

Professional Master's Degree Pregnancy Pathologies for Midwives



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Course Modality: Online

Duration: 12 months

Certificate: TECH - Technological University

60 ECTS Credits

Teaching Hours: 1,500 hours

Website: www.techtute.com/us/nursing/professional-master-degree/master-pregnancy-pathologies-midwives

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01

Introduction

Pregnancy pathologies are one of the basic pillars of obstetrics and research. Many protocols have changed radically in recent years due to technological advances and new study results. With this complete professional master's degree, the student will be able to incorporate the most up-to-date knowledge in this area, considerably improving their capacity and efficiency in health care.





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The most complete training in the field of Pregnancy Pathologies for Midwives in the entire educational market: a broad and complete Professional Master's Degree, unique in its specialty”

This professional master's degree has been created as a complete training tool for midwives in the field of neonatal pathologies, offering a complete and updated review of all new developments and advances in this field.

With 60 credits, it is also a highly qualified training leap for professionals in this branch of health. With the quality and attention to training efficiency that only TECH can put at your disposal.

A unique opportunity to take the leap towards excellence in your profession.

This professional master's degree includes absolutely everything related to obstetric pathology, always using the most updated guidelines that have been published, as well as all the information included in the protocols that govern their care work, such as those of the Spanish Society of Gynecology and Obstetrics and the World Health Organization.

Midwives work on a daily basis with pregnant women suffering from some type of pathology, whether or not derived from pregnancy, and training is sometimes scarce during residency.

More and more maternity wards have a specific pathological pregnancy ward, and some midwives have not had a rotation during the two years of the specialty: this professional master's degree can be used to provide comprehensive training with scientific rigor to perform work based on the best scientific evidence.

A novel and necessary approach to healthcare training that is the first of its kind.



Become a highly qualified professional with this unique professional master's degree in Pregnancy Pathologies for Midwives"

This **Professional Master's Degree in Pregnancy Pathologies for Midwives** offers you all the features of a high-level scientific, teaching, and technological course. These are some of its most notable features:

- ◆ Latest technology in online teaching software.
- ◆ 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.
- ◆ Content that is accessible from any fixed or portable device with an Internet connection.
- ◆ Supplementary documentation databases are permanently available, even after the course.

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A Professional Master's Degree that will enable you to face the most complex situations in the field of pregnancy pathologies, with the solvency of a high-level professional"

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.

Command of the subject is complemented by the effectiveness of the methodological design of this TECH Professional Master's Degree in Pregnancy Pathologies for Midwives. Developed by a multidisciplinary team of e-learning experts, it 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 Professional Master's Degree that will enable you to face the most complex situations in the field of pregnancy pathologies, with the solvency of a high-level professional.

With the experience of expert professionals who will contribute their experience in this field to the programme, making this training a unique opportunity for professional growth.



02

Objectives

Our objective is to train highly qualified professionals for work experience. An objective that is complemented, moreover, in a global manner, by promoting human development that lays the foundations for a better society. This objective is focused on helping medical professionals reach a much higher level of expertise and control. A goal that, in just six months, you will be able to achieve with a highly intensive and precise course.





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If your objective is to broaden your skill set to include new paths of success and development, this is your Professional Master's Degree: a specialization that aspires to excellence"



General Objective

- ♦ Update knowledge in pathology during the first trimester of gestation.
- ♦ Integrate new knowledge about fetal malformations, their causes and resolution.
- ♦ Teach about the hemorrhagic pathology of the first trimester and its differential diagnoses.
- ♦ Update the student's knowledge in everything related to the pathology of the digestive system and its interaction with pregnancy.
- ♦ Inform about medication of digestive pathologies and their possible teratogenesis.
- ♦ Integrate the diagnostic difficulties of digestive diseases in pregnancy due to the physiological changes that occur during pregnancy.
- ♦ Update knowledge in hematological and cardiac matters, as well as their main particularities in pregnancy.
- ♦ Integrate the different genetic transmissions of hematological diseases.
- ♦ Be updated on the different prophylactic treatments for cardiology patients in pregnancy.
- ♦ The student will gain in-depth training in neurological pathology and its relationship with pregnancy.
- ♦ They will integrate knowledge related to musculoskeletal ailments that pregnant women are susceptible to.
- ♦ There will be training in autoimmune diseases and their importance in pregnancy.
- ♦ The student will study the autoimmune and rheumatic pathologies that most frequently affect pregnancy
- ♦ The student will receive knowledge of all respiratory diseases affecting pregnancy.
- ♦ They will learn about the main urological pathologies that affect pregnancy
- ♦ They will acquire knowledge about tropical and subtropical diseases that are becoming more and more frequent in our environment.
- ♦ The student will acquire knowledge about gestational pathologies that affect its duration, either by excess, as in prolonged gestation, or by defect, as in premature births
- ♦ The student will study in depth fetal pathologies that affect growth
- ♦ Protocols such as fetal neuroprotection and fetal lung maturation will be studied.
- ♦ The student will expand their knowledge of placental pathology in pregnancy.
- ♦ They will learn about pathologies of the umbilical cord that can occur during gestation.
- ♦ They will also acquire the knowledge to be able to perform a good clinical management in an emergency situation.
- ♦ The student will learn the management and indications for instrumental deliveries and cesarean sections.
- ♦ They will learn the considerations to take into account in deliveries with variants of normality, such as breech deliveries or deliveries with a previous cesarean section.
- ♦ Learn about the different ways of initiating labor, such as premature rupture of membranes and induction.
- ♦ The student will gain in-depth knowledge of the hypertensive pathology of pregnancy, as well as the most serious complications derived from it.
- ♦ They will also be trained in endocrine pathology, with emphasis on those that most affect pregnancy: diabetes and thyroid pathology.
- ♦ They will study the main gynecological cancers in pregnancy.
- ♦ The student will study problems related to the puerperium, including infections and hemorrhage.
- ♦ The student will study the complications of breastfeeding.
- ♦ There will also be training about legal abortion in our country and its indications.



Specific Objectives

Module 1:

- ♦ Learn about hemorrhagic pathology of the first trimester, such as miscarriage, molas and ectopic pregnancy, as well as their main causes, diagnosis and treatment, since it is common to find this type of pathology in the work units of midwives.
- ♦ Update 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.
- ♦ Learn about the management of pregnancies with sociodemographic risk, such as adolescent pregnancies, in order to be able to act on them with scientific rigor.

Module 2:

- ♦ Update knowledge on some of the most frequent pathologies in pregnancy, such as hyperemesis gravidarum, a pathology that occurs frequently in pregnancy, and which is the target of work of midwives in emergency and high obstetric risk units.
- ♦ Learn the importance of early diagnosis of pathologies such as intrahepatic cholestasis of pregnancy, which can have fatal consequences if not treated correctly. Midwives work with these patients on a daily basis in all inpatient units as well as in primary care.
- ♦ They will broaden their knowledge of viral hepatitis in pregnancy, which, due to its special considerations in childbirth, is the subject of detailed study by midwives.
- ♦ Describe the pathology that affects gastric discomfort during pregnancy, such as reflux, an ailment that pregnant women ask about during pregnancy on numerous occasions. Describe the main hygienic measures to fight against it.

Module 3:

- ♦ Learn how to manage the main hematological pathologies that occur frequently during pregnancy, such as gestational anemia and thrombopenias. It is of vital importance to learn the analytical values in order to be able to offer adequate analgesia methods during labor.
- ♦ Comprehensively delve into perinatal hemolytic disease, which was a cause of death until a few years ago due to a lack of knowledge. To avoid these consequences, it is important for midwives to be trained in their prevention and treatment.
- ♦ Discuss the main controversies of cardiac pathologies in pregnancy, as some of them may contraindicate pregnancy. That is why it is essential to have complete training in this type of pathologies and highly complex patients.

Module 4:

- ♦ Expand knowledge in neurological pathologies that are in continuous research and evolution, such as multiple sclerosis, a complex pathology in which midwives must be trained to perform a correct clinical and psychological approach.
- ♦ Update knowledge on antiepileptic medication, since many of these drugs are teratogenic, and are the subject of consultation by patients.
- ♦ Delve into dermatological pathology, which will allow the student to perform an adequate approach in the emergency and consultation units. It is of utmost importance to know how to refer important dermatological problems and to be aware of the physiological changes that occur during pregnancy.
- ♦ Analyze the autoimmune diseases that affect pregnancy, since many of them are an indication for early termination of pregnancy, such as lupus and antiphospholipid syndrome. The protocols for these pathologies are constantly being updated.

- ♦ Train on musculoskeletal pathology, because although it is not generally serious, it is something that affects the majority of pregnant women who seek solutions, so midwives must be properly trained to be able to offer effective solutions.

Module 5:

- ♦ Update the knowledge of bronchial asthma and pregnancy, since it is estimated that 1% of pregnant women suffer from it, being the most frequent respiratory pathology.
- ♦ Gain a deeper knowledge of the influenza virus and its influence on pregnancy, due to the main complications it presents, and because it is the subject of hospital admission on numerous occasions.
- ♦ Learn how to make a differential diagnosis between different urological and renal pathologies, which are very frequent during pregnancy, so much so that asymptomatic bacteriuria is screened and midwives must know how and when it should be performed.
- ♦ Learn about the effects of tropical and subtropical diseases on the fetus and gestation in general, since this is a new topic that is under continuous study. In some protocols, some of these microorganisms are being included as screening in the serology of pregnant women.

Module 6:

- ♦ Describe the obstetric management of a fetus diagnosed with RIC or fetal macrosomia, as it concerns midwives throughout gestation, as well as during delivery and puerperium due to the special care of the newborn.





- ♦ Learn the exhaustive management of preterm labor and prolonged gestation, since due to their incidence, midwives must know their diagnosis, treatment and complications for both the mother and the fetus and/or neonate.
- ♦ Learn how multiple gestations occur and how they are classified according to their chorionicity. Multiple gestations are increasing exponentially in our environment in recent years, so midwives should be trained with the latest literature on their management and delivery considerations.
- ♦ The administration protocols of magnesium sulfate and antenatal corticosteroids for neuroprotection and fetal lung maturation, respectively, will also be studied as separate chapters due to their importance in the daily work of the midwife. Midwives are directly responsible for administering the medication, preparing it and monitoring its side effects, so they must be properly trained in this field.

Module 7:

- ♦ Learn about obstetric accidents and how to act is an indispensable role in the work of the midwife, 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 they are the people who usually spends the most time with the pregnant women in the hospitalization units.
- ♦ Teach about placental problems that may occur in any of the trimesters and about which patients will refer doubts to the obstetrical staff.
- ♦ Understand the pathology of the umbilical cord in depth, 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 8:

- ♦ Gaining 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 natural is of utmost importance for the midwife to have the skills and knowledge to refer patients and advise obstetricians in an optimal way.
- ♦ Teach the main protocols for 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.

Module 9:

- ♦ Learn everything related to preeclampsia, the new protocols for prediction, prevention, treatment and diagnosis.
- ♦ Learn about the management of severe complications of preeclampsia, which are per se obstetric emergencies, so professionals must be equipped with the best and most updated knowledge.
- ♦ Refresh knowledge on the management of diabetes, since midwives are the competent professionals to carry out an adequate follow-up during pregnancy, delivery and puerperium of patients and neonates of diabetic mothers.
- ♦ Delve deeper into gynecological-oncological matters in pregnant women, as more and more patients suffer from these pathologies, and for whom it is essential to follow protocols based on the best evidence.

Module 10:

- ♦ Learn about infectious pathology in the puerperium, since it is the midwives who receive the woman in the puerperal visits, and whose early referral is essential for a successful outcome.
- ♦ Teach about breastfeeding problems, a subject that is almost exclusively the responsibility of midwives. A high percentage of pregnant women suffer mastitis and/or breast engorgement in the puerperium, so midwives must be properly trained to provide support and solutions to mothers in this difficult stage of life.

- ♦ Delve into psychological care issues such as postpartum depression and puerperal psychosis. Postpartum depression affects 1 in 10 women and tends to be trivialized and underdiagnosed, which is why the midwife is the ideal person to carry out a correct screening, follow-up and referral if necessary, since they are the only professional who attend women in the postpartum period.
- ♦ Learn about the causes of postpartum hemorrhage, since midwives are in charge of attending euthyroid deliveries and monitoring the immediate puerperium in all hospitalization units. Learn the appropriate treatment depending on the etiology of bleeding and its aftercare.
- ♦ Get updated in both maternal and neonatal CPR, since midwives are in charge of the first neonatal assessment in most maternity wards, and their algorithms are updated from time to time to offer the best care based on scientific evidence.



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A path to achieve training and professional growth that will also propel you towards a greater level of competitiveness in the employment market”

03 Skills

This Professional Master's Degree in Pregnancy Pathologies for Midwives has been created as a high-skilled training for veterinary professionals. Its intensive training will enable you to intervene appropriately in the different areas of anaesthesiology. A compendium of knowledge that will provide you with the appropriate skills at all stages and developments in the anesthetic and analgesic process, from the initial approach to the patient's discharge.





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The Professional Master's Degree in Pregnancy Pathologies for Midwives will provide you with the essential personal and professional skills to face the different situations that may arise, with safety and solvency”

After passing the program, the nursing professional will be able to:



General Skills

- ♦ Learn and recognize the pathologies of the three trimesters of fetal formation and know how to apply the appropriate protocols for each case
- ♦ Learn and recognize digestive pathologies in relation to pregnancy and know how to act accordingly
- ♦ Be able to act effectively in the follow-up of cardiac and hematological pathologies in pregnancy
- ♦ Be efficient in the treatment of pregnancy in cases of neurological, autoimmune and cardiac pathologies
- ♦ Learn and know how to act in cases of other diseases affecting gestation: respiratory, urological, tropical and subtropical diseases
- ♦ Recognize and act on gestational pathologies that affect gestational duration and fetal maturation
- ♦ Learn about placental and umbilical cord pathology
- ♦ Be skilled in instrumental deliveries and cesarean sections and in different deliveries
- ♦ Be able to evaluate and act on hypertensive pathologies of pregnancy, endocrine and gynecological cancers in pregnancy
- ♦ Learn and know how to act before complications of puerperium and breastfeeding
- ♦ Learn the legal status of abortion



04

Course Management

For our course to be of the highest quality, we are proud to work with a teaching staff of the highest level, chosen for their proven track record. Professionals from different areas and fields of expertise that make up a complete, multidisciplinary team. A unique opportunity to learn from the best.





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*Learn about the latest advances in
Pregnancy Pathologies for Midwives
nursing from leading professionals”*

Management



Hernando Orejudo, Isabel

- ♦ Nurse through the Autonomous University of Madrid. Midwife in the San Carlos Clinical Hospital



Professors

De Miguel González, María José

- ♦ Midwife. Currently midwife at San Carlos Clinical Hospital

De la Torre Arandilla, Ana

- ♦ Midwife. Currently midwife at the Puerta del Hierro University Hospital and La Milagrosa Hospital

Hernández Lachehab, Sonia

- ♦ Midwife. Currently midwife at SAR Meco

Márquez Espinar, Gumersindo

- ♦ Midwife and podiatrist. Currently midwife at San Carlos Clinical Hospital

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An impressive teaching staff, made up of active professionals, will be in charge of accompanying you throughout your training process: a unique opportunity that you can't miss”

05

Structure and Content

The contents of this Professional Master's Degree have been developed by the different experts of this course with a clear purpose: to ensure that our students acquire each and every one of the skills required to become true experts in this field.

A complete and well-structured program that will take you to the highest standards of quality and success.





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

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

- 1.1. Risk Pregnancy Approach.
 - 1.1.1. Socio-Demographic Risk
 - 1.1.1.1. Adolescent Pregnancy. Special Considerations.
 - 1.1.1.2. Mother 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. Cocaína
 - 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. Reproductive Risk. (broken down throughout the course)
 - 1.1.4. Risk for the Current Gestation. (broken down throughout the course)
 - 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 Abortion
 - 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. Full Abortion
 - 1.2.3.4. Partial Abortion
 - 1.2.3.5. Delayed Abortion
 - 1.2.3.6. Recurrent Miscarriages: Concept and Approach
 - 1.2.4. Diagnosis.
 - 1.2.4.1. Medical history
 - 1.2.4.2. Physical Exploration
 - 1.2.4.3. Ultrasound
 - 1.2.4.4. Determination of B-hCG



- 1.2.5. Treatment of Miscarriage
 - 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. Concept and Risk Factors
 - 1.3.2. Clinical symptoms
 - 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 Subsequent Complications
- 1.5. 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. Gender-Linked Alterations
 - 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, Symptoms 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, Symptoms 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 (II)
 - 1.7.1. Cytomegalovirus
 - 1.7.1.1. Etiologic Agent, Symptoms 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, Symptoms 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. Maternal Complications due to Chickenpox
- 1.8. Congenital Fetal Defects Secondary to Infections: TORCH (III)
 - 1.8.1. Herpes Simplex Virus
 - 1.8.1.1. Etiologic Agent, Symptoms 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, Symptoms and Epidemiology
 - 1.8.2.2. Prevention
 - 1.8.2.3. Diagnosis
 - 1.8.2.4. Treatment
 - 1.8.2.5. Sifilis Congenita
- 1.9. Other Infections Causing Fetal Problems
 - 1.9.1. Parvovirus B19
 - 1.9.1.1. Etiologic Agent, Symptoms 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, Symptoms 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. Pregnant with Pathology Derived from the Digestive System

- 2.1. Neurovegetative Disorders:
 - 2.1.1. Appetite Disorders
 - 2.1.2. Sialorrhea
 - 2.1.3. Nausea and Vomiting (Hyperemesis Gravidarum will be Described as a Separate Chapter due to its Importance and Incidence in Pregnancy).
- 2.2. Hyperemesis Gravidarum:
 - 2.2.1. Concept
 - 2.2.2. Aetiopathogenesis.
 - 2.2.3. Clinical Manifestations
 - 2.2.4. Diagnosis
 - 2.2.5. Treatment and Care
- 2.3. Mouth Disorders:
 - 2.3.1. Cavities During Pregnancy
 - 2.3.2. Epulis Gravidarum
 - 2.3.3. Gingivitis
 - 2.3.4. Perimilolysis
 - 2.3.5. Xerostomia
- 2.4. Pyrosis and Peptic Ulcer in Pregnant Women
 - 2.4.1. Concept
 - 2.4.2. Effect of Pregnancy on Heartburn and Peptic Ulcer Disease
 - 2.4.3. Treatment and Hygienic Measures
- 2.5. Constipation in Pregnancy
 - 2.5.1. Definition: ROMA Criteria
 - 2.5.2. Etiology
 - 2.5.3. Diagnosis
 - 2.5.4. Treatment
 - 2.5.4.1. Non-Pharmacological Treatment
 - 2.5.4.2. Pharmacological Treatment
- 2. 6. Inflammatory Bowel Disease:



- 2.6.1. Crohn's Disease
 - 2.6.1.1. Preconception Counseling
 - 2.6.1.2. Impact of Gestation on the Disease
 - 2.6.1.3. Diagnosis During Pregnancy
 - 2.6.1.4. Treatment
- 2.6.2. Ulcerative Colitis
 - 2.6.2.1. Preconception Counseling
 - 2.6.2.2. Impact of Gestation on the Disease
 - 2.6.2.3. Diagnosis During Pregnancy
 - 2.6.2.4. Treatment
- 2.7. Appendicitis and Intestinal Obstruction
 - 2.7.1. Acute Appendicitis
 - 2.7.1.1. Concept
 - 2.7.1.2. Special Diagnostic Considerations in Pregnancy
 - 2.7.1.3. Treatment
 - 2.7.2. Intestinal Obstruction
 - 2.7.2.1. Concept
 - 2.7.2.2. Special Diagnostic Considerations in Pregnancy
 - 2.7.2.3. Treatment
- 2.8. Gallbladder and Liver Pathology (Intrahepatic Cholestasis of Pregnancy and Chronic Viral Hepatitis are Treated in a Separate Chapter Due to Their Importance in Pregnancy)
 - 2.8.1. Cholecystitis
 - 2.8.1.1. Special Diagnostic Considerations in Pregnancy
 - 2.8.2. Colelithiasis
 - 2.8.2.1. Special Considerations and Handling in Pregnancy
 - 2.8.3. Fatty Liver or Acute Hepatic Degeneration:
 - 2.8.3.1. Definition and Aetiology
 - 2.8.3.2. Clinical symptoms
 - 2.8.3.3. Diagnosis
 - 2.8.3.4. Treatment
- 2.9. Intrahepatic Cholestasis of Pregnancy:

- 2.9.1. Concept
- 2.9.2. Clinical symptoms
- 2.9.3. Diagnosis
- 2.9.4. Treatment
- 2.9.5. Fetal Impact and Prognosis
- 2.10. Chronic Viral Hepatitis and Gestation
 - 2.10.1. Hepatitis B
 - 2.10.1.1. Epidemiology
 - 2.10.1.2. Diagnosis and Screening
 - 2.10.1.3. Clinical Management
 - 2.10.1.4. Delivery of an HBV-Positive Woman
 - 2.10.1.5. Neonatal Care and Vertical Infection
 - 2.10.2. Hepatitis C
 - 2.10.2.1. Epidemiology
 - 2.10.2.2. Diagnosis and Screening
 - 2.10.2.3. Clinical Management
 - 2.10.2.4. Delivery of an HCV-Positive Woman
 - 2.10.2.5. Neonatal Care and Vertical Infection
- 2.11. Pancreas.
 - 2.11.1. Acute Pancreatitis in Pregnancy
 - 2.11.1.1. Concept and Risk Factors
 - 2.11.1.2. Clinical symptoms
 - 2.11.1.3. Treatment

Module 3. Pregnant with Hematological and Cardiac Problems

- 3.1. Gestational Anemia:
 - 3.1.1. Concept
 - 3.1.2. Etiopathogenesis and Fetal Repercussion
 - 3.1.3. Types of Anemias:
 - 3.1.3.1. Microcytic Anemia
 - 3.1.3.2. Normocytic Anemia
 - 3.1.3.3. Macrocytic Anemia
 - 3.1.4. Treatment and Prophylaxis
 - 3.1.5. Other Forms of Anemia
 - 3.1.5.1. Faciform or Sickle Cell Anemia
 - 3.1.5.2. Thalassemia
- 3.2. Thrombocytopenias:
 - 3.2.1. Essential Thrombopenia of Pregnancy
 - 3.2.1.1. Causes and Incidence
 - 3.2.1.2. Diagnosis
 - 3.2.1.3. Obstetrical Behavior
 - 3.2.2. Idiopathic Thrombocytopenic Purpura
 - 3.2.2.1. Causes and Incidence
 - 3.2.2.2. Diagnosis
 - 3.2.2.3. Obstetrical Behavior
 - 3.2.3. Alloimmune Neonatal Thrombopenia
 - 3.2.3.1. Causes and Incidence
 - 3.2.3.2. Diagnosis
 - 3.2.3.3. Obstetrical Behavior
 - 3.2.4. Thrombopenia Associated with Hypertensive States of Pregnancy (Module 9)
 - 3.2.5. Therapeutic Management of Thrombopenias in Pregnancy
 - 3.2.6. Therapeutic Management of the Newborn of a Mother with Thrombopenia
- 3.3. Coagulation Problems:
 - 3.3.1. Von Willebrand Disease
 - 3.3.1.1. Definition and Epidemiology
 - 3.3.1.2. Considerations in Birth
 - 3.3.2. Hemophilia
 - 3.3.2.1. Definition and Epidemiology
 - 3.3.2.2. Types
 - 3.3.2.2.1. Haemophilia A
 - 3.3.2.2.2. Hemophilia B
 - 3.3.2.3. Chromosomal Inheritance Patterns of Haemophilia
 - 3.3.2.4. Considerations in Birth

- 3.4. Varicose Syndrome:
 - 3.4.1. Concept and Pathophysiology
 - 3.4.2. Clinical symptoms
 - 3.4.3. Diagnosis
 - 3.4.4. Hemorrhoids
 - 3.4.5. Vulvar Varicose Veins
- 3.5. Perinatal Hemolytic Disease.
 - 3.5.1. Concept
 - 3.5.2. Pathophysiology.
 - 3.5.3. Rh Isoimmunization
 - 3.5.4. ABO Isoimmunization
- 3.6. Thromboembolic Disease in Pregnancy and Puerperium: Deep Vein Thrombosis and Pulmonary Thromboembolism.
 - 3.6.1. Aetiopathogenesis and Risk Factors
 - 3.6.2. Treatment
- 3.7. Pregnant with Heart Disease. Cardiac Examination in Pregnancy
 - 3.7.1. Cardiac Modifications in Pregnancy
 - 3.7.2. Epidemiology of Cardiac Pathology in Pregnancy
 - 3.7.3. Classification of the Risk of Heart Disease in Pregnancy
 - 3.7.4. Preconception Counseling for Pregnant Women with Heart Disease
 - 3.7.5. Situations that May Hinder Pregnancy
 - 3.7.6. Management and Choice of the Route of Delivery
- 3.8. Pregnant Women with Valvulopathies
 - 3.8.1. Mitral Estenosis
 - 3.8.2. Aortic Stenosis
 - 3.8.3. Mitral Insufficiency
 - 3.8.4. Aortic Insufficiency
 - 3.8.5. Tricuspid Regurgitation
 - 3.8.6. Valve Prosthesis

- 3.9. Arrhythmias in Pregnancy
 - 3.9.1. Paroxysmal Supraventricular Tachycardia
 - 3.9.2. Atrial Fibrillation
 - 3.9.3. Ventricular Arrhythmias
 - 3.9.4. Bradyarrhythmias
- 3.10. The Pregnant Woman with Congenital Cardiac Pathology:
 - 3.10.1. Tetralogy of Fallot
 - 3.10.2. Coarctation of Aorta
 - 3.10.3. Marfan Syndrome.
 - 3.10.4. Single Ventricle
 - 3.10.5. Fontan
 - 3.10.6. The Pregnant Woman with Cardiac Transplant.

Module 4. Pregnant with Neurological, Musculoskeletal, Dermatological and Autoimmune Problems

- 4.1. Epilepsy
 - 4.1.1. Clinical Management and Treatment Compatible with Gestation: Preconception Counseling
 - 4.1.2. Effects of Epilepsy on Pregnancy
 - 4.1.3. Effects of Pregnancy on Epilepsy
 - 4.1.4. Treatment of Crises During Childbirth
 - 4.1.5. Newborn of an Epileptic Mother: Malformations and Congenital Anomalies
- 4.2. Multiple Sclerosis (MS)
 - 4.2.1. Effects of MS in Pregnancy
 - 4.2.2. Effects of Pregnancy on MS
 - 4.2.3. Clinical Management During Gestation and Pharmacotherapy
 - 4.2.4. Clinical Management During Labor
 - 4.2.5. The Postpartum Period in Women with Multiple Sclerosis
- 4.3. Peripheral Neuropathies
 - 4.3.1. Carpal Tunnel Syndrome
 - 4.3.2. Radiculopathies: Lumbalgias and Sciaatalgia
 - 4.3.3. Herniated Disc

- 4.3.4. Bell's Palsy
 - 4.3.5. Meralgia Paresthetica
 - 4.3.6. Cyphoscoliosis
 - 4.4. Spinal Cord Injuries
 - 4.4.1. Clinical Management of Women with Spinal Cord Injuries During Pregnancy
 - 4.4.2. Clinical Management During Labor. Epidural Analgesia
 - 4.4.3. Specific Considerations During the Puerperium
 - 4.5. Other Neurological Pathologies Present in Pregnancy
 - 4.5.1. Migraine and Headaches
 - 4.5.2. Guillén-Barré Syndrome
 - 4.5.3. Myasthenia Gravis
 - 4.5.4. Cerebrovascular Diseases
 - 4.5.5. Brain Neoplasms
 - 4.6. Dermatological Problems During Pregnancy
 - 4.6.1. Dermatological Changes During Pregnancy
 - 4.6.1.1. Stretch Marks
 - 4.6.1.2. Hyperpigmentation of Pregnancy: Melasma Gravidarum and Nevi
 - 4.6.2. Vascular Changes
 - 4.6.2.1. Spider Veins
 - 4.6.2.2. Palmar Erythema
 - 4.6.2.3. Haemangiomas
 - 4.7. Specific Dermatopathies of Pregnancy
 - 4.7.1. Herpes Gestationis
 - 4.7.1.1. Clinical symptoms
 - 4.7.1.2. Diagnosis
 - 4.7.1.3. Differential Diagnosis
 - 4.7.1.4. Prognosis
 - 4.7.1.5. Treatment
 - 4.7.2. Impetigo Herpetiformis
 - 4.7.2.1. Clinical symptoms
 - 4.7.2.2. Diagnosis
 - 4.7.2.3. Differential Diagnosis
 - 4.7.2.4. Prognosis
 - 4.7.2.5. Treatment
 - 4.7.3. Prurigo Gestationis
 - 4.7.1.1. Clinical symptoms
 - 4.7.1.2. Diagnosis
 - 4.7.1.3. Differential Diagnosis
 - 4.7.1.4. Prognosis
 - 4.7.1.5. Treatment
 - 4.7.4. Papular Dermatitis of Pregnancy
 - 4.7.1.1. Clinical symptoms
 - 4.7.1.2. Diagnosis
 - 4.7.1.3. Differential Diagnosis
 - 4.7.1.4. Prognosis
 - 4.7.1.5. Treatment
 - 4.7.5. Polymorphous Eruption of Pregnancy
 - 4.7.1.1. Clinical symptoms
 - 4.7.1.2. Diagnosis
 - 4.7.1.3. Differential Diagnosis
 - 4.7.1.4. Prognosis
 - 4.7.1.5. Treatment
- 4.8. Systemic Lupus Erythematosus and Pregnancy
 - 4.8.1. Preconception Screening
 - 4.8.2. Control in Pregnancy
 - 4.8.2.1. First Trimester
 - 4.8.2.2. Second Trimester
 - 4.8.2.3. Third Trimester
 - 4.8.3. Childbirth and Puerperium
- 4.9. Antiphospholipid Syndrome (APS)
 - 4.9.1. Concept
 - 4.9.2. Pregestational Screening of Women with APS
 - 4.9.3. Gestational Control of Women with APS
 - 4.9.4. Treatment
 - 4.9.5. Childbirth and Puerperium

- 4.10. Rheumatoid Arthritis:
 - 4.10.1. Concept
 - 4.10.2. How Rheumatoid Arthritis Affects Pregnancy
 - 4.10.3. How Gestation Affects Rheumatoid Arthritis
 - 4.10.4. Treatment

Module 5. Pregnant with Respiratory and Urological/Renal Problems. Tropical and Subtropical Diseases

- 5.1. Bronchial Asthma.
 - 5.1.1. Concept
 - 5.1.2. Process of Bronchial Asthma During Pregnancy
 - 5.1.3. Treatment
 - 5.1.4. Asthmatic Crisis and Clinical Management
 - 5.1.5. Considerations in the Delivery of a Pregnant Woman with Bronchial Asthma
- 5.2. Community-Acquired Pneumonia and Aspiration Pneumonia
 - 5.2.1. Etiology
 - 5.2.2. Treatment
 - 5.2.3. Specific Considerations During Pregnancy
 - 5.2.4. Newborn of a Mother with Pneumonia
- 5.3. Flu
 - 5.3.1. Etiology
 - 5.3.2. Prevention
 - 5.3.3. Considerations in Pregnancy
 - 5.3.4. Treatment
 - 5.3.5. Criteria for Hospitalization
 - 5.3.6. Newborn of a Mother with Flu
- 5.4. Asymptomatic Bacteriuria
 - 5.4.1. Concept
 - 5.4.2. Etiology
 - 5.4.3. Diagnostic Criteria
- 5.4.4. Treatment
- 5.5. Acute Cystitis and Urethral Syndrome
 - 5.5.1. Concept
 - 5.5.2. Etiology
 - 5.5.3. Diagnostic Criteria
 - 5.5.4. Treatment
 - 5.5.5. Monitoring
- 5.6. Acute Pyelonephritis
 - 5.6.1. Concept
 - 5.6.2. Clinical symptoms
 - 5.6.3. Diagnosis
 - 5.6.4. Treatment
 - 5.6.5. Admission and Discharge Criteria
 - 5.6.6. Complications
- 5.7. Obstructive Uropathy
 - 5.7.1. Concept
 - 5.7.2. Clinical symptoms
 - 5.7.3. Examination and Specific Tests
 - 5.7.4. Diagnosis
 - 5.7.5. Treatment
 - 5.7.6. Complications
- 5.8. Renal Transplantation and Pregnancy
 - 5.8.1. Effects of Transplantation on Pregnancy
 - 5.8.2. Effects of Pregnancy on Transplantation
 - 5.8.2. Considerations During Childbirth, Puerperium and Lactation
- 5.9. Tropical and Subtropical Diseases
 - 5.9.1. Zika
 - 5.9.1.1. Epidemiology
 - 5.9.1.2. Transmission
 - 5.9.1.3. Clinical symptoms
 - 5.9.1.4. Diagnosis
 - 5.9.1.5. Fetal Impact and Congenital Zika Infection

- 5.9.1.6. Treatment and Prevention
- 5.9.2. Ebola
 - 5.9.2.1. Epidemiology
 - 5.9.2.2. Transmission
 - 5.9.2.3. Clinical symptoms
 - 5.9.2.4. Diagnosis
 - 5.9.2.5. Fetal Impact
 - 5.9.2.6. Treatment and Prevention
- 5.9.3. Chagas Disease:
 - 5.9.3.1. Epidemiology
 - 5.9.3.2. Transmission
 - 5.9.3.3. Clinical symptoms
 - 5.9.3.4. Diagnosis
 - 5.9.3.5. Fetal Impact
 - 5.9.3.6. Treatment and Prevention
- 5.10. Tropical and Subtropical Diseases (II)
 - 5.10.1. Dengue.
 - 5.10.1.1. Epidemiology
 - 5.10.1.2. Transmisión.
 - 5.10.1.3. Clinical symptoms
 - 5.10.1.4. Diagnosis
 - 5.10.1.5. Fetal Impact
 - 5.10.1.6. Treatment and Prevention
 - 5.10.2. Malaria
 - 5.10.2.1. Epidemiology
 - 5.10.2.2. Transmission
 - 5.10.2.3. Clinical symptoms
 - 5.10.2.4. Diagnosis
 - 5.10.2.5. Fetal Impact

- 5.10.2.6. Treatment and Prevention
- 5.10.3. Chikungunya
 - 5.10.3.1. Epidemiology
 - 5.10.3.2. Transmission
 - 5.10.3.3. Clinical symptoms
 - 5.10.3.4. Diagnosis
 - 5.10.3.5. Fetal Impact
 - 5.10.3.6. Treatment and Prevention

Module 6. Pathology of Fetal Growth and Gestational Duration. Immature Labor and Multiple Gestation. Pulmonary and Neurological Maturation

- 6.1. Intrauterine Growth Restriction (IGR)
 - 6.1.1. Concept
 - 6.1.2. Pathogenesis and Etiological Factors
 - 6.1.3. Prediction
 - 6.1.4. Diagnosis and Classification
 - 6.1.5. Differential Diagnosis with Small-for-Gestational-Age Fetus (SGAF)
 - 6.1.6. Treatment and Completion of the Gestation
- 6.2. Fetal Macrosomia
 - 6.2.1. Concept
 - 6.2.2. Risk factors
 - 6.2.3. Monitoring and Obstetric Control
 - 6.2.4. Completion of Pregnancy
 - 6.2.5. Maternal and Fetal Complications
- 6.3. Chronologically Prolonged Gestation
 - 6.3.1. Concept
 - 6.3.2. Etiology and Prevention
 - 6.3.3. Fetal Complications
 - 6.3.4. Obstetrical Behavior

- 6.3.5. Induction in Week 41 Vs Week 42
- 6.4. Premature birth
 - 6.4.1. Threat of Preterm Labor
 - 6.4.1.1. Concept and Risk Factors
 - 6.4.1.2. Diagnosis: Ultrasound and Fibronectin Test
 - 6.4.1.3. Obstetric Management and Tocolytic Treatment (Expanded in a Later Module)
 - 6.4.2. Route of Delivery in the Premature Fetus and Specific Considerations
- 6.5. Cervical Incompetence and Cerclage
 - 6.5.1. Concept of Cervical Incompetence
 - 6.5.2. Indications for Cervical Cerclage
 - 6.5.3. Cerclage Techniques
 - 6.5.4. Pre- and Post-Cerclage Considerations
 - 6.5.5. Complications
 - 6.5.7. Cerclage Removal
- 6.6. Suspected Chorioamnionitis and Clinical Chorioamnionitis
 - 6.7.1. Concept of Chorioamnionitis
 - 6.7.2. Criteria for Suspicion of Chorioamnionitis
 - 6.7.3. Diagnosis
 - 6.7.4. Treatment
 - 6.7.5. Specific Considerations in Birth
- 6.7. Multiple Gestation
 - 6.9.1. Concept and Classification
 - 6.9.2. Fetal and Maternal Complications
 - 6.9.3. Diagnosis and Determination of Chorionicity
 - 6.9.4. Prenatal Diagnosis and Screening for Chromosomopathies
 - 6.9.5. Gestational Control
 - 6.9.6. Completion of Gestation and Route of Delivery
- 6.8. Feto-Fetal Transfusion Syndrome
 - 6.8.1. Concept and Pathophysiology
 - 6.8.2. Diagnostic Criteria

- 6.8.3. Differential Diagnosis
- 6.8.4. Treatment
 - 6.8.4.1. Technique of Laser Photocoagulation of Vascular Communications
 - 6.8.4.2. Subsequent Follow-Up
- 6.9. Corticosteroid Therapy to Accelerate Fetal Lung Maturation
 - 6.9.1. Concept
 - 6.9.2. Indications
 - 6.9.3. Contraindications
 - 6.9.4. Dosages
 - 6.9.5. Specific Considerations According to Gestational Age
 - 6.9.6. Special Situations
- 6.10. Magnesium Sulfate as a Fetal Neuroprotector.
 - 6.10.1. Concept
 - 6.10.2. Indications
 - 6.10.3. Contraindications
 - 6.10.4. Drug Administration and Monitoring
 - 6.10.5. Concomitant Use With Tocolytics in Threatened Preterm Labor
 - 6.10.6. Side Effects:

Module 7. Pathology of the Placenta and Fetal Appendages. Obstetric Accidents

- 7.1. Placental Accretion
 - 7.1.1.- Concept and Forms of Accretion
 - 7.1.1.1. Placenta Accreta
 - 7.1.1.2. Placenta Encrreta
 - 7.1.1.3. Placenta Percreta
 - 7.1.2. Risk factors
 - 7.1.3. Symptoms and Morbimortality
 - 7.1.4. Diagnosis

- 7.1.5. Clinical Management and Delivery of a Pregnant Woman with Placental Accreta
- 7.2. Placenta Previa
 - 7.2.1. Concept
 - 7.2.2. Classification
 - 7.2.3. Risk factors
 - 7.2.4. Symptoms and Morbimortality
 - 7.2.5. Diagnosis
 - 7.2.6. Management and Delivery of a Pregnant Woman with Placenta Previa
- 7.3. Placental Morphologic and Functional Abnormalities
 - 7.3.1. Size Alterations
 - 7.3.2. Morphological Alterations
 - 7.3.2.1. Bilobed Placenta
 - 7.3.2.2. Circumvallate Placenta
 - 7.3.2.3. Placenta Succenturiata
 - 7.3.2.4. Espuria
 - 7.3.3. Placental Insufficiency
- 7.4. Umbilical Cord Anomalies
 - 7.4.1. Variations of Umbilical Cord Length and its Complications: Knots and Circles
 - 7.4.2. Umbilical Cord Anomalies in Relation to Presentation
 - 7.4.2.1. Procu bitus
 - 7.4.2.2. Laterocidence
 - 7.4.2.3. Prolapse
 - 7.4.2.3.1. Causes
 - 7.4.2.3.2. Cord Prolapse
 - 7.4.3. Placental Insertion Anomalies
 - 7.4.3.1. Velamentous Insertion
 - 7.4.3.2. Marginal Insertion
 - 7.4.3.3. Previous Vasa
 - 7.4.4. Vascular Anomalies
 - 7.4.4.1. Thrombosis
 - 7.4.4.2. Hematomas
 - 7.4.4.3. Single Umbilical Artery
- 7.5. Alterations of the Amniotic Membranes
 - 7.5.1. Amnion Nodosum
 - 7.5.2. Amniotic Bands
 - 7.5.3. Extramembranous Pregnancy
 - 7.5.4. Premature Rupture of Membranes and Chorioamnionitis (Explained Above)
- 7.6. Amniotic Fluid Alterations
 - 7.6.1. Default: Oligohydramnios and Anhydramnios
 - 7.6.1.1. Concept and Epidemiology
 - 7.6.1.2. Etiological Factors
 - 7.6.1.3. Diagnosis
 - 7.6.1.4. Fetal and Neonatal Impact
 - 7.6.1.5. Clinical Management and Treatment
 - 7.6.2. Excess: Polyhydramnios
 - 7.6.2.1. Concept and Epidemiology
 - 7.6.2.2. Etiological Factors
 - 7.6.2.3. Diagnosis
 - 7.6.2.4. Fetal and Neonatal Impact
 - 7.6.2.5. Clinical Management and Treatment. Delivery Assistance
- 7.7. Uterine Rupture
 - 7.7.1. Concept
 - 7.7.2. Types
 - 7.7.3. Risk factors
 - 7.7.4. Clinical Diagnosis
 - 7.7.5. Treatment
- 7.8. Normally Inserted Placenta Previa Detachment
 - 7.8.1. Concept
 - 7.8.2. Risk factors

- 7.8.3. Clinical Diagnosis
- 7.8.4. Clinical Management
- 7.9. Amniotic Fluid Embolism
 - 7.9.1. Concept
 - 7.9.2. Risk factors
 - 7.9.3. Pathophysiology.
 - 7.9.4. Clinical symptoms
 - 7.9.5. Diagnosis and Treatment
- 7.10. Shoulder Dystocia
 - 7.10.1. Concept
 - 7.10.2. Risk factors
 - 7.10.3. Diagnosis
 - 7.10.4. Solving Maneuvers
 - 7.10.4.1. First Level Maneuvers
 - 7.10.4.2. Second Level Maneuvers
 - 7.10.4.3. Third Level Maneuvers
 - 7.10.5. Postnatal Care and Assessment

Module 8. Variations in Normal Delivery and Onset of Labor. Mother Carrier of Streptococcus Group B

- 8.1. Instrumental Delivery
 - 8.1.1. Concept
 - 8.1.2. Indications
 - 8.1.3. Contraindications
 - 8.1.4. Criteria for Using the Different Instruments
 - 8.1.4.1. Forceps
 - 8.1.4.2. Thierry Spatulas
 - 8.1.4.3. Cupping
- 8.2. Nalgae Delivery
 - 8.2.1. Concept
 - 8.2.2. Classification
 - 8.2.3. Etiology

- 8.2.4. Diagnosis
- 8.2.5. Criteria for Vaginal Delivery and Management of Vaginal Delivery
- 8.3. Vaginal Delivery After a Cesarean Section
 - 8.3.1. Choice of Delivery Route
 - 8.3.2. Contraindications to Vaginal Delivery with Previous Cesarean Section
 - 8.3.3. Planned Cesarean
 - 8.3.4. Labor Induction
- 8.4. Obstetric Lesions of the Anal Sphincter
 - 8.4.1. Prevention
 - 8.4.2. Classification
 - 8.4.2.1. Third-Degree Tear
 - 8.4.2.2. Fourth-Degree Tear
 - 8.4.3. Reparation of Perineal Tears
 - 8.4.4. Follow-Up and Delivery After Anal Sphincter Injury
- 8.5. Cesarean Section
 - 8.5.1. Indications
 - 8.5.2. Classification
 - 8.5.3. Considerations Prior to a Cesarean Section
 - 8.5.4. Surgical Technique
 - 8.5.5. Post-Operative Care
- 8.6- External Cephalic Version
 - 8.6.1. Concept
 - 8.6.2. Indications
 - 8.6.3. Contraindications

- 8.6.4. Technique and Full Procedure
- 8.6.5. Complications
- 8.7. Cervical Maturation and Induction of Labor
 - 8.7.1. Concept
 - 8.7.2. Indications
 - 8.7.3. Contraindications
 - 8.7.4. Risks of Induction
 - 8.7.5. Methods for Inducing Labor
 - 8.7.5.1. Pharmacological Methods
 - 8.7.5.2. Non-Pharmacological Methods
- 8.8. Fetal Hydrops
 - 8.9.1. Concept
 - 8.9.1.1. Immune Hydrops
 - 8.9.1.2. Non-Immune Hydrops
 - 8.9.2. Pathophysiology.
 - 8.9.3. Diagnosis
 - 8.9.4. Clinical Management
- 8.9. Mother Carrier of Streptococcus Group B (SGB)
 - 8.9.1. Concept
 - 8.9.2. Screening and Sample Collecting
 - 8.9.3. Treatment
 - 8.9.4. Care of Newborns of SGB Carrier Mother
- 8.10. Early Membrane Tear
 - 8.10.1. Etiology
 - 8.10.2. Diagnosis
 - 8.10.3. Early Pre-Term Membrane Tear
 - 8.10.4. Early Tear of Membranes at Term

Module 9. Dermatological Problems During Pregnancy. Gynecologic Cancer and Pregnancy. Hypertensive Disorders of Pregnancy

- 9.1. Thyroid Pathology and Pregnancy
 - 9.1.1. Hypothyroidism
 - 9.1.1.1. Diagnosis
 - 9.1.1.2. Clinical symptoms
 - 9.1.1.3. Etiology
 - 9.1.1.4. Clinical Management
 - 9.1.2. Hyperthyroidism and Thyrotoxicosis
 - 9.1.2.1. Diagnosis
 - 9.1.2.2. Clinical symptoms
 - 9.1.2.3. Etiology
 - 9.1.2.4. Clinical Management
 - 9.1.3. Treatment During Pregnancy
 - 9.1.4. Fetal Impact
- 9.2. Diabetes Mellitus and Pregnancy
 - 9.2.1. Pregestational Management
 - 9.2.2. Gestational Control
 - 9.2.3. Pregnancy Termination Criteria
 - 9.2.4. Considerations During Pregnancy
 - 9.2.5. Newborn of a Mother with Diabetes Mellitus
- 9.3. Gestational Diabetes
 - 9.3.1. Concept
 - 9.3.2. Risk factors
 - 9.3.3. Diagnosis and Screening Protocol
 - 9.3.4. Gestational Control
 - 9.3.5. Criteria for Terminating the Gestation
 - 9.3.6. Clinical Management During Labor and Post-Partum
 - 9.3.7. Newborn of a Mother with Gestational Diabetes

- 9.4. Obesity and Pregnancy
 - 9.4.1. Concept and Classification of Obesity
 - 9.4.2. Impact of Obesity on Gestation
 - 9.4.3. Impact of Gestation on Obesity
 - 9.4.4. Obese Mother and Puerperium
- 9.5. Breast Cancer and Pregnancy
 - 9.5.1. Concept and Epidemiology
 - 9.5.2. Diagnosis
 - 9.5.3. Treatment
 - 9.5.4. Prognosis
- 9.6. Cervical Cancer and Pregnancy
 - 9.6.1. Concept and Epidemiology
 - 9.6.2. Cytology in Pregnancy
 - 9.6.3. Colposcopy During Pregnancy
 - 9.6.4. Diagnosis and Treatment
- 9.7. Ovary Cancer and Pregnancy
 - 9.7.1. Concept and Epidemiology
 - 9.7.2. Clinical symptoms
 - 9.7.3. Diagnosis
 - 9.7.4. Treatment
- 9.8. Hypertensive Disorders of Pregnancy (I)
 - 9.8.1. Concept
 - 9.8.2. Classification of Hypertension in Pregnancy
 - 9.8.3. Severity Criteria
 - 9.8.4. Prediction and Prevention
 - 9.8.5. Treatment and Clinical Handling
 - 9.8.6. Criteria for Terminating the Gestation
- 9.9. Hypertensive Disorders of Pregnancy (II)
 - 9.9.1. Eclampsia
 - 9.9.1.1. Diagnosis
 - 9.9.1.2. Clinical Management and Treatment
 - 9.9.2. Hellp Syndrome
 - 9.9.2.1. Diagnosis
 - 9.9.2.2. Clinical Management and Treatment
 - 9.9.3. Subsequent Follow-Up of Pregnant Women with Hypertension Problems
- 9.10. Antepartum Fetal Death
 - 9.10.1. Concept
 - 9.10.2. Classification
 - 9.10.3. Etiological Factors
 - 9.10.4. Diagnosis
 - 9.10.5. Clinical and Psychological Management (Covered in Module 10)
 - 9.10.6. Subsequent Genetic Counseling

**Module 10. Psychological Problems During the Puerperium.
Cardiopulmonary Resuscitation in Pregnant Women and Neonates.
Legal Termination of Pregnancy**

- 10.1. Puerperal Infection
 - 10.1.1. Concept and Etiology
 - 10.1.2. Risk factors
 - 10.1.3. Ways of Propagation
 - 10.1.4. Clinical Forms
 - 10.1.5. Clinical symptoms

- 10.1.6. Treatment and Prophylaxis
- 10.2. Postpartum Hemorrhage
 - 10.2.1. Concept
 - 10.2.2. Etiology
 - 10.2.2.1. Uterine Tone
 - 10.2.2.2. Obstetric Trauma and Uterine Inversion
 - 10.2.2.3. Tissue
 - 10.2.2.4. Coagulation Problems
 - 10.2.3. Treatment
- 10.3. Main Issues with Breastfeeding
 - 10.3.1. Nipple Cracks
 - 10.3.2. Mammary Engorgement and Obstruction
 - 10.3.3. Eczema and Candidiasis of the Nipple
 - 10.3.4. Hypogalactia
- 10.4. Main Issues with Breastfeeding (II)
 - 10.4.1. Acute Mastitis
 - 10.4.1.1. Concept, Etiology and Symptoms
 - 10.4.1.2. Prevention
 - 10.4.1.3. Treatment
 - 10.4.1.4. Complications
- 10.5. Psychological Problems During the Puerperium
 - 10.5.1. Maternity Blues
 - 10.5.2. Puerperal Depression
 - 10.5.2.1. Concept
 - 10.5.2.2. Risk factors
 - 10.5.2.3. Prevention
 - 10.5.2.4. Treatment
 - 10.5.3. Puerperal Psychosis
 - 10.5.3.1. Concept
 - 10.5.3.2. Risk factors
 - 10.5.3.3. Prevention





- 10.5.3.4. Treatment
- 10.6. Perinatal Bereavement
 - 10.6.1. Concept
 - 10.6.2. Clinical manifestations
 - 10.6.3. Types of Grief
 - 10.6.4. Stages of Perinatal Grief
 - 10.6.5. Psychological Handling
- 10.7. Post Dural Puncture Headache
 - 10.7.1. Concept
 - 10.7.2. Differential Diagnosis
 - 10.7.3. Treatment and Prophylaxis
 - 10.7.4. Complications
- 10.8. Cardiopulmonary Resuscitation in Pregnant Women
 - 10.8.1. Main Causes of Cardio-Respiratory Arrest in Pregnant Women
 - 10.8.2. Algorithm for Cardiopulmonary Resuscitation
 - 10.8.3. Specific Considerations of Pregnancy
 - 10.8.4. Fetal Extraction
- 10.9. Neonatal Cardiopulmonary Resuscitation
 - 10.9.1. Main Causes of Cardiorespiratory Arrest in Neonates
 - 10.9.2. Algorithm for Cardiopulmonary Resuscitation
 - 10.9.3. Neuroprotection with Hypothermia in the Neonate
 - 10.9.3.1. Concept and Mechanism of Action of Hypothermia
 - 10.9.3.2. Treatment Inclusion and Exclusion Criteria
 - 10.9.3.3. Treatment and Cooling Phases
 - 10.9.3.4. Limitation of Therapeutic Effort in Newborns with Hypoxic-Ischemic Encephalopathy
- 10.10. Legal Termination of Pregnancy
 - 10.10.1. Concept
 - 10.10.2. Legislative Framework
 - 10.10.3. Methods According to Weeks of Gestation
 - 10.10.4. Feticide

06

Methodology

This training 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.





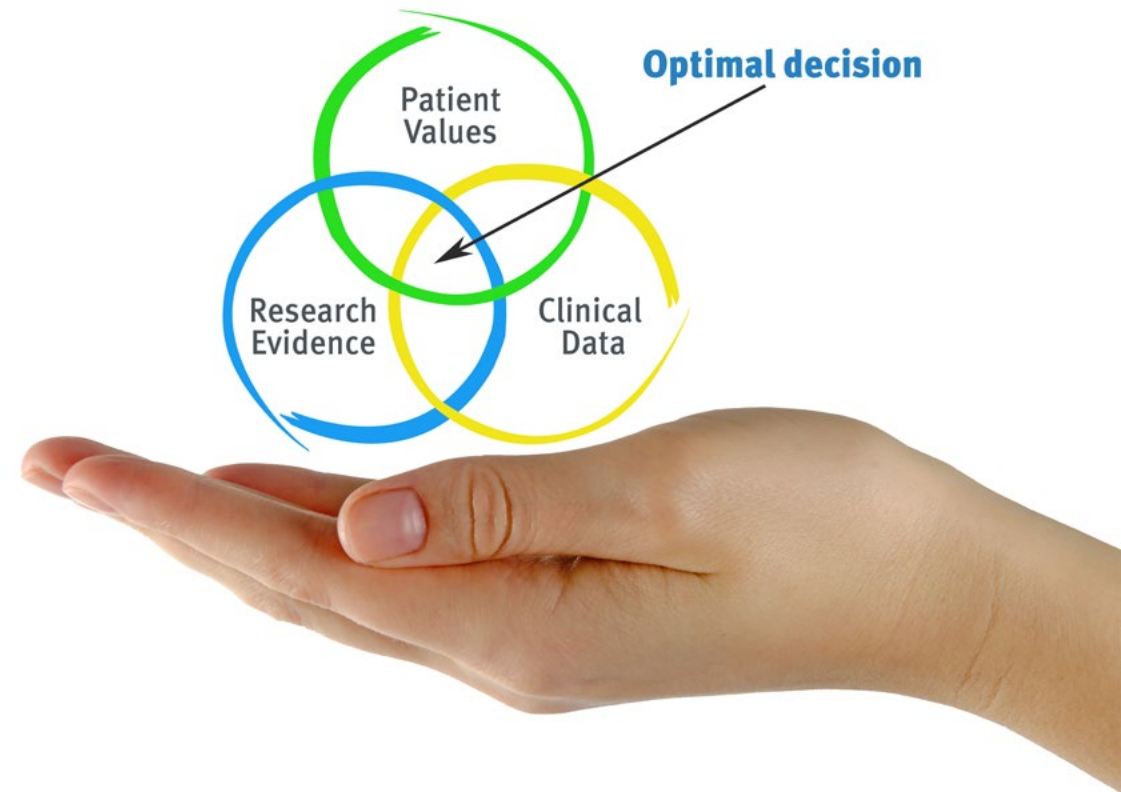
“

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 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:

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 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.



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, 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

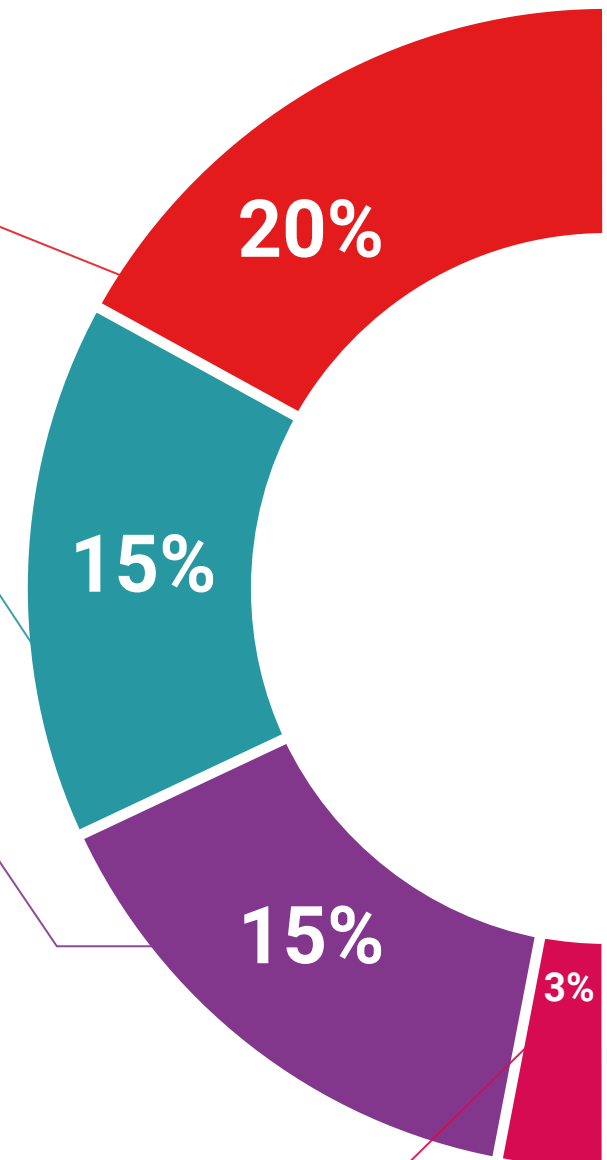
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This unique multimedia content presentation training system was awarded by Microsoft as a "European Success Story".



Additional Reading

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





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 **Professional Master's Degree in Pregnancy Pathologies for Midwives** guarantees you, in addition to the most rigorous and up-to-date training, access to a Professional Master's Degree certificate issued by **TECH Technological University**.



“

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

This **Professional Master's Degree in Pregnancy Pathologies for Midwives** contains the most complete and updated scientific program on the market.

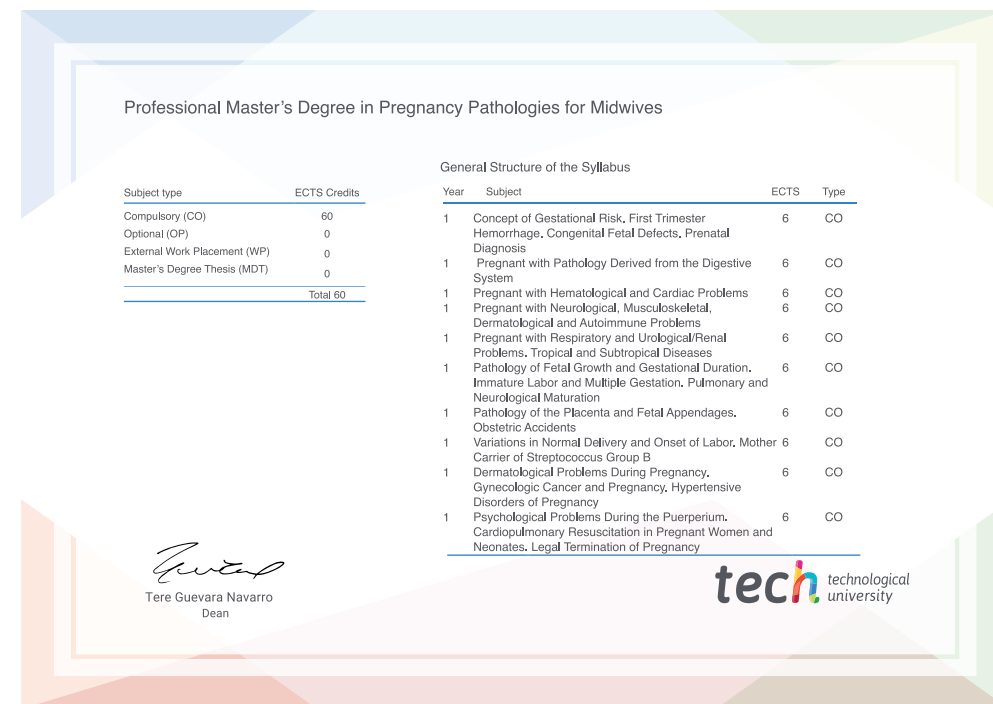
After the student has passed the evaluations, they will receive their corresponding **Professional Master's Degree certificate** issued by **TECH Technological University**.

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

Title: **Professional Master's Degree in Pregnancy Pathologies for Midwives**

ECTS: 60

Official Number of Hours: 1,500



*Apostille Convention. In the event that the student wishes to have their paper diploma Apostilled, TECH EDUCATION will make the necessary arrangements to obtain it at an additional cost of €140 plus shipping costs of the Apostilled diploma.

future
health confidence people
education information tutors
guarantee accreditation teaching
institutions technology learning
community commitment
personalized service innovation
knowledge present
development language
classroom



**Professional Master's
Degree**
Pregnancy Pathologies
for Midwives

Course Modality: Online

Duration: 12 months

Certificate: TECH - Technological University

60 ECTS Credits

Teaching Hours: 1,500 hours

Professional Master's Degree

Pregnancy Pathologies for Midwives