

REPORT FOR ACADEMIC PROGRESS: FOURTH YEAR, SECOND SEMESTER (THEORY AND CLINICAL ATTACHMENT)

Greetings,

I hereby write to give you update on academic progress I have addressed for year four, second Semester of my study. This update will include theory (class learning) and practical experience (Clinical area).

Fourth year, second semester

This 29-week semester, 14 weeks of class learning and 21 weeks of clinical allocation, commenced in December 2023. The following courses were covered in the semester: Midwifery science II, Community Midwifery and Neonatology.

Class learning

Class learning during the semester was such a success. In the 14 weeks of lectures and other modes of class learning, I have gained more advanced knowledge and skills on how to render the care woman's with different conditions during antenatal, labour and delivery, Postnatal care as well as how to manage neonatal with problems attributed by labour and delivery as well as during postnatal period.

Clinical allocation

In this semester, I was allocated at phalombe district hospital which is newly known as Reverend John Chilembwe hospital. The allocation was for 21 weeks and all the skills and competencies for high risk related to maternal and neonatal condition were obtained. The department that I was allocated were neonatal Intensive unit (NICU), High Risk Antenatal ward, High risk postnatal ward and Labour ward.

Neonatal Intensive unit (NICU)

NICU also known as The Nursery ward it is a very crucial department where nurses and midwives render the comprehensive care to neonatal with different medical problems. The common medical condition that most that were leading to admission of neonates were as follows; Birth asphyxia

leading cause of admission which was also leading to neonatal deaths, second cause was Respiratory distress syndrome(RDS), neonatal jaundice, neonatal tetanus and congenital anomalies. The department had all necessary resource both human as well as material resources and this made me achieve all the objective which were given to cover through the 4 weeks allocation in the department.

Labour ward

Throughout 6 weeks in labour ward all the skills were obtained. I was able to manage the condition related to labour and delivery. The most condition that were commonly found and managed were: Cephalo-pelvic disproportion (CPD), fetal distress, breech delivery, twin delivery, management of cord prolapse and cord presentation e.t.c. The department had all necessary resource that made us to achieve all the objectives.

Postnatal ward

I was allocated in postnatal ward for four weeks, and I was equipped with knowledge on how to manage the condition that can arise throughout postpartum period.

Antenatal ward

I was allocated in antenatal ward for four weeks, and all the objectives were achieved. I passed the assessment that was given by our lecturer. The department had well knowledgeable on management of high risk condition that occur during antenatal.

The last allocation was for community midwifery, we were allocated at one of the health centre in chiradzulu district. This was Chitera health centre and were where going in villages within the health centre catchment area. Our focus was to identify and educate the community members on issues related to maternal and neonates. It was four weeks allocation and all the objectives were achieved.

Lastly I would like to thank ISTEPup Foundation for their usual support towards my studies at Catholic University of Malawi. Attached is the academic transcript.

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Malawi