

# Advanced Master's Degree

## Puerperium and Breastfeeding



## Advanced Master's Degree Puerperium and Breastfeeding

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Global University
- » Credits: 120 ECTS
- » Schedule: at your own pace
- » Exams: online

Website: [www.techtute.com/us/nursing/advanced-master-degree/advanced-master-degree-puerperium-breastfeeding](http://www.techtute.com/us/nursing/advanced-master-degree/advanced-master-degree-puerperium-breastfeeding)

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# 01

# Introduction

The puerperium is a complex time in a woman's life, since, after childbirth, the patient will need some time to recover and learn the new habits that she will have to adopt for a person who is 100% dependent on their parents or guardians.

At this time, midwives play a fundamental role, so they must be trained and educated in everything related to the postpartum period and breastfeeding.





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*The WHO recommendations on the benefits of breastfeeding make it essential to have this kind of training"*

After childbirth, women need a period of time to recover back to their prepartum state, both hormonally and in terms of the female reproductive system. During this period of the puerperium, complications may arise in women's health, so it is important that professionals working in the field of gynecology specialize in this area.

This Advanced Master's Degree is designed to help midwives specialize in the postpartum period and breastfeeding, which are very important aspects of a woman's life once she has had a child, especially for first-time patients. Thus, this specialization is designed to train students, with a complete program and with a theoretical-practical specialization, in one of the stages of the sexual and reproductive life of women.

In turn, it should be taken into account that breastfeeding provides significantly greater protection than artificial feeding against diarrheal diseases and respiratory infections in children, the main causes of mortality in low-income populations. In 1993, the WHO estimated that 1.5 million infant deaths could be prevented each year through effective breastfeeding. In addition, formula milk is not only expensive, but can be a risk factor for malnutrition, as some mothers may be tempted to dilute it or switch prematurely to other forms of feeding.

On the other hand, in some high-income countries many mothers stop breastfeeding earlier than they wish; although about 80% of mothers decide to breastfeed when they give birth, only 36% continue six months after delivery. There are several causes, many mothers stop breastfeeding porque they have a false perception that their milk isn't nourishing enough for their newborn, they lose confidence in themselves and in the idea that they are producing enough milk for their child to feed correctly.

All this makes it necessary to have specific and quality studies that give mothers the keys to breastfeeding and the particularities of the postpartum period. Throughout this specialization, the student will learn all of the current approaches to the different challenges posed by their profession. A high-level step that will become a process of improvement, not only on a professional level, but also on a personal level.

This challenge is one of TECH's social commitments: to help highly qualified professionals to specialize and develop their personal, social and work skills during the course of their training.

TECH will not only take you through the theoretical knowledge offered, but will show you another way of studying and learning, more organic, simpler and more efficient. It works to keep you motivated and to create a passion for learning that will drive you to think and develop your critical-thinking skills.

This **Advanced Master's Degree in Puerperium and Breastfeeding** contains the most complete and up-to-date academic program on the market. The most important features of the program include:

- » The latest technology in online teaching software
- » A highly visual teaching system, supported by graphic and schematic contents that are easy to assimilate and understand
- » Practical cases presented by practising experts
- » State-of-the-art interactive video systems
- » Teaching supported by remote training
- » Continuous updating and retraining systems
- » Autonomous learning: full compatibility with other occupations
- » Practical exercises for self-evaluation and learning verification
- » Support groups and educational synergies: Questions to the expert, discussion forums and knowledge
- » 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 program



*A high-level scientific training program, supported by advanced technological development and the teaching experience of the best professionals"*

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*A training program created for professionals who aspire to excellence that will allow you to acquire new skills and strategies in a smooth and effective way"*

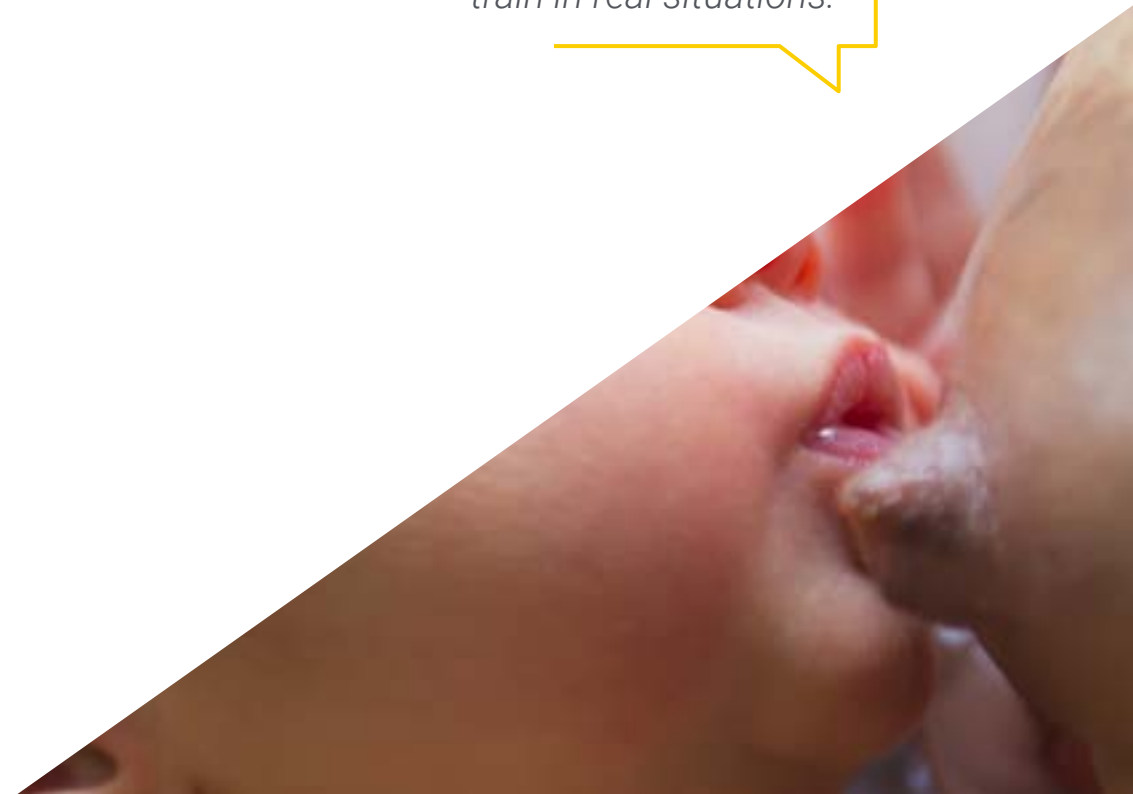
Our teaching staff is made up of working professionals. In this way TECH ensures that it delivers the educational up-to-date objectives that it aims for. A multidisciplinary team of trained and experienced professionals in different environments, who will develop theoretical knowledge efficiently, but, above all, will put at the service of specialization the practical knowledge derived from their own experience: one of the differential qualities of this Advanced Master's Degree.

This mastery of the subject matter is complemented by the effectiveness of the methodological design of this Advanced Master's Degree. Developed by a multidisciplinary team of E-Learning experts, it integrates the latest advances in educational technology. In this way, you will be able to study with a range of user-friendly and versatile multimedia tools that will give you the operability you need in your specialization.

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 learning. With the help of an innovative system of interactive videos and Learning from an Expert, the student will be able to acquire the knowledge as if he/she were facing the scenario he/she is learning at that moment. A concept that will make it possible to integrate and fix learning in a more realistic and permanent way.

*A deep and comprehensive dive into the strategies and approaches in Puerperio and Breastfeeding.*

*We have the best teaching methodology and a multitude of simulated cases that will help you train in real situations.*





# 02 Objectives

The 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 professionals reach a much higher level of expertise and control. A goal that you will be able to achieve thanks to a highly intensive and detailed course.





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*If your goal is to improve in your profession, to acquire a qualification that will enable you to compete among the best, then look no further: Welcome to TECH”*



## General Objectives

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- » Update and expand the midwife's knowledge in the field of postpartum care in the hospital, health center and at home
- » Obtain an integrated vision of the care required by women and their children during the postpartum
- » Understand the postpartum phase from a global and biopsychosocial point of view
- » Facilitate the performance of the midwife dedicated to the care of the woman and the newborn in the postpartum phase
- » Help provide quality postpartum care based on scientific evidence
- » Contribute to the midwife's decision-making process in difficult situations
- » Have the tools to achieve a multidisciplinary management in postpartum
- » Acquire the professional competencies necessary to offer a quality and up-to-date healthcare practice
- » Apply the knowledge obtained when solving problems that may arise in practical situations in healthcare
- » Up-to-date knowledge in breastfeeding
- » Promote work strategies based on a comprehensive approach to care for mothers who are aware of breastfeeding as a reference model for achieving excellence in care
- » Encourage the acquisition of technical skills and abilities, through a powerful audiovisual system, and the possibility of development through online simulation workshops and/or specific training
- » Encourage professional stimulation through continuing education and research





## Specific Objectives

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- » Broaden knowledge about the changes in Postpartum in its different stages in the context of physiology
- » Recognize abnormalities in the development of postpartum in order to identify pathological situations
- » Improve competencies in the application of midwifery care to the woman and the newborn in the immediate postpartum period in the delivery room
- » Improve competencies in the application of midwifery care for women and newborns in the postpartum hospitalization ward
- » Improve competencies in the application of midwifery care for women and newborns in the midwifery practice for Primary Care
- » Have a comprehensive knowledge of newborn screening procedures
- » Train midwives in the care of women and newborns in the follow-up of the postpartum period at home
- » Increase awareness of the complications that may arise during the different stages of the puerperium

## tech 12 | Objectives

- » Midwifery management and postpartum care for women
- » Improve the midwife's ability to act in the prompt management of the main complications that may appear during postpartum
- » Improve the capacity of the application of midwifery care in each of the pathologies in postpartum from hospital care to primary care consultation
- » Understand and manage perineal trauma caused by vaginal delivery
- » Demonstrate competency in the application of midwifery care in perineal trauma
- » Have an in-depth knowledge of the different structures that form the pelvic floor
- » Identify perineal trauma as a result of childbirth
- » Be up to date on the care required for perineal trauma
- » Recognize and initiate an early treatment of pathologies
- » Identify situations that require referral to other professionals
- » Update knowledge regarding short and long term complications of perineal trauma
- » Be aware of the current context in Spain with regard to female genital mutilation
- » Know the different types of female genital mutilation
- » Identify those women who have been victims of genital mutilation
- » Improve the action to be taken by the midwife when faced with a situation of female genital mutilation in the hospital or in the office







- » Identify The Importance of Breastfeeding
- » Expand knowledge of breast anatomy, breast milk formation and its properties
- » Identify those situations in which breastfeeding is not recommended in order to avoid risky situations for the newborn
- » Assess the normal patterns of a correct intake
- » Train midwives to provide simple, effective and evidence-based health education to mothers who wish to breastfeed
- » Know the relationship between breastfeeding and motherchild bonding
- » Update knowledge regarding the different techniques for extracting breast milk and the proper guidelines for its safe storage
- » Have a broad understanding of the objectives and strategies of the IHAN within the National Health System
- » Improve knowledge related to the different classifications of the newborn based on the different established parameters
- » Have a deeper knowledge about the adaptation of the different devices and systems of the newborn in its extrauterine life

- » Improve management of the healthy newborn and identify abnormal situations based the general examination criteria
- » Know and manage the care required by newborns in different areas
- » Design sessions directed at parents regarding the care they should provide to the newborn
- » Perfect the management of the main reasons for parental consultation in the midwife's office regarding newborn problems
- » Update the aspects related to the prevention of sudden infant death
- » Have an in-depth knowledge of the characteristics and care needed by premature babies
- » Broaden knowledge about the characteristics and care required by infants born with low birth weight or RIC
- » Identify potential short- and long-term complications of premature, postmature, low birth weight and RIC infants
- » Refine the management of the care needs of neonates with hypoxic-ischemic encephalopathy
- » Identify situations of risk of HIE in order to prevent it and provide early and effective care at birth
- » Learn about the care required by infants with perinatal infection
- » Be aware of the specific needs in the care of newborns whose mothers have used drugs during pregnancy and/or childbirth
- » Learn the techniques to offer correct breastfeeding support to premature infants
- » Identify and know the most frequent problems that appear in the course of breastfeeding
- » Update treatment of breastfeeding-related problems
- » Know the evidence-based protocols recommended for problems associated with breastfeeding
- » Know the neurobiological processes of the postpartum period
- » Understand the relationship between the mother's hormonal system and the establishment of the parent-child bond
- » Know the psychological changes of the postpartum period
- » Identify risk factors for bond disruption
- » Know the recommendations for good practices in a situation of perinatal loss
- » Identify the phases of grief and its correct management
- » Identify the different types of perinatal loss
- » Identify the differences between depression and perinatal bereavement
- » Learn how to handle the different ways to access perinatal bereavement
- » Increase knowledge of the physiology of the female reproductive system
- » Increase knowledge of the female genital cycle and the hormonal influence on it
- » Have an in-depth knowledge of the sexual response cycle and its different stages
- » Recognize the physical, physiological and psychological changes in pregnant women that may influence their sexual health
- » Learn how to use tools to promote sexual health in the postpartum period
- » Recognize and identify the most frequent sexual problems during the postpartum period

- » Increase knowledge regarding the sexual dysfunction of female desire, arousal and orgasm
- » Know and identify anorgasmia, its causes and treatment
- » Identify and differentiate vaginismus and dyspareunia
- » Improve the management and treatment of vaginismus and dyspareunia from the midwives office
- » Improve knowledge of the different types of contraception that can be used in the postpartum period
- » Know the concept of "Positive Parenting" and its legal and institutional framework
- » Know the criteria necessary for positive parenting
- » Identify the different types of family
- » Learn how to use the tools to identify family needs
- » Identify the different parental educational styles
- » Understand the strategies necessary for coeducation
- » Go into detail for the design of workshops to promote coeducation
- » Improve knowledge about the tools necessary for the correct resolution of intra-family conflicts
- » Identify and promote the necessary elements for the correct establishment of emotional attachment
- » Identify types of attachment
- » Broaden knowledge of assessment and diagnostic tools for bonding disorders
- » Explore in depth the different types of psychological abuse and their risk factors
- » broaden the knowledge of the rights and duties of the mother and newborn in health matters
- » Broaden knowledge of the ethical principles that should govern the healthcare practice of midwives
- » Further develop the patients right to autonomy
- » Improve the knowledge of the professional's responsibility in the framework of health care
- » Identify the methods for evaluating the quality of care in healthcare practices
- » Enhance knowledge of the concept of health programs and their objectives when applying them to health care practices
- » Resource optimization when planning the activities that will be part of the health program
- » Learn to distinguish what Clinical Practice Guidelines, care maps and clinical pathways are
- » Further understand the concept and stages of health planning
- » Further knowledge on the organization of obstetric care in the postpartum period from different levels of care
- » Update knowledge of breastfeeding physiology
- » Describe the anatomy of the lactating breast
- » Define the characteristics of a milk bank
- » Conduct a review of the current global epidemiology of breastfeeding
- » Foster the proper development of the mother-child relationship, reducing the number of children who are assaulted, abandoned and who fail to progress without organic cause
- » Encourage breastfeeding to achieve adequate growth and development, preventing future health problems



- » Explain the benefits of breastfeeding for women's postpartum and long-term recovery
- » Explain the different breastfeeding positions and their indications
- » Detect bad latching positions of the baby that may alter the development of feeding
- » Explain the benefits of physical activity during lactation
- » Describe the main contraindications of breastfeeding
- » Describe the rights of women during breastfeeding
- » Define strategies to counsel and accompany women who do not wish to breastfeed
- » Explaining misconceptions about breastfeeding
- » Describe paternal involvement in the breastfeeding process
- » Promote active participation in the care of the RN and in the monitoring of its growth and development
- » Train mothers in newborn care and in the resolution of common infant health problems
- » Define those maternal pathologies that may contraindicate breastfeeding
- » Provide information on nutrition for the breastfeeding mother
- » Teach the steps to be followed to achieve successful exclusive breastfeeding
- » Obtain knowledge about the transfer of drugs into breast milk to guide women in their doubts when taking medications
- » Define appropriate treatment of breast and nipple associated complications
- » Explain the different aids and devices that can be used to facilitate breastfeeding
- » Explain other types of infant feeding and their substitution or combination with breastfeeding
- » Explain the different bottle preparation techniques and their advantages and disadvantages
- » Counsel the mother who works outside the home and wishes to continue breastfeeding





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*A complete training that will take you through the knowledge you need to compete among the best”*

# 03 Skills

Once all the contents have been studied and the objectives of the Advanced Master's Degree in Childbirth and Breastfeeding have been achieved, the professional will have a superior competence and performance in this area. A very complete approach in a high-level specialization which makes the difference.





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*Achieving excellence in any profession requires effort and perseverance. But, above all, the support of professionals, who will give you the boost you need, with the necessary means and assistance. At TECH, we offer you everything you need”*



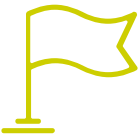


## General Skills

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- » Perform the care required by women and their children during the postpartum period
- » Offer quality postpartum care based on scientific evidence
- » Make decisions in difficult situations in which abnormalities may occur
- » Offer a quality and up to date healthcare practice
- » Solve problems that may arise in the healthcare practice
- » Possess and understand knowledge that provides a basis or opportunity to be original when developing and/or applying ideas, often in a research context
- » Apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to the area of study
- » Integrate knowledge and face the challenge of making judgements based on incomplete or limited information. In addition, include reflections on the social and ethical responsibilities linked to implementing this knowledge and judgement
- » Communicate their conclusions, both the knowledge and rationale behind them to specialized and non-specialized people in a clear and unambiguous manner
- » Acquire the learning skills that will enable them to continue studying in a manner that will be largely self-directed or autonomous





## Specific Skills

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- » Act in the different levels of postpartum care
- » Know the criteria to be met for early discharge, as well as to manage the evolution of the process in which mothers return home
- » Assess the woman upon discharge from the hospital
- » Early detection of postpartum complications, both physical and mental
- » Recognize the anatomy of the female perineum
- » Management of perineal trauma in pregnant women
- » Know the anatomy and physiology of the breast, the formation of breast milk and its composition
- » Recognize all the characteristics of the healthy newborn, as well as all the physiological changes and adaptations that occur in the first hours and days after birth
- » Carry out appropriate health education for women, families and the community, identifying where education is necessary in relation to maternal and child health
- » Recognize the pathology of the neonate
- » Resolving women's doubts and advising them on parenting
- » Understand the changes in the brain during pregnancy and postpartum to provide a complete and comprehensive approach to the patient
- » Analyze perinatal loss and bereavement from the perspective of infant attachment
- » Working with couples in a conscious, effective, caring and evidencebased manner
- » Conduct an active search in the consultation addressing sexual health and sexuality during pregnancy and postpartum to provide women with comprehensive and quality care
- » Evaluate from the prenatal period the resources and adaptation to new family roles, as well as the effectiveness of their conflict resolution strategies
- » Recognize the legal aspects that we face daily in healthcare practice
- » Knowing the rights and duties of patients, as well as being informed of aspects related to the user's health rights, will serve to be prudent and respectful in practice
- » Describe all the benefits of breastfeeding based on scientific evidence
- » Inform mothers of existing breastfeeding support groups and facilitate contact with them
- » Acquire knowledge to achieve prolongation and maintenance of breastfeeding for two years or more
- » Develop skills in the preparation of the breastfeeding interview with mothers (breastfeeding clinical history)
- » Advise the breastfeeding mother on current legislation related to breastfeeding
- » Define the approach to the establishment and maintenance of breastfeeding in special situations
- » Identify the general physiological and anatomical particularities that characterize the healthy newborn
- » Recognize the contraindications of breastfeeding and adequately advise the mother in this process
- » Encourage family bonding with the Newborn by promoting family participation
- » Demonstrate the reasons why exclusive breastfeeding is the best food for the baby
- » Develop skills in nursing techniques that will enable them to identify the most common problems during breastfeeding and the appropriate solution for each one

# 04

# Course Management

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







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*We have an excellent team of professionals who have come together to teach you the latest advances in Puerperium and Breastfeeding”*

## Management



### Dr. Rodríguez Díaz, Luciano

- Specialist in Obstetric-Gynecological Nursing (Midwife) at the University Hospital of Ceuta since 2006 until nowadays
- Professor of the Ceuta Midwifery Teaching Unit
- Responsible for Perinatal Health: Reproductive Sexual Health and Normal Childbirth of Ingesa
- Reviewer of Elsevier's Clinical Nursing Journal
- Member of the Obstetric-Gynecological Emergency Group of the SEEUE
- Full member of the Institute of Ceuta Studies
- PhD from the University of Granada
- Diploma in Nursing



### Dr. Vázquez Lara, Juana María

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



### **Ms. Grolimund Sánchez, Verónica**

- ♦ Midwife specialized in High Risk Pregnancy and Childbirth at Gregorio Marañón University Hospital
- ♦ Nursing Specialist in Obstetrics and Gynecology
- ♦ Professor in Nursing Teaching Unit specializing in Obstetrics and Gynecology at H. G. U. Gregorio Marañón since 2013
- ♦ Teaching collaborator at University Hospital Gregorio Marañón tutoring and supervising EIR rotations in Family and Community Care
- ♦ Lecturer in the hands-on course on obstetric emergencies. Obstetric hemorrhage
- ♦ Nurse in special services such as emergency, URPA, ICU and neonatal ICU
- ♦ Diploma in Nursing from the Autonomous University of Madrid



### **Ms. Pallarés Jiménez, Noelia**

- ♦ Midwife at Gregorio Marañón University Hospital
- ♦ Collaborating professor of the Midwifery Resident Teaching Unit of the University Hospital Gregorio Marañón as an expert in the area of maternal and newborn nursing
- ♦ Midwife in Primary Care in Barcelona. Catalan Institute of Health
- ♦ Midwife at the Hospital Universitario Clínic de Barcelona
- ♦ Nurse in the puerperium ward at the Miguel Servet University Hospital in Zaragoza
- ♦ University Diploma in Nursing at the University of Zaragoza
- ♦ Specialty in Obstetric-Gynecological Nursing (Midwife) at the Midwifery Teaching Unit of Catalonia, University of Barcelona
- ♦ Obstetrical-Gynecological Specialty at the Germans Trias i Pujol Hospital in Badalona as a Midwife Resident
- ♦ Postgraduate course in Sexual Health and Educational and Community Intervention at the University of Lérida Foundation

## Coordination

**Ms. Alcolea Flores, Silvia**

» Midwife the Ceuta University Hospital

**Mr. Fernández Carrasco, Francisco Javier**

» Matrón Hospital Hospiten Estepona

**Ms. Gilart Cantizano, Patricia**

» Midwife Hospital Quirón Campo de Gibraltar

**Ms. Gómez Losada, Patricia**

» Midwife Hospital Quirón Campo de Gibraltar

**Ms. Mérida Téllez, Beatriz**

» Midwife Granada Hospital

**Ms. Mohamed Mohamed, Dina**

» Midwife the Ceuta University Hospital

**Ms. Palomo Gómez, Rocío**

» Midwife the Ceuta University Hospital

**Mr. Rodríguez Díaz, David**

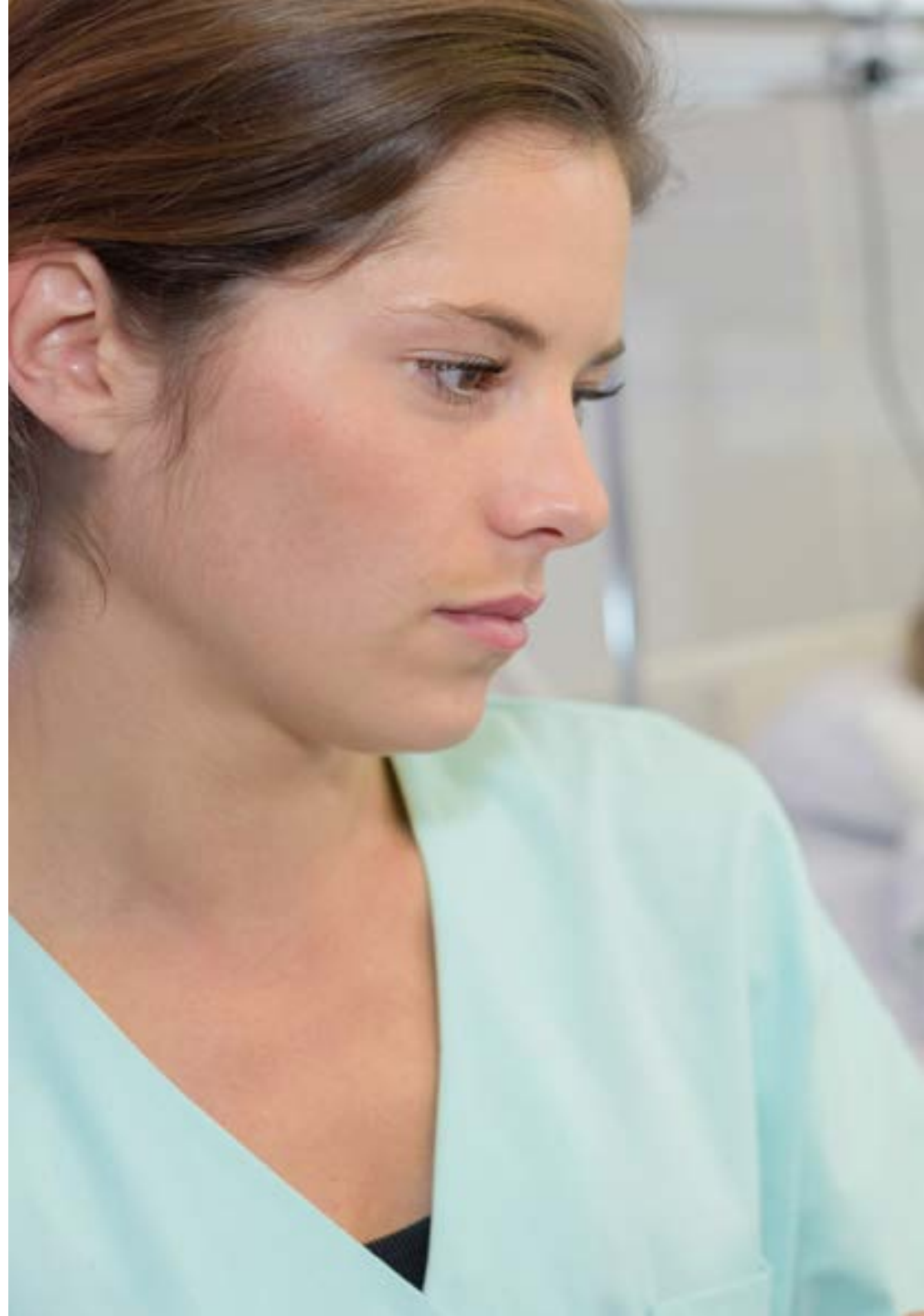
» Nurse at La Candelaria Hospital in Tenerife

**Mr. Vázquez Lara, Francisco**

» Degree in Biology

**Ms. Vázquez Lara, M<sup>a</sup> Dolores**

» Nurse at Campo de Gibraltar Health Area





## Professors

### **Ms. Matesanz Jete, Consuelo**

- » Midwife. General Hospital of Segovia
- » Midwife at Gregorio Marañón General University Hospital
- » University Diploma in Nursing from the University of Alcalá, Spain
- » Nurse specialized in Obstetrics and Gynecology
- » Professional Master's Degree in Gender and Health, Rey Juan Carlos University
- » Certified Naces Method Professional

### **Ms. Gutiérrez Munuera, Marta**

- » Midwife. Infanta Leonor Hospital
- » Diploma in Nursing 2000-2003 Universidad Autónoma de Madrid. Puerta De Hierro EUE Hospital
- » Specialist in obstetrics and gynecology 2006-2008 Complejo Hospitalario Universitario of Albacete
- » Midwife. Gregorio Marañón University Hospital
- » Nurse at the Argüelles Specialty Center
- » Nurse in hospitalization of traumatology and pneumology. Puerta De Hierro Hospital

### **Ms. Sánchez Boza, Pilar**

- » Midwife at Gregorio Marañón University Hospital
- » Diploma in Nursing from the Pontificia de Comillas University of Madrid
- » Professional Master's Degree in Humanitarian Health Aid from the University of Alcalá de Alcalá de Henares
- » Postgraduate Diploma in Emergencies and Emergencies accredited by the School of Health Sciences University Center attached to the Complutense University of Madrid
- » Assistant professor at Universidad Europea as professor of the course
- » Women's Care and attending professor in adult care II, child and adolescent care in the Nursing Degree
- » Midwife in Mauritania with Rotary Club in humanitarian aid project
- » Sex coaching at Fundación Sexpol (sex education talks), university centers (Universidad de Alcalá de Henares and Universidad Europea de Madrid) and health centers (Espronceda, Villablanca)
- » Speaker at annual conferences against gender violence for SUMMA

### **Ms. Martín Jiménez, Beatriz**

- » Midwife in the delivery room and emergency obstetrics services at H.U. de Getafe
- » University Diploma in Nursing Universidad de Alcalá de Henares
- » Specialist in Obstetric-Gynecological Nursing, Midwifery Teaching Unit UAM (HGU Gregorio Marañón)
- » Nurse in the Neonatology and Flying Satellite Units in H.U. Infanta Leonor
- » Midwife in the services of Delivery Room, Emergency OG and Obstetric High Risk Hospitalization in H.G.U. Gregorio Marañón
- » Teacher in postgraduate training Obstetrics and Gynecology Nurse Practitioners and Pediatrics Nurse Practitioners

### **Ms. Triviño de la Cal, Cristina**

- » Specialist in Obstetrics and Gynecology at Gregorio Marañón Hospital
- » University Diploma in Nursing at Universidad Autónoma de Madrid, Madrid
- » Lecturer at the I Conference for Midwives: approach and care in bereavement and loss in the life cycle of women, organized by FUDEN
- » Teacher in the physiological childbirth workshop given to the Obstetrics team of the Hospital Universitario de Getafe
- » Teacher in workshop accredited for professionals by the Laín Entralgo Agency in "Perinatal Bereavement Support" in hospitals in Madrid, Ávila, Salamanca, Segovia, Valladolid and Palma de Mallorca
- » Teacher at the Gregorio Marañón and Salamanca Units

### **Ms. García Rodríguez, Laura**

- » Midwife in Fundación Jiménez Díaz Hospital
- » Midwife at the Goya Health Center
- » University Diploma in Nursing from E.U.E La Paz. Autonomous University of Madrid
- » Expert in Emergency Nursing at FUDEN. Madrid
- » Nurse specialist in Obstetrics and Gynecology at Hospital la Paz in Madrid. UD. Teacher in Madrid

### **D. Burgueño Antón, Adrián**

- » Specialist in Gynecology and Obstetrics
- » Supervisor in Maternal-Child Surgical Block at the University Hospital La Paz
- » University Diploma in Nursing
- » Master's Degree in Health Management
- » Surgical Nurse: Obstetrics and gynaecology. La Paz University Hospital
- » Nurse Specialist: Midwife La Paz University Hospital
- » UAM Collaborating Professor
- » Midwifery Resident Internship Tutor



**Ms. Ramírez Sánchez-Carnerero, Rosa María**

- » Midwife at the Hospital Virgen de Altagracia de Manzanares
- » University Diploma in Nursing (DUE) University School of Nursing of Ciudad Real. University of Castilla La Mancha,. (UCLM)
- » Obstetric - Gynecological Nurses: Midwife. Catalonia Midwifery Teaching Unit
- » Degree in Social and Cultural Anthropology
- » Master's Degree in Social and Health Research
- » Resident midwife at the Midwifery Teaching Unit of Catalonia, Hospital Virgen de la Cinta, Tortosa
- » Collaborating teacher at the midwifery teaching unit in Alcázar de San Juan (Ciudad Real)

**Ms. Armijo Navarro, Elena**

- » Midwife San Sebastián Hospital

**Mr. Carrasco Guerrero, Manuel**

- » Midwife at Ceuta University Hospital

**Ms. De Dios Pérez, María Isabel**

- » Midwife. Bellvitge University Hospital

**Ms. De la Cabeza Molina Castillo, María**

- » Midwife. Bellvitge University Hospital

**Ms. Del Pozo Álvarez, Lidia**

- » Midwife the Ceuta University Hospital

**Ms. Díaz Lozano, Paula**

- » Midwife. Bellvitge University Hospital

**Ms. Gómez González, Irene**

- » Midwife. Bellvitge University Hospital

**Ms. Hachero Rodríguez, Carmen María**

- » Midwife. Zaragoza Hospital

**Ms. Martín Ansedo, Esperanza**

- » Pediatric nurse. Bellvitge University Hospital

**Ms. Martínez Picón, Claudia**

- » Midwife the Ceuta University Hospital

**Ms. Miquelajáuregui Espinosa, Araceli**

- » Midwife the Ceuta University Hospital

**Ms. Ortega del Valle, Silvia**

- » Midwife the Ceuta University Hospital

**Ms. Revidiego Pérez, María Dolores**

- » Specialized Care Midwife Campo de Gibraltar and Quirón Campo de Gibraltar

**Ms. Rojas Carmona, Belén**

- » Midwife the Ceuta University Hospital



# 05

# Structure and Content

The contents of this specialisation degree have been developed by the different Professors on this course, with a clear purpose: to ensure that our students acquire each and every one of the necessary skills to become true experts in this field. The content of this course enables you to learn all aspects of the different disciplines involved in this field. A comprehensive and well-structured program that will take you to the highest standards of quality and success.



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*Through a very well-organized program, you will be able to access the most advanced knowledge in Puerperium and Breastfeeding"*

## Module 1. Physiological Postpartum

- 1.1. Concept and Stages of Postpartum
- 1.2. Objectives of the Midwife during the Postpartum
- 1.3. Physical and Psychosocial Changes
- 1.4. Care of Women and Newborns Immediately After Birth
  - 1.4.1. General Examination
  - 1.4.2. Physical Assessment
  - 1.4.3. Identification of Problems and Prevention
- 1.5. Attention and Care for Women and Newborns in the Early Postpartum Period
  - 1.5.1. Midwifery in Early Puerperium
  - 1.5.2. Health education and self-care advice
  - 1.5.3. Newborn Screening and Newborn Hearing Impairment Screening
- 1.6. Control and Follow-up of the Late Postpartum Period
- 1.7. Hospital Discharge. Midwife's Report at Discharge. Early Discharge
- 1.8. Criteria for Quality Care at the Primary Care Center
  - 1.8.1. Criteria for good care in Primary Care Centers (Community of Madrid, Spain) Madrid and other Autonomous Communities)
  - 1.8.2. Recommendations of the Clinical Practice Guide from the Ministry of Health (CPG)
- 1.9. Health Education in the Postpartum Period
  - 1.9.1. Introduction and Approach. Types of Intervention
  - 1.9.2. Objectives of Health Education in the Postpartum Period
  - 1.9.3. Midwife as a Health Agent in the Postpartum Period
  - 1.9.4. Methodology. Main techniques in Health Education: Expository Techniques, Research Techniques in the Classroom
- 1.10. Postpartum Work Groups: Postpartum Group and Breastfeeding Group
  - 1.10.1. Postpartum Session: Objectives and Contents
  - 1.10.2. Breastfeeding Session: Objectives and Contents
  - 1.10.3. Newborn Care Session: Objectives and Contents





**Module 2. Complications in the Postpartum Period**

- 2.1. Postpartum Hemorrhage
  - 2.1.1. Structure, Classification and Risk Factors
  - 2.1.2. Etiology
    - 2.1.2.1. Uterine tone alterations
    - 2.1.2.2. Tissue retention
    - 2.1.2.3. Trauma to the Birth Canal
    - 2.1.2.4. Coagulation Alterations
  - 2.1.3. Management of Puerperal Hemorrhage
    - 2.1.3.1. Assessment and Quantification of Hemorrhage
    - 2.1.3.2. Medical and Surgical Treatment
    - 2.1.3.3. Midwifery Care
- 2.2. Infections in Puerperium
  - 2.2.1. Postpartum Endometritis
  - 2.2.2. Perineal Infection
  - 2.2.3. Infection of the Abdominal Wall
  - 2.2.4. Mastitis
  - 2.2.5. Sepsis. Lethal Septic Shock Syndrome. Staphylococcal or Streptococcal Toxic Shock
- 2.3. Thromboembolic Disease, Heart Disease and Severe Anemia in the Postpartum Period
  - 2.3.1. Thromboembolic Disease in the Puerperium
    - 2.3.1.1. Venous Thrombosis: Superficial, Deep and Pelvic
    - 2.3.1.2. Pulmonary Embolism
  - 2.3.2. Heart Disease in the Postpartum Period
  - 2.3.3. Severe Anemia in the Postpartum Period
- 2.4. Arterial Hypertension, Preeclampsia and HELLP in the Postpartum Period
  - 2.4.1. Management of Woman with Arterial Hypertension in the Puerperium
  - 2.4.2. Management of Women in the Puerperium after Preeclampsia
  - 2.4.3. Management of Women in the Puerperium after HELLP
- 2.5. Endocrine Pathology in the Puerperium
  - 2.5.1. Management of Woman with Gestational Diabetes in the Puerperium
  - 2.5.2. Thyroid Pathology in the Puerperium
  - 2.5.3. Sheehan Syndrome
- 2.6. Digestive and Urinary Pathology
  - 2.6.1. Main Digestive Pathology Conditions in the Postpartum Period
    - 2.6.1.1. Crohn's Disease and Ulcerative Colitis
    - 2.6.1.2. Fatty Liver
    - 2.6.1.3. Cholestasis
  - 2.6.2. Urinary Pathology in the Puerperium
    - 2.6.2.1. Urinary Infections
    - 2.6.2.2. Postpartum Urinary Retention
    - 2.6.2.3. Urinary Incontinence
- 2.7. Autoimmune, Neurological and Neuromuscular Diseases in the Puerperium
  - 2.7.1. Autoimmune Diseases in the Puerperium: Lupus
  - 2.7.2. Neurological and Neuromuscular Pathology in the Postpartum Period
    - 2.7.2.1. Post-Puncture Headache
    - 2.7.2.2. Epilepsy
    - 2.7.2.3. Cerebrovascular Diseases (subarachnoid hemorrhage, aneurysms, brain neoplasms)
    - 2.7.2.4. Amyotrophic Lateral Sclerosis
    - 2.7.2.5. Myasthenia Gravis
- 2.8. Infectious Diseases in the Postpartum Period
  - 2.8.1. Hepatitis B Virus Infection
    - 2.8.1.1. Care of Pregnant Women with a Hepatitis B Viral Infection
    - 2.8.1.2. Care and Monitoring of the Newborn of a Mother with Hepatitis B
  - 2.8.2. Hepatitis C Viral Infection
    - 2.8.2.1. Care of Pregnant Women with a Hepatitis C Viral Infection
    - 2.8.2.2. Care and Monitoring of the Newborn of a Mother with Hepatitis C
  - 2.8.3. Viral Infection in Patients with an Immunodeficiency
    - 2.8.3.1. Care of Pregnant Women with HIV
    - 2.8.3.2. Care and Monitoring of Newborns of HIV-Positive Mothers

- 2.9. Perineal Trauma and Abdominal Scar Dehiscence after C-section
  - 2.9.1. Perineal Tears: Degree of Tearing and Treatment
  - 2.9.2. Episiotomy: Types and Midwifery Care
  - 2.9.3. Abdominal Scar Dehiscence after C-section: Midwifery Care
  - 2.9.4. Perineal Bruising
- 2.10. Psychiatric Illness
  - 2.10.1. Postpartum Depression (PPD)
    - 2.10.1.1. Definition, Etiology and Detection of PPD
    - 2.10.1.2. Medical Care and Midwife Treatment
  - 2.10.2. Puerperal Psychosis
    - 2.10.2.1. Definition, Etiology, Detection of Postpartum Psychosis
    - 2.10.2.2. Medical Care and Midwife Treatment

### Module 3. Pelvic floor

- 3.1. Anatomy of the Female Perineum. Types of Perineal Trauma
- 3.2. Episiotomy
  - 3.2.1. Definition
  - 3.2.2. Types of Episiotomy
  - 3.2.3. Directions for Performing an Episiotomy
  - 3.2.4. WHO, SEGO and CPG recommendations
- 3.3. Perineal Tears:
  - 3.3.1. Definition and Types
  - 3.3.2. Risk Factors
  - 3.3.3. Prevention of Perineal Tears
- 3.4. Hematomas. Care by the Midwife after a Perineal Repair
  - 3.4.1. Slight Tears (types I and II)
  - 3.4.2. Severe Tears (types III and IV)
  - 3.4.3. Episiotomy
- 3.5. Short-Term Complications of Perineal Trauma
  - 3.5.1. Hemorrhages
  - 3.5.2. Infections
  - 3.5.3. Pain and Dyspareunia

- 3.6. Long-Term Complications of Perineal Trauma: Incontinence
  - 3.6.1. Urinary Incontinence
  - 3.6.2. Fecal Incontinence
  - 3.6.3. Gas Incontinence
- 3.7. Long-Term Complications of Perineal Trauma: prolapse
  - 3.7.1. Definition and Classification of Genital Prolapse
  - 3.7.2. Risk factors
  - 3.7.3. Medical and Surgical Treatment for Prolapses Pelvic Floor Rehabilitation
- 3.8. Conservative Treatment for Pelvic Floor Dysfunction
  - 3.8.1. Manual Techniques
  - 3.8.2. Instrumental Techniques: Biofeedback and Electrostimulation and among others
  - 3.8.3. Postural Re-education and Abdominal-Pelvic Training
- 3.9. Surgical Treatment for Pelvic Floor Dysfunction
  - 3.9.1. Slings and Meshes
  - 3.9.2. Colposuspensions
  - 3.9.3. Colporrhaphy and Perineorrhaphy
- 3.10. Female Genital Mutilation (FGM)
  - 3.10.1. Introduction and Social and Demographic Context of FGM. Epidemiology
  - 3.10.2. Current FGM Practice
  - 3.10.3. Types of MGF
  - 3.10.4. Consequences of the Practice of FGM on Women's Health
  - 3.10.5. FGM: Strategies for Prevention, Detection and Midwifery Interventions
  - 3.10.6. Legal Framework Regarding FGM

### Module 4. The Newborn

- 4.1. Introduction to Neonatology Concept and Classification
  - 4.1.1. Periods in Neonatology
  - 4.1.2. Classification of Newborns: by Birthweight or Gestation Period
  - 4.1.3. Classification of Newborns at Risk
  - 4.1.4. Identification of Gestational age. Methods of Farr-Dubowitz. Methods of Capurro and Ballard



- 4.2. Adaptation to Extrauterine Life according to different Systems
  - 4.2.1. Respiratory. First Breath
  - 4.2.2. Cardiovascular: Circulation, Hemoglobin and Coagulation. Closure of Ducts and the Patent Foramen Ovale
  - 4.2.3. Thermoregulation in the Newborn
  - 4.2.4. Gastrointestinal
  - 4.2.5. Renal
  - 4.2.6. Hormonal and Immunological
  - 4.2.7. Hepatic and Glucose Metabolism
- 4.3. Immediate Care of the Newborn. Midwifery Care in the Immediate Postpartum Period
  - 4.3.1. Newborn Assessment. Apgar's Test
  - 4.3.2. Prophylaxis
  - 4.3.3. Phases of Behavior (periods of alertness, adaptation and rest, search and established lactation)
  - 4.3.4. Skin to Skin
  - 4.3.5. Midwifery Care in the Immediate Postpartum Period
- 4.4. Physical Examination of Newborns
  - 4.4.1. Skeletal System
  - 4.4.2. Skin and Tissue Subcutaneous
  - 4.4.3. Cardiorespiratory
  - 4.4.4. Abdomen
  - 4.4.5. Chest
  - 4.4.6. Genitourinary
  - 4.4.7. Upper and Lower Extremities
  - 4.4.8. Neurology
- 4.5. Care of Newborns
  - 4.5.1. Hygiene and Bathing
  - 4.5.2. The Umbilical Cord
  - 4.5.3. Urination and Meconium
  - 4.5.4. Attire
  - 4.5.5. Pacifier
  - 4.5.6. Hospital Visits
  - 4.5.7. Nutrition

- 4.6. Thermal Regulation in the Neonate and Physical Environment
  - 4.6.1. Temperature Regulation in a Newborn
  - 4.6.2. Heat Production in a Newborn
  - 4.6.3. Heat Loss in a Newborn
  - 4.6.4. Methods to Reduce Heat Loss
  - 4.6.5. Consequences of Heat Stress on the Newborn
  - 4.6.6. Importance of the Physical Environment: Exposure to Light, Day-night Rhythm, Noise and Tactile Stimuli
- 4.7. Common Reasons for Consultation
  - 4.7.1. Crying
  - 4.7.2. Milk Allergy
  - 4.7.3. Gastroesophageal Reflux
  - 4.7.4. Delayed Vomiting
  - 4.7.5. Inguinal Hernia
  - 4.7.6. Haemangiomas
  - 4.7.7. Lacrimal stenosis and Lacrimal Occlusion
  - 4.7.8. Sleep
- 4.8. Screening and Parameters of Neonatal Development and Growth
  - 4.8.1. Metabolic, Auditory and Visual Screenings
  - 4.8.2. Growth Parameters (Weight, Lengths and Perimeters)
  - 4.8.3. Development Parameters
- 4.9. Common Problems
  - 4.9.1. Metabolic Dysfunctions: Hypoglycemia and Hypocalcemia
  - 4.9.2. Respiratory Problems: Hyaline Membrane Disease, Apnea, Transient Tachypnea, Meconium Aspiration Syndrome
  - 4.9.3. Hyperbilirubinemia: Physiological, Pathological and Kernicterus
  - 4.9.4. Gastroesophageal Reflux. Infantile Colic
  - 4.9.5. Febrile Seizures
- 4.10. Prevention of NB Accidents. Prevention of Sudden Death

## Module 5. Special Situations

- 5.1. Premature Newborns
  - 5.1.1. Definition. Etiology
  - 5.1.2. Characteristics of Prematurity and Morphology (Dubowitz test, Ballard test)
  - 5.1.3. Early and Late Complications of Prematurity
  - 5.1.4. Care for the Parents of Premature Infants. Impact of Prematurity on Parents
  - 5.1.5. Early and Late Complications
- 5.2. Postmature Newborn
  - 5.2.1. Definition. Etiology
  - 5.2.2. Clinical symptoms
  - 5.2.3. Main Complications
  - 5.2.4. General Care
- 5.3. Low Birth Weight of Newborns and RIC
  - 5.3.1. Definition. Etiology
  - 5.3.2. Clinical symptoms
  - 5.3.3. Main Complications
  - 5.3.4. General Care
- 5.4. Hypoxic – Ischemic Encephalopathy
  - 5.4.1. Essential and Specific Criteria for the Diagnosis of Hypoxic-Ischemic Encephalopathy
  - 5.4.2. Management of Hypoxic-Ischemic Encephalopathy
- 5.5. Perinatal Infection. Sepsis
  - 5.5.1. Early or Vertical Infection
  - 5.5.2. Late or Nosocomial Infections
  - 5.5.3. Neonatal Sepsis
  - 5.5.4. Special Considerations for Major Infections: Listeria, Cytomegalovirus, Toxoplasma, Rubella, Chicken Pox and Syphilis
- 5.6. Midwifery Care of Newborns delivered by Drug-using Mothers
  - 5.6.1. Classification of Drugs according to WHO (opium and derivatives, barbiturates and alcohol, cocaine, amphetamines, LSD and cannabis) and according to Pharmacology (CNS stimulants, CNS depressants and psychedelics)



- 5.6.2. Effects of Drug Use during Pregnancy on Neonates
- 5.6.3. Neonatal Care and Surveillance
- 5.6.4. Fetal Alcohol Syndrome
- 5.7. Features of Breastfeeding in Premature Newborns
  - 5.7.1. Sucking Reflex and Prematurity
  - 5.7.2. Breast Milk, Donated Milk and Formula Milk
  - 5.7.3. Special Techniques and Positions
  - 5.7.4. Relactator Use
- 5.8. Breastfeeding Problems in Special Situations
  - 5.8.1. Drowsy Newborns
  - 5.8.2. Breastfeeding Strike
  - 5.8.3. Ankyloglossia
  - 5.8.4. Fetal Pathology: Down Syndrome, Syndrome Pierre-Robin and Cleft Lip
- 5.9. Mother-Related Breastfeeding Problems I
  - 5.9.1. Flat, Inverted and Pseudoinverted Nipple
  - 5.9.2. Poor Grip
  - 5.9.3. Nipple Cracks and Infections
  - 5.9.4. Delayed Lactogenesis II
- 5.10. Mother-Related Breastfeeding Problems II
- 5.11. Mastitis: Culture Extraction
- 5.12. Abscess
- 5.13. Hypogalactia
- 5.14. Ingurgitation

## Module 6. Psychological and emotional aspects in the postpartum period

- 6.1. Definition of Bond. Theoretical Framework
- 6.2. Neurobiology of Bonding
  - 6.2.1. Maternal Hormonal System
  - 6.2.2. Hormonal System of the Newborn
- 6.3. Psychological Changes in the Postpartum Period
  - 6.3.1. Psychological Transparency
  - 6.3.2. Psychosocial Adaptation: Reva Rubin and Mercer
- 6.4. Risk Factors Associated with the Disruption of Maternal Bond

- 6.5. Perinatal Loss
  - 6.5.1. Definitions
  - 6.5.2. Current Situation of Perinatal Loss in Spain
  - 6.5.3. Risk Factors and Causes
- 6.6. Types of Perinatal Loss
  - 6.6.1. Spontaneous Abortion, Voluntary Termination of Pregnancy (VTP)
  - 6.6.2. IVF due to Fetal Malformation or Maternal Risk
  - 6.6.3. Selective Reduction in Multiple Gestations
  - 6.6.4. Intrauterine or Intrapartum Stillbirth Loss
- 6.7. Perinatal Bereavement
  - 6.7.1. Concept and Modalities
  - 6.7.2. Stages of Grief
  - 6.7.3 Differences between Perinatal Bereavement and Depression
- 6.8. Conceptualization of Perinatal Bereavement
  - 6.8.1. Specific Manifestations
  - 6.8.2. Factors Influencing Grief
  - 6.8.3. Assessment Scales for Perinatal Bereavement
- 6.9. Experiences after a Loss
  - 6.9.1. Pregnancy Following a Loss
  - 6.9.2. Breastfeeding during Bereavement
  - 6.9.3. Others affected by the Loss
- 6.10. The Role of the Midwife in Perinatal Bereavement and Loss

## Module 7. Sexuality and Birth Control in the Postpartum Period

- 7.1. Anatomical Reminder of the Female Genital Apparatus
  - 7.1.1. External Genitalia
  - 7.1.2. Internal Genitals
  - 7.1.3. The Pelvic Bone
  - 7.1.4. The Soft Pelvis
  - 7.1.5. Mammary Glands
- 7.2. Reminder of the Physiology of the Female Reproductive Organs
  - 7.2.1. Introduction

- 7.2.2. Female Hormones
- 7.2.3. Female Genital Cycle: Ovarian, Endometrial, Myometrial, Tubal, Cervical-Uterine, Vaginal and Mammary
- 7.3. The Female Sexual Response Cycle
  - 7.3.1. Introduction: The Master and Johnson Sexual Response Cycle
  - 7.3.2. Desire
  - 7.3.3. Arousal
  - 7.3.4. Plateau
  - 7.3.5. Orgasm
- 7.4. Sexuality in the Postpartum Period
  - 7.4.1. Introduction
  - 7.4.2. Anatomical, Physiological and Psychological Changes in the Puerperium
  - 7.4.3. Sexuality in the Postpartum Period
  - 7.4.4. Sexual Problems during the Postpartum Period
  - 7.4.5. Promotion of Sexual Health in the Postpartum Period
- 7.5. Reduction or Loss of Sexual Desire
  - 7.5.1. Introduction
  - 7.5.2. Biological Basis for Sexual Desire
  - 7.5.3. Observations on Sexual Desire
  - 7.5.4. Definitions of Sexual Desire
  - 7.5.5. Difficulties during the Phase of Sexual Desire
  - 7.5.6. Etiology of Difficulties Regarding Sexual Desire
  - 7.5.7. Treatment Proposals
- 7.6. Difficulties becoming Aroused
  - 7.6.1. Definitions of the Concept of Arousal
  - 7.6.2. Definition of Arousal Difficulties
  - 7.6.3. Classification of Arousal Difficulties
  - 7.6.4. Etiology of Arousal Difficulties
- 7.7. Difficulties having an Orgasm
  - 7.7.1. What is an Orgasm and how does it occur?
  - 7.7.2. Physiological Reactions of a Woman's Sexual Response
  - 7.7.3. The G Spot
  - 7.7.4. The Love Muscle (pubococcygeus muscle)
  - 7.7.5. Necessary Conditions to have an Orgasm
  - 7.7.6. Classification of Female Orgasm Dysfunction
  - 7.7.7. Etiology of Anorgasmia
  - 7.7.8. Treatment
- 7.8. Vaginismus and Dyspareunia
  - 7.8.1. Definitions
  - 7.8.2. Classification
  - 7.8.3. Etiology
  - 7.8.4. Treatment
- 7.9. Couples Therapy
  - 7.9.1. Introduction
  - 7.9.2. General Aspects of Couples Therapy
  - 7.9.3. Dynamics of Sexual Enrichment and Communication in Couples
- 7.10. Contraception in the Postpartum Period
  - 7.10.1. Concepts
  - 7.10.2. Types of Contraception
  - 7.10.3. Natural Methods
    - 7.10.3.1. Natural Methods with Breastfeeding
    - 7.10.3.2. Natural Methods without Breastfeeding
  - 7.10.4. DIU
  - 7.10.5. Hormonal Methods
    - 7.10.5.1. Hormonal Methods with Breastfeeding
    - 7.10.5.2. Hormonal Methods without Breastfeeding
  - 7.10.6. Voluntary Sterilization
  - 7.10.7. Emergency Contraception

## Module 8. Parenthood

- 8.1. Childhood and Positive Parenting in the European framework
  - 8.1.1. The European Council and Children's Rights
  - 8.1.2. Positive Parenting: Definition and Basic Principles
  - 8.1.3. Public Policies in Support of Positive Parenting

- 8.2. The Family as a Health Agent
  - 8.2.1. Definition of family
  - 8.2.2. The Family as a Health Agent
  - 8.2.3. Protective Factors and Constraints
  - 8.2.4. Development of Parental Skills and Responsibility
- 8.3. The Family: Structure and Life Cycle
  - 8.3.1. Family Models
    - 8.3.1.1. Inclusion
    - 8.3.1.2. Fusion
    - 8.3.1.3. Interdependence
  - 8.3.2. Types of Family
    - 8.3.2.1. Stable
    - 8.3.2.2. Unstable
    - 8.3.2.3. Single-Parent
    - 8.3.2.4. Reconstituted
  - 8.3.3. Single-Parent Families
  - 8.3.4. Assessment of the Family's Needs
    - 8.3.4.1. Family Evolutionary Cycle
    - 8.3.4.2. The APGAR Family Test
    - 8.3.4.3. The Mos Questionnaire
- 8.4. Parental Educational Styles
  - 8.4.1. Essential Concepts
  - 8.4.2. Classification of Styles
    - 8.4.2.1. Authoritarian Parents
    - 8.4.2.2. Permissive Parents (indulgent and negligent)
    - 8.4.2.3. Democratic Parents
  - 8.4.3. Family Styles
    - 8.4.3.1. Contractualist
    - 8.4.3.2. Statutory
    - 8.4.3.3. Maternal
    - 8.4.3.4. Overprotective
- 8.5. Coeducation
  - 8.5.1. Introduction and Principles
  - 8.5.2. Coeducation Strategies
  - 8.5.3. Workshops to Work on Coeducation in Families (sessions)
- 8.6. Positive Conflict Resolution Intrafamily Communication
  - 8.6.1. Introduction
  - 8.6.2. Intelligent Traffic Light Technology
  - 8.6.3. Effective Communication, Active Listening and Assertiveness
  - 8.6.4. Self-Esteem and Self-Knowledge. Self-Esteem in the different Stages of the Child
  - 8.6.5. Promoting Autonomy
  - 8.6.6. Self-control and Tolerance Towards Frustration
- 8.7. Attachment
  - 8.7.1. Introduction. Function. Window of Opportunity
  - 8.7.2. The Development of Attachment by Age
  - 8.7.3. Attachment Types: Secure, Anxious and Ambivalent, Avoidant, Disorganized, Disorganized
  - 8.7.4. Paternal Bond
- 8.8. Midwifery Care geared towards the Establishment and Promotion of Attachment
  - 8.8.1. Babysitting Method
  - 8.8.2. Promotion of Breastfeeding
  - 8.8.3. Transport
  - 8.8.4. Infant Massage
  - 8.8.5. Model Sessions to promote Attachment
- 8.9. Damage to Mother-Infant Bonding
  - 8.9.1. Introduction
  - 8.9.2. Diagnostic Criteria
  - 8.9.3. Psychomedical Questionnaires
  - 8.9.4. Other Assessment Scales
  - 8.9.5. Semi-Structured Interview

- 8.10. Emotional or Psychological Abuse
  - 8.10.1. Introduction to Child Abuse
  - 8.10.2. Definition of Psychological Abuse
  - 8.10.3. Classification: Liabilities and Assets
  - 8.10.4. Risk factors
  - 8.10.5. Symptoms and Disorders
  - 8.10.6. Forms of Psychological Abuse

### Module 9. Legislation and management in midwifery care practice in the postpartum period

- 9.1. Postpartum Women and Newborns as Users of the National Health System. Ethical Principles in Good Professional Practice
- 9.2. The Right to Health Information and The Right to Privacy in Midwifery Practice
  - 9.2.1. The Right to Health Care Information
  - 9.2.2. Holder of the Right to Health Care Information
  - 9.2.3. The Right to Epidemiological Information
  - 9.2.4. The Right to Privacy. Professional Discretion
  - 9.2.5. The Patient's Right to Autonomy
  - 9.2.6. Informed Consent
  - 9.2.7. Limitations to Informed Consent and Informed Consent by Proxy
  - 9.2.8. Terms of Information and Informed Written Consent
  - 9.2.9. Information within the National Health System
- 9.3. Professional Secrecy
- 9.4. Medical History. Discharge Report and other Clinical Documentation. Data Protection
- 9.5. Professional Responsibility in Midwifery Care
- 9.6. Civil Registry. Family Book. Current Maternity and Paternity Leave. Leave in Special Situations
- 9.7. Quality of Midwifery Care in the Postpartum Period
  - 9.7.1. Concept of Quality and Conceptual Framework. Comprehensive Quality
    - 9.7.1. Evaluation of Structure, Process and Results
  - 9.7.2. Evaluation Methods: External Evaluation, Internal Evaluation and Monitoring
  - 9.7.3. Quality Control

- 9.8. Health Programs and their Evaluation
  - 9.8.1. Concept of a Health Program
  - 9.8.2. Objectives and Activity Planning
  - 9.8.3. Clinical Practice Guidelines
  - 9.8.4. Clinical Care and Treatment Alternatives
  - 9.8.5. Assessment
- 9.9. Health Planning
  - 9.9.1. Introduction and Definition of Health Planning
  - 9.9.2. Planning Stages
  - 9.9.3. Identifying Problems. Types of Requirements
  - 9.9.4. Indicators
  - 9.9.5. Factors that Condition Health Problems
  - 9.9.6. Prioritizing Problems
- 9.10. Organization of Obstetric Care in the Postpartum Period at different Stages of Care
  - 9.10.1. Organization of Midwifery Care in Primary Care and Specialized Care Centers
  - 9.10.2. The Postpartum Consultation by the Midwife
  - 9.10.3. Co-ordination of Midwifery Practise between the Two Stages of Care. Continuity of Care

### Module 10. Breastfeeding Today and Throughout History

- 10.1. Concepts Related to Breastfeeding
  - 10.1.1. Evolution of the Concept of Breastfeeding
  - 10.1.2. Breastfeeding Concepts
- 10.2. History of Breastfeeding
  - 10.2.1. Natural History of Breastfeeding
  - 10.2.2. Historical Development of The Importance of Breastfeeding
- 10.3. False Myths
  - 10.3.1. Misconceptions About Breastfeeding
  - 10.3.2. Correct Beliefs About Breastfeeding
- 10.4. Strategy for Normal Childbirth Care
  - 10.4.1. Encouraging Breastfeeding after Childbirth
  - 10.4.2. Benefits of Breastfeeding in Childbirth

- 10.5. Epidemiology
  - 10.5.1. Epidemiological Course of Breastfeeding Development
  - 10.5.2. Social Evolution of Breastfeeding
- 10.6. Human Milk Banks
  - 10.6.1. Concept of a Milk Bank
  - 10.6.2. Characteristics of a Milk Bank
- 10.7. Counseling and Support for Women Who Do Not Want to Breastfeed
  - 10.7.1. Health Education for Women Who Do Not Want to Breastfeed
  - 10.7.2. Specific Information on care for Non-Breastfeeding Women
- 10.8. Women's Rights During Breastfeeding
  - 10.8.1. The Immediate Rights of the Infant
  - 10.8.2. Social Benefits for Breastfeeding Women
- 10.9. Paternal Involvement in Breastfeeding
  - 10.9.1. The Father as a Supporting Figure in Breastfeeding
  - 10.9.2. The Father as an Advisor in Breastfeeding
- 10.10. Global Breastfeeding Protection: WHO Recommendations
  - 10.10.1. WHO Recommendations
  - 10.10.2. Global Breastfeeding Protection

## Module 11. Breastfeeding

- 11.1. Anatomy
  - 11.1.1. Embryonic Development
  - 11.1.2. Mature Mammary Glands
  - 11.1.3. Mammary Glands in Pregnancy
  - 11.1.4. Mammary Glands in Lactation
- 11.2. Physiology of Lactal Secretion
  - 11.2.1. Mammogenesis
  - 11.2.2. Lactogenesis I and II
  - 11.2.3. Lactogenesis III/Lactopoiesis
  - 11.2.4. Endocrine Control of Lactic Secretion
- 11.3. Composition of Breast Milk
  - 11.3.1. Types and Composition of Milk
  - 11.3.2. Comparison between Colostrum-Ripened Milk and Cow Milk

- 11.4. Effective Breastfeeding
  - 11.4.1. Signs of a Good Grip
  - 11.4.2. Normal Newborn Patterns: Micturition, Stool and Weight Gain
- 11.5. Sample Evaluation
  - 11.5.1. LATCH Scale
  - 11.5.2. Observation Table of the European Union Intake
  - 11.5.3. Breastfeeding Postures
- 11.6. Nutrition and supplementation
  - 11.6.1. Maternal Nutrition and Supplementation
  - 11.6.2. Supplementation for Newborns. 2017 Clinical Practice Guideline Recommendations
- 11.7. Restrictions to Breastfeeding
  - 11.7.1. Maternal Complications
  - 11.7.2. Complications in Newborns
  - 11.7.3. Pharmacological Suppression
- 11.8. Breastfeeding and Bonding
  - 11.8.1. Skin to skin. The Importance of the First Hours after Birth
  - 11.8.2. Co-Sleeping
    - 11.8.2.1. Benefits
    - 11.8.2.2. Guidelines for Safe Co-Sleeping
  - 11.8.3. Tandem Breastfeeding
- 11.9. Milk Extraction and Preservation
- 11.10. Weaning Initiative for the Humanization of Childbirth and Breastfeeding (HCB)

## Module 12. Physiology and Clinical History in Lactation

- 12.1. Anatomy of the Breast
  - 12.1.1. Surrounding Osseous Structure of the Breast
  - 12.1.2. Muscular Structure of the Breast
- 12.2. Physiology of Breastfeeding
  - 12.2.1. Physiological Development of Breastfeeding
  - 12.2.2. Hormonal Circuit of Lactation



- 12.3. Benefits of Breastfeeding for the Mother
  - 12.3.1. Concept
  - 12.3.2. Benefits of breastfeeding in the Mother
- 12.4. Benefits of Breastfeeding for the Baby
  - 12.4.1. Concept
  - 12.4.2. Benefits of breastfeeding in the Baby
- 12.5. Evaluation of the Intake
  - 12.5.1. Indications for Use
  - 12.5.2. Inadequate Actions in the Intake
- 12.6. Signs of Good and Bad Bonding
  - 12.6.1. Bonding Concept
  - 12.6.2. Benefits of a Good Bond
- 12.7. Recommended Positions
  - 12.7.1. Proper Breastfeeding Positions
  - 12.7.2. Improper Breastfeeding Positions

### Module 13. Breastfeeding Care and the Health of the Breastfeeding Mothers

- 13.1. First Recommendations during Pregnancy
  - 13.1.1. Evolution of Breastfeeding in Pregnancy
  - 13.1.2. Breastfeeding Care in Pregnancy
- 13.2. Breast Care during Breastfeeding
  - 13.2.1. General Care
  - 13.2.2. Specific Advice

- 13.3. Proper Techniques for Breastfeeding
  - 13.3.1. Different Breastfeeding Techniques
  - 13.3.2. Incorrect Breastfeeding Measures
- 13.4. Effects of Breastfeeding on Women's Health in the Short Term
  - 13.4.1. Immediate Benefits of Breastfeeding in Women
  - 13.4.2. Positive Breastfeeding Tips
- 13.5. Effects of Breastfeeding on Women's Health in the Mid- and Long-Term
  - 13.5.1. Long-term Benefits of Breastfeeding
  - 13.5.2. Mid-term Benefits of Breastfeeding
- 13.6. Maternal Diet and Breastfeeding
  - 13.6.1. Foods that alter Breast Milk
  - 13.6.2. Foods that benefit Breastfeeding
- 13.7. Physical Activity and Breastfeeding
  - 13.7.1. Encouraging Physical Activity During Breastfeeding
  - 13.7.2. Contraindications to Physical Activity During Breastfeeding

### Module 14. The Healthy Newborn

- 14.1. Anatomical and Physiological Characteristics
  - 14.1.1. Anatomy of the Newborn
  - 14.1.2. Physiology of the Newborn
- 14.2. Nutritional Requirements of the Infant
  - 14.2.1. Infant Nutrition
  - 14.2.2. Dietary Advice
- 14.3. Growth of Breastfed Infants
  - 14.3.1. WHO Curves
  - 14.3.2. Normality in the Curve
- 14.4. Infantile Colic
  - 14.4.1. Concept
  - 14.4.2. Indications to Avoid Infant Code

- 14.5. Early Skin-to-Skin Contact
  - 14.5.1. The Skin-to-skin Start
  - 14.5.2. Immediate Skin-to-skin Benefits
- 14.6. First Shot. Attachment
  - 14.6.1. Concept of Attachment
  - 14.6.2. Indications of Onset of Contact
- 14.7. Breastfeeding and Kangaroo Mother Method
  - 14.7.1. Kangaroo Method Approach
  - 14.7.2. Start of the Technique
- 14.8. Nipples and Pacifiers During Breastfeeding
  - 14.8.1. Description of Nipples and Pacifiers
  - 14.8.2. Precautions for Nipples and Pacifiers

## Module 15. Problems during Breastfeeding

- 15.1. Contraindications to Breastfeeding
  - 15.1.1. Situations that Prevent Breastfeeding
  - 15.1.2. Nutritional
- 15.2. Maternal Pathologies Preventing Breastfeeding
  - 15.2.1. Identify Maternal Pathologies Preventing Breastfeeding
  - 15.2.2. Advice on Breastfeeding Contraindications
- 15.3. Newborn Pathologies Preventing Breastfeeding
  - 15.3.1. Identify Neonatal Pathologies Preventing Breastfeeding
  - 15.3.2. Advice on Breastfeeding Contraindications
- 15.4. Nipple Problems
  - 15.4.1. Different Types of Nipples
  - 15.4.2. Support for the Mother
- 15.5. Mammary Ingurgitation
  - 15.5.1. Concept
  - 15.5.2. Adequate Treatment

- 15.6. Mastitis
  - 15.6.1. Concept
  - 15.6.2. Adequate Treatment
- 15.7. Aids and Devices to Assist in Breastfeeding
  - 15.7.1. Different Breastfeeding Devices
  - 15.7.2. How to help Breastfeeding

## Module 16. Other Types of Breastfeeding

- 16.1. Artificial Breastfeeding
  - 16.1.1. Concept
  - 16.1.2. Development of the Technique
- 16.2. Formula Milk: Handling and Disadvantages
  - 16.2.1. Formula Milk Preparation
  - 16.2.2. Benefits and Drawbacks
- 16.3. Preparation of a Baby Bottle
  - 16.3.1. Technique for Preparing a Baby Bottle
  - 16.3.2. Sterilizing Baby Bottles
- 16.4. Mixed Breastfeeding
  - 16.4.1. Concept
  - 16.4.2. How to Carry it out?
- 16.5. Relactation
  - 16.5.1. Concept
  - 16.5.2. Indications
- 16.6. Combination of Breastfeeding with Nutrition
  - 16.6.1. Complementary Nutrition
  - 16.6.2. Nutritional Needs

## Module 17. Breastfeeding in Special Situations

- 17.1. Hypogalactia
  - 17.1.1. Concept
  - 17.1.2. Measures to Treat them
- 17.2. Ill Newborns
  - 17.2.1. Different Pathologies
  - 17.2.2. Breastfeeding in Children with Pathologies
- 17.3. Premature Infants
  - 17.3.1. Definition of Prematurity
  - 17.3.2. Breastfeeding in Premature Infants
- 17.4. Teenage Mothers
  - 17.4.1. Breastfeeding in Adolescent Mothers
  - 17.4.2. Problems in Adolescent Mothers
- 17.5. Breastfeeding and LAM
  - 17.5.1. Concept
  - 17.5.2. Benefits of LAM
- 17.6. Cleft Lip and Lip Malformations
  - 17.6.1. Concept
  - 17.6.2. Support for Newborns and Breastfeeding Mothers
- 17.7. Breastfeeding and New Pregnancy
  - 17.7.1. Tandem Breastfeeding
  - 17.7.2. Nutritional
- 17.8. Breastfeeding and Stress
  - 17.8.1. Stress as a Detrimental to Breastfeeding
  - 17.8.2. Measures to Cope with Stress

## Module 18. Common Situations During Breastfeeding

- 18.1. Crying and Breast Refusal
  - 18.1.1. Concept
  - 18.1.2. Immediate Attention
- 18.2. Breastfeeding Strike
  - 18.2.1. Concept
  - 18.2.2. Strike Counseling
- 18.3. Prolonged and Tandem Breastfeeding
  - 18.3.1. Concept
  - 18.3.2. Benefits
- 18.4. Co-Sleeping
  - 18.4.1. Concept
  - 18.4.2. Benefits of Co-sleeping
- 18.5. Working Outside the Home and Breastfeeding
  - 18.5.1. Incorporation into Work
  - 18.5.2. Support in this Situation
- 18.6. Milk Extraction: Methods and Tools
  - 18.6.1. Parts of the Breast Pump
  - 18.6.2. Use of the Breast Pump
- 18.7. Transport and Storage of Breast Milk
  - 18.7.1. Milk Storage Mechanisms
  - 18.7.2. Milk Transport

## Module 19. Drugs and Breastfeeding

- 19.1. Passage of Drugs and Other Elements into Breast Milk
  - 19.1.1. Concept
  - 19.1.2. Contraindications to the Administration of Medication
- 19.2. Drug Interaction and Breastfeeding
  - 19.2.1. Drug Interactions
  - 19.2.2. Drug Administration
- 19.3. Most Commonly Used Drugs During Lactation
  - 19.3.1. Recommended Drugs for Breastfeeding
  - 19.3.2. Indications
- 19.4. Web-based Resources and Tools on Pharmaceuticals and Breastfeeding
  - 19.4.1. Website about Breastfeeding and Pharmaceuticals
  - 19.4.2. How to Search Online
- 19.5. Harmful Substances and Breastfeeding
  - 19.5.1. Different Harmful Substances in Breastfeeding
  - 19.5.2. Attitude towards the Ingestion of Harmful Substances

## Module 20. Associations of Breastfeeding, Initiatives and Legislation

- 20.1. Support Groups
  - 20.1.1. Concept
  - 20.1.2. Different Support Groups
- 20.2. Lactation Consultants
  - 20.2.1. Concept of Consultants
  - 20.2.2. Consultant's Roles
- 20.3. Innocenti Statement
  - 20.3.1. Protecting Breastfeeding Globally
  - 20.3.2. Protection Treaty

- 20.4. WHO Baby-Friendly Hospital Initiative (BFHI)
  - 20.4.1. Characteristics of the Initiative
  - 20.4.2. Objectives to be Met
- 20.5. Legislation for the Protection of Breastfeeding
  - 20.5.1. Current Legislation
  - 20.5.2. Rights and Responsibilities
- 20.6. Recommended Websites
  - 20.6.1. Online queries
  - 20.6.2. Web Credibility

## Module 21. Diseases and Breastfeeding

- 21.1. Concept
  - 21.1.1. Definition of Diseases and Breastfeeding
  - 21.1.2. Performance
- 21.2. Absolute and False Contraindications
  - 21.2.1. Contraindications
  - 21.2.2. False Myths
- 21.3. HIV and Breastfeeding
  - 21.3.1. Concept
  - 21.3.2. Indications for Breastfeeding
- 21.4. Hepatitis and Breastfeeding
  - 21.4.1. Concept
  - 21.4.2. Indications for Breastfeeding

- 21.5. Oncological Processes and Breastfeeding
  - 21.5.1. Cancer and Breastfeeding
  - 21.5.2. Indications for the Oncologic Process and Breastfeeding Mothers
- 21.6. Special Situations in the Newborn that Make Breastfeeding Difficult
  - 21.6.1. Newborns in Special Situations
  - 21.6.2. Mechanisms for Adapting to Special Situations and Breastfeeding
- 21.7. How to Promote Breastfeeding in Maternal-Fetal Conditions
  - 21.7.1. Concept
  - 21.7.2. Promoting Breastfeeding in situ

## Module 22. Maternal Inhibition or Weaning

- 22.1. Concept and Types
  - 22.1.1. Types of Inhibition
  - 22.1.2. Mechanism for Progressive Weaning
- 22.2. Physiology of Breastfeeding Inhibition
  - 22.2.1. Physiology of Inhibition
  - 22.2.2. Indications for Breastfeeding Inhibition
- 22.3. Ways to Accelerate Weaning
  - 22.3.1. The How and When of Weaning
  - 22.3.2. How to Start Progressive Weaning
- 22.4. Prolonged Breastfeeding
  - 22.4.1. Concept
  - 22.4.2. Benefits and Detriments
- 22.5. Medications Associated with the Inhibition of Breastfeeding
  - 22.5.1. Medication for Inhibition
  - 22.5.2. Indications
- 22.6. Entering the Labor Market
  - 22.6.1. Stressful Situation upon Incorporation
  - 22.6.2. Advice and Assistance







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

06

# Methodology

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

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



“

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

## At TECH Nursing School we use the Case Method

In a given situation, what should a professional do? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Nurses learn better, faster, and more sustainably over time.

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



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



“

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

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

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





## Relearning Methodology

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

This university is the first in the world to combine case studies with a 100% online learning system based on repetition combining a minimum of 8 different elements in each lesson, which is a real revolution compared to the simple study and analysis of cases.



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

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

With this methodology we have trained more than 175,000 nurses with unprecedented success in all specialities regardless of practical workload. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

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

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

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



This program offers the best educational material, prepared with professionals in mind:



### Study Material

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

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



### Nursing Techniques and Procedures on Video

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



### Interactive Summaries

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

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



### Additional Reading

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





#### Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, 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 students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their 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 future difficult decisions.



#### Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.





07

# Certificate

This Advanced Master's Degree in Puerperium and Breastfeeding guarantees you, in addition to the most rigorous and up-to-date training, access to a qualification issued by TECH Global University.





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

This program will allow you to obtain your **Advanced Master's Degree diploma in Puerperium and Breastfeeding** endorsed by **TECH Global University**, the world's largest online university.

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

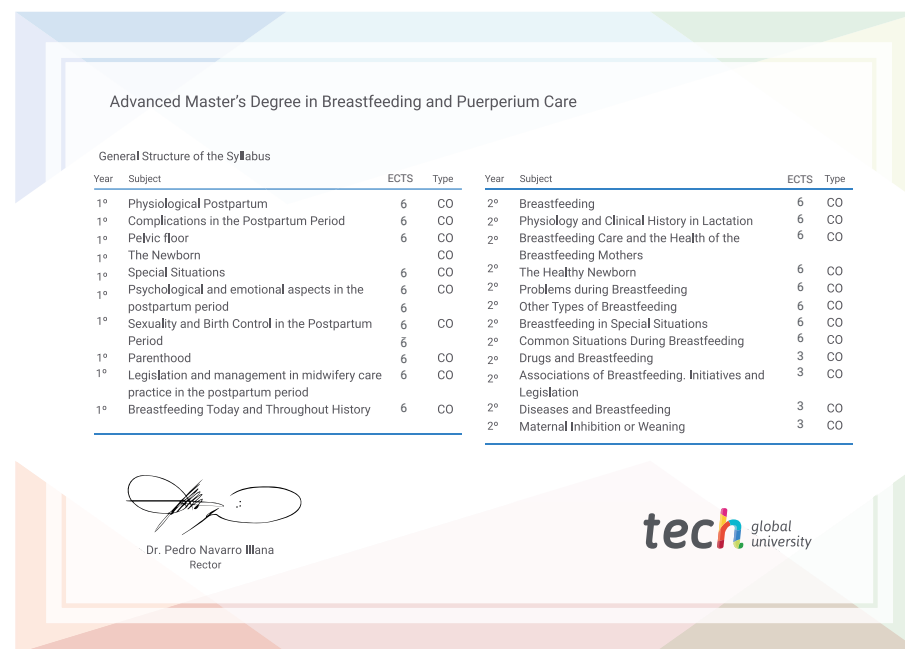
This **TECH Global University** title is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Advanced Master's Degree in Puerperium and Breastfeeding**

Modality: **online**

Duration: **2 years**

Accreditation: **120 ECTS**



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

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



## Advanced Master's Degree Puerperium and Breastfeeding

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Global University
- » Credits: 120 ECTS
- » Schedule: at your own pace
- » Exams: online

# Advanced Master's Degree Puerperium and Breastfeeding

