



Postgraduate Diploma

Main Hemorrhagic Problems During Pregnancy. Obstetric Accidents and Fetal Problems for Midwives

Course Modality: Online

Duration: 6 months.

Certificate: TECH - Technological University

18 ECTS Credits

Teaching Hours: 450 hours.

Website: www.techtitute.com/us/nursing/postgraduate-diploma/postgraduate-diploma-main-hemorrhagic-problems-during-pregnancy

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tech 06 | Introduction

As midwives, our knowledge of first trimester pathology is sometimes limited by the fact that most of us are dedicated to labor and delivery units, forgetting that women who come to the emergency department are susceptible to pathologies and complications at any time during pregnancy.

The first trimester is fundamental in the subsequent fetal and consequently neonatal development with which midwives will work throughout pregnancy, delivery and puerperium.

Having comprehensive knowledge will bring safety and scientific rigor to excellent clinical practice.

Most of the problems derived from placenta, amniotic fluid and obstetric accidents are usually of an emergent nature. Up to date knowledge of them can completely change the obstetric and neonatal outcome.

The second part of this Postgraduate Diploma will include the bibliographic review of the most up to date protocols on the above mentioned topics.

Their knowledge will also help practitioners to anticipate urgent situations, being able to prevent and/or predict them, since the risk factors of each of the problems will also be included in detail in order to facilitate the student's learning of them.

This module is another one that houses chapters that midwives work with on a daily basis.

More than 25% of neonates are born by instrumental delivery or cesarean section, so the best references will be incorporated here so that the student can make an exhaustive study of them and incorporate new and integrated knowledge.

Topics such as labor inductions and premature rupture of membranes, chapters in constant revision and change of protocols thanks to new studies and reviews, are also incorporated.

The positive Streptococcus B in gestational screening and its treatment will also be studied, another area in which midwives must be fully trained, since they are the ones who administer the medication, take samples and receive the pregnant woman in the emergency units.

This Postgraduate Diploma in Main Hemorrhagic Problems During Pregnancy.

Obstetric Accidents and Fetal Problems for Midwives offers you the characteristics of a Postgraduate Certificate of high scientific, teaching and technological level. These are some of its most notable features:

- Latest technology in online teaching software.
- - A highly visual teaching system, supported by graphic and schematic contents that are easy to assimilate and understand.
- - Practical cases presented by practising experts.
- - State-of-the-art interactive video systems.
- - Teaching supported by telepractice.
- · Continuous updating and recycling systems.
- - Self-regulating learning: full compatibility with other occupations.
- - Practical exercises for self-evaluation and learning verification.
- - Support groups and educational synergies: questions to the expert, debate and knowledge forums..
- - Communication with the teacher and individual reflection work.
- - Availability of content from any fixed or portable device with
- internet connection.
- - Libaries of complementary documentation permanently available, even after the course.



Get a complete and proper qualification in Postgraduate Diploma in Main Hemorrhagic Problems During Pregnancy. Obstetric Accidents and Fetal Problems for Midwives, with this highly effective Postgraduate Diploma and open new paths to your professional progress"

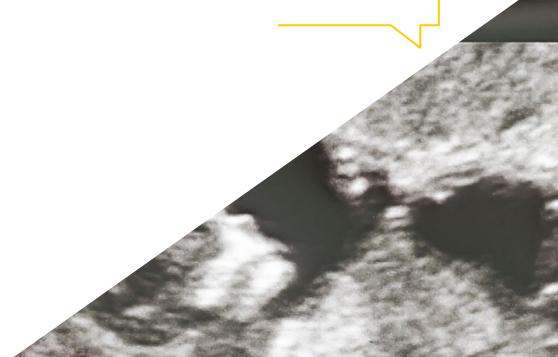
Our teaching staff is made up of professionals from different fields related to this specialty. In this way, we ensure that we provide you with the training update we are aiming for. A multidisciplinary team of professionals trained and experienced in different environments, who will cover the theoretical knowledge in an efficient way, but, above all, will put the practical knowledge derived from their own experience at the service of the course: one of the differential qualities of this course.

This mastery of the subject matter is complemented by the effectiveness of the methodological design of this Postgraduate Diploma in Main Hemorrhagic Problems During Pregnancy. Obstetric Accidents and Fetal Problems for Midwives, developed by a multidisciplinary team of e-learning experts, integrates the latest advances in educational technology. This way, you will be able to study with a range of comfortable and versatile multimedia tools that will give you the operability you need in your training.

The design of this program is based on Problem-Based Learning: an approach that conceives learning as a highly practical process. To achieve this remotely, we will use telepractice: with the help of an innovative interactive video system, and learning from an expert, you will be able to acquire the knowledge as if you were actually dealing with the scenario you are learning about. A concept that will allow you to integrate and fix learning in a more realistic and permanent way.

A Postgraduate Diploma that will enable you to face the most complex situations in the area of Main Hemorrhagic Problems During Pregnancy. Obstetric Accidents and Fetal Problems for Midwives, with the expertise of a top practitioner.

The experience of specialized professionals who will contribute to the course with their expertise, will make this training a unique opportunity for professional growth.







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General Objectives

- Update students' knowledge of the pathology of the first trimester of gestation.
- Integrate new knowledge about fetal deformities, their causes and their resolution.
- Instruct on the hemorrhagic pathology of the first trimester and its possible diagnoses.
- The student will expand their knowledge of placental pathology in pregnancy.
- Learn about the pathology of the umbilical cord that can occur during gestation.
- You will also acquire the skills to be able to perform a good clinical management in an emergency situation.
- The student will learn to manage and perform instrumental deliveries and cesarean sections.
- You will learn the factors to take into account during abnormal deliveries, such as breech deliveries or deliveries with a previous cesarean section.
- Know the different ways of initiating labor, such as premature rupture of membranes and induction.



A way of training and professional growth that will also provide you with greater competitiveness in the "job market"





Specific Module Objectives

Module 1: Concept of Gestational Risk, First Trimester Hemorrhage. Congenital Fetal Defects. Prenatal Diagnosis.

- Know the hemorrhagic pathology of the first trimester, such as miscarriage, molas and
 ectopic pregnancy, as well as their main causes, diagnosis and treatment, since this type
 of pathology is frequently found in the work units of midwives..
- Get up to date knowledge on prenatal diagnosis and the latest protocols for suspected fetal malformations.
- Analyze the different infectious diseases that can cause congenital fetal defects, in order to be able to act on their prevention in daily healthcare practice.
- Know how to manage pregnancies with sociodemographic risk, such as adolescent pregnancies, in order to be able to act with scientific rigor before them.

Module 2: Pathology of the Placenta and Fetal Appendages. Obstetric Accidents

- Learn about obstetric accidents and how to act is an essential part midwife's work, since
 in most cases it is necessary to act within seconds to avoid fatal consequences. In most
 cases, the midwife is in charge of making the diagnosis because she is the person who
 usually spends the most time with the pregnant women in the hospitalization units.
- Training on placental problems that may occur in any of the trimesters and about which patients will often refer their concerns to the obstetrical staff.
- To understand in depth the pathology of the umbilical cord, since some of its defects are accompanied by fetal anomalies, and it is the midwife who is the first to be able to objectify it on many occasions.

Module 3: Variations in Normal Delivery and the Onset of Labor. Mother Carrying Group b. Streptococcus B

- An exhaustive knowledge of the different ways of initiating labor, whether spontaneous, induced or by premature rupture of membranes, is essential in the midwife's work, since all pregnant women will go through this process.
- Learning about births that are not euthanized is of utmost importance for the midwife to have the skills and knowledge to refer patients and advise obstetricians in an optimal way.
- Instruct on the main protocols in relation to pregnant women carrying group B
 streptococcus during the third trimester of pregnancy, since it is the midwives who are
 responsible for collecting samples, administering medication and performing the relevant
 subsequent neonatal care.





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Management



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Professors



De Miguel González, María José

• Midwife. Currently a midwife at Hospital San Carlos



De la Torre Arandilla, Ana

• Midwife. Currently a midwife at the University Hospital Puerta de Hierro and Hospital la Milagrosa.







Hernández Lachehab, Sonia

• Midwife. Currently a nurse at SAR Meco



Márquez Espinar, Gumersindo

• Midwife and podiatrist. Currently a midwife at Hospital San Carlos



An impressive teaching staff, made up of active professionals, will be in charge of accompanying you throughout your training: a unique opportunity not to be missed"



A comprehensive teaching program, structured in well-developed teaching units, oriented towards learning that is compatible with your personal and professional life"

tech 18 | Structure and Content

Module 1. Concept of Gestational Risk, First Trimester Hemorrhage. Congenital Fetal Defects. Prenatal Diagnosis.

- 1.1. Addressing High-risk Pregnancies. Definition of Risk Pregnancy. Risk Groups in Pregnant Women: Sociodemographic, Reproductive, Medical and Current Pregnancy. (The last 3 sections will be developed throughout the modules of the master's degree).
 - 1.1.1. Socio-demographic Risk.
 - 1.1.1.1 Adolescent Pregnancy. Special Considerations
 - 1.1.1.2. Mothers with Drug Dependency Problems.
 - 1.1.1.2.1. Principles of Drug-Induced Teratogenesis.
 - 1.1.1.2.2. Alcohol.
 - 1.1.1.2.3. Cocaine.
 - 1.1.1.2.4. Heroin.
 - 1.1.1.2.5. Other drugs: Marijuana, Cannabis.
 - 1.1.2. Occupational Risk in Pregnancy. Ergonomics. Radiation Exposure.
 - 1.1.3. Risks to Reproductive Health. (broken down throughout the course).
 - 1.1.4. Current Gestation Risk. (broken down throughout the Postgraduate Certificate).
 - 1.1.5. Medical Risk.(broken down throughout the course).
- 1.2. Miscarriage.
 - 1.2.1. Definition and Epidemiology.
 - 1.2.2. Main Causes of Miscarriage.
 - 1.2.3. Clinical Forms of Abortion.
 - 1.2.3.1. Threat of Abortion.
 - 1.2.3.2. Abortion in Progress.
 - 1.2.3.3. Complete Abortion.
 - 1.2.3.4. Incomplete Abortion.
 - 1.2.3.5. Deferred Abortion.
 - 1.2.3.6. Repeated Abortions: Concept and Approach.
 - 1.2.4. Diagnosis.
 - 1.2.4.1. Anamnesis
 - 1.2.4.2. Physical Examination
 - 1.2.4.3. Ultrasound.
 - 1244 Determination of B-hCG

- 1.2.5. Treatment of Spontaneous Abortion.
 - 1.2.5.1. Medical Treatment.
 - 1.2.5.2. Surgical Treatment.
- 1.2.6. Complications
 - 1.2.6.1. Sepsis or Septic Abortion.
 - 1.2.6.2. Hemorrhage and Disseminated Intravascular Coagulation (DIC).
- 1.2.7. Postabortion Care.
- 1.3. Ectopic or Extrauterine Pregnancy:
 - 1.3.1. Definition and Risk Factors.
 - 1.3.2. Clinical Presentation.
 - 1.3.3. Clinical and Ultrasound Diagnosis.
 - 1.3.3. Types of Extrauterine Gestation: Tubal, Ovarian, Abdominal, etc.
 - 1.3.4. Therapeutic Management and Aftercare.
- 1.4. Gestational Trophoblastic Disease:
 - 1.4.1. Concept.
 - 1.4.2. Clinical forms of Hydatidiform Mole.
 - 1.4.2.1. Partial Mole.
 - 1.4.2.2. Complete Mole
 - 1.4.3. Clinical forms of Trophoblastic Neoplasia.
 - 1 4 3 1 Invasive Mole and Placental Bed Tumor
 - 1.4.3.2. Choriocarcinoma.
 - 1.4.4. Clinical and Ultrasound Diagnosis.
 - 1.4.5. Treatment.
 - 1.4.6. Aftercare and Complications.
- .5. Congenital fetal defects due to genetic causes.
 - 1.5.1. Types of Chromosome Abnormalities.
 - 1.5.1.1. Aneuploidies.
 - 1.5.1.2. Structural Abnormalities.
 - 1.5.1.3. Sexrelated Disorders.
 - 1.5.2. Prenatal Diagnostic Techniques. Inclusion Criteria
 - 1.5.2.1. Invasive Techniques.
 - 1.5.2.2. Non-Invasive Techniques.
 - 1.5.3. Genetic Counseling.

- 1.6. Congenital Fetal Defects Secondary to Infections: TORCH.
 - 1.6.1. Toxoplasma.
 - 1.6.1.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.6.1.2. Prevention.
 - 1.6.1.3. Diagnosis.
 - 1.6.1.4. Treatment.
 - 1.6.1.5. Congenital Toxoplasma Infection.
 - 1.6.2. Rubella
 - 1.6.2.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.6.2.2. Prevention and Vaccination.
 - 1.6.2.3. Diagnosis.
 - 1.6.2.4. Treatment.
 - 1.6.2.5. Congenital rubella infection.
- 1.7. Congenital Fetal Defects Secondary to Infections: TORCH.
 - 1.7.1. Cytomegalovirus.
 - 1.7.1.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.7.1.2. Prevention.
 - 1.7.1.3. Diagnosis.
 - 1.7.1.4. Treatment.
 - 1.7.1.5. Congenital Cytomegalovirus Infection.
 - 1.7.2. Chickenpox
 - 1.7.2.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.7.2.2. Prevention and Vaccination.
 - 1.7.2.3. Diagnosis.
 - 1.7.2.4. Treatment.
 - 1.7.2.5. Congenital Chickenpox Infection.
 - 1.7.2.6. Complications due to Chickenpox in Mothers.



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- 1.8. Congenital Fatal Defects Secondary to Infections: TORCH (III).
 - 1.8.1. Herpes Simplex Virus.
 - 1.8.1.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.8.1.2. Prevention.
 - 1.8.1.3. Diagnosis.
 - 1.8.1.4. Treatment
 - 1.8.1.5. Congenital Herpes Simplex Infection.
 - 1.8.2. Syphilis.
 - 1.8.2.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.8.2.2. Prevention.
 - 1.8.2.3. Diagnosis.
 - 1.8.2.4. Treatment.
 - 1.8.2.5. Sifilis Congenita.
- Other Infections that cause Fetal Problems.
 - 1.9.1.-Parvovirus B19.
 - 1.9.1.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.9.1.2. Prevention.
 - 1.9.1.3. Diagnosis.
 - 1.9.1.4. Treatment.
 - 1.9.1.5. Congenital parvovirus Infection.
 - 1.9.2. Listeria.
 - 1.9.2.1. Etiologic Agent, Clinic and Epidemiology.
 - 1.9.2.2. Prevention and Vaccination.
 - 1.9.2.3. Diagnosis.
 - 1.9.2.4. Treatment.
 - 1.9.2.5. Congenital Listeria Infection.
- 1.10. HIV and Gestation.
 - 1.10.1. Epidemiology.
 - 1.10.2. Gestational Screening and Diagnosis.
 - 1.10.3. Clinical Management and Treatment.
 - 1.10.4. Delivery of an HIV-positive Woman.
 - 1.10.5. Neonatal Care and Vertical Infection.

Module 2. Pathology of the Placenta and Fetal Appendages. Obstetric Accidents

- 2.1. Placenta Accrete
 - 2.1.1. Definition and Forms of Placenta Accrete
 - 2.1.1.1. Placenta Accreta.
 - 2.1.1.2. Placenta Increta
 - 2.1.1.3. Placenta Percreta.
 - 2.1.2. Risk Factors.
 - 2.1.3. Morbimortality
 - 2.1.4. Diagnosis.
 - 2.1.5. Clinical Management and Delivery of Pregnant Women with Placental Accreta.
- 2.2. Placenta Previa.
 - 2.2.1. Concept.
 - 2.2.2. Classification.
 - 223 Risk Factors
 - 2.2.4. Morbimortality
 - 2.2.5. Diagnosis.
 - 2.2.6. Management of Gestation and Delivery of a Pregnant Woman with Placenta Previa.
- 2.3. Placental Morphological and Functional Abnormalities.
 - 2.3.1. Size Alterations.
 - 2.3.2. Morphological Changes.
 - 2.3.2.1. Bilobed Placenta.
 - 2.3.2.2. Circumvallate Placenta.
 - 2 3 2 3 Placenta Succenturiata
 - 2.3.2.4. Espuria.

Structure and Content | 21 tech

- 2.3.3. Placental Insufficiency.
- 2.4. Umbilical Cord Anomalies.
 - 2.4.1. Variants of Umbilical Cord Length and its Complications: Knots.
 - 2.4.2. Umbilical Cord Anomalies in relation to Appearance.
 - 2.4.2.1. Procubitus.
 - 2.4.2.2. Laterocidence.
 - 2.4.2.3. Prolapses.
 - 2.4.2.3.1. Causes.
 - 2.4.2.3.2. Action to be taken in case of Cord Prolapse.
 - 2.4.3. Placental Insertion Abnormalities.
 - 2.4.3.1. Velamentous Insertion.
 - 2.4.3.2. Marginal Insertion.
 - 2 4 3 3 Previous Vasa
 - 2.4.4. Vascular Anomalies.
 - 2.4.4.1. Thrombosis
 - 2.4.4.2. Hematomas.
 - 2.4.4.3. The Single Umbilical Artery.
- 2.5. Alterations of the Amniotic Membranes.
 - 2.5.1. Amnion Nodosum.
 - 2.5.2. Amniotic Bands.
 - 2.5.3. Extramembranous Pregnancy
 - 2.5.4. Premature Rupture of Membranes and Chorioamnionitis (explained above).
- 2.6. Abnormalities of amniotic fluid.
 - 2.6.1. Default: Oligohydramnios and Anhydramnios.
 - 2.6.1.1. Concept and Epidemiology.
 - 2.6.1.2. Etiological Factors
 - 2.6.1.3. Diagnosis.
 - 2.6.1.4. Effects on the Fetus and Neonate.
 - 2.6.1.5. Clinical Management and Treatment.

- 2.6.2. In Excess: Polyhydramnios.
 - 2.6.2.1. Concept and Epidemiology.
 - 2.6.2.2. Etiological Factors
 - 2.6.2.3. Diagnosis.
 - 2.6.2.4. Effects on the Fetus and Neonate.
 - 2.6.2.5. Clinical Management and Treatment. Delivery Assistance.
- 2.7. Uterine Rupture.
 - 2.7.1. Concept.
 - 2.7.2. Types.
 - 2.7.3. Risk Factors.
 - 2.7.4. Clinical Diagnosis.
 - 2.7.5. Treatment.
- 2.8. Premature Detachment of a Normally Positioned Placenta.
 - 2.8.1. Concept.
 - 2.8.2. Risk Factors.
 - 2.8.3. Clinical Diagnosis.
 - 2.8.4. Clinical Management.
- 2.9. Amniotic Fluid Embolism.
 - 2.9.1. Concept.
 - 2.9.2. Risk Factors.
 - 2.9.3. Pathophysiology.
 - 2 9 4 Clinical Presentation
 - 2.9.5. Diagnosis and Treatment.
- 2.10. Shoulder Dystocia.
 - 2.10.1. Concept.
 - 2.10.2. Risk Factors.
 - 2.10.3. Diagnosis.
 - 2.10.4. Delivery Method in case of Placental Abruption
 - 2.10.4.1. Primary Level Techniques
 - 2.10.4.2. Secondary Level Techniques
 - 2.10.4.3. Tertiary Level Techniques
 - 2.10.5. Postnatal Care and Assessment.

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Module 3. Variations in Normal Delivery and the Onset of Labor. Mother Carrying Group B Streptococcus B

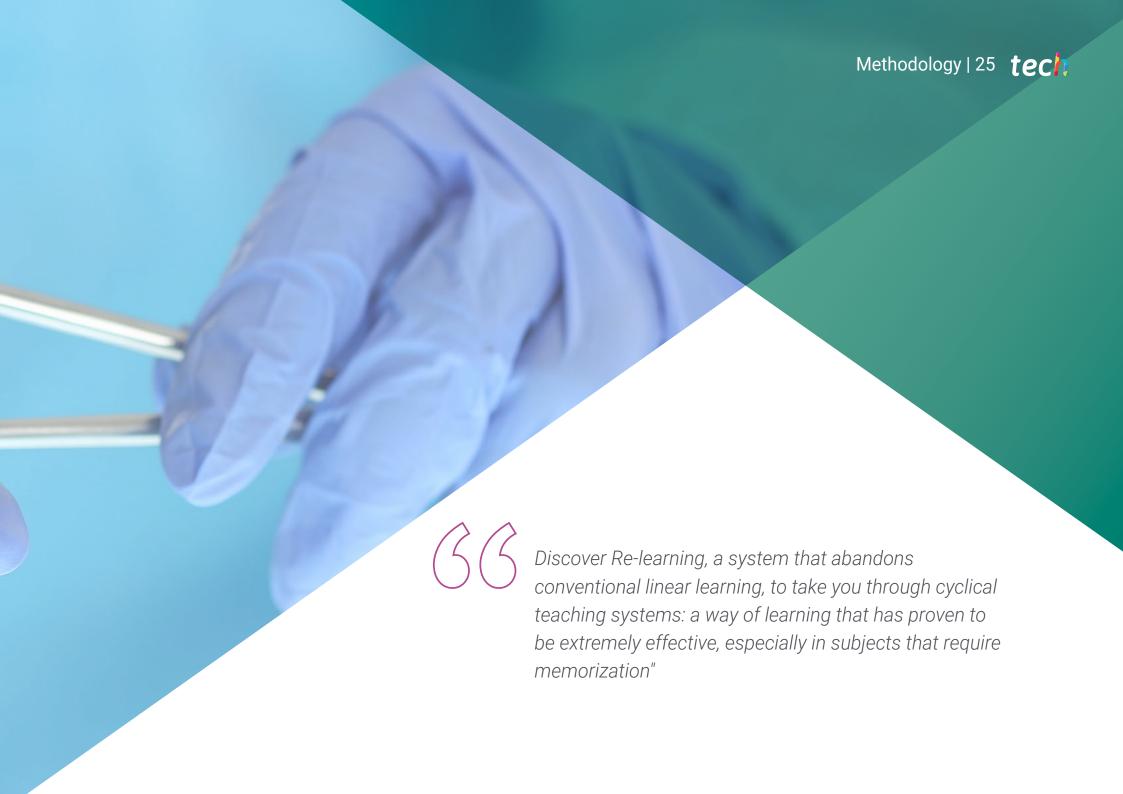
- 3.1. Instrumental Delivery.
 - 3.1.1. Concept.
 - 3.1.2. Indications.
 - 3.1.3. Contraindications.
 - 3.1.4. Criteria for using the Different Instruments.
 - 3.1.4.1. Forceps
 - 3.1.4.2. Thierry Spatulas.
 - 3.1.4.3. Suction Cup.
- 3.2. Breech Delivery.
 - 3.2.1. Concept.
 - 3.2.2. Classification.
 - 3.2.3. Etiology.
 - 3.2.4. Diagnosis.
 - 3.2.5. Vaginal Delivery Criteria and Management.
- 3.3. Vaginal Delivery after Cesarean Section.
 - 3.3.1. Choice of Delivery Route.
 - 3.3.2. Contraindications for Vaginal Delivery with Previous Cesarean Section.
 - 3.3.3. Planned Cesarean
 - 3.3.4. Labor Induction.
- 3.4. Obstetric Anal Sphincter Injuries
 - 3.4.1. Prevention.
 - 3.4.2. Classification.
 - 3.4.2.1. Third Degree Tear.
 - 3.4.2.2. Fourth Degree Tear.
 - 3.4.3. Reparation of Perineal Tears.
 - 3.4.4. Follow-up and Delivery after Anal Sphincter Injury.

- 3.5. Cesarean Section.
 - 3.5.1. Indications.
 - 3.5.2. Classification.
 - 3.5.3. Cesarean Section Considerations.
 - 3.5.4. Surgical management
 - 3.5.5. Post-Operative Care
- 3.6. External Cephalic Version.
 - 3.6.1. Concept.
 - 3.6.2. Indications.
 - 3.6.3. Contraindications.
 - 3.6.4. Complete Technique and Procedure.
 - 3.6.5. Complications.
- 3.7. Cervical Ripening and Induction of Labor.
 - 3.7.1. Concept.
 - 3.7.2. Indications.
 - 3.7.3. Contraindications.
 - 3.7.4. Risks from Induction.
 - 3.7.5. Methods to Induce Labor
 - 3.7.5.1. Pharmacological Methods.
 - 3.7.5.2. Non-Pharmacological Methods.
- 3.8. Fetal Hydrops.
 - 3.8.1. Concept.
 - 3.8.1.1. Immune Hydrops.
 - 3.8.1.2. Non-Immune Hydrops.
 - 3.8.2. Pathophysiology.
 - 3.8.3. Diagnosis.
 - 3.8.4. Clinical Management.

- 3.9. Mother Carrying Group B Streptococcus B(SGB).
 - 3.9.1. Concept.
 - 3.9.2. Sample Collecting and Screening.
 - 3.9.3. Treatment.
 - 3.9.4. Management of Newborns of Mothers who are Carriers of GBS.
- 3.10. Premature Rupture of Membranes.
 - 3.10.1. Etiology.
 - 3.10.2. Diagnosis.
 - 3.10.3. Preterm Premature Rupture of Membranes.
 - 3.10.4. Full-term Premature Rupture of Membranes.





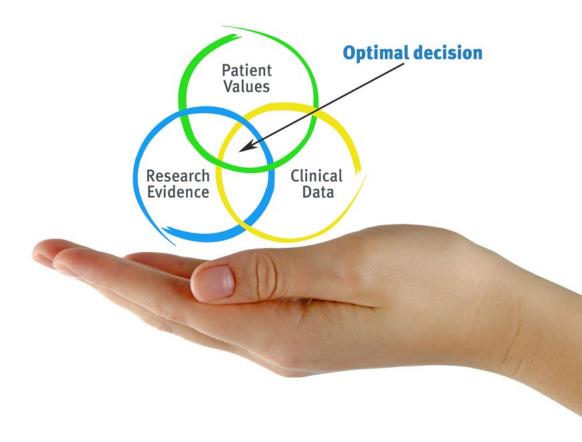


tech 26 | Methodology

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 cases 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.



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:

- 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.



Methodology | 29 tech

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 specialties regardless of from the 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

Throughout the training, you will have access to the best educational material, prepared with you in mind.



Study Material

All didactic content is created by the very specialists who will teach the course, making it both specific and practical.

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.



Educational Techniques and Procedures on Video

We introduce you to the latest techniques, with the latest educational advances, and at the forefront of education. All this, in first person, 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

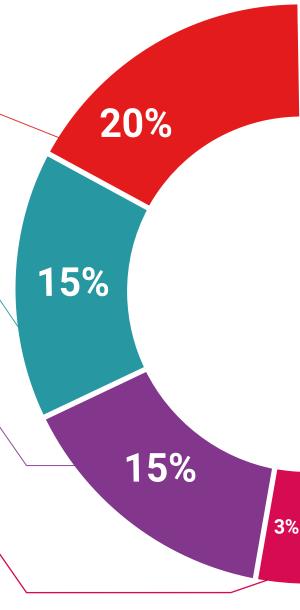
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge. This unique multimedia content presentation training system was awarded by Microsoft as a "European Success Story".



Additional Reading

By participating in this course you will have access to a virtual library where you will be able to complement and keep your training up-to-date with the latest articles on the subject, consensus documents, international guidelines...

An invaluable resource that you will be able to use even when you finish your course with us.



20% solvi

17%

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 this program through activities and exercises so that you can see how you are achieving your goals.



Learning From an Expert

Observing an expert performing a task is the most effective way of learning. It is called Learning From an Expert: a proven way to reinforce knowledge and memory of what has been learned. For this reason, we include this type of learning through master classes in our courses.



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.



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.









tech 34 | Certificate

This Postgraduate Diploma in Main Hemorrhagic Problems During Pregnancy.

Obstetric Accidents and Fetal Problems for Midwives contains the most complete and up to date scientific program on the market.

Once the student has passed the evaluations, he/she will receive by mail with acknowledgment of receipt his/her corresponding Postgraduate Diploma issued by TECH - Technological University.

The certificate issued by TECH - Technological University will specify the qualification obtained through the Postgraduate Diploma, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: Postgraduate Diploma in Main Hemorrhagic Problems During Pregnancy.

Obstetric Accidents and Fetal Problems for Midwives

ECTS: 18

Official Number of Hours: 450 hours.



POSTGRADUATE DIPLOMA

in

Main Hemorrhagic Problems During Pregnancy. Obstetric Accidents and Fetal Problems for Midwives

This is a qualification awarded by this University, with 18 ECTS credits and equivalent to 450 hours, with a start date of dd/mm/yyyy and an end date of dd/mm/yyyy.

TECH is a Private Institution of Higher Education recognized by the Ministry of Public Education as of June 28, 2018.

June 17, 2020

Tere Guevara Navarro

his qualification must always be accompanied by the university degree issued by the competent authority to practice professionally in each countries of the competent authority to practice professionally in each countries.

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Postgraduate Diploma

Main Hemorrhagic
Problems During
Pregnancy. Obstetric
Accidents and Fetal
Problems for Midwives

Course Modality: Online

Duration: 6 months.

Certificate: TECH - Technological University

18 ECTS Credits

Teaching Hours: 450 hours.

