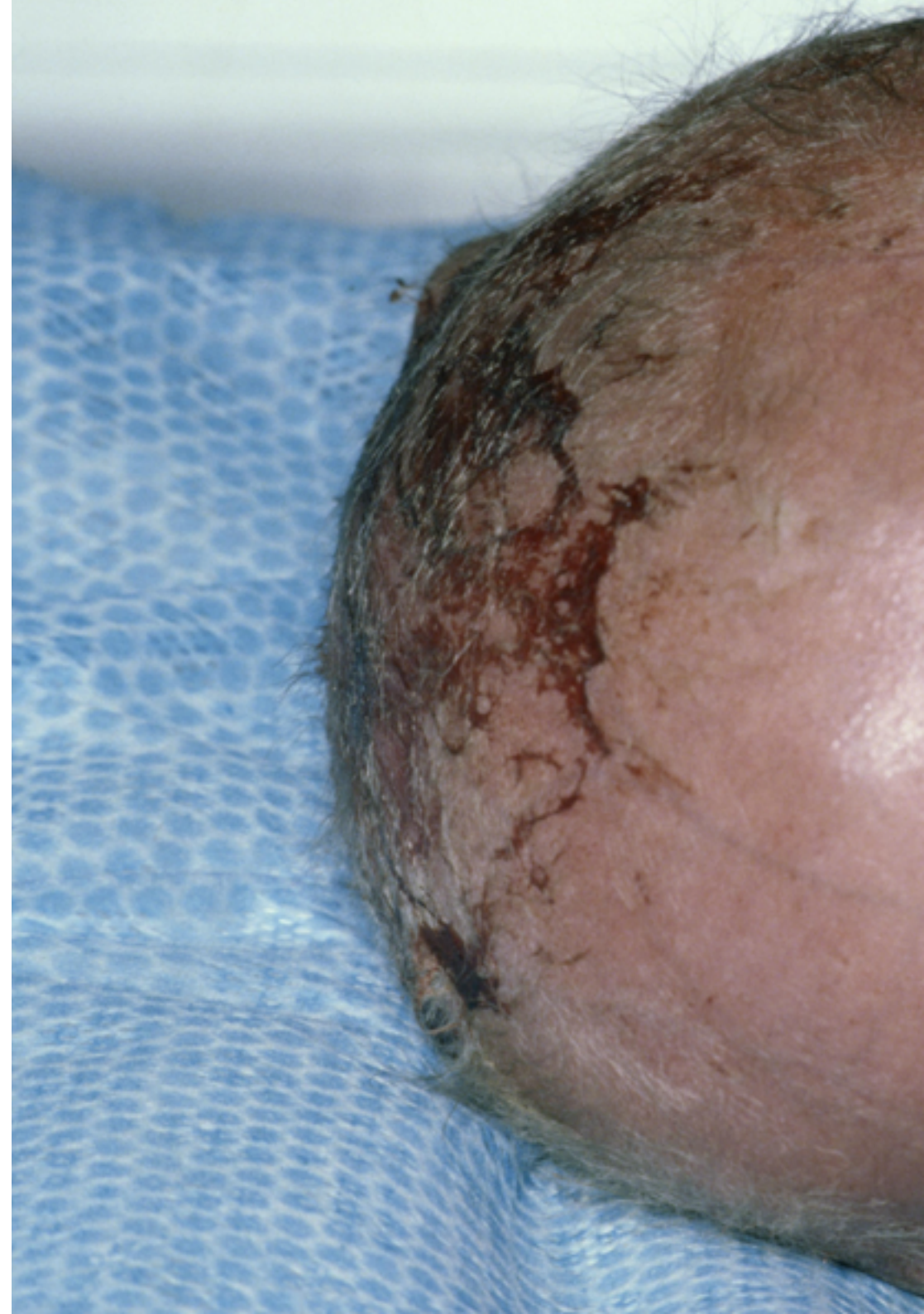
“

You will distinguish yourself through skills honed through various study modules, with a modern and up-to-date approach to Obstetric and Neonatal Emergency Medicine"



General Skills

- ♦ Deal with all types of neonatal emergencies
- ♦ Effectively treat non-obstetric pathologies arising during pregnancy
- ♦ Know the different types of infections that the patient can contract and how they affect pregnancy
- ♦ Quickly detect various infections during the first trimester of pregnancy
- ♦ Assess socio-demographic factors affecting the patient during pregnancy
- ♦ Monitor fetal well-being to ensure good obstetrical and neonatal outcomes
- ♦ Perform critical maneuvers to resolve obstetric emergencies at the end of labor
- ♦ General management of puerperal pathologies
- ♦ Master up-to-date neonatal resuscitation
- ♦ Detect signs of domestic abuse in pregnant women and newborns





Specific Skills

- ♦ Treat the most common surgical emergencies in the obstetrics and gynecology service
- ♦ Address the different diseases of the urinary system and skin conditions during pregnancy
- ♦ Discern the possible causes of fever in the pregnant woman
- ♦ Create a protocol for the most frequent infections that may have obstetric repercussions
- ♦ Gain in-depth knowledge of the severity criteria that necessitate referral or multidisciplinary work in the event of complications in the second and third trimester
- ♦ Treat obstetric emergencies that may arise in the dilation phase of labor and delivery
- ♦ Develop an action protocol for obstetric emergencies at the end of labor
- ♦ Resolve possible complications during breastfeeding
- ♦ Build detailed knowledge of life support in pregnancy
- ♦ Be aware of the legal considerations in obstetric emergencies



The skills you will learn in depth during this Master's Degree will be of great help in your daily practice"

04

Course Management

The emergencies faced by midwives in the obstetrics service can be of all kinds, so TECH has assembled a team of multidisciplinary professions, with expertise in various areas of this field to provide the most comprehensive and complete content possible. Their vast practical experience in prestigious hospitals ensures that the theoretical content is enriched with exceptional clinical insight, instructing in both the most rigorous scientific theory and the most effective techniques used in the most high-pressure obstetric emergency settings.



“

You will have the personalized support of a teaching team committed to your professional update, giving also a necessary human quality to the program itself"

International Guest Director

Dr. Olivier Picone is a leading international expert in the field of Obstetrics and Prenatal Diagnostics. Indeed, his expertise has focused on a wide range of techniques, including screening and diagnostic ultrasound, amniocentesis and trophoblast biopsies. In this regard, he has contributed significantly to the advancement of maternal and fetal medical care.

In addition to his clinical work, he has played important roles in leading health organizations in France. For instance, as President of the French Federation of Prenatal Diagnostic Centers of the CPDPN, he has led initiatives to improve the quality and accessibility of prenatal diagnostic services beyond the country's borders.

Likewise, his commitment to research and prevention of viral infections during pregnancy has led him to publish numerous articles and to participate in working groups of international renown, such as the High Authority of Health and the High Council of Public Health. His research interests include Obstetrics, Gynecology, Gynecological Surgery, Obstetric Surgery, Gynecological Ultrasound, Pathological Pregnancy and Obstetric Ultrasound. In this way, his dedication to critical issues, such as CMV and Zika, has been fundamental in developing management protocols and clinical recommendations.

Also, it is worth mentioning his position as President of the Research Group on Infections during Pregnancy (GRIG), being co-author of academic reference books, such as Maternal Pathologies and Pregnancy, contributing significantly to scientific knowledge in his field. Likewise, his leadership in the creation of the University Diploma in Infectious Diseases of Pregnant Women has demonstrated his commitment to medical education and the strengthening of perinatal care worldwide.



Dr. Olivier Picone

- President of the French Federation of Prenatal Diagnostic Centers of the CPDPN, Paris, France
- President of the Research Group on Infections during Pregnancy (GRIG)
- Gynecologist, Obstetrician and Head of Prenatal Diagnosis in public and private practices
- Specialist in Obstetrical Gynecology at the University of Paris Cité
- Qualified to Conduct Research (HDR) by the University of Paris Cité
- Doctor in Medicine by the University of Paris Cité
- Member of: French National College of Obstetrical Gynecologists (CNGOF), Women's Health Fund, Foch Hospital Foundation, French Fetal Medicine Club at the French College of Fetal Ultrasound (CNGOF)



Thanks to TECH, you will be able to learn with the best professionals in the world"

Management



Ms. Fernández López-Mingo, Raquel Desirée

- Midwife at Gregorio Marañón General University Hospital and San Rafael Hospital
- Midwife at the Cerro Almodovar Health Center in Madrid
- Graduate in Nursing at the Complutense University of Madrid
- EIR of Obstetrics and Gynecology, Gregorio Marañón General University Hospital
- Master's Degree in from Integration in Care and Clinical Problem Solving in Nursing, University of Alcalá de Henares



Dr. Muñoz Serrano, María del Carmen

- Midwife at the University del Sureste Hospital, in Arganda del Rey, and the HLA Moncloa Hospital in Madrid
- Midwife in the Infanta Sofía Hospital in in San Sebastián de los Reyes
- Midwife at VITHAS Pardo Aravaca
- Midwife at HM\Nueva University Hospital
- Midwife at Gregorio Marañón Hospital
- Degree in Nursing from the University of Granada
- EIR Anesthesiology Gynecology, Gregorio Marañón General University Hospital
- Master's Degree in from Integration in Care and Clinical Problem Solving in Nursing, University of Alcalá de Henares
- University Expert in Gynecologic, Obstetric and Neonatal Emergencies at the Catholic University of Avila



Professors

Ms. Hernando Alonso, Alba

- ♦ Midwife at the 12 Octubre Hospital
- ♦ Midwife at Gregorio Marañón General University Hospital
- ♦ Pediatric ICU Nurse at the Gregorio Marañón General University Hospital
- ♦ Degree in Nursing from the University of Burgos
- ♦ EIR of Obstetrics and Gynecology, Gregorio Marañón University Hospital

Mr. García Jerez, Pablo

- ♦ Specialist Nurse in Obstetrics and Gynecology at the Infanta Cristina University Hospital and HLA Moncloa University Hospital
- ♦ Specialist Nurse at the Infanta Sofia University Hospital, La Riera Health Center and Germans Trias i Pujol University Hospital
- ♦ General nurse at Hospital Universitario Puerta de Hierro, Hospital San Rafael, Centro de Salud Avenida de Aragón and Hospital Universitario Ramón y Cajal
- ♦ Graduated in Nursing from Pontificia de Comillas University
- ♦ EIR in Obstetrical-Gynecological Nursing at the Germans Trias i Pujol University Hospital
- ♦ University Expert in Gynecologic, Obstetric and Neonatal Emergencies for Midwives at the Catholic University of Avila

Ms. Durán Sierra, Sonia

- ♦ Midwife at the Ortigueira Health Center, in A Coruña, Spain
- ♦ Midwife in various health centers in Ferrol
- ♦ Midwife at the Entrevías Health Center
- ♦ Degree in Nursing from A Coruña University
- ♦ EIR in Obstetrics and Gynecology , Gregorio Marañón University Hospital
- ♦ University Expert for Midwives in Gynecologic, Obstetric and Neonatal Emergencies at the Catholic University of Avila

Ms. Botella Domenech, Pilar

- ♦ Midwife at La Paz University Hospital and Gregorio Marañón University Hospital
- ♦ Midwife at Mar Báltico Health Center and Aquitania Health Center
- ♦ Nurse and Nutritionist at Hospital La Luz QuirónSalud
- ♦ Diploma in Nursing from the University of Alicante
- ♦ EIR in Obstetric Nursing and Gynecology at the Gregorio Marañón University Hospital
- ♦ University Graduate in Human Nutrition and Dietetics from the University of Alicante

Ms. De Santiago Ochoa, Sofía

- ♦ Midwife at Gregorio Marañón University Hospital
- ♦ Statutory Nurse in Nephrology and Dialysis at the Gregorio Marañón University Hospital
- ♦ Midwife at the Entrevías, Jose María Llanos, Moratalaz and Buenos Aires Health Centers
- ♦ Midwife in the Delivery, Emergency and High-Risk Hospitalization Service at the Gregorio Marañón University Hospital
- ♦ Diploma in Nursing from the Autonomous University of Madrid
- ♦ EIR in Obstetric Nursing- Gynecology at the Gregorio Marañón Hospital





Ms. Sánchez Boza, Pilar

- ♦ Midwife at Gregorio Marañón University Hospital
- ♦ Midwife in various humanitarian aid projects in the Sahara, Mauritania, Bolivia and Kenya
- ♦ Midwife at the San Fernando de Henares, Villablanca, García Noblejas and Salud Alpes Health Centers
- ♦ Midwife at Hospital Príncipe de Asturias, 12 Octubre Hospital and Puerta de Hierro Hospital
- ♦ Postgraduate Certificate in Nursing from Pontificia de Comillas University
- ♦ EIR in Gynecology and Obstetrics at 12 Octubre Hospital
- ♦ Master's Degree in Sexology and couples therapy from the Rey Juan Carlos University
- ♦ Master's Degree in Humanitarian Health Action from Alcalá de Henares University

Ms. Martínez Martín, Roxana

- ♦ Midwife at Gregorio Marañón Maternal-Child Hospital
- ♦ Hematology Service Nurse in La Paz General University Hospital
- ♦ Fetal Physiopathology Service Nurse, Puerperium and Maternity Emergencies in La Paz Maternal-Children's University Hospital
- ♦ Nurse in the Anesthesia and Resuscitation Unit of the La Paz University Maternity Hospital
- ♦ Diploma in Nursing in the Autonomous University of Madrid
- ♦ EIR in Obstetrical-Gynecological Nursing at Nuestra Señora de Sonsoles Hospital
- ♦ Official Master's Degree in Emergency Nursing and Health Transport at CEU San Pablo University

05

Structure and Content

In order to facilitate as much as possible the study work by midwives, TECH has used the pedagogical methodology of Relearning in the development of all the content of this program. This means that the most important terms and concepts of Obstetric and Neonatal Emergencies are repeated repeatedly throughout the syllabus. In this way, a much more natural and effective update is achieved, avoiding that midwives must invest large amounts of study hours to incorporate all the acquired knowledge to their daily practice.



A close-up photograph of a newborn baby's face and arm. The baby's eyes are closed, and its mouth is slightly open. A pink identification band is visible on the baby's arm. The background is blurred, showing a clinical setting. The image is partially obscured by a dark green diagonal overlay on the right side.

“

You will be able to go deeper into each topic through detailed videos, clinical cases and high quality readings provided by the teaching team”

Module 1. Neonatal Emergencies

- 1.1. Rh Isoimmunization
 - 1.1.1. Etiology and Risk Factors
 - 1.1.2. Diagnosis
 - 1.1.3. Effects on the Fetus
 - 1.1.4. Importance of Prevention in Obstetric Emergencies
- 1.2. Neonatal Infection
- 1.3. Surgical Emergencies
 - 1.3.1. Traumatology
 - 1.3.2. Digestive: Esophageal Atresia
 - 1.3.3. Umbilical
 - 1.3.4. Urogenital
 - 1.3.5. Neurological: Neural Tube Defects, Hydrocephalus
 - 1.3.6. Diaphragmatic Hernia
- 1.4. Neurological Problems
 - 1.4.1. Seizures
 - 1.4.2. Intrapartum Asphyxia: Hypoxic-Ischemic Encephalopathy
- 1.5. Metabolic Alterations
 - 1.5.1. Hyperglycemia
 - 1.5.2. Hypoglycemia
- 1.6. Congenital Metabolic Errors
- 1.7. Anaemia. Polycythemia. Hyperbilirubinemia
- 1.8. Congenital Heart Disease
- 1.9. Respiratory Pathology
- 1.10. Prematurity



Module 2. Non-obstetric Pathologies during Pregnancy

- 2.1. Respiratory System Diseases
 - 2.1.1. Physiological Changes in the Pregnant Woman
 - 2.1.2. Pathology in Pregnant Women
- 2.2. Hematologic and Circulatory Abnormalities
 - 2.2.1. Physiological Changes in the Pregnant Woman
 - 2.2.2. Anemias
 - 2.2.2.1. Microcytes
 - 2.2.2.2. Normocytes
 - 2.2.2.3. Macrocytes
 - 2.2.2.4. Rare
 - 2.2.3. Plateletopenia/Thrombocytopenia
 - 2.2.4. Von Willebrand Disease
 - 2.2.5. Circulatory Disorders
 - 2.2.5.1. Antiphospholipid Syndrome
 - 2.2.5.2. Hereditary Thrombophilias
 - 2.2.5.3. Varicose Veins
 - 2.2.5.4. Deep Vein Thrombosis
 - 2.2.5.5. Pulmonary Embolism
- 2.3. Heart Disease and Pregnancy
 - 2.3.1. Physiological Changes in the Pregnant Woman
 - 2.3.2. Risk Classification in Pregnant Women with Heart Disease
 - 2.3.3. Management of Heart Disease During Pregnancy
 - 2.3.4. Management of Heart Disease in Childbirth
 - 2.3.5. Management of Postpartum Heart Disease
- 2.4. Diseases the Urinary System
 - 2.4.1. Physiological Changes in the Pregnant Woman
 - 2.4.2. Asymptomatic Bacteriuria
 - 2.4.3. Cystitis
 - 2.4.4. Acute Pyelonephritis
 - 2.4.5. Obstructive Uropathy (Urolithiasis)
- 2.5. Skin Disorders
 - 2.5.1. Physiological Changes in the Pregnant Woman
 - 2.5.2. Pregnancy-Specific Dermatoses
 - 2.5.2.1. Gestational Herpes or Pteryphoid Herpes in Pregnancy
 - 2.5.2.2. Polymorphous Rash in Pregnancy
 - 2.5.2.3. Gestational Prurigo
 - 2.5.2.4. Pruritic Folliculitis in Pregnancy
 - 2.5.3. Impetigo Herpetiformis
 - 2.5.4. Differential Diagnosis of Pruritus during Pregnancy
- 2.6. Endocrine System Diseases
 - 2.6.1. Physiological Changes in the Pregnant Woman
 - 2.6.2. Diabetes
 - 2.6.2.1. Types of Diabetes
 - 2.6.2.2. Hypoglycemia/Hyperglycemia
 - 2.6.2.3. Diabetic Ketosis
 - 2.6.2.4. Chronic Metabolic Complications
 - 2.6.3. Thyroid Disorders
 - 2.6.3.1. Hypothyroidism and Pregnancy
 - 2.6.3.2. Hyperthyroidism and Pregnancy
 - 2.6.3.3. Thyrotoxic Crisis
 - 2.6.4. Adrenal Gland Disorders
 - 2.6.4.1. Pheochromocytoma
- 2.7. Digestive System Diseases
 - 2.7.1. Physiological Changes in the Pregnant Woman
 - 2.7.2. Pathology in Pregnant Women
- 2.8. Nervous System Diseases
 - 2.8.1. Headaches and Migraines
 - 2.8.2. Bell's Palsy
 - 2.8.3. Epilepsy
 - 2.8.4. CVA
 - 2.8.5. Autonomous Dysreflexia

- 2.9. Autoimmune and Musculoskeletal Diseases during Pregnancy
 - 2.9.1. Physiological Changes in the Pregnant Woman
 - 2.9.2. Pathology in Pregnant Women
- 2.10. Psychiatric Disorders during Pregnancy
 - 2.10.1. Physiological Changes in the Pregnant Woman
 - 2.10.2. Pathology in Pregnant Women

Module 3. Infections During Pregnancy

- 3.1. Fever in Pregnant Women
 - 3.1.1. Fever, Fever of Short Evolution, Long Evolution, Fever of Unknown Origin, Bacterial Fever, Systemic Inflammatory Response Syndrome, Sepsis
 - 3.1.2. Possible Causes of Fever in Pregnant Women
 - 3.1.3. Differential Diagnosis
- 3.2. Acute Gastroenteritis
 - 3.2.1. Types of Gastroenteritis
 - 3.2.2. Clinical Symptoms
 - 3.2.3. Diagnosis
 - 3.2.4. Treatment during Pregnancy
- 3.3. Bartholinitis
 - 3.3.1. Diagnosis
 - 3.3.2. Risk Factors
 - 3.3.3. Treatment
- 3.4. Vulvovaginitis
 - 3.4.1. Bacterial Vaginosis
 - 3.4.2. Candidiasis
- 3.5. Sexually Transmitted Diseases: Bacterial and Parasitic Diseases
 - 3.5.1. *Chlamydia*
 - 3.5.2. Gonorrhoea
 - 3.5.3. Trichomoniasis
 - 3.5.4. Syphilis

- 3.6. Sexually Transmitted Diseases
 - 3.6.1. HIV
 - 3.6.2. Genital Herpes
- 3.7. Tropical Diseases
 - 3.7.1. Trypanosomiasis or Chagas Disease
 - 3.7.2. Zika
 - 3.7.3. Dengue
 - 3.7.4. Malaria
 - 3.7.5. Cholera
 - 3.7.6. Leishmaniasis
- 3.8. Toxoplasmosis and Cytomegalovirus
 - 3.8.1. Toxoplasmosis
 - 3.8.2. Cytomegalovirus
- 3.9. Epstein Barr Virus, Parvovirus B19, Listeriosis
 - 3.9.1. Epstein Barr Virus
 - 3.9.2. Parvovirus B19
 - 3.9.3. Listeriosis
- 3.10. Rubella, Chickenpox and Measles
 - 3.10.1. Rubella
 - 3.10.2. Chickenpox
 - 3.10.3. Measles

Module 4. Obstetric Emergencies in the First Trimester

- 4.1. Hyperemesis Gravidarum:
 - 4.1.1. Etiology and Risk Factors
 - 4.1.2. Clinical Symptoms
 - 4.1.3. Diagnosis
 - 4.1.4. Treatment. Importance of Nutrition
- 4.2. Abdominal-Pelvic Pain in Pregnant Women
 - 4.2.1. Etiology
 - 4.2.2. Importance of Differential Diagnosis
 - 4.2.3. Complementary Tests

- 4.3. Metrorrhagia in the First Half of Pregnancy
 - 4.3.1. Threat of Abortion
 - 4.3.2. Intrauterine Hematomas: Retroplacental, Subchorionic, Subamniotic and Supracervical
- 4.4. Abortion
 - 4.4.1. Types
 - 4.4.2. Etiology and Risk Factors
 - 4.4.3. Diagnosis
- 4.5. Abortion Treatment and Complications
 - 4.5.1. Treatment
 - 4.5.2. Complications
- 4.6. Repeat Abortion and Psychoemotional Aspects
 - 4.6.1. Repeat Abortion
 - 4.6.2. Psychoemotional Aspects
- 4.7. Voluntary Termination of Pregnancy (VTP)
 - 4.7.1. Introduction
 - 4.7.2. Legal Assumptions of VTP
 - 4.7.3. Treatment
 - 4.7.4. Complications
 - 4.7.5. Selective Fetal Reduction or Discontinuation
- 4.8. Ectopic Pregnancy
 - 4.8.1. Uncertain Location Pregnancy
 - 4.8.2. Types of Ectopic Pregnancy
 - 4.8.3. Etiology and Risk Factors
 - 4.8.4. Diagnosis
 - 4.8.5. Treatment
- 4.9. Trophoblastic Disease
 - 4.9.1. Hydatidiform Mole
 - 4.9.2. Gestational Trophoblastic Tumor
- 4.10. HPV and Cervical Cancer in Pregnancy
 - 4.10.1. Screening during Gestation
 - 4.10.2. Treatment

Module 5. Obstetric Emergencies in the Second and Third Trimester

- 5.1. Threat of Premature Delivery
 - 5.1.1. Etiology and Risk Factors
 - 5.1.2. Clinical Symptoms
 - 5.1.3. Diagnosis
 - 5.1.4. Treatment
- 5.2. Premature Rupture of Membranes
 - 5.2.1. Etiology and Risk Factors
 - 5.2.2. Diagnosis
 - 5.2.3. Treatment
- 5.3. Chorioamnionitis
 - 5.3.1. Etiology and Risk Factors
 - 5.3.2. Clinical Symptoms
 - 5.3.3. Diagnosis
 - 5.3.4. Treatment
- 5.4. Cervical Deficiency
 - 5.4.1. Etiology and Risk Factors
 - 5.4.2. Diagnosis
 - 5.4.3. Treatment
- 5.5. Placenta Previa. Previous Vasa
 - 5.5.1. Etiology and Risk Factors
 - 5.5.2. Diagnosis
 - 5.5.3. Treatment
- 5.6. Detachment of a Normally Positioned Placenta
 - 5.6.1. Etiology and Risk Factors
 - 5.6.2. Diagnosis
 - 5.6.3. Treatment of Placental Abruption
- 5.7. Hepatopathy in Pregnancy
 - 5.7.1. Intrahepatic Cholestasis
 - 5.7.2. Fatty Liver

- 5.8. Hypertensive states of Pregnancy (EHE)
 - 5.8.1. Classification
 - 5.8.2. Etiology and Risk Factors
 - 5.8.3. Diagnosis
 - 5.8.4. Determination of the Degree of Severity
- 5.9. Preeclampsia in Pregnancy
 - 5.9.1. Preeclampsia
- 5.10. Eclampsia and HELLP syndrome
 - 5.10.1. Eclampsia
 - 5.10.2. HELLP Syndrome

Module 6. Obstetric Emergencies During Labor: Dilation Phase

- 6.1. Labour and Delivery
 - 6.1.1. Prodromes of Labor
 - 6.1.2. Delivery
 - 6.1.3. Stages in the Birth Process
 - 6.1.4. Admission Criteria
- 6.2. Analgesia during the Dilatation Period
 - 6.2.1. Non-Pharmacological Pain Relief Methods
 - 6.2.2. Pharmacological Pain Relief Methods
 - 6.2.3. Complications
- 6.3. Methods of Monitoring Fetal Well-Being
 - 6.3.1. External Fetal Monitoring
 - 6.3.2. Internal Fetal Monitoring
 - 6.3.3. Basic Parameters for the Interpretation of Cardiotocographic Recordings
- 6.4. Risk of Loss of Fetal Well-Being
 - 6.4.1. Pathology Parameters for the Interpretation of Cardiotocographic Recordings
 - 6.4.2. Interpretation of the Register according to Different Agencies
 - 6.4.3. Other Complementary Tests
 - 6.4.4. Intrauterine Fetal Resuscitation

- 6.5. Dystocia during Childbirth Maternal Causes Dynamic Dystocia
 - 6.5.1. Dynamic Dystocia
 - 6.5.2. Diagnosis of Non-Progression of Labor
- 6.6. Birth Canal Dystocia
 - 6.6.1. Soft Canal Dystocia
 - 6.6.2. Boned Canal Dystocia
 - 6.6.3. Positioning during Delivery Fetal Descent
- 6.7. Labor Dystocias: Ovarian Causes
 - 6.7.1. Umbilical Cord Knots
 - 6.7.2. Umbilical Cord Circulars
 - 6.7.3. Umbilical Cord Prolapse
- 6.8. Labor Dystocias: Ovarian Causes
 - 6.8.1. Types of Podalic Presentation
 - 6.8.2. Vaginal Breech Delivery
 - 6.8.3. Complications
- 6.9. Labor Dystocias: Other Presentations
 - 6.9.1. Anomalous Presentations: Face, Forehead, Chin
 - 6.9.2. Anomalous Presentations: Oblique and Transverse Situations
 - 6.9.3. Compound Presentations
- 6.10. Amniotic Fluid Embolism
 - 6.10.1. Etiology and Risk Factors
 - 6.10.2. Diagnosis
 - 6.10.3. Performance



Module 7. Obstetric Emergencies During Labor: Expulsion and Delivery Phase

- 7.1. Shoulder Dystocia
 - 7.1.1. Risk Factors
 - 7.1.2. First, Second and Third Level Maneuvers
 - 7.1.3. Effects on the Fetus
- 7.2. Instrumental Delivery
 - 7.2.1. Types of Instrumental Delivery
- 7.3. Emergency Cesarean
 - 7.3.1. Indication for Urgent Cesarean Section
 - 7.3.2. Preparation of the Pregnant Woman for Urgent Caesarean Section
 - 7.3.3. Analgesia in Emergency Cesarean Section
- 7.4. Special Situations during Delivery
 - 7.4.1. Preterm Delivery
 - 7.4.2. Twin Delivery
- 7.5. Hemorrhage associated with Childbirth and early Puerperium
 - 7.5.1. Etiology and Risk Factors
 - 7.5.2. Classification
 - 7.5.3. Diagnosis and Quantification of Hemorrhage
- 7.6. Uterine Atony and Coagulation Disturbances in Hemorrhage Associated with Childbirth and Early Puerperium
 - 7.6.1. Uterine Atony
 - 7.6.1.1. Medical treatment
 - 7.6.1.2. Surgical treatment
 - 7.6.2. Coagulation Alterations
- 7.7. Trauma to the Birth Canal
 - 7.7.1. Cervico-Vaginal and Perineal Trauma
- 7.8. Retention of Placenta or Ovarian Adnexa
 - 7.8.1. Retention of Placenta or Ovarian Adnexa
 - 7.8.1.1. Diagnosis
 - 7.8.1.2. Etiology and Risk Factors
 - 7.8.1.3. Delivery Maneuvers
 - 7.8.1.4. Performance and Treatment
 - 7.8.1.5. Umbilical Cord Breakage

- 7.9. Placental Accreta and Uterine Inversion
 - 7.9.1. Placenta Accrete
 - 7.9.1.1. Diagnosis
 - 7.9.1.2. Etiology
 - 7.9.1.3. Treatment
 - 7.9.2. Uterine Inversion
 - 7.9.2.1. Diagnosis
 - 7.9.2.2. Degrees of Uterine Inversion
 - 7.9.2.3. Performance and Maneuvers
- 7.10. Uterine Rupture
 - 7.10.1. Classification (Dehiscence and Tearing)
 - 7.10.2. Diagnosis
 - 7.10.3. Treatment

Module 8. Postpartum Emergencies

- 8.1. Postpartum Infection
 - 8.1.1. Genital Tract and Pelvic Infections
 - 8.1.1.1. Risk Factors
 - 8.1.1.2. Signs and Symptoms by Extent
 - 8.1.1.2.1. Endometritis
 - 8.1.1.2.2. Salpingitis
 - 8.1.1.2.3. Pelvipерitonitis
 - 8.1.1.2.4. Pelvic Celulitis or Parametritis
 - 8.1.1.2.5. Pelvic Thrombophlebitis
 - 8.1.1.2.6. Generalized Peritonitis
 - 8.1.1.2.7. Perineum, Vagina and Cervix Infection
 - 8.1.1.2.8. Cesarean Wound Infection
 - 8.1.1.2.9. Septicemia
 - 8.1.1.3. Treatment and Care
 - 8.1.2. Urinary Infection
 - 8.1.3. Respiratory infection. Mendelson's Syndrome

- 8.2. Birth Canal Complications
 - 8.2.1. Dehiscence
 - 8.2.1.1. Risk Factors
 - 8.2.1.2. Treatment
 - 8.2.2. Vulvar/Perineal Haematoma
 - 8.2.2.1. Risk Factors
 - 8.2.2.2. Treatment
- 8.3. Urinary Disturbances in the Postpartum Period
 - 8.3.1. Voiding Dysfunction and Urinary Retention
 - 8.3.2. Urinary Incontinence
- 8.4. Thromboembolic Disease in the Puerperium
 - 8.4.1. Etiology and Risk Factors
 - 8.4.2. Most Common Postpartum Thrombosis
 - 8.4.3. Diagnosis
 - 8.4.4. Treatment and Prevention
- 8.5. Cardiac and Endocrine Disorders
 - 8.5.1. Puerperal Hypertension
 - 8.5.2. Peripartum Cardiomyopathy
 - 8.5.3. Postpartum Thyroiditis
 - 8.5.4. Sheehan Syndrome
- 8.6. Psychosocial Maladjustment in the Postpartum Period
 - 8.6.1. Mother-Baby Bonding Issues
 - 8.6.2. Postpartum Depression: *Maternity Blues*
 - 8.6.3. Puerperal Psychosis
- 8.7. Breast Pathology
 - 8.7.1. Breast Lesions. Cracks
 - 8.7.2. Candidiasis
 - 8.7.3. Raynaud's Phenomenon
- 8.8. Breast Engorgement and Milk Pearls
 - 8.8.1. Mammary Ingurgitation
 - 8.8.2. Milk Pearls

- 8.9. Breast Duct Obstruction
 - 8.9.1. Mastitis
 - 8.9.2. Breast Abscess
- 8.10. Post Epidural Puncture Headache
 - 8.10.1. Risk Factors
 - 8.10.2. Diagnosis
 - 8.10.3. Clinical Symptoms
 - 8.10.4. Treatment

Module 9. Cardiopulmonary Resuscitation

- 9.1. Cardiopulmonary Resuscitation (RCP) for Pregnant Women
 - 9.1.1. Etiology of Cardiorespiratory Arrest (CRA)
 - 9.1.2. Incidence
 - 9.1.3. Survival
 - 9.1.4. Risk Factors
- 9.2. Basic CPR for Pregnant Women
 - 9.2.1. Situation Assessment
 - 9.2.2. Basic CPR Algorithm
 - 9.2.3. Changes to CPR for Pregnant Women
- 9.3. Advanced CPR for Pregnant Women
 - 9.3.1. ADVANCED CPR Algorithm
- 9.4. Trauma in Pregnant Woman and Perimortem Caesarean Section
 - 9.4.1. Gravidic Modifications
 - 9.4.2. Trauma Management for Pregnant Women
 - 9.4.3. Perimortem Cesarean Section
- 9.5. Neonatal Resuscitation
 - 9.5.1. Adaptation to Extrauterine Life
 - 9.5.2. Incidence
 - 9.5.3. Anticipation and Team Preparation
 - 9.5.4. Maternal and Neonatal Risk Factors

- 9.6. First Steps in Neonatal Resuscitation
 - 9.6.1. Initial Assessment
 - 9.6.2. Initial Stabilization
 - 9.6.3. Routine Care
 - 9.6.4. Cord Clamping
- 9.7. Algorithms for CPR in Pregnant Women: Current Clinical Guidelines:
 - 9.7.1. Evaluation after First Steps
 - 9.7.2. Respiratory Support
 - 9.7.3. Circulatory Support
 - 9.7.4. Medication in Resuscitation
- 9.8. Special Situations in Neonatal CPR: Intrapartum Meconium and Prematurity
 - 9.8.1. Meconium
 - 9.8.2. The Premature Newborn
 - 9.8.3. Newborn < 32 weeks
- 9.9. Other Special Situations in Neonatal CPR
 - 9.9.1. Pneumothorax
 - 9.9.2. Congenital Diaphragmatic Hernia (CDH)
 - 9.9.3. Fetal Hydrops
 - 9.9.4. Choanal Atresia
 - 9.9.5. Pierre-Robin Sequence
 - 9.9.6. Prenatal Diagnostic Upper Area Pathway Involvement: EXIT Technique
- 9.10. Post-Resuscitation Care
 - 9.10.1. Post-Resuscitation Care for Pregnant Women
 - 9.10.2. Post-Resuscitation Care of the Neonate
 - 9.10.3. Maternal Intercenter Transport
 - 9.10.4. Neonatal Intercenter Transport

Module 10. Special Situations in the Obstetrics Emergency Department

- 10.1. Out-of-Hospital Birth
 - 10.1.1. Performance
 - 10.1.2. Necessary Material for Childbirth Care
 - 10.1.3. Precautions and Recommendations
 - 10.1.4. Attention upon Arrival at the Hospital
- 10.2. Drug Addiction and Pregnancy
 - 10.2.1. Management during Pregnancy and Postpartum
 - 10.2.2. Effects on the Fetus
- 10.3. Domestic Violence during Pregnancy
 - 10.3.1. Concept of Violence and Risk Factors in Pregnancy
 - 10.3.2. Types of Violence
 - 10.3.3. The Cycle of Violence
 - 10.3.4. Detection of Domestic Violence
 - 10.3.5. Action Protocol for Domestic Violence
- 10.4. Sexual Assault during Pregnancy
 - 10.4.1. Types of Sexual Offenses based on the Penal Code
 - 10.4.2. Action Protocol
- 10.5. Pseudocyesis
 - 10.5.1. Prevalence and Epidemiology
 - 10.5.2. Pathogenesis and Risk Factors
 - 10.5.3. Diagnosis
 - 10.5.4. Treatment
- 10.6. Antepartum Fetal Death
 - 10.6.1. Causes and Risk Factors
 - 10.6.2. Action Protocol
 - 10.6.3. Bereavement Care





- 10.7. Cancer and Pregnancy: Chemotherapy Drugs in Pregnancy
- 10.8. Transplants and Pregnancy
- 10.9. SARS CoV2 Infection and Pregnancy
- 10.10. Informed Consent in Urgent Care
 - 10.10.1. Types of Consent
 - 10.10.2. Revocation of Informed Consent
 - 10.10.3. Special Considerations for the Urgent Care of Minors
 - 10.10.4. Special Considerations for the Urgent Care of Persons under Guardianship

“ *All the material will be a great reference support even after completion of the program, given its own novel and cutting-edge nature* ”

06

Methodology

This academic program offers students a different way of learning. Our methodology uses a cyclical learning approach: **Relearning**.

This teaching system is used, for example, 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 Relearning, 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 situation, what should a professional do? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of 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.

“

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 course.



Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine case studies with a 100% online learning system based on repetition combining a minimum of 8 different elements in each lesson, which is a real revolution compared to the simple study and analysis of 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 Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best 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. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

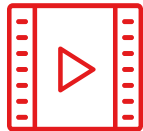
Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

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

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



This program offers the best educational material, prepared with professionals 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.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Nursing Techniques and Procedures on Video

We introduce you to the latest techniques, to the latest educational advances, to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch them as many times as you want.



Interactive Summaries

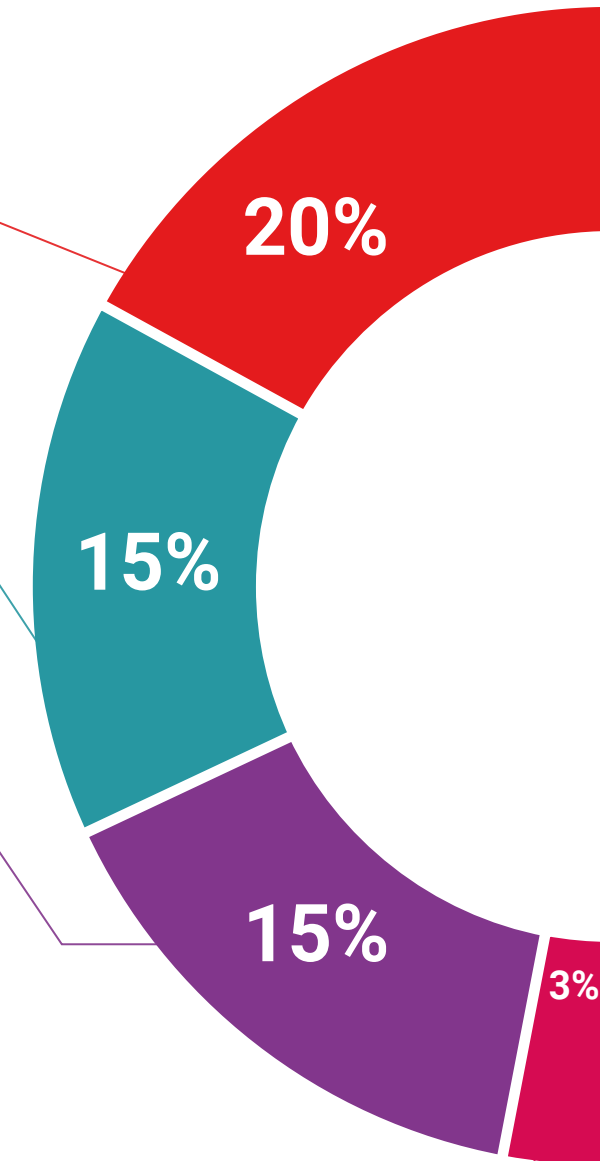
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

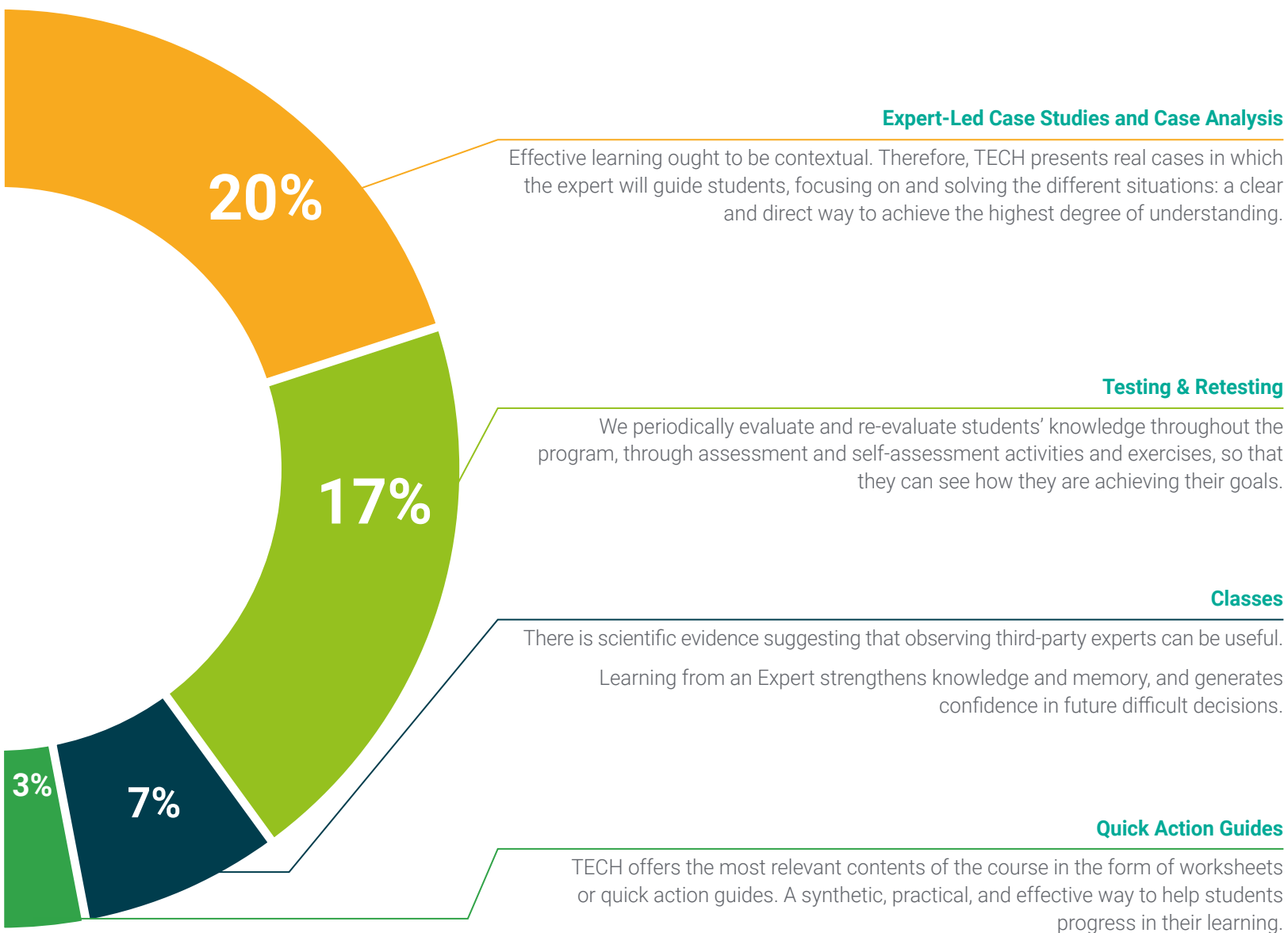
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.





07 Certificate

The Master's Degree in Obstetric and Neonatal Emergencies for Midwives guarantees students, in addition to the most rigorous and up-to-date education, access to a Master's Degree issued by TECH Global University.



“

*Successfully complete this program and
receive your university qualification without
having to travel or fill out laborious paperwork”*

This program will allow you to obtain your **Master's Degree diploma in Obstetric and Neonatal Emergencies for Midwives** endorsed by **TECH Global University**, the world's largest online university.

TECH Global University is an official European University publicly recognized by the Government of Andorra ([official bulletin](#)). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

This **TECH Global University** title is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Master's Degree in Obstetric and Neonatal Emergencies for Midwives**

Modality: **online**

Duration: **12 months**

Accreditation: **60 ECTS**





Master's Degree
Obstetric and Neonatal
Emergencies for Midwives

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Global University
- » Credits: 60 ECTS
- » Schedule: at your own pace
- » Exams: online

Master's Degree

Obstetric and Neonatal Emergencies for Midwives