



# Hybrid Professional Master's Degree

# Pregnancy Pathologies for Midwives

Modality: Hybrid (Online + Clinical Internship)

Duration: 12 months

Certificate: TECH Global University

60 + 5 ECTS Credits

We bsite: www.techtitute.com/us/nursing/hybrid-professional-master-degree-pregnancy-pathologies-midwives

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Midwives have an important responsibility in the early identification of alterations and in performing comprehensive evaluations of pregnant patients and their evolution. With technological advances, there are more advanced tools to develop personalized care plans for different gestational pathologies. However, not all professionals in this field are up to date on their use. For this reason, TECH has developed an innovative academic program. This program consists of 1,500 hours of theoretical learning on an online, interactive platform without predefined schedules. Once this phase has been completed, an intensive, face-to-face practical stay in a renowned hospital will be carried out. In this way, together with high-level experts, these graduates will be able to improve their practice towards excellence.



## tech 06 | Introduction

Technological evolution and new therapeutic strategies have led to the development of increasingly sophisticated techniques for the evaluation and monitoring of diseases in both pregnant women and fetuses. Today, health care systems have increasingly powerful ultrasound equipment and more advanced diagnostic tests such as blastocyst biopsy. At the same time, in order to handle all these new tools and the subsequent protocols for their use, professionals must be constantly updated. This is often difficult to acquire because most educational programs have a high theoretical load and leave aside the practical applications necessary to exercise this care with greater excellence.

For this reason, TECH offers this program, a pioneer in its type, which combines the teaching process in two fundamental stages. The first phase is entirely theoretical and takes place on a 100% online and interactive platform. From there, the participants of this program will be able to dedicate 1,500 hours to the study of the most recent concepts in this field. They will also use innovative teaching methodologies, such as Relearning and other valuable multimedia materials to facilitate learning.

After completing this first stage, the graduates will carry out a 3-week intensive on-site internship in a prestigious hospital center. During this pedagogical period, they will have the opportunity to apply the knowledge acquired in the theoretical phase in the care of real patients. Additionally, they will work in collaboration with leading experts and will have the opportunity to assimilate directly from their more complex experiences. All this will be possible thanks to the specialized guidance of an adjunct tutor in charge of providing you with the most modern procedures and methods, who will help you to incorporate them into your daily practice.

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

- Development of more than 100 clinical cases presented by nursing professionals
- The graphic, schematic and eminently practical contents of the courses are designed to provide scientific and assistance information on those medical disciplines that are essential for professional practice
- Presentation of practical workshops on procedures diagnosis, and treatment techniques
- Interactive learning system based on algorithms for decision making on clinical situations
- All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- Content that is accessible from any fixed or portable device with an Internet connection
- Furthermore, you will be able to carry out a clinical internship in one of the best medical centers



In the theoretical stage of this
Hybrid Professional Master's Degree,
you will master the key theoretical
concepts for the treatment of
pathologies in pregnant women"



This TECH program allows you to acquire modern skills for your professional practice in 3 weeks of practical and face-to-face stay"

In this Hybrid Professional Master's Degree proposal, of a professionalizing nature and blended learning modality, the program is aimed at updating the nursing professionals. The contents are based on the latest scientific evidence, and oriented in a didactic way to integrate theoretical knowledge in nursing practice and allow decision making in patient management.

Thanks to its multimedia content elaborated with the latest educational technology, it will allow the nursing professional to obtain a situated and contextual learning, that is to say, a simulated environment that will provide an immersive learning programmed to train in real situations. The design of this program is focused on Problem-Based Learning, through which you will have to try to solve the different situations of professional practice that arise throughout the program. For this purpose, the student will be assisted by an innovative interactive video system created by renowned experts.

This program and its academic modules offer you a world-class update that will propel your professional results toward excellence.

You will incorporate, in the Internship of this Hybrid Professional Master's program, the latest trends in managing immature labor, protecting mother and baby.







# tech 10 | Why Study this Hybrid Professional Master's Degree?

### 1. Updating from the latest technology available

The detection of Pathology in Pregnancy is increasingly complemented by sophisticated technological resources such as ultrasound equipment to determine alterations in the baby's development. Also, more modern tools have been implemented to provide continuous monitoring of mothers during pregnancy. With TECH you will be able to master all these equipments and, therefore, you will obtain the most demanded and recent skills in this health field.

#### 2. Gaining In-Depth Knowledge from the Experience of Top Specialists

In this Hybrid Professional Master's program, access to the best experts is guaranteed at every stage of study. During the initial phase of theoretical learning, a faculty of excellence will be present, with the greatest and best experience in the detection of Pregnancy Pathologies. Then, during the Internship, experts of great prestige and rigor in this field of care will be present.

#### 3. Entering First-Class Clinical Environments

TECH carefully selects all the centers available for this program. As a result, the most prestigious clinical environments are available for the program. In this context, graduates will be able to experience the day-to-day work of a demanding, rigorous and exhaustive field.





# Why Study this Hybrid Professional | 11 tech Master's Degree?

#### 4. Combining the Best Theory with State-of-the-Art Practice

In an educational market poorly adapted to the requirements of practical learning, TECH breaks into the market with a pioneering study model of its kind. In this way, after completing an online learning period of 1,500 hours, a 100% practical and face-to-face internship is implemented. Through the combination of both stages, an update of the highest quality on the main innovations in the approach to Pregnancy Pathologies.

#### 5. Expanding the Boundaries of Knowledge

TECH offers the possibility of carrying out the internship of this program in centers of international scope. In this way, the academic frontiers of the participants are expanded from global knowledge and the implementation of resources according to the standards of different geographical latitudes.







## tech 14 | Objective



## **General Objective**

The general objective of this Hybrid Professional Master's Degree is to update
students on all the diseases that are present in the different trimesters of pregnancy.
It also analyzes how these conditions can cause discomfort to the fetus and the
mother. It addresses as well, the most common endocrine conditions in pregnant
women, their correct management and monitoring. In this way, they will broaden
their skills and contribute to ensure their patients a better prognosis based on the
latest technological resources and therapeutic procedures



Bacterial vaginosis is one of the infections that afflict pregnant women and that you will learn to identify in this TECH program"







### **Specific Objectives**

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

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

#### Module 2. Pregnant Woman with Pathology derived from the Digestive System

- Up date your knowledge on some of the most frequent pathologies in pregnancy, such as hyperemesis gravidarum, a pathology that occurs frequently in pregnancy, and which is the object of the work of midwives in emergency and high obstetric risk units
- Know the importance of the early diagnosis of pathologies such as intrahepatic cholestasis of pregnancy, which can have fatal consequences if not treated correctly
- They will broaden their knowledge of viral hepatitis in pregnancy, which, due to its special considerations in childbirth, is the subject of detailed study by midwives
- Describe the pathology that affects gastric discomfort during pregnancy, such as reflux, an issue for which pregnant women consult throughout pregnancy on numerous occasions
- Describe the main hygienic measures to combat it

## tech 16 | Objective

#### Module 3. Pregnant with Hematological and Cardiac Problems

- Learn about the management of the main hematological pathologies that occur frequently during pregnancy, such as gestational anemia and thrombopenias
- Learn in depth about perinatal hemolytic disease, which was a cause of death until a few years ago due to its lack of knowledge
- Discuss the main issues involved in cardiac pathologies in pregnancy, as some of them may hinder pregnancy

# Module 4. Pregnant with neurological, musculoskeletal, dermatological and autoimmune problems

- Expand knowledge in neurological pathologies that are in continuous research and evolution, such as multiple sclerosis, a complex pathology in which midwives must be training to perform a correct clinical and psychological approach
- Update knowledge on anti-epileptic medication, since many of these drugs are teratogenic, and are the subject of consultation by patients
- Study dermatological pathology in depth, which will allows the student to be able to perform an adequate approach in emergency and consultation units
- Analyze the autoimmune diseases that affect pregnancy, since many of them are an indication for an early termination of pregnancy, such as lupus and antiphospholipid syndrome
- Instruct on musculoskeletal pathology, because, although it is not generally serious, it is something that affects the majority of pregnant women who consult seeking solutions

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

- Get up to date knowledge of bronchial asthma in pregnancy, since it is estimated that 1% of pregnant women suffer from it, being the most frequent respiratory pathology
- Increase understanding of the influenza virus and its influence during pregnancy, both
  due to the main complications it causes and because it is the subject of numerous
  hospital admissions

- Learn how to make a differential diagnosis between different urological and renal pathologies, which are very frequent during pregnancy, so much so that asymptomatic bacteriuria is screened and midwives must know how and when it should be performed
- Learn about the effects of tropical and subtropical diseases on the fetus and gestation in general, since this is a new topic that is under continuous study

# Module 6. Pathology of Fetal Growth and Gestational Duration. Premature Labor and Multiple Gestation. Pulmonary and Neurological Maturity

- Describe the obstetric treatment of a fetus diagnosed with RIC or fetal macrosomia, as it concerns nurses throughout gestation, as well as during delivery and postpartum due to the special care required for the neonate
- Learn about the exhaustive management of pre-term labor and prolonged gestation, as due to their incidence, nurses must know their diagnosis, treatment and complications for both the mother and the fetus and/or neonate
- Know how multiple gestations occur and how they are classified according to their chorionicity
- Study the administration protocols of magnesium sulfate and antenatal corticosteroids for neuroprotection and fetal lung maturation, respectively

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

- Knowing about obstetric accidents and how to act is an essential part of the midwife's work, since in most cases it is necessary to act within seconds to avoid fatal consequences
- Training on placental problems that may occur in any of the trimesters and about which patients will often refer their concerns to the obstetrical staff
- Understand in depth the pathology of the umbilical cord, since some
  of its defects are accompanied by fetal anomalies, and it is the midwife who is the first
  to be able to objectify it on many occasions

# Module 8. Variations in Normal Delivery and the Onset of Labor. Mother Carrying Group B Streptococcus

- An extensive knowledge of the different ways of initiating labor, whether spontaneous, induced or by premature rupture of membranes, is essential in the midwife's work, since all pregnant women will go through this process
- Learning about births that are not euthanized is of utmost importance for the midwife to have the skills and knowledge to refer patients and advise obstetricians in an optimal way
- To instruct on the main protocols for pregnant women with group B streptococcus during the third trimester of pregnancy

# Module 9. Endocrine Problems during Pregnancy. Gynecologic Cancer and Pregnancy. Hypertensive States of Pregnancy

- Know everything related to preeclampsia, the new protocols for prediction, prevention, treatment and diagnosis
- Learn about the management of the severe complications of preeclampsia, which are per se obstetric emergencies, so professionals must be equipped with the best and most updated knowledge
- Update on the management of diabetes, since nurses are the skilled professionals to carry out an adequate follow-up during pregnancy, delivery and the postpartum period of patients and neonates of diabetic mothers
- Have an in-depth knowledge of gynecological-oncological issues in pregnant women, as
  more and more patients are suffering from these pathologies, and for whom it is essential
  to follow protocols based on the best evidence

# Module 10. Pathology of the Postpartum Period. Psychological Issues during the Postpartum Period. Cardiopulmonary Resuscitation in Pregnant Women and Neonates. Legal Termination of Pregnancy

- Learn about infectious pathology in the postpartum period, since it is the nurses who
  receive the woman in the postpartum visits, and whose early referral is essential for a
  successful outcome
- Instruct on breastfeeding problems, a subject that is almost exclusively the responsibility of midwives
- Have an in-depth understanding of psychological care such as postpartum depression and puerperal psychosis
- Know the causes of postpartum hemorrhages, since nurses are in charge of attending euthyroid deliveries and monitoring the immediate postpartum period in all hospitalization units
- Be familiar with the appropriate treatment depending on the etiology of the bleeding and its aftercare
- Get up to date in both maternal and neonatal CPR, since nurses are in charge of the first neonatal assessment in most maternity wards, and their protocols are updated from time to time to offer the best care based on scientific evidence



Join now TECH's Hybrid Professional Master's Degree and be part of the largest online academic community in the world"





## tech 20 | Skills



### **General Skills**

- Recognize the pathologies of the three trimesters of fetal formation and know how to apply the appropriate protocols for each case
- Identify digestive pathologies in relation to pregnancy and know how to act accordingly
- Be able to act effectively in the follow-up of cardiac and hematologic pathologies in pregnancy



Do not miss this great opportunity and become a highly qualified professional in the management of severe complications of Preeclampsia"







## **Specific Skills**

- Provide effective treatment for pregnant women in cases of neurological, autoimmune and cardiac pathologies
- Be familiar with and know how to act in the case of other diseases affecting gestation: respiratory, urological, tropical and subtropical
- Recognize and act on gestational pathologies that affect gestational duration and fetal maturation
- Learn about placental and umbilical cord pathology
- Have the skills to perform instrumental and cesarean deliveries among others
- Be able to evaluate and act in hypertensive pathologies of pregnancy such as endocrine and gynecological cancers in pregnancy
- Be familiar with and know how to act in case of postpartum and breastfeeding complications
- Know about the legal framework for abortion





#### **International Guest Director**

Dr. Christelle Vauloup Fellous is an internationally recognized virologist who has served as Vice-President of the Research Group on Infections during Pregnancy (GRIG) in France. She has been a member of prestigious scientific societies, such as the European Society of Clinical Virology, the French Society of Microbiology (SFL) and the French Society of Infectious Pathology (SPILF).

She has also been Coordinator of the National Reference Center (CNR) for Maternal-Fetal Rubeolar Infections, where she has played a crucial role in the centralization and improvement of diagnostics related to this disease. She has also been Head of the World Health Organization (WHO) National Reference Laboratory for Rubella, consolidating her position as an authority in the investigation and management of viral infections affecting pregnant women and their children.

In addition to her responsibilities in the field of Rubella, she has become a key figure in serological and prenatal diagnosis in hospital centers in France. In fact, her work in this field has allowed her to significantly improve the detection and treatment of infections during pregnancy. She is also an active member of several working groups for the French Ministry of Health, where she has contributed to the implementation of protocols for the systematic detection of Cytomegalovirus (CMV) in gamete and embryo donors, as well as in pregnant women.

Throughout her career, Dr. Christelle Vauloup Fellous has been a prolific author and researcher, with outstanding publications exploring topics such as transplacental transfer of neutralizing anti-SARS-CoV-2 antibodies and the prevalence of maternal and congenital toxoplasmosis. In this regard, her work has had a direct impact on improving maternal-fetal health globally.



## **Dra.Christell Vauloup Fellous**

- Vice-President of the Research Group on Infections during Pregnancy (GRIG), France
- Coordinator of the National Reference Center (CNR) for Maternal-Fetal Rubeolar Infections
- Head of the WHO National Reference Laboratory for Rubella
- Head of Serological and Prenatal Diagnosis in Hospital Centers
- Member of the Working Group on Cytomegalovirus Detection in Gamete and Embryo Donors (French Ministry of Health)
- Member of the Working Group on Systematic Detection of CMV Infection during Pregnancy (French Ministry of Health)
- Member of the Working Group on Implementation of Compulsory Rubella Declaration (French Ministry of Health)
- Member of the Working Group on Prevention of Cytomegalovirus Infection in Pregnant Women (French Ministry of Health)
- Doctor in Virology, University Pierre and Marie Curie

- Master's Degree in Medical Virology, Denis Diderot University, France
- Degree in Pharmacy from the University Paris-Sud
- Degree in Biology from the University Paris-Sud
- Member of: French Society of Microbiology (SFL), Francophone Society of Infectious Pathology (SPILF), European Society of Clinical Virology



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

## tech 26 | Course Management

### Management



## Ms. Hernando Orejudo, Isabel

- Nurse specialized in Obstetrics and Gynecology
- Midwife at the San Carlos Clinical University Hospita
- Outpatient Nurse at the La Paz University Hospita
- University Diploma in Nursing, Autonomous University of Madric

#### **Professors**

#### Mr. Márquez Espinar, Gumersindo

- Midwife in San Carlos Clinical Hospital
- Lecturer at the Pontificia de Salamanca University
- Degree in Nursing
- Degree in Podiatry
- Master's Degree in Care Research

#### Ms. De Miguel González, María José

- Nurse in the Obstetrics and Gynecology Unit at the San Carlos Clinical Hospital
- Nurse Assistant at the San Carlos Clinical Hospital
- Graduate Nurse from the University of Salamanca

#### Ms. Hernández Lachehab, Sonia

- · Nurse of the Rural Attention Service in Madrid
- Midwife at the San Carlos Clinical University Hospital of Madrid
- Primary Care Nurse at SERMAS
- Degree in Nursing from the University of Alcalá
- Nursing in Out-of-Hospital Emergencies
- Specialist in Obstetrics and Gynecology / Midwifery by the Teaching Unit of Madrid
- University Expert in Nursing Intervention Processes for Pediatric Patients in Risk Situations

#### Ms. De la Torre Arandilla, Ana

- Midwife in the Obstetrics Service of the Puerta De Hierro University Hospital
- Midwife in Hospital in San Carlos Clinical Hospital
- Obstetric-Gynecological Specialty at the University Hospital of Puerta De Hierro
- Lecturer at the CTO Academy
- Member of the research team of the doctoral thesis "Clinical application of nursing science, present reality or pending task?" at the University Hospital of La Paz
- University Diploma in Nursing from the Autonomous University of Madrid



This program of studies constitutes a unique, key and decisive training to boost your professional development in the field of early detection of Pregnancy Pathologies"



TECH has designed a comprehensive syllabus for this Hybrid Professional Master's Degree that brings together the latest content on Pregnancy Pathologies for Midwives. The program consists of several academic modules, focused on strategies to manage the mother with Hepatitis or HIV. At the same time, it delves into the latest protocols for successful delivery of an immature fetus. It also examines all the endocrine pathologies of gestational origin that afflict women and the repercussions they can have on the development of their children. On the other hand, these contents are taught from a 100% online study platform, where the materials are accessible 24 hours a day and there are no time restrictions.



## tech 30 | Educational Plan

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

1.1		Addressing	High-risk	Pregnancie	S
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- 1.1.1. Socio-demographic Risk
  - 1.1.1.1 Adolescent Pregnancy. Special considerations
  - 1.1.1.2. Mother with Drug Dependency Problems
    - 1.1.1.2.1. Principles of DrugInduced Teratogenesis
    - 1.1.1.2.2. Alcohol
    - 1.1.1.2.3. Cocaine
    - 1.1.1.2.4. Heroin
    - 1.1.1.2.5. Other drugs: Marijuana, Cannabis
- 1.1.2. Occupational Risk in Pregnancy. Ergonomics. Radiation Exposure
- 1.1.3. Risks to Reproductive Health
- 1.1.4. Current Gestational Risk
- 1.1.5. Medical Risk

#### 1.2. Miscarriage

- 1.2.1. Definition and Epidemiology
- 1.2.2. Main Causes of Miscarriage
- 1.2.3. Clinical Forms of Abortion
  - 1.2.3.1. Threat of Abortion
  - 1.2.3.2. Abortion in Progress
  - 1.2.3.3. Complete Abortion
  - 1.2.3.4. Incomplete Abortion
  - 1.2.3.5. Deferred Abortion
  - 1.2.3.6. Repeated Abortions: Concept and Approach
- 1.2.4. Diagnosis
  - 1.2.4.1. Medical History
  - 1.2.4.2. Physical Examination
  - 1.2.4.3. Ultrasound
  - 1.2.4.4. Determination of B-hCG

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

- 1.5.2. Prenatal Diagnostic Techniques. Inclusion Criteria
  - 1.5.2.1. Invasive Techniques
  - 1.5.2.2. Non-Invasive Techniques
- 1.5.3. Genetic Counseling
- 1.6. Congenital Fetal Defects Secondary to Infections: TORCH I
  - 1.6.1. Toxoplasma
    - 1.6.1.1. Etiologic Agent, Clinic and Epidemiology
    - 1.6.1.2. Prevention
    - 1.6.1.3. Diagnosis
    - 1.6.1.4. Treatment
    - 1.6.1.5. Congenital Toxoplasma Infection
  - 1.6.2. Rubella
    - 1.6.2.1. Etiologic Agent, Clinic and Epidemiology
    - 1.6.2.2. Prevention and Vaccination
    - 1.6.2.3. Diagnosis
    - 1.6.2.4. Treatment
    - 1.6.2.5. Congenital rubella infection
- 1.7. Congenital Fetal Defects Secondary to Infections: TORCH II
  - 1.7.1. Cytomegalovirus
    - 1.7.1.1. Etiologic Agent, Clinic and Epidemiology
    - 1.7.1.2. Prevention
    - 1.7.1.3. Diagnosis
    - 1.7.1.4. Treatment
    - 1.7.1.5. Congenital Cytomegalovirus Infection
  - 1.7.2. Chickenpox
    - 1.7.2.1. Etiologic Agent, Clinic and Epidemiology
    - 1.7.2.2. Prevention and Vaccination
    - 1.7.2.3. Diagnosis
    - 1.7.2.4. Treatment
    - 1.7.2.5. Congenital Chickenpox Infection
    - 1.7.2.6. Complications due to Chickenpox in Mothers

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

## tech 32 | Educational Plan

# Module 2. Pregnant Woman with Pathology derived from the Digestive System

- 2.1. Neurovegetative Disorders:
  - 2.1.1. Appetite Disorders
  - 2.1.2. Sialorrhea
  - 2.1.3. Nausea and vomiting
- 2.2. Hyperemesis Gravidarum
  - 2.2.1. Concept
  - 2.2.2. Etiopathogenesis
  - 2.2.3. Clinical Manifestations
  - 2.2.4. Diagnosis
  - 2.2.5. Treatment and Care
- 2.3. Mouth Disorders
  - 2.3.1. Cavities During Pregnancy
  - 2.3.2. Epulis Gravidarum
  - 2.3.3. Gingivitis
  - 2.3.4. Perimylolysis
  - 2.3.5. Xerostomia
- 2.4. Pyrosis and Peptic Ulcers in Pregnant Women
  - 2.4.1. Concept
  - 2.4.2. Effect of Pregnancy on Heartburn and Peptic Ulcers
  - 2.4.3. Treatment and Hygienic Precautions
- 2.5. Constipation in Pregnancy
  - 2.5.1. Definition: ROMA criteria
  - 2.5.2. Etiology
  - 2.5.3. Diagnosis
  - 2.5.4. Treatment
    - 2.5.4.1. Non-Pharmacological Treatment
    - 2.5.4.2. Medical Treatment
- 2.6. Inflammatory Bowel Disease
  - 2.6.1. Crohn's Disease
    - 2.6.1.1. Preconception Counseling
    - 2.6.1.2. Impact of Gestation on the Disease
    - 2.6.1.3. Diagnosis during Pregnancy
    - 2614 Treatment

- 2.6.2. Ulcerative Colitis
  - 2.6.2.1. Preconception Counseling
  - 2.6.2.2. Impact of Gestation on the Disease
  - 2.6.2.3. Diagnosis during Pregnancy
  - 2.6.2.4. Treatment
- 2.7. Appendicitis and Intestinal Obstruction
  - 2.7.1. Acute Appendicitis
    - 2.7.1.1. Concept
    - 2.7.1.2. Special Diagnostic Considerations in Pregnancy
    - 2.7.1.3. Treatment
  - 2.7.2. Intestinal Obstruction
    - 2.7.2.1. Concept
    - 2.7.2.2. Special Diagnostic Considerations in Pregnancy
    - 2.7.2.3. Treatment
- 2.8. Gallbladder and Liver Pathology
  - 2.8.1. Cholecystitis
    - 2.8.1.1. Special Considerations and Management in Gestation
  - 2.8.2. Colelitiasis
    - 2.8.2.1. Special Considerations and Management in Gestation
  - 2.8.3. Fatty Liver or Acute Hepatic Degeneration:
    - 2.8.3.1. Definition and Aetiology
    - 2.8.3.2. Clinical Symptoms
    - 2.8.3.3. Diagnosis
    - 2.8.3.4. Treatment
- 2.9. Intrahepatic Cholestasis of Pregnancy
  - 2.9.1. Concept
  - 2.9.2. Clinical Symptoms
  - 2.9.3. Diagnosis
  - 2.9.4. Treatment
  - 2.9.5. Fetal Impact and Prognosis
- 2.10. Chronic viral hepatitis and Gestation
  - 2.10.1. Hepatitis B
    - 2.10.1.1. Epidemiology
    - 2.10.1.2. Diagnosis and Screening
    - 2.10.1.3. Clinical Management
    - 2.10.1.4. Delivery of an HIV-positive Woman
    - 2 10 1 5 Neonatal Care and Vertical Infection

2.10.2. Hepatitis C:

2.10.2.1. Epidemiology

2.10.2.2. Diagnosis and Screening

2.10.2.3. Clinical Management

2.10.2.4. Delivery of an HIV-positive Woman

2.10.2.5. Neonatal Care and Vertical Infection

2.11. Pancreas

2.11.1. Acute Pancreatitis in Pregnancy

2.11.1.1. Definition and Risk Factors

2.11.1.2. Clinical Symptoms

2.11.1.3. Treatment

#### Module 3. Pregnant with Hematological and Cardiac Problems

3.1. Gestational Anemia

3.1.1. Concept

3.1.2. Etiopathogenesis and the Effect on the Fetus

3.1.3. Types of Anemias

3.1.3.1. Microcytic Anemia

3.1.3.2. Normocytic Anemia

3.1.3.3. Macrocytic Anemia

3.1.4. Treatment and Prophylaxis

3.1.5. Other Forms of Anemia

3.1.5.1. Falciform or Sickle Cell Anemia

3.1.5.2. Thalassemia

3.2. Thrombocytopenia

3.2.1. Essential Trombopenia in Pegnancy

3.2.1.1. Causes and Incidence

3.2.1.2. Diagnosis

3.2.1.3. Obstetric Behavior

3.2.2. Idiopathic Thrombocytopenic Purpura

3.2.2.1. Causes and Incidence

3.2.2.2. Diagnosis

3 2 2 3 Obstetric Behavior

3.2.3. Alloimmune Neonatal Thrombopenia

3.2.3.1. Causes and Incidence

3.2.3.2. Diagnosis

3.2.3.3. Obstetric Behavior

3.2.4. Thrombopenia Associated with Hypertensive States of Pregnancy

3.2.5. Therapeutic Management of Thrombopenias in Pregnancy

3.2.6. Therapeutic Management of the Newborn of a Mother with Thrombopenia

3.3. Coagulation Problems

3.3.1. Von Willebrand Disease

3.3.1.1. Definition and Epidemiology

3.3.1.2. Considerations in Childbirth

3.3.2. Hemophilia

3.3.2.1. Definition and Epidemiology

3.3.2.2. Types

3.3.2.2.1. Hemophilia A

3.3.2.2.2. Hemophilia B

3.3.2.3. Chromosomal Inheritance Patterns of Hemophilia

3.3.2.4. Considerations in Childbirth

3.4. Varicose Syndrome

3.4.1. Definition and Pathophysiology

3.4.2. Clinical Symptoms

3.4.3. Diagnosis

3.4.4. Hemorrhoids

3.4.5. Vulvar Varicose Veins

3.5. Perinatal Hemolytic Disease

3.5.1. Concept

3.5.2. Pathophysiology

3.5.3. Rh Isoimmunization

3.5.4. ABO Isoimmunization

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- 3.6. Thromboembolic Disease in Pregnancy and Puerperium: Deep vein Thrombosis and Pulmonary Thromboembolism
  - 3.6.1. Aetiopathogenesis and Risk Factors
  - 3.6.2. Treatment
- 3.7. Gestational Heart Disease. Cardiac Exploration in Pregnancy
  - 3.7.1. Cardiac Modification in Pregnancy
  - 3.7.2. Epidemiology of Cardiac Pathology in Pregnancy
  - 3.7.3. Risk Classification of Gestational Heart Disease
  - 3.7.4. Preconception Counseling for Pregnant Women with Heart Disease
  - 3.7.5. Situations that Hinder Gestation
  - 3.7.6. Management and Choice of Delivery Method
- 3.8. Pregnant Women with Valvular Heart Disease
  - 3.8.1. Mitral Senosis
  - 3.8.2. Aortic Stenosis
  - 3.8.3. Mitral Insufficiency
  - 3.8.4. Aortic Insufficiency
  - 3.8.5. Tricuspid Regurgitation
  - 3.8.6. Valve Prosthesis
- 3.9. Arrhythmias in Pregnancy
  - 3.9.1. Paroxysmal Supraventricular Tachycardia
  - 3.9.2. Atrial Fibrillation
  - 3.9.3. Ventricular Arrhythmias
  - 3.9.4. Bradyarrhythmias
- 3.10. Pregnant Women with Congenital Cardiac Pathology
  - 3.10.1. Tetralogy of Fallot
  - 3.10.2. Coarctation of Aorta
  - 3.10.3. Marfan Syndrome
  - 3.10.4. Single Ventricle
  - 3.10.5. Fontan
  - 3.10.6. Pregnant Women with Cardiac Transplants

# **Module 4.** Pregnant with neurological, musculoskeletal, dermatological and autoimmune problems

- 4.1. Epilepsy
  - 4.1.1. Management and Treatment Compatible with Gestation: Preconception Counseling
  - 4.1.2. Effects of Epilepsy on Pregnancy
  - 4.1.3. Effects of Pregnancy on Epilepsy
  - 4.1.4. Crisis Management during Childbirth
  - 4.1.5. Newborns of Epileptic Mothers: Malformations and Congenital Anomalies
- 4.2. Multiple Sclerosis (MS)
  - 4.2.1. Effects of MS on Pregnancy
  - 4.2.2. Effects of Pregnancy on MS
  - 4.2.3. Clinical Management during Gestation and Pharmacotherapy
  - 4.2.4. Clinical Management during Labor
  - 4.2.5. The Postpartum Period in Women with Multiple Sclerosis
- 4.3. Peripheral Neuropathies
  - 4.3.1. Carpal Tunnel Syndrome
  - 4.3.2. Radiculopathies: Lumbalgias and Sciatalgias
  - 4.3.3. Herniated Disc
  - 4.3.4. Bell's Palsy
  - 4.3.5. Meralgia Paresthetica
  - 4.3.6. Cyphoscoliosis
- 4.4. Spinal Cord Injuries
  - 4.4.1. Clinical Management of Women with a Spinal Cord Injury during Pregnancy
  - 4.4.2. Clinical Management during Labor. Epidural Analgesia
  - 4.4.3. Specific Considerations during the Postpartum Period
- 4.5. Other Neurological Pathologies present during Gestation
  - 4.5.1. Migraine and headaches
  - 4.5.2. Guillén-Barré Syndrome
  - 4.5.3. Myasthenia Gravis
  - 4.5.4. Cerebrovascular Diseases
  - 4.5.5. Brain Neoplasms

- 4.6. Dermatological Problems during Pregnancy
  - 4.6.1. Dermatological Changes during Pregnancy
    - 4.6.1.1. Stretch Marks
    - 4.6.1.2. Hyperpigmentation of Pregnancy: Melasma Gravidarum and Nevus
  - 4.6.2. Vascular Changes
    - 4.6.2.1. Spider Veins
    - 4.6.2.2. Palmar Erythema
    - 4.6.2.3. Haemangiomas
- 4.7. Specific Dermatopathologies of Pregnancy
  - 4.7.1. Herpes Gestationis
    - 4.7.1.1. Clinical Symptoms
    - 4.7.1.2. Diagnosis
    - 4.7.1.3. Differential Diagnosis
    - 4.7.1.4. Prognosis
    - 4.7.1.5. Treatment
  - 4.7.2. Impetigo Herpetiformis
    - 4.7.2.1. Clinical Symptoms
    - 4.7.2.2. Diagnosis
    - 4.7.2.3. Differential Diagnosis
    - 4.7.2.4. Prognosis
    - 4.7.2.5. Treatment
  - 4.7.3. Gestational Prurigo
    - 4.7.3.1. Clinical Symptoms
    - 4.7.3.2. Diagnosis
    - 4.7.3.3. Differential Diagnosis
    - 4.7.3.4. Prognosis
    - 4.7.3.5. Treatment
  - 4.7.4. Papular Dermatosis of Pregnancy
    - 4.7.4.1. Clinical Symptoms
    - 4.7.4.2. Diagnosis
    - 4.7.4.3. Differential Diagnosis
    - 4.7.4.4. Prognosis
    - 4.7.4.5. Treatment

- 4.7.5. Polymorphous Rash in Pregnancy
  - 4.7.5.1. Clinical Symptoms
  - 4.7.5.2. Diagnosis
  - 4.7.5.3. Differential Diagnosis
  - 4.7.5.4. Prognosis
  - 4.7.5.5. Treatment
- 4.8. Systemic Lupus Erythematosus and Pregnancy
  - 4.8.1. Preconception Check-up
  - 4.8.2. Check-ups during Gestation
    - 4.8.2.1. First Trimester
    - 4.8.2.2. Second Trimester
    - 4.8.2.3. Third Trimester
  - 4.8.3. Childbirth and Postpartum
- 4.9. Antiphospholipid Syndrome (APS)
  - 4.9.1. Concept
  - 4.9.2. Pregestational Monitoring of Women with APS
  - 4.9.3. Pregestational Monitoring of Women with APS
  - 4.9.4. Treatment
  - 4.9.5. Childbirth and Postpartum
- 4.10. Rheumatoid Arthritis
  - 4.10.1. Concept
  - 4.10.2. How Rheumatoid Arthritis affects Gestation
  - 4 10 3 How Gestation affects Rheumatoid Arthritis
  - 4.10.4. Treatment

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5.5.4. Treatment5.5.5. Monitoring

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

Tropical and Subtropical Diseases					
5.1.	ial Asthma				
	5.1.1.	Concept			
	5.1.2.	Bronchial Asthma during Gestation			
	5.1.3.	Treatment			
	5.1.4.	Asthmatic Crisis and Clinical Management			
	5.1.5.	Considerations in the Delivery of a Pregnant Woman with Bronchial Asthma			
5.2.	Comm	unity-acquired Pneumonia and Aspiration Pneumonia			
	5.2.1.	Etiology			
	5.2.2.	Treatment			
	5.2.3.	Specific Factors during Gestation			
	5.2.4.	Newborn from a Mother with Pneumonia			
5.3. Influenza		za			
	5.3.1.	Etiology			
	5.3.2.	Prevention			
	5.3.3.	Pregnancy Issues			
	5.3.4.	Treatment			
	5.3.5.	Criteria for Hospitalization			
	5.3.6.	Newborn from a Mother with Influenza			
5.4. Asymptomatic Bacteriuria		tomatic Bacteriuria			
	5.4.1.	Concept			
	5.4.2.	Etiology			
	5.4.3.	Diagnostic Criteria			
	5.4.4.	Treatment			
5.5.	Acute Cystitis and Urethral Syndrome				
	5.5.1.	Concept			
	5.5.2.	Etiology			
	553	Diagnostic Criteria			

5.6.	Acute I	Pyelonephritis		
	5.6.1.	Concept		
	5.6.2.	Clinical Symptoms		
	5.6.3.	Diagnosis		
	5.6.4.	Treatment		
	5.6.5.	Admission and Discharge Criteria		
	5.6.6.	Complications		
5.7.	Obstructive Uropathy			
	5.7.1.	Concept		
	5.7.2.	Clinical Symptoms		
	5.7.3.	Exploration and Specialized Tests		
		Diagnosis		
	5.7.5.	Treatment		
	5.7.6.	Complications		
5.8.	Renal Transplantation and Gestation			
	5.8.1.	Effects of Transplantation on Pregnancy		
	5.8.2.	Effects of Pregnancy on Transplants		
	5.8.3.	Considerations during Labor, Postpartum and Lactation		
5.9.	Tropical and Subtropical Diseases I			
	5.9.1.	Zika		
		5.9.1.1. Epidemiology		
		5.9.1.2. Transmission		
		5.9.1.3. Clinical Symptoms		
		5.9.1.4. Diagnosis		
		5.9.1.5. Effects on the Fetus and Congenital Zika Infectio		
		5.9.1.6. Treatment and Prevention		
	592	Ebola		
	0.7.2.	5.9.2.1. Epidemiology		
		5.9.2.2. Transmission		
		5.9.2.3. Clinical Symptoms		
		5.9.2.4. Diagnosis		
		5.9.2.5. Effects on the Fetus		

5.9.2.6. Treatment and Prevention



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5.9.3.	Chagas	Disease

5.9.3.1. Epidemiology

5.9.3.2. Transmission

5.9.3.3. Clinical Symptoms

5.9.3.4. Diagnosis

5.9.3.5. Effects on the Fetus

5.9.3.6. Treatment and Prevention

## 5.10. Tropical and Subtropical Diseases II

## 5.10.1. Dengue

5.10.1.1. Epidemiology

5.10.1.2.Transmisión

5.10.1.3. Clinical Symptoms

5.10.1.4. Diagnosis

5.10.1.5. Effects on the Fetus

5.10.1.6. Treatment and Prevention

## 5.10.2. Malaria

5.10.2.1. Epidemiology

5.10.2.2. Transmission

5.10.2.3. Clinical Symptoms

5.10.2.4. Diagnosis

5.10.2.5. Effects on the Fetus

5.10.2.6. Treatment and Prevention

## 5.10.3. Chikungunya

5.10.3.1. Epidemiology

5.10.3.2. Transmission

5.10.3.3. Clinical Symptoms

5.10.3.4. Diagnosis

5.10.3.5. Effects on the Fetus

5.10.3.6. Treatment and Prevention

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# **Module 6.** Pathology of Fetal Growth and Gestational Duration. Premature Labor and Multiple Gestation. Pulmonary and Neurological Maturity

- 6.1. Intrauterine Growth Restriction (IGR)
  - 6.1.1. Concept
  - 6.1.2. Pathogenesis and Etiological Factors
  - 6.1.3. Prediction
  - 6.1.4. Diagnosis and Classification
  - 6.1.5. Differential Diagnosis of Small Fetus for Gestational Age (SGAF)
  - 6.1.6. Treatment and Completion of the Gestation
- 6.2. Fetal Macrosomia
  - 6.2.1. Concept
  - 6.2.2. Risk Factors
  - 6.2.3. Obstetric Follow-up and Control
  - 6.2.4. Completion of Gestation
  - 6.2.5. Maternal and Fetal Complications
- 6.3. Chronologically Prolonged Gestation
  - 6.3.1. Concept
  - 6.3.2. Etiology and Prevention
  - 6.3.3. Fetal Complications
  - 6.3.4. Obstetric Behavior
  - 6.3.5. Induction in Week 41 Vs. Week 42
- 6.4. Premature birth
  - 6.4.1. Threat of Premature Delivery
    - 6.4.1.1. Definition and Risk Factors
    - 6.4.1.2. Diagnosis: Ultrasound and Fibronectin test
    - 6.4.1.3. Obstetric Management and Tocolytic Treatment
  - 6.4.2. Delivery Method in Premature Fetus and Specific Considerations
- 6.5. Cervical Incompetence and Cerclage
  - 6.5.1. Definition of Cervical Incompetence
  - 6.5.2. Signs of Cervical Cerclage
  - 6.5.3. Cerclage Techniques
  - 6.5.4. Pre- and Post-cerclage Considerations
  - 6.5.5. Complications
  - 6.5.6. Cerclage Removal

- 6.6. Suspected Chorioamnionitis and Clinical Chorioamnionitis
  - 6.6.1. Definition of Chorioamnionitis
  - 6.6.2. Criteria for Suspecting Chorioamnionitis
  - 6.6.3. Diagnosis
  - 6.6.4. Treatment
  - 6.6.5. Specific Considerations in Childbirth
- 6.7. Multiple Pregnancy
  - 6.7.1. Concept and Classification
  - 6.7.2. Fetal and Maternal Complications
  - 6.7.3. Diagnosis and Determination of Chorionicity
  - 6.7.4. Prenatal Diagnosis and Screening of Chromosomopathies
  - 6.7.5. Gestational Screening
  - 6.7.6. End of Gestation and Delivery Route
- 6.8. Feto-Fetal Transfusion Syndrome
  - 6.8.1. Definition and Pathophysiology
  - 6.8.2. Diagnostic Criteria
  - 6.8.3. Differential Diagnosis
  - 6.8.4. Treatment
    - 6.8.4.1. Technique of Laser Photocoagulation of Vascular Communications 6.8.4.2. Subsequent monitoring
- 6.9. Corticosteroid Therapy to Accelerate Fetal Lung Maturation
  - 6.9.1. Concept
  - 6.9.2. Indications
  - 693 Contraindications
  - 6.9.4. Dosages
  - 6.9.5. Specific Factors according to Gestational Age
  - 6.9.6. Special Situations
- 6.10. Magnesium Sulfate as a Fetal Neuroprotector
  - 6.10.1. Concept
  - 6.10.2. Indications
  - 6.10.3. Contraindications
  - 6.10.4. Drug Administration and Monitoring
  - 6.10.5. Concomitant use of Tocolytics in suspected Preterm Labor
  - 6.10.6. Side Effects

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

- 7.1. Placenta Accrete
  - 7.1.1. Definition and Forms of Placenta Accrete
    - 7.1.1.1. Placenta Accreta
    - 7.1.1.2. Placenta Increta
    - 7.1.1.3. Placenta Percreta
  - 7.1.2. Risk Factors
  - 7.1.3. Morbimortality
  - 7.1.4. Diagnosis
  - 7.1.5. Clinical Management and Delivery of Pregnant Women with Placental Accreta
- 7.2. Placenta Previa
  - 7.2.1. Concept
  - 7.2.2. Classification
  - 7.2.3. Risk Factors
  - 7.2.4. Morbimortality
  - 7.2.5. Diagnosis
  - 7.2.6. Management of gestation and delivery of the pregnant woman with placenta previa
- 7.3. Placental Morphological and Functional Abnormalities
  - 7.3.1. Size Alterations
  - 7.3.2. Morphological Changes
    - 7.3.2.1. Bilobed Placenta
    - 7.3.2.2. Circumvallate Placenta
    - 7.3.2.3. Placenta Succenturiata
    - 7.3.2.4. Espuria
  - 7.3.3. Placental Insufficiency
- 7.4. Umbilical Cord Anomalies
  - 7.4.1. Variants of Umbilical Cord Length and its Complications: Knots
  - 7.4.2. Umbilical Cord Anomalies in relation to Appearance
    - 7.4.2.1. Procubitus
    - 7.4.2.2. Laterocidence
    - 7.4.2.3. Prolapses
      - 7.4.2.3.1. Causes
      - 7.4.2.3.2. Action to be taken in case of Cord Prolapse
  - 7.4.3. Placental Insertion Abnormalities

- 7.4.3.1. Velamentous Insertion
- 7.4.3.2. Marginal Insertion
- 7.4.3.3. Previous Vasa
- 7.4.4. Vascular Anomalies
  - 7.4.4.1. Thrombosis
  - 7.4.4.2. Hematomas
  - 7.4.4.3. The Single Umbilical Artery
- 7.5. Alterations of the Amniotic Membranes
  - 7.5.1. Amnion Nodosum
  - 7.5.2. Amniotic Bands
  - 7.5.3. Extramembranous Pregnancy
  - 7.5.4. Premature Rupture of Membranes and Chorioamnionitis
- 7.6 Abnormalities of amniotic fluid
  - 7.6.1. Default: Oligohydramnios and Anhydramnios
    - 7.6.1.1. Concept and Epidemiology
    - 7.6.1.2. Etiological Factors
    - 7.6.1.3. Diagnosis
    - 7.6.1.4. Effects on the Fetus and Neonate
    - 7.6.1.5. Clinical Management and Treatment
  - 7.6.2. In Excess: Polyhydramnios
    - 7.6.2.1. Concept and Epidemiology
    - 7.6.2.2. Etiological Factors
    - 7.6.2.3. Diagnosis
    - 7.6.2.4. Effects on the Fetus and Neonate
    - 7.6.2.5. Clinical Management and Treatment. Delivery Assistance
- 7.7. Uterine Rupture
  - 7.7.1. Concept
  - 7.7.2. Types
  - 7.7.3. Risk Factors
  - 7.7.4. Clinical Diagnosis
  - 7.7.5. Treatment
- 7.8. Premature Detachment of a Normally Positioned Placenta
  - 7.8.1. Concept
  - 7.8.2. Risk Factors
  - 7.8.3. Clinical Diagnosis
  - 7.8.4. Clinical Management
- 7.9. Amniotic Fluid Embolism

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8.3.4. Labor Induction

	7.9.1.	Concept
	7.9.2.	Risk Factors
	7.9.3.	Pathophysiology
	7.9.4.	Clinical Symptoms
	7.9.5.	Diagnosis and Treatment
7.10.	Shoulde	er Dystocia
		Concept
		Risk Factors
		Diagnosis
		Delivery Method case of Placental Abruption
	7.10.1.	7.10.4.1. Primary Level Techniques
		7.10.4.2. Secondary Level Techniques
		7.10.4.3. Tertiary Level Techniques
	7 10 5	Postnatal Care and Assessment
	7.10.0.	1 oothata oare and 7 oocooment
Mod	ule 8. V	ariations in Normal Delivery and the Onset of Labor. Mother
Carry	ying Gro	oup B Streptococcus B
8.1.	Instrum	nental Delivery
8.1.		nental Delivery  Concept
8.1.	8.1.1.	
8.1.	8.1.1.	Concept
8.1.	8.1.1. 8.1.2.	Concept Indications
8.1.	8.1.1. 8.1.2. 8.1.3.	Concept Indications Contraindications
8.1.	8.1.1. 8.1.2. 8.1.3.	Concept Indications Contraindications Criteria for using the Different Instruments
8.1.	8.1.1. 8.1.2. 8.1.3.	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps
8.1.	8.1.1. 8.1.2. 8.1.3. 8.1.4.	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas
	8.1.1. 8.1.2. 8.1.3. 8.1.4.	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping
	8.1.1. 8.1.2. 8.1.3. 8.1.4. Breech	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping Delivery
	8.1.1. 8.1.2. 8.1.3. 8.1.4. Breech 8.2.1. 8.2.2.	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping Delivery Concept
	8.1.1. 8.1.2. 8.1.3. 8.1.4. Breech 8.2.1. 8.2.2. 8.2.3.	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping Delivery Concept Classification
	8.1.1. 8.1.2. 8.1.3. 8.1.4. Breech 8.2.1. 8.2.2. 8.2.3. 8.2.4. 8.2.5.	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping Delivery Concept Classification Etiology Diagnosis Vaginal Delivery Criteria and Management
	8.1.1. 8.1.2. 8.1.3. 8.1.4. Breech 8.2.1. 8.2.2. 8.2.3. 8.2.4. 8.2.5.	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping Delivery Concept Classification Etiology Diagnosis
8.2.	8.1.1. 8.1.2. 8.1.3. 8.1.4. Breech 8.2.1. 8.2.2. 8.2.3. 8.2.4. 8.2.5. Vaginal	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping Delivery Concept Classification Etiology Diagnosis Vaginal Delivery Criteria and Management
8.2.	8.1.1. 8.1.2. 8.1.3. 8.1.4. Breech 8.2.1. 8.2.2. 8.2.3. 8.2.4. 8.2.5. Vaginal	Concept Indications Contraindications Criteria for using the Different Instruments 8.1.4.1. Forceps 8.1.4.2. Thierry Spatulas 8.1.4.3. Cupping Delivery Concept Classification Etiology Diagnosis Vaginal Delivery Criteria and Management Delivery after Cesarean Section

8.4.1.	Concept
8.4.2.	Indications
8.4.3.	Contraindications
8.4.4.	Risks from Induction
8.4.5.	Methods to Labor
Fetal H	lydrops
8.5.1.	Concept
	8.5.1.1. Immune Hydrops
	8.5.1.2. Non-Immune Hydrops
8.5.2.	Pathophysiology
8.5.3.	Diagnosis
8.5.4.	Clinical Management
Mother	Carrying Group B Streptococcus B(SGB)
8.6.1.	Concept
8.6.2.	Sample Collecting and Screening
8.6.3.	Treatment
8.6.4.	Management of Newborns of Mothers who are Carriers of GBS
Cesare	an Section
8.7.1.	Indications
8.7.2.	Classification
8.7.3.	Cesarean Section Contraindications
8.7.4.	Surgical Technique
8.7.5.	Post-Operative Care
Externa	al Cephalic Version
8.8.1.	Concept
8.8.2.	Indications
8.8.3.	Contraindications
8.8.4.	Complete Technique and Procedure
8.8.5.	Complications
	8.8.5.1. Pharmacological Methods
	8.8.5.2. Non-Pharmacological Methods
	8.4.2. 8.4.3. 8.4.4. 8.4.5. Fetal H 8.5.1. 8.5.2. 8.5.3. 8.5.4. Mother 8.6.1. 8.6.2. 8.6.3. 8.6.4. Cesare 8.7.1. 8.7.2. 8.7.3. 8.7.4. 8.7.5. Externa 8.8.1. 8.8.2. 8.8.3.

8.4. Cervical Ripening and Induction of Labor

- 8.9. Premature Rupture of Membranes
  - 8.9.1. Etiology
  - 8.9.2. Diagnosis
  - 8.9.3. Preterm Premature Rupture of Membranes
  - 8.9.4. Full-term Premature Rupture of Membranes
- 8.10. Obstetric Anal Sphincter Injuries
  - 8.10.1. Prevention
  - 8.10.2. Classification
    - 8.10.2.1. Third Degree Tear
    - 8.10.2.2. Fourth Degree Tear
  - 8.10.3. Reparation of Perineal Tears
  - 8.10.4. Follow-up and Delivery after Anal Sphincter Injury

# **Module 9.** Endocrine Problems during Pregnancy. Gynecologic Cancer and Pregnancy. Hypertensive States of Pregnancy

- 9.1. Thyroid Pathology and Gestation
  - 9.1.1. Hypothyroidism
    - 9.1.1.1. Diagnosis
    - 9.1.1.2. Clinical Symptoms
    - 9.1.1.3. Etiology
    - 9.1.1.4. Clinical Management
  - 9.1.2. Hyperthyroidism and Thyrotoxicosis
    - 9.1.2.1. Diagnosis
    - 9.1.2.2. Clinical Symptoms
    - 9.1.2.3. Etiology
    - 9.1.2.4. Clinical Management
  - 9.1.3. Treatment during Gestation
  - 9.1.4. Effects on the Fetus
- 9.2. Diabetes Mellitus and Pregnancy
  - 9.2.1. Pregestational Management
  - 9.2.2. Gestational Screening
  - 9.2.3. Criteria for the Termination of Pregnancy
  - 9.2.4. Considerations During Childbirth
  - 9.2.5. Newborn from a Mother with Diabetes Mellitus

- 9.3. Gestational Diabetes
  - 9.3.1. Concept
  - 9.3.2. Risk Factors
  - 9.3.3. Diagnosis and Screening Protocol
  - 9.3.4. Gestational Screening
  - 9.3.5. Criteria for the Termination of Pregnancy
  - 9.3.6. Clinical Management during Labor and Post-partum
  - 9.3.7. Newborn from a Mother with Gestational Diabetes
- 9.4. Obesity and Pregnancy
  - 9.4.1. Definition and Classification of Obesity
  - 9.4.2. Impact of Obesity on Gestation
  - 9.4.3. Impact of Gestation on Obesity
  - 9.4.4. Obese Women and the Postpartum Period
- 9.5. Breast Cancer and Pregnancy
  - 9.5.1. Concept and Epidemiology
  - 9.5.2. Diagnosis
  - 9.5.3. Treatment
  - 9.5.4. Prognosis
- 9.6. Cervical Cancer and Pregnancy
  - 9.6.1. Concept and Epidemiology
  - 9.6.2. Cytology in Gestation
  - 9.6.3. Colposcopy in Gestation
  - 9.6.4. Diagnosis and Treatment
- 9.7. Ovarian Cancer and Pregnancy
  - 9.7.1. Concept and Epidemiology
  - 9.7.2. Clinical Symptoms
  - 9.7.3. Diagnosis
  - 9.7.4. Treatment
- 9.8. Hypertensive States of Pregnancy 1
  - 9.8.1. Concept
  - 9.8.2. Classification of Hypertension in Pregnancy
  - 9.8.3. Determination of the Degree of Severity
  - 9.8.4. Prediction and Prevention
  - 9.8.5. Treatment and Clinical Management
  - 9.8.6. Criteria for the Termination of Pregnancy

# tech 42 | Educational Plan

9.9.	Нур	ertensive	states	of	Pregnancy	
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9.9.1. Eclampsia

9.9.1.1. Diagnosis

9.9.1.2. Clinical Management and Treatment

9.9.2. Hellp's Syndrome

9.9.2.1. Diagnosis

9.9.2.2. Clinical Management and Treatment

9.9.3. Subsequent Follow-up of Pregnant Women with Hypertension Problems

### 9.10. Antepartum Fetal Death

9.10.1. Concept

9.10.2. Classification

9.10.3. Etiological Factors

9.10.4. Diagnosis

9.10.5. Clinical and Psychological Management

9.10.6. Follow-up Genetic Counseling

**Module 10.** Pathology of the Postpartum Period. Psychological Issues during the Postpartum Period. Cardiopulmonary Resuscitation in Pregnant Women and Neonates. Legal Termination of Pregnancy

## 10.1. Postpartum Infection

10.1.1. Concept and Etiology

10.1.2. Risk Factors

10.1.3. Forms of Propagation

10.1.4. Clinical Forms

10.1.5. Clinical Symptoms

10.1.6. Treatment and Prophylaxis

## 10.2. Postpartum Hemorrhage

10.2.1. Concept

10.2.2. Etiology

10.2.2.1. Uterine Tone

10.2.2.2. Obstetric Trauma and Uterine Inversion

10.2.2.3. Fabric

10.2.2.4. Coagulation Problems

10.2.3. Treatment



10.3. Main Problems in Breastfeeding I

10.3.1. Cracked Nipples

10.3.2. Mammary Ingurgitation and Obstruction

10.3.3. Eczema and Candidiasis of the Nipple

10.3.4. Hypogalactia

10.4. Main Problems in Breastfeeding II

10.4.1. Acute Mastitis

10.4.1.1. Definition, Etiology and Clinical Manifestations

10.4.1.2. Prevention

10.4.1.3. Treatment

10.4.1.4. Complications

10.5. Psychological Issues during the Postpartum Period

10.5.1. Maternity Blues or Postpartum Depression

10.5.2. Postpartum Depression

10.5.2.1. Concept

10.5.2.2. Risk Factors

10.5.2.3. Prevention

10.5.2.4. Treatment

10.5.3. Puerperal Psychosis

10.5.3.1. Concept

10.5.3.2. Risk Factors

10.5.3.3. Prevention

10.5.3.4. Treatment

10.6. Perinatal Bereavement

10.6.1. Concept

10.6.2. Clinical Manifestations

10.6.3. Types of Grief

10.6.4. Phases of Perinatal Bereavement

10.6.5. Psychological Handling

10.7. Postdural Puncture Headache

10.7.1. Concept

10.7.2. Differential Diagnosis

10.7.3. Treatment and Prophylaxis

10.7.4. Complications

10.8. Cardiopulmonary Resuscitation in Pregnant Women

10.8.1. Main Causes of Cardio-Respiratory Arrest in Pregnant Women

10.8.2. Algorithm for Cardiopulmonary Resuscitation

10.8.3. Pregnancy-specific Considerations

10.8.4. Fetal Extraction

10.9. Neonatal Cardiopulmonary Resuscitation

10.9.1. Main Causes of Cardio-Respiratory Arrest in Neonates

10.9.2. Algorithm for Cardiopulmonary Resuscitation

10.9.3. Neuroprotection and Hypothermia in Infants

10.9.3.1. Definition and Mechanism of Action of Hypothermia

10.9.3.2. Inclusion and Exclusion Criteria

10.9.3.3. Treatment Phases and Cooling

10.9.3.4. Limitation of Therapeutic Exercise in Newborns with Hypoxic-

Ischemic Encephalopathy

10.10. Legal Termination of Pregnancy

10.10.1. Concept

10.10.2. Legislative Framework

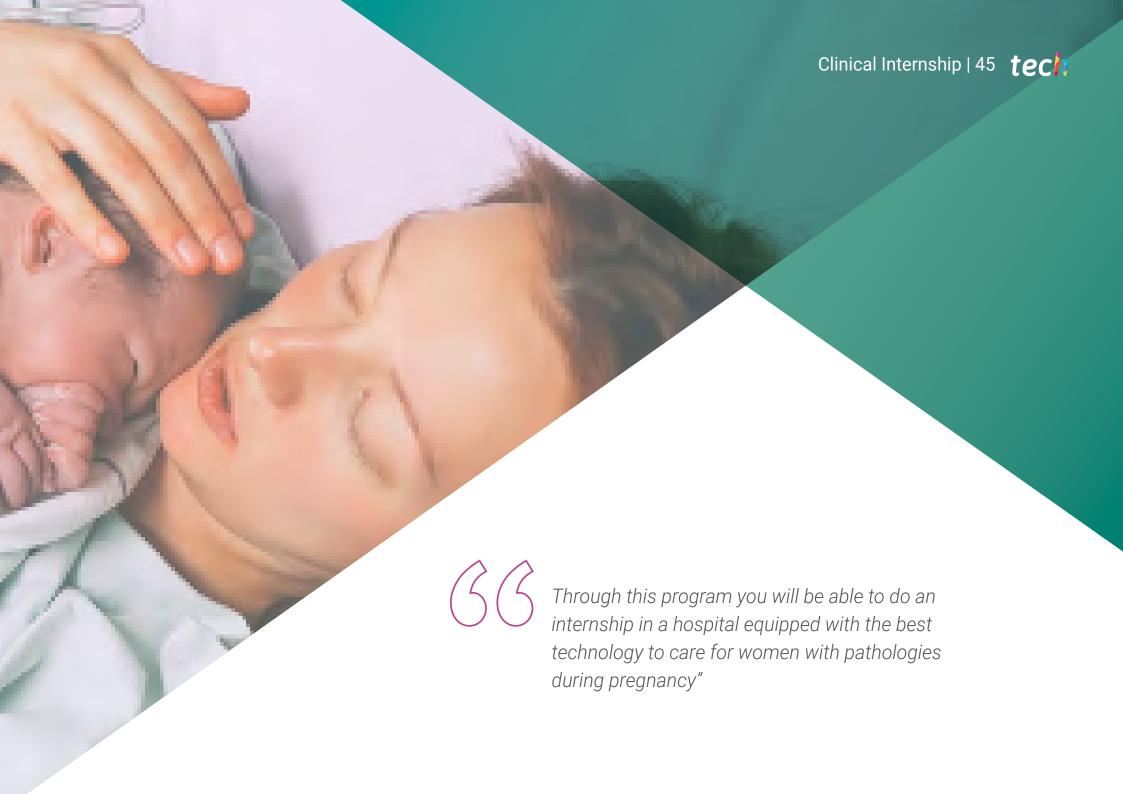
10.10.3. Methods Dependent on the Number of Weeks of Gestation

10.10.4. Feticide



This Hybrid Professional Master's Degree includes a varied number of educational modules that you can access from any device connected to the Internet, 24 hours a day"





The Practical Training period of this program includes a 3-week clinical internship, from Monday to Friday, with 8 consecutive hours of practice, with an assistant tutor. It will allow the graduate to follow up and give values to real patients, together with the best team of experts dedicated to the care of Pregnancy Pathologies. During this didactic process of 120 hours, they will apply the most innovative tendencies and will obtain different skills for their subsequent assistance practice.

The practical part will be carried out with the active participation of the student performing the activities and procedures of each area of competence (learning to learn and learning to do), with the accompaniment and guidance of teachers and other training partners that facilitate teamwork and multidisciplinary integration as transversal competencies for nursing praxis (learning to be and learning to relate).

Do your clinical internship in one of the best hospital centers and open your learning frontiers to the international scenario"





# Clinical Internship | 47 tech

The procedures described below will be the basis of the practical part of the training, and their implementation is subject to both the suitability of the patients and the availability of the center and its volume of work, the proposed activities being the following:

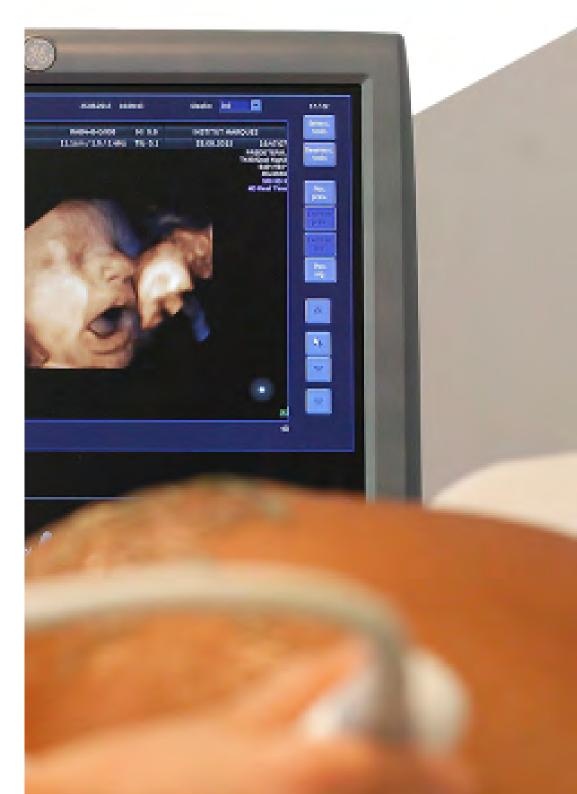
Module	Practical Activity
	Periodically evaluate the symptoms of preeclampsia, such as high blood pressure, swelling, among other indicators
_	Administer medications to prevent more serious complications such as Eclampsia
Pathologies of the Postpartum Period by	Prevent postpartum infections by monitoring symptoms such as fever and abdominal pain
Midwives	Supervise the intake of antibiotic medications in cases of postpartum infections
	Examine and monitor for signs of postpartum hemorrhage
	Relieving perineal pain after delivery with Kegel exercises
	Perform fetal ultrasounds, at the physician's direction, using state-of-the-art ultrasound equipment that facilitates the detection of anomalies
Evaluation of	Extract a small amount of amniotic fluid from the uterus to be sent to the laboratory to perform the amniocentesis
Congenital Fetal Defects by midwives	Collect and properly file the results of diagnostic tests such as Amniocentesis or Cordocentesis
	Apply, by medical indication, a blastocyst biopsy to patients with a predisposition to pass congenital defects to the embryos after implantation
	Controlling the blood sugar levels of pregnant women and with Gestational Diabetes by supervising an adequate diet
Act of midwives in the	Administering insulin as needed to mothers with high blood sugar levels
face of pathologies	Monitor blood pressure of pregnant women with High Blood Pressure
affecting the mother	Increasing the intake of nutrients such as iron in a controlled manner in pregnant women with Anemia
	Check that pregnant women do not suffer from urinary tract infections and bacterial vaginosis during gestation through periodic testing

## **Civil Liability Insurance**

This institution's main concern is to guarantee the safety of the trainees and other collaborating agents involved in the internship process at the company. Among the measures dedicated to achieve this is the response to any incident that may occur during the entire teaching-learning process.

To this end, this entity commits to purchasing a civil liability insurance policy to cover any eventuality that may arise during course of the internship at the center.

This liability policy for interns will have broad coverage and will be taken out prior to the start of the practical training period. In this way, the professional will not have to worry in case he has to face an unexpected situation and will be covered until the end of the internship program at the center.



## **General Conditions of the Internship Program**

The general terms and conditions of the internship agreement for the program are as follows:

- 1. TUTOR: During the Hybrid Professional Master's Degree, students will be assigned with two tutors who will accompany them throughout the process, answering any doubts and questions that may arise. On the one hand, there will be a professional tutor belonging to the internship center who will have the purpose of guiding and supporting the student at all times. On the other hand, they will also be assigned with an academic tutor whose mission will be to coordinate and help the students during the whole process, solving doubts and facilitating everything they may need. In this way, the student will be accompanied and will be able to discuss any doubts that may arise, both clinical and academic.
- **2. DURATION:** The internship program will have a duration of three continuous weeks, in 8-hour days, 5 days a week. The days of attendance and the schedule will be the responsibility of the center and the professional will be informed well in advance so that they can make the appropriate arrangements.
- 3. ABSENCE: If the students does not show up on the start date of the Hybrid Professional Master's Degree, they will lose the right to it, without the possibility of reimbursement or change of dates. Absence for more than two days from the internship, without justification or a medical reason, will result in the professional's withdrawal from the internship, therefore, automatic termination of the internship. Any problems that may arise during the course of the internship must be urgently reported to the academic tutor.

- **4. CERTIFICATION**: Professionals who pass the Hybrid Professional Master's Degree will receive a certificate accrediting their stay at the center.
- **5. EMPLOYMENT RELATIONSHIP:** the Hybrid Professional Master's Degree shall not constitute an employment relationship of any kind.
- **6. PRIOR EDUCATION:** Some centers may require a certificate of prior education for the Hybrid Professional Master's Degree. In these cases, it will be necessary to submit it to the TECH internship department so that the assignment of the chosen center can be confirmed.
- **7. DOES NOT INCLUDE:** The Hybrid Professional Master's Degree will not include any element not described in the present conditions. Therefore, it does not include accommodation, transportation to the city where the internship takes place, visas or any other items not listed.

However, students may consult with their academic tutor for any questions or recommendations in this regard. The academic tutor will provide the student with all the necessary information to facilitate the procedures in any case.





# tech 52 | Where Can I Do the Clinical Internship?

The student will be able to complete the practical part of this Hybrid Professional Master's Degree at the following centers:



## Hospital Maternidad HM Belén

Country La Coruña Spain

Address: R. Filantropía, 3, 15011, A Coruña

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Update in Assisted Reproduction - Hospitals and Health Services Management



## Hospital HM Rosaleda

Country Spain La Coruña

Address: Rúa de Santiago León de Caracas, 1, 15701, Santiago de Compostela, A Coruña

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Hair Transplantation - Orthodontics and Dentofacial Orthopedics



### Hospital HM San Francisco

Country City Spain León

Address: C. Marqueses de San Isidro, 11, 24004. León

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Update in Anesthesiology and Resuscitation Trauma Nursing



### Hospital HM Regla

Country City Spain León

Address: Calle Cardenal Landázuri, 2. 24003. León

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Update on Psychiatric Treatment in Minor Patients



## **Hospital HM Nou Delfos**

Country Spain Barcelona

Address: Avinguda de Vallcarca, 151, 08023 Barcelona

Network of private clinics, hospitals and specialized centers distributedthroughout Spain

#### Related internship programs:

- Aesthetic Medicine - Clinical Nutrition in Medicine



## Hospital HM Madrid

Country Spain Madrid

Address: Pl. del Conde del Valle de Súchil, 16, 28015. Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Palliative Care - Anaesthesiology and Resuscitation



Address: Av. de Montepríncipe, 25, 28660, Boadilla del Monte, Madrid

Network of private clinics, hospitals and specialized centers distributedthroughout Spain

#### Related internship programs:

- Palliative Care

Aesthetic Medicine



## **Hospital HM Torrelodones**

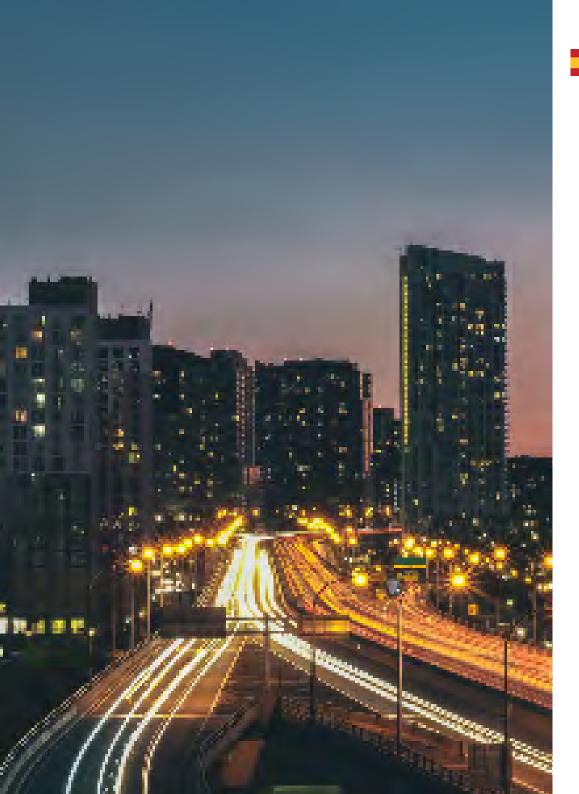
Country Spain Madrid

Address: Av. Castillo Olivares, s/n, 28250, Torrelodones, Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

Anaesthesiology and Resuscitation - Palliative Care



# Where Can I Do the Clinical Internship? | 53 tech



## Policlínico HM Moraleja

Country City
Spain Madrid

Address: P.º de Alcobendas, 10, 28109, Alcobendas, Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Rehabilitation Medicine in Acquired Brain Injury Management



## Policlínico HM Rosaleda Lalín

Country City
Spain Pontevedra

Address: Av. Buenos Aires, 102, 36500, Lalín, Pontevedra

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Advances in Hematology and Hemotherapy
-Neurological Physiotherapy

# tech 54 | Where Can I Do the Clinical Internship?



## Policlínico HM Sanchinarro

Country City
Spain Madrid

Address: Av. de Manoteras, 10, 28050, Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Pregnancy Pathologies for Midwives



## Policlínico HM Imi Toledo

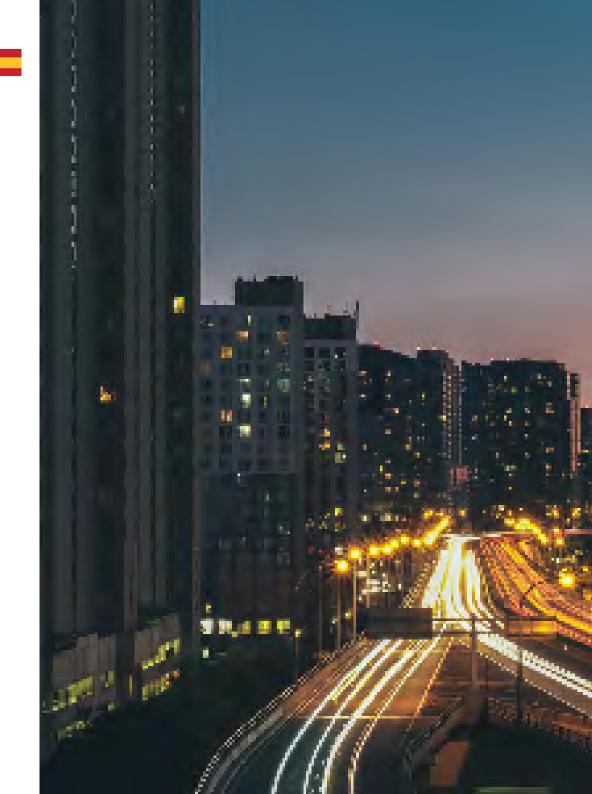
Country City
Spain Toledo

Address: Av. de Irlanda, 21, 45005, Toledo

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Electrotherapy in Rehabilitation Medicine - Hair Transplantation



## Where Can I Do the Clinical Internship? | 55





## **Hospital HM Sanchinarro**

Country Spain Madrid

Address: Calle de Oña, 10, 28050, Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Anaesthesiology and Resuscitation - Palliative Care



### Hospital HM Nuevo Belén

Country Madrid Spain

Address: Calle José Silva, 7, 28043, Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- General and Digestive System Surgery - Clinical Nutrition in Medicine



## Hospital HM Puerta del Sur

Country City Spain Madrid

Address: Av. Carlos V, 70, 28938, Móstoles, Madrid

Network of private clinics, hospitals and specialized centers distributedthroughout Spain

#### Related internship programs:

- Palliative Care - Clinical Ophthalmology



#### Policlínico HM Cruz Verde

City Country Spain Madrid

Address: Plaza de la Cruz Verde, 1-3, 28807. Alcalá de Henares, Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Advanced Clinical Podiatry - Optical Technologies and Clinical Optometry



#### Policlínico HM Distrito Telefónica

Country Spain Madrid

Address: Ronda de la Comunicación. 28050. Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Optical Technologies and Clinical Optometry - General and Digestive System Surgery



## Policlínico HM Gabinete Velázquez

Country Spain Madrid

Address: C. de Jorge Juan, 19, 1° 28001, 28001. Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Clinical Nutrition in Medicine - Aesthetic Plastic Surgery



#### Policlínico HM La Paloma

Country Madrid Spain

Address: Calle Hilados, 9, 28850. Torrejón de Ardoz, Madrid

Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

- Advanced Operating Room Nursing - Orthodontics and Dentofacial Orthopedics



#### Policlínico HM Las Tablas

Country City Spain Madrid

Address: C. de la Sierra de Atapuerca, 5, 28050. Madrid

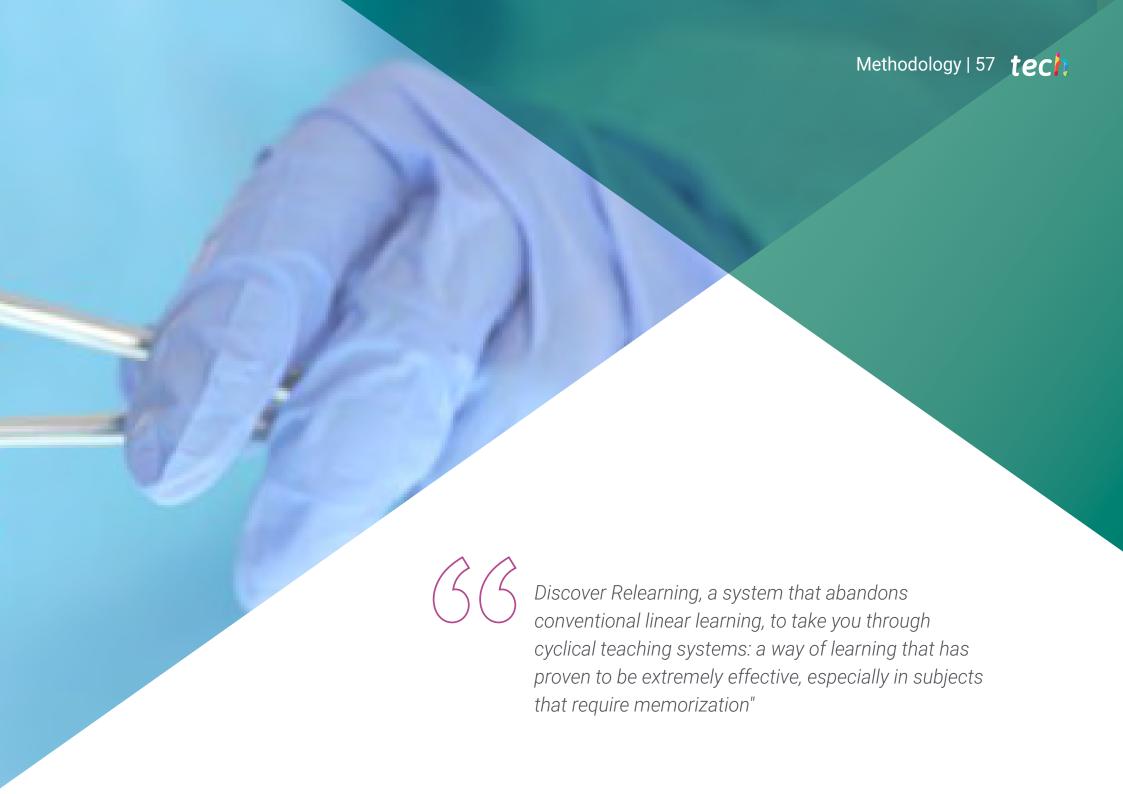
Network of private clinics, hospitals and specialized centers distributed throughout Spain

#### Related internship programs:

Trauma Nursing

- Diagnosis in Physiotherapy

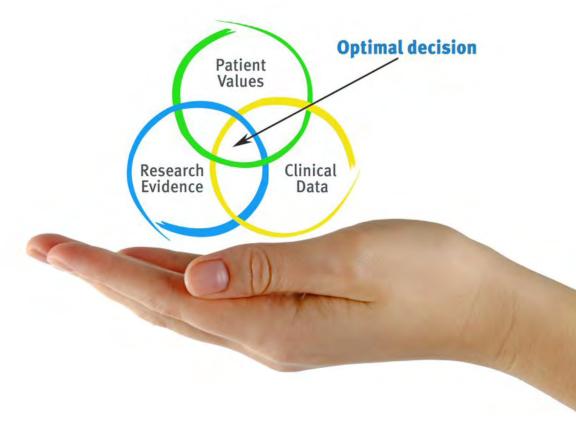




## At TECH Nursing School we use the Case Method

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

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



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



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

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

- 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

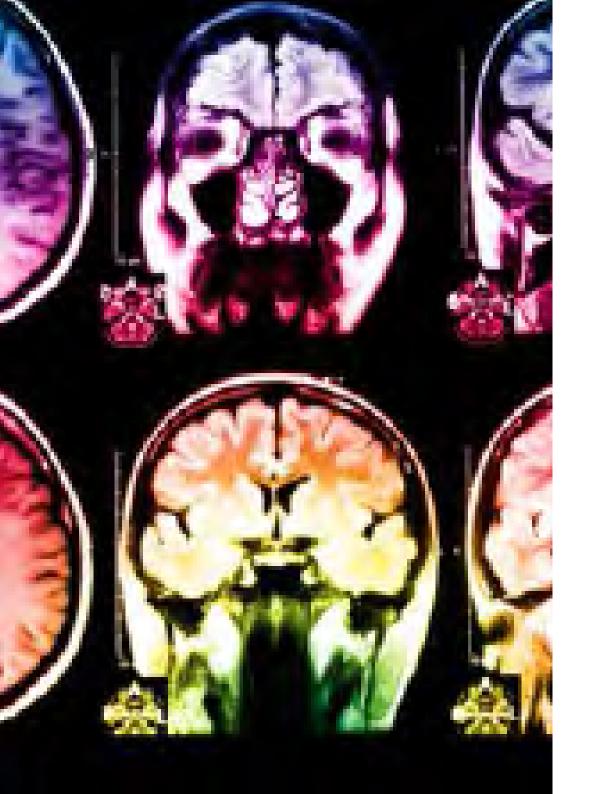
At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

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.





## Methodology | 61 tech

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**

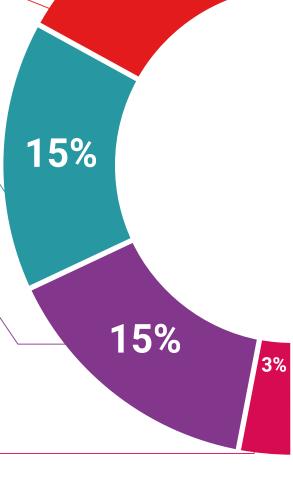
We introduce you to the latest techniques, to the latest educational advances, to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch them as many times as you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

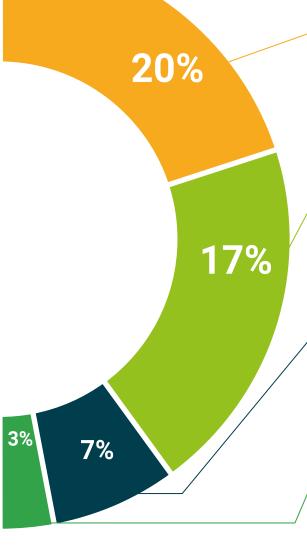
There is scientific evidence suggesting that observing third-party experts can be useful.

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.







## tech 66 | Certificate

This program will allow you to obtain your **Hybrid Professional Master's Degree diploma in Pregnancy Pathologies for Midwives** endorsed by **TECH Global University**, the world's largest online university.

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

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

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

Course Modality: Hybrid (Online + Clinical Internship)

Duration: 12 months

Certificate: TECH Global University

Recognition: 60 + 5 ECTS Credits



<sup>\*</sup>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.

health confidence people
education information tutors
guarantee accreditation teaching
institutions technology learning



# Hybrid Professional Master's Degree

Pregnancy Pathologies for Midwives

Modality: Hybrid (Online + Clinical Internship)

Duration: 12 months

Certificate: TECH Global University

60 + 5 ECTS Credits

