



MDWF13008 *Foundations of Midwifery 3*

Term 3 - 2024

Profile information current as at 12/07/2025 05:47 pm

All details in this unit profile for MDWF13008 have been officially approved by CQUniversity and represent a learning partnership between the University and you (our student). The information will not be changed unless absolutely necessary and any change will be clearly indicated by an approved correction included in the profile.

General Information

Overview

In this unit, you will critically analyse and apply evidence-based research to identify and care for women experiencing highly complex physiological and psychosocial issues that may occur during the childbearing continuum. In addition, you will consider the particular experiences of women from marginalised groups. This may include women experiencing substance misuse, incarceration, migrant and refugee women, and members of the lesbian, gay, bisexual, transgender, queer and/or intersex (LGBTQI) community.

Details

Career Level: *Undergraduate*

Unit Level: *Level 3*

Credit Points: 6

Student Contribution Band: 7

Fraction of Full-Time Student Load: 0.125

Pre-requisites or Co-requisites

Co-requisites: MDWF13007 Midwifery Practice for Aboriginal and Torres Strait Islander Families

Important note: Students enrolled in a subsequent unit who failed their pre-requisite unit, should drop the subsequent unit before the census date or within 10 working days of Fail grade notification. Students who do not drop the unit in this timeframe cannot later drop the unit without academic and financial liability. See details in the [Assessment Policy and Procedure \(Higher Education Coursework\)](#).

Offerings For Term 3 - 2024

- Online

Attendance Requirements

All on-campus students are expected to attend scheduled classes – in some units, these classes are identified as a mandatory (pass/fail) component and attendance is compulsory. International students, on a student visa, must maintain a full time study load and meet both attendance and academic progress requirements in each study period (satisfactory attendance for International students is defined as maintaining at least an 80% attendance record).

Website

[This unit has a website, within the Moodle system, which is available two weeks before the start of term. It is important that you visit your Moodle site throughout the term. Please visit Moodle for more information.](#)

Class and Assessment Overview

Recommended Student Time Commitment

Each 6-credit Undergraduate unit at CQUniversity requires an overall time commitment of an average of 12.5 hours of study per week, making a total of 150 hours for the unit.

Class Timetable

[Regional Campuses](#)

Bundaberg, Cairns, Emerald, Gladstone, Mackay, Rockhampton, Townsville

[Metropolitan Campuses](#)

Adelaide, Brisbane, Melbourne, Perth, Sydney

Assessment Overview

1. **Written Assessment**

Weighting: 50%

2. **Oral Examination**

Weighting: 50%

Assessment Grading

This is a graded unit: your overall grade will be calculated from the marks or grades for each assessment task, based on the relative weightings shown in the table above. You must obtain an overall mark for the unit of at least 50%, or an overall grade of 'pass' in order to pass the unit. If any 'pass/fail' tasks are shown in the table above they must also be completed successfully ('pass' grade). You must also meet any minimum mark requirements specified for a particular assessment task, as detailed in the 'assessment task' section (note that in some instances, the minimum mark for a task may be greater than 50%). Consult the [University's Grades and Results Policy](#) for more details of interim results and final grades.

CQUniversity Policies

All University policies are available on the [CQUniversity Policy site](#).

You may wish to view these policies:

- Grades and Results Policy
- Assessment Policy and Procedure (Higher Education Coursework)
- Review of Grade Procedure
- Student Academic Integrity Policy and Procedure
- Monitoring Academic Progress (MAP) Policy and Procedure – Domestic Students
- Monitoring Academic Progress (MAP) Policy and Procedure – International Students
- Student Refund and Credit Balance Policy and Procedure
- Student Feedback – Compliments and Complaints Policy and Procedure
- Information and Communications Technology Acceptable Use Policy and Procedure

This list is not an exhaustive list of all University policies. The full list of University policies are available on the [CQUniversity Policy site](#).

Previous Student Feedback

Feedback, Recommendations and Responses

Every unit is reviewed for enhancement each year. At the most recent review, the following staff and student feedback items were identified and recommendations were made.

Feedback from SUTE data

Feedback

Is there the potential to add a third assessment piece so that you have the opportunity to learn and be graded differently in another format, like a quiz or something?

Recommendation

This unit has two assessment tasks which utilise different modalities: a written assessment and an oral examination. The midwifery academic staff can consider the inclusion of a quiz or additional assessment task for course re-accreditation in 2026.

Unit Learning Outcomes

On successful completion of this unit, you will be able to:

1. Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
2. Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
3. Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
4. Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

The proposed changes to learning outcomes and the unit will meet the following:

The draft ANMAC Midwifery Education Standards (2020).

Standard 1: Safety of the public.

Standard 3: Program of study.

3.5 f. Integrated knowledge of care across the childbearing continuum within the scope of midwifery practice including:

1. social and emotional wellbeing of women, 2. complex family health domestic and family violence stillbirth, bereavement care. 3. perinatal mental health

The Nursing and Midwifery Board of Australia (NMBA) Midwife Standards for Practice.

Standard 1: Promotes evidence-based maternal health and wellbeing.

Standard 2: Engages in respectful partnerships and professional relationships.

Standard 3: Demonstrates the capability and accountability for midwifery practice.

Standard 4: Undertakes comprehensive assessments

Standard 5: Develops a plan for midwifery practice.

Standard 6: Provides safe and quality midwifery practice.

Standard 7: Evaluates outcomes to improve midwifery practice.

The Nursing and Midwifery Board of Australia (NMBA) Code of Conduct for Midwives.

Principle 1. Legal compliance.

Principle 2. Woman-centred practice.

Principle 3. Cultural practice and respectful relationships.

Principle 4. Professional Behaviour.

Principle 7. Health and wellbeing.

The International Confederation of Midwives (ICM) International Code of Ethics for Midwives (2014).

1. Midwifery Relationships.

2. Practice of Midwifery.

3. The Professional Responsibilities of Midwives.

4. Advancement of Midwifery Knowledge and Practice.

National Safety and Quality Health Service Standards (2017).

Clinical Governance Standard.

Partnering with Consumers Standard.

Preventing and Controlling Healthcare-Associated Infection Standard.

Medication Safety Standard.

Comprehensive Care Standard.

Communicating for Safety Standard.

Blood management Standard.

Recognising and Responding to Acute Deterioration Standard.

Alignment of Learning Outcomes, Assessment and Graduate Attributes



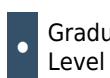
N/A
Level



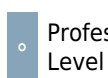
Introductory
Level



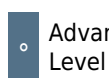
Intermediate
Level



Graduate
Level



Professional
Level



Advanced
Level

Alignment of Assessment Tasks to Learning Outcomes

Textbooks and Resources

Textbooks

MDWF13008

Prescribed

Midwifery: Preparation for Practice

5th edition (2023)

Authors: Pairman, S., Tracy, S., Dahlen, H. G., & Dixon, L.

Elsevier

Sydney, NSW, Australia

ISBN: 9780729597852

Binding: eBook

MDWF13008

Prescribed

Myles Textbook for Midwives

Edition: 17th (2020)

Authors: Marshall, J. & Raynor, M.

Elsevier

Sydney, NSW, Australia

ISBN: 9780702076428

Binding: Hardcover

[View textbooks at the CQUniversity Bookshop](#)

IT Resources

You will need access to the following IT resources:

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)
- Computer - ability to access study materials, including instructional videos and scan and upload assessment.
- Zoom (both microphone and webcam capability)

Referencing Style

All submissions for this unit must use the referencing style: [American Psychological Association 7th Edition \(APA 7th edition\)](#)

For further information, see the Assessment Tasks.

Teaching Contacts

Rachelle Chee Unit Coordinator

r.chee@cqu.edu.au

Schedule

Week 1 - 04 Nov 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations LGBTQIA+ Families	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP6&checksum=kYbO0%2bO7kx9l%2fBlvmKH%2bwg%3d%3d	

Week 2 - 11 Nov 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Midwifery in a global context: Refugee and migrant women's health	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP6&checksum=kYbO0%2bO7kx9l%2fBlvmKH%2bwg%3d%3d	

Week 3 - 18 Nov 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Perinatal mental health	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&dbid=AP&chksum=kybO0%2bO7kx9l%2fBlvmKH%2bwg%3d%3d Schmid, V., & Dixon, L. (2019). Women's psychosocial health and wellbeing. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier.	

Week 4 - 25 Nov 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Substance use in pregnancy	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&dbid=AP&chksum=kybO0%2bO7kx9l%2fBlvmKH%2bwg%3d%3d	

Week 5 - 02 Dec 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 1: Psychosocial Considerations Incarcerated women	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Baldwin, A., Capper, T., Ferguson, B., Wood, E., Jensen, B., Harvey, C., Winter, K., Mainey, L., & Geia, L. Birth charter for women in prison in Australia. https://www.cqu.edu.au/_data/assets/pdf_file/0019/140545/Australian_Birth_Charter_2020_screen.pdf Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice. https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2F25281&dbid=AP&chksum=kybO0%2bO7kx9l%2fBlvmKH%2bwg%3d%3d	

Week 6 - 09 Dec 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Sepsis, infections, & viruses	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Doughty, R., McLean, M., & Coombes, S. (2020). Medical conditions of significance to midwifery practice. In J. Marshall & M. Raynor (Eds). Myles textbook for midwives. Elsevier. Queensland Clinical Guidelines. (2021). Hypertension and pregnancy. https://www.health.qld.gov.au/_data/assets/pdf_file/0034/139948/g-hdp.pdf	

Week 7 - 16 Dec 2024

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Maternal collapse and other complications	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Queensland Clinical Guidelines. (2020). Venous thromboembolism (VTE) prophylaxis in pregnancy. https://www.health.qld.gov.au/_data/assets/pdf_file/0011/140024/g-yte.pdf	

Vacation Week - 23 Dec 2024

Module/Topic	Chapter	Events and Submissions/Topic

Vacation Week - 30 Dec 2024

Module/Topic	Chapter	Events and Submissions/Topic

Week 8 - 06 Jan 2025

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Uterine anomalies, placenta accreta spectrum, thromboembolism and pulmonary embolus in pregnancy	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Dixon, L., & Cooke, H. (2019). Life-threatening emergencies. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier. Queensland Clinical Guidelines. (2018). Primary postpartum haemorrhage. https://www.health.qld.gov.au/_data/assets/pdf_file/0015/140136/g-pph.pdf	Written Assessment Due: Week 8 Wednesday (8 Jan 2025) 4:00 pm AEST

Week 9 - 13 Jan 2025

Module/Topic	Chapter	Events and Submissions/Topic
Module 2: Highly Complex Conditions Eclampsia, HELLP syndrome, DIC	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Dixon, L., & Cooke, H. (2019). Life-threatening emergencies. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier.	

Week 10 - 20 Jan 2025

Module/Topic	Chapter	Events and Submissions/Topic
Module 3: Pregnancy loss & Bereavement Fetal and infant loss in midwifery care	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf Donnolley, N., & Dahlen, H.G. (2019). Grief and loss during childbearing - the crying times. In S. Pairman, S.K. Tracy, H.G. Dahlen, & L. Dixon (Eds). Midwifery preparation for practice. Elsevier.	

Week 11 - 27 Jan 2025

Module/Topic	Chapter	Events and Submissions/Topic
Module 3: Pregnancy loss & Bereavement Poor prognosis	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf	

Week 12 - 03 Feb 2025

Module/Topic	Chapter	Events and Submissions/Topic
Module 3: Pregnancy loss & Bereavement Traumatic birth	Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral. https://midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf	Oral examination Due: Week 12 Friday (7 Feb 2025) 4:00 pm AEST

Exam Week - 10 Feb 2025

Module/Topic	Chapter	Events and Submissions/Topic

Assessment Tasks

1 Written Assessment

Assessment Type

Written Assessment

Task Description

Type: Written assessment
Due date: 16:00 hour (AEST) Friday 10th January 2025 (Week 8)
Return to Students: 16:00 hour (AEST) Friday 24th January 2025 (Week 10)
Weighting: 50%
Length: 2,500 words +/- 10% (excluding reference list)
Unit Coordinator: Rachelle Chee

Learning Outcomes Assessed

1. Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family.
2. Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues.
3. Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum.
4. Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' (2021) to guide the management of women requiring highly complex care.

Aim

The aim of this assessment is for you to demonstrate your understanding of perinatal mental illnesses and their effects on women and families, and the accessibility of perinatal mental health care in rural and remote areas of Australia. Students will also demonstrate knowledge of the midwife's role in providing comprehensive perinatal mental health support. In completing this assessment, you will demonstrate the knowledge and analytical skills necessary to identify challenges and opportunities in perinatal mental health care, promoting better outcomes for women and their families.

Instructions

Please follow the steps below to complete your assessment task:

1. Provide a brief introduction outlining the aim of your assessment (approximately 100 words).
2. Describe the potential impacts of perinatal mental illness, including postpartum depression, puerperal psychosis, and post-traumatic stress disorder on women and their families (approximately 1000 words).
3. Identify and analyse the barriers and enablers to perinatal mental health care outside Australian urban regions (approximately 500 words).
4. Analyse the role of the midwife in perinatal mental health care across the childbearing continuum (approximately 800 words).
5. Provide a concise conclusion summarising the main concepts from your assessment (approximately 100 words)

Literature and references

In this assessment use at least 10 contemporary references (5 years or less) to support your discussion. You may also use seminal scholarly literature where relevant. Suitable references include peer-reviewed journal articles as well as textbooks and credible websites. When sourcing information, consider the 5 elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Grey literature sourced from the internet must be from reputable websites such as from government, university, or peak national bodies: for example, the Australian College of Nursing or the Australian Association of Social Workers. Note, that websites such as StatPearls, Life in the Fastlane, and Wikipedia are not suitable for this assessment task. Lecture notes are not primary sources of evidence and should not be used in this assessment.

Requirements

- Use a cover page for your assignment that includes your name, student number, unit code and title, and in-text word count.
- Use a conventional and legible size 12 font, such as Times New Roman, with 2.0 line spacing and 2.54cm page margins (standard pre-set margin in Microsoft Word).
- Include page numbers on the top right side of each page in a header.
- Write in the third-person perspective.
- Use formal academic and discipline specific language and essay structure.
- All work submitted must be your own work.
- Use the seventh edition American Psychological Association (APA) referencing style. The CQUniversity Academic Learning Centre has an online APA Referencing Style Guide.
- The word count is considered from the first word of the introduction to the last word of the conclusion. The word count excludes the reference list but includes in-text references and direct quotations.

Resources

- You can use unit provided materials and other credible sources (e.g. journal articles, books) to reference your argument. The quality and credibility of your sources are important. Please note, that lecture notes are not peer-reviewed primary sources of evidence.
- We recommend that you access your discipline specific library guide: the Nursing and Midwifery Guide; Social Work and Community Services Guide.
- We recommend you use EndNote to manage your citations and reference list. More information on how to use EndNote is available at the CQUniversity Library website.
- For information on academic communication please go to the Academic Learning Centre Moodle site. The Academic Communication section has many helpful resources including information for students with English as a second language.
- You may wish to submit a draft to Studiosity.
- Submit at least one draft before the due date to review your Turnitin Similarity Score before making a final submission. Instructions are available here.

Generative Artificial Intelligence Statement

- You must abide by the principles of academic integrity (see Student Academic Integrity Policy and Procedure). Completion of this assessment with another party or sharing of responses is not permitted at any time.
- The use of any generative artificial intelligence (Microsoft Copilot, Chat GPT or other generative artificial intelligence agents) is permitted for the following purposes:
 - a. Gen AI content is used to generate ideas and general structures.
 - b. Gen AI content editing

Submission

Submit your assessment via the unit Moodle site in Microsoft Word format only.

Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned. Assessment re-attempt is not available for Assessment One.

Minimum Pass Criteria

Students must achieve a cumulative grade of at least 49.5 across all assessments to complete this unit.

References

Nursing and Midwifery Board of Australia. (2018). Midwife standards for practice.

<https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP&checksum=kYbO0%2b07kx9l%2fBlvmKH%2bwg%3d%3d>

Australian College of Midwives. (2021). National midwifery guidelines for consultation and referral.

[https://www.midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-\(2021\).pdf](https://www.midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf)

Assessment Due Date

Week 8 Wednesday (8 Jan 2025) 4:00 pm AEST

Please submit your assessment on the Foundations of Midwifery 3 Moodle site.

Return Date to Students

Week 10 Wednesday (22 Jan 2025)

Please allow two weeks for the return of this assessment task.

Weighting

50%

Assessment Criteria

Key Criteria	High Distinction 84.5-100%	Distinction 74.50-84.49%	Credit 64.50-74.49%	Pass 49.50-64.49%	Fail <49.5%	Low Fail 39.50-0%
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Introduction and conclusion (10%)	(10-8.5) The written assessment has a clear and succinct introduction and conclusion and is the student's own work. The introduction provides excellent background information and outlines the direction of the assessment, and the conclusion succinctly summarises the key points.	(8.4-7.5) The written assessment has a clear introduction and conclusion and is the student's own work. The introduction provides good background information and outlines the direction of the assessment, and the conclusion summarises most key points.	(7.4-6.5) The written assessment has an adequate introduction and conclusion and is the student's own work. The introduction provides some background information and outlines the direction of the assessment, and the conclusion summarises some key points.	(6.4-5) An introduction and conclusion have been attempted and are the student's own work. The introduction provides limited background information and an outline of the assessment's direction, and the conclusion has a few key points.	(4.9-4) The introduction has significant errors or omissions of aims and direction of content or the introduction is not provided and/or is not the student's own work. The logical direction of the assessment is unclear. The conclusion does not summarise the assessment or is omitted.	(3.5-0) The introduction has extensive errors or omissions of aims and direction of content or the introduction is not provided and/or is not the student's own work. The logical direction of the assessment is unclear. The conclusion does not summarise the assessment or is omitted.
Constructs logical arguments (10%)	(10-8.5) Content is clearly relevant to the topic; the approach comprehensively answers the question in relation to current midwifery practice and the discourse proceeds logically and is within the set word limit.	(8.4-7.5) Content is relevant to the topic; the approach clearly answers the question in relation to current midwifery practice and the discourse proceeds logically. Word count is within the set word limit.	(7.4-6.5) Content is appropriate and answers the question in relation to current midwifery practice and the discourse for the most part proceeds logically. Word count is within the set word limit.	(6.4-5) Content answers the question in relation to current midwifery practice, but the discourse is at times repetitive or lacks cohesion. Word count is within the set word limit.	(4.9-4) Content is frequently off topic and only partially answers the questions in relation to current midwifery practice. The discourse frequently lacks cohesion. The word limit has not been adhered to and is marginally over or under the 10% allowance.	(3.5-0) Content is irrelevant and or does not answer the question in relation to current midwifery practice. The discourse lacks cohesion. The word limit has not been adhered to, the word limit is well over or under the 10% allowance.
Advanced knowledge – Discusses potential impacts of perinatal mental health on women and their families (25%)	(25-21.25) An articulate and comprehensive description of the potential impacts of perinatal mental illness on women and their families.	(21.2-18.75) A well-developed description of the potential impacts of perinatal mental illness on women and their families.	(18.7-16.25) A logical description of the potential impacts of perinatal mental illness on women and their families.	(16.2-12.5) A disjointed description of the potential impacts of perinatal mental illness on women and their families.	(12.4-11.3) An inadequate description of the potential impacts of perinatal mental illness on women and their families.	(11.25-0) No description of the potential impacts of perinatal mental illness on women and their families.
Advanced knowledge – Discusses barriers and enablers of perinatal mental health in rural and remote Australian contexts (15%)	(15-12.75) Comprehensive and insightful analysis of the barriers and enablers to perinatal mental health care outside Australian urban regions	(12.7-11.25) Clear and detailed analysis of the barriers and enablers to perinatal mental health care outside Australian urban regions.	(11.2-9.75) Logical and appropriate analysis of the barriers and enablers to perinatal mental health care outside Australian urban regions.	(9.7-7.5) Disjointed and limited analysis of the barriers and enablers to perinatal mental health care outside Australian urban regions.	(7.4-6.8) Inadequate analysis of the barriers and enablers to perinatal mental health care outside Australian urban regions.	(6.75-0) No analysis of the barriers and enablers to perinatal mental health care outside Australian urban regions.
Analysis of the role of the midwife in perinatal mental healthcare across the childbearing continuum (20%)	(20-17) Clear and comprehensive analysis of the role of the midwife in perinatal mental health care across the childbearing continuum.	(16.9-15) A clear and detailed analysis of the role of the midwife in perinatal mental health care across the childbearing continuum.	(14.9-13) A broad analysis of the role of the midwife in perinatal mental health care across the childbearing continuum.	(12.9-10) A disjointed analysis of the role of the midwife in perinatal mental health care across the childbearing continuum.	(9.9-9) Limited analysis of the role of the midwife in perinatal mental health care across the childbearing continuum.	(8.9-0) No analysis of the role of the midwife in perinatal mental health care across the childbearing continuum.
Professional writing and presentation (10%)	(10-8.5) Content is students own work, consistently clear, accurate, and presented in a logical, succinct order demonstrating a comprehensive understanding of the topic. There are no errors in English grammar, spelling, and punctuation. The language of the discipline is comprehensively used. Formatting requirements applied without error. Adheres to the word count.	(8.4-7.5) Content is students own work, frequently clear, correct, and presented in a logical order demonstrating a good understanding of the topic. English grammar, spelling, and punctuation conventions have 1 error. The language of the discipline is frequently used. Formatting requirements applied with 1 error. Adheres to the word count.	(7.4-6.5) Content is students own work, mostly clear, correct, and presented in a logical order demonstrating a sound understanding of the topic. English grammar, spelling, and punctuation conventions have 2 errors. The language of the discipline is mostly used. Formatting requirements applied with 2 errors. Adheres to the word count.	(6.4-5) Content is students own work, sometimes clear, correct, and presented in a logical order demonstrating a reasonable understanding of the topic. English grammar, spelling, and punctuation conventions have 3 errors. The language of the discipline is used. Formatting requirements applied with 3 errors. Adheres to the word count.	(4.9-4) Content is not students own work, consistently unclear or incorrect and is disorganised demonstrating insufficient understanding of the topic. English grammar, spelling, and punctuation conventions have ≥4 errors. The language of the discipline is infrequently or incorrectly used. Formatting requirements applied with ≥4 errors. Deviates +/- 10% of the word count.	(3.9-0) Content is not students own work. Little to no meaningful writing. English grammar, spelling, and punctuation conventions have ≥4 errors. The language of the discipline is infrequently or incorrectly used. Formatting requirements applied with ≥4 errors. Deviates +/- 10% of the word count.
Intext citations (5%)	(5-4.25) Consistently accurate intext citations with no errors in APA 7th Edition referencing style to support and reflect all ideas, information, and quotations.	(4.2-3.8) One consistent in-text citation error in APA 7th Edition referencing style identified. Intext citations support and reflect most ideas, information, and quotations.	(3.75-3.55) Two consistent in-text citation errors in APA 7th Edition referencing style identified. Intext citations support and reflect many ideas, information, and quotations.	(3.50-2.5) Three consistent in-text citation errors in APA 7th Edition referencing style identified. Intext citations support and reflect some ideas, information, and quotations.	(2.45-2) Four or more consistent in-text citations errors in APA 7th Edition referencing style. Limited intext citations used to support ideas, information, and quotations.	(2.45-2) No intext references provided.
Reference List (5%)	(5-4.25) Acknowledges all sources and meets APA (7th Edition) referencing standards with no errors. Fifteen peer reviewed references provided. Literature cited is published in the last 7 years and sourced from the CQUniversity library.	(4.2-3.8) Acknowledges majority of sources and/or meets APA (7th Edition) referencing standards with 1 error. Fourteen peer reviewed references provided. The majority of literature cited is published in the last 7 years and sourced from the CQUniversity library.	(3.75-3.55) Acknowledges most sources and/or meets APA (7th Edition) referencing standards with 2 errors. Thirteen peer reviewed references provided. Most literature cited has been published in the last 7 years and sourced from the CQUniversity library.	(3.50-2.5) Acknowledges some sources and/or meets APA (7th Edition) referencing standards with 3 errors. Twelve peer reviewed references provided. Some literature cited is published in the last 7 years and sourced from the CQUniversity library.	(2.4-0) Multiple sources not acknowledged and/or ≥4 APA (7th Edition) referencing errors and/or references not provided. Eleven peer reviewed references provided. Some literature cited is published ≥7 years and/or not sourced from the CQUniversity library.	(0) Multiple sources not acknowledged and/or ≥4 APA (7th Edition) referencing errors and/or references not provided. Eleven peer reviewed references provided. Some literature cited is published ≥7 years and/or not sourced from the CQUniversity library.

Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

Submission Online

Submission Instructions

Please submit your assessment on the Foundations of Midwifery 3 Moodle site.

Learning Outcomes Assessed

- Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
- Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
- Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
- Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Information Technology Competence
- Cross Cultural Competence
- Ethical practice
- Social Innovation

2 Oral examination

Assessment Type

Oral Examination

Task Description

Type: Oral examination
Due date: By 16:00 hour (AEST) Friday 7th February 2025 (Week 12)
Return date: 16:00 (AEST) Friday 14th February 2025 (Exam week)
Weighting: 50%
Length: 20 minutes
Unit Coordinator: Rachelle Chee

Learning Outcomes Assessed

1. Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
2. Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
3. Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
4. Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

Aim

The aim of this assessment is for you to demonstrate and apply your understanding of the physical and psychosocial complexities of the childbearing continuum, and the role of the midwife in providing woman-centred care for women experiencing pregnancy/childbirth/postpartum complexities. This assessment provides you with an opportunity to demonstrate your understanding and application of the Nursing and Midwifery Board of Australia's Midwife Standards for Practice (2018) to clinical scenarios related to the childbearing continuum.

Instructions

1. Students will attend an oral viva examination via a Zoom meeting. It is compulsory to attend this examination. Please follow the steps below to complete your assessment task:
2. Each student will be allocated an individual Zoom meeting link on a particular day and time during week 12 of term 3. The Unit Coordinator will email you a Zoom to your CQUniversity email. Students must reply to this email confirming i) their receipt of the Zoom meeting link and ii) their confirmation of attendance at the allocated time.
3. Students will be given a handover relating to a specific clinical scenario and asked exam questions related to the scenario. You will then have 10 minutes reflection and thinking time.
4. After 10 minutes, you will be asked to deliver your answers to the exam questions.

5. You will be questioned by an examiner/s from the midwifery academic team. The assessment answer time is scheduled for 10 minutes and will be recorded for marking and quality purposes. Your exam will relate to the provision of midwifery care for a woman experiencing complexities of the pregnancy/childbirth/postpartum period which will be selected at random on the day of the assessment. You will be assessed on your communication skills as well as your clinical midwifery knowledge.

The topics for the oral assessment are as follows:

- Complex antenatal care
- Complex intrapartum care
- Complex postpartum care
- Psychosocial complexities

Important considerations for being successful in the oral assessment:

You must be prepared to answer questions relating to your case and discuss your course of action in relation to the midwifery care of your woman/neonate, this will require you to be 'present' in the scenario (verbalising what you would do if faced with this scenario in practice).

When answering the exam questions, students will consider the following NMBA Midwife Standards for Practice (standards 1, 2, 3 and 6) which state that midwives should:

Standard 1: Promote evidence-based maternal health and wellbeing.

Standard 2: Engage in respectful partnerships and professional relationships.

Standard 3: Demonstrate the capability and accountability for midwifery practice.

Standard 6: Provide safe and quality midwifery practice.

Scenarios are confidential and we ask that you do not share them with your student peers.

Examination conditions

- View the University's policy on examination in the Assessment of Coursework Policy at: <http://policy.cqu.edu.au>
- Students may take notes and refer to hard-copy resources throughout the examination. Electronic resources are not permitted.

Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned. Assessment re-attempt is not available for Assessment Two.

Minimum Pass Criteria

Students must achieve a cumulative grade of at least 49.5 across all assessments to complete this unit.

Generative Artificial Intelligence Statement

- You must abide by the principles of academic integrity (see Student Academic Integrity Policy and Procedure). Completion of this assessment with another party or sharing of responses is not permitted at any time.
- The use of any generative artificial intelligence (Microsoft Copilot, Chat GPT or other generative artificial intelligence agents) is permitted for the following purposes:

- a. Gen AI content is used to generate ideas and general structures.
- b. Gen AI content editing.

References

Nursing and Midwifery Board of Australia. (2018). *Midwife standards for practice*.

<https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP&checksum=kYbO0%2bO7kx9I%2fBlvmKH%2bwg%3d%3d>

Assessment Due Date

Week 12 Friday (7 Feb 2025) 4:00 pm AEST

Examination times to be allocated by the unit coordinator.

Return Date to Students

Exam Week Friday (14 Feb 2025)

Please allow one week for the return of this assessment task.

Weighting

50%

Assessment Criteria

Key Criteria	High Distinction 84.5-100%	Distinction 74.50-84.49%	Credit 64.50-74.49%	Pass 49.50-64.49%	Fail <49.5%
Verbal and non-verbal communication (30%)	(30-25.5) Uses an extensive and rich vocabulary appropriate to topic. Speaks clearly with a natural speaking pace Strongly and positively engaged in topic during discussion Consistently holds attention of panel/questioner with the use of direct eye contact	(25.4-22.5) Uses a wide and appropriate vocabulary appropriate to topic Speaks clearly with minimal pauses or hesitation Demonstrates good and mostly positive engagement with topic during discussion Mostly consistent use of direct eye contact with panel/questioner	(22.4-19.5) Uses acceptable vocabulary which is appropriate to topic. Speech mostly clear but noticeable pauses and/or speaks too fast occasionally Demonstrates acceptable engagement with topic during discussion Adequate eye contact made with panel/questioner	(19.4-15) Uses adequate vocabulary appropriate to topic Speech is low and/or unclear at times. Multiple pauses and/or speaks too fast on numerous occasions. Demonstrates adequate engagement with topic during discussion Minimal eye contact made with panel/questioner	(14.9-0) Uses limited or inadequate vocabulary which is not appropriate to the topic. Student mumbles is incoherent and speaks too quietly for panel to hear. Shows no engagement and/or negativity towards topic during discussion. No eye contact made with panel/questioner
Overall understanding (10%)	(10-8.5) Shows a deep/robust understanding of the scenario with fully accurate information. Answers all questions with explanation and elaboration.	(8.4-7.5) Shows an extended understanding of the scenario with accurate information. Answers most questions with ease though sometimes requires further elaboration.	(7.4-6.5) Shows good understanding of scenario with mostly accurate information. Ability to answer some questions but answers lack complexity.	(6.4-5) Shows satisfactory understanding of scenario with some inaccurate information. Is only able to answer rudimentary questions on topic.	(4.9-0) Shows limited or no understanding of scenario. Information mostly inaccurate. Has no grasp of the information and is unable to answer questions.
Articulation of knowledge (10%)	(10-8.5) Clearly articulates position and thoughts are extensively expressed.	(8.4-7.5) Articulates position and thoughts expressed clearly.	(7.4-6.5) Articulates a position that is incomplete or lacks complexity. Expression of thoughts mostly clear.	(6.4-5) Articulates a position that is unfocused at times. Expression of thoughts sometimes unclear and/or ambiguous.	(4.9-0) Limited or no ability to articulate a position. Limited ability to express any thoughts, those expressed are unclear.
Uses evidence (10%)	(10-8.5) All evidence is highly relevant and specific to the scenario discussion.	(8.4-7.5) Presents relevant evidence that is accurate to the scenario discussion.	(7.4-6.5) Presents mostly relevant evidence that links to the scenario discussion. Mostly accurate.	(6.4-5) Presents evidence that often links to the scenario, but evidence is somewhat inaccurate.	(4.9-0) Does not present any evidence of relevance to scenario or presents highly inaccurate or evidence.
Implications for practice (10%)	(10-8.5) Comprehensive and fully explores the major implications of proposed plan of care.	(8.4-7.5) Relevant and accurate discussion of the major implications of the proposed plan of care.	(7.4-6.5) Acceptable and mostly relevant discussion of the major implications of the proposed plan of care.	(6.4-5) Satisfactory discussion of the major implications of the proposed plan of care.	(4.9-0) No discussion of any implications for a proposed plan of care.
Structure and organisation (10%)	(10-8.5) Presents information/ideas logically.	(8.4-7.5) Present information in a mostly logical sequence.	(7.4-6.5) A few areas of disjointedness /lack of logical progression.	(6.4-5) Ideas are presented in a partly logical way but disjointed and do not always flow logically.	(4.9-0) Ideas are illogical and very disjointed with no logical flow making it difficult to follow.
Demonstration of Woman Centred Care (20%)	(20-17) Comprehensively considers the needs of the woman and her family in relation to the issue and analyses how they can be best integrated into her plan of care.	(16.9-15) Sound ability to consider the needs of the woman and her family in relation to the issue and analyses how they can be best integrated into her plan of care.	(14.9-13) Acceptable ability to consider the needs of the woman and her family in relation to the issue and analyses how they can be best integrated into her plan of care.	(12.9-10) Consideration of the needs of the woman and her family in relation to the issue are basic. Some ability to form a plan of care but lacks integration and is unclear at times.	(9.9-0) Limited or no consideration of the needs of the woman and her family in relation to the issue. Little or no evidence of any ability to form a plan of care.

Referencing Style

- [American Psychological Association 7th Edition \(APA 7th edition\)](#)

Submission

Online

Submission Instructions

Examination times to be allocated by the unit coordinator.

Learning Outcomes Assessed

- Analyse highly complex physiological and psychosocial factors that may occur during the childbearing continuum, and their impact on the woman, neonate, and family
- Analyse the impact of the experiences of women from marginalised groups on the midwife-woman partnership and the potential for these women to experience highly complex physiological and psychosocial issues
- Demonstrate safe and effective care for women experiencing a highly complex issue during the childbearing continuum
- Utilise the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral' to guide the management of women requiring highly complex care.

Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Information Technology Competence
- Cross Cultural Competence
- Ethical practice
- Social Innovation

Academic Integrity Statement

As a CQUniversity student you are expected to act honestly in all aspects of your academic work.

Any assessable work undertaken or submitted for review or assessment must be your own work. Assessable work is any type of work you do to meet the assessment requirements in the unit, including draft work submitted for review and feedback and final work to be assessed.

When you use the ideas, words or data of others in your assessment, you must thoroughly and clearly acknowledge the source of this information by using the correct referencing style for your unit. Using others' work without proper acknowledgement may be considered a form of intellectual dishonesty.

Participating honestly, respectfully, responsibly, and fairly in your university study ensures the CQUniversity qualification you earn will be valued as a true indication of your individual academic achievement and will continue to receive the respect and recognition it deserves.

As a student, you are responsible for reading and following CQUniversity's policies, including the [Student Academic Integrity Policy and Procedure](#). This policy sets out CQUniversity's expectations of you to act with integrity, examples of academic integrity breaches to avoid, the processes used to address alleged breaches of academic integrity, and potential penalties.

What is a breach of academic integrity?

A breach of academic integrity includes but is not limited to plagiarism, self-plagiarism, collusion, cheating, contract cheating, and academic misconduct. The Student Academic Integrity Policy and Procedure defines what these terms mean and gives examples.

Why is academic integrity important?

A breach of academic integrity may result in one or more penalties, including suspension or even expulsion from the University. It can also have negative implications for student visas and future enrolment at CQUniversity or elsewhere. Students who engage in contract cheating also risk being blackmailed by contract cheating services.

Where can I get assistance?

For academic advice and guidance, the [Academic Learning Centre \(ALC\)](#) can support you in becoming confident in completing assessments with integrity and of high standard.

What can you do to act with integrity?



Be Honest

If your assessment task is done by someone else, it would be dishonest of you to claim it as your own



Seek Help

If you are not sure about how to cite or reference in essays, reports etc, then seek help from your lecturer, the library or the Academic Learning Centre (ALC)



Produce Original Work

Originality comes from your ability to read widely, think critically, and apply your gained knowledge to address a question or problem