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Table 1 K	eproductive [neaith s	service	nackage

Setting	Available tasks/interventions	Services not currently available which could be provided by midwives		
Primary care – extensive primary health care network				
Primary health care centres	 Preconception consulting Marriage education Routine pregnancy visits Iron and folic acid supplementation programme Preparation for childbirth programme Postpartum care Youth and adolescent health In-school care of children HIV prevention and education Cervical screening test Breast examination Menopause care Neonatal and child development care Immunization of mothers and infants (according to the national vaccination calendar) Prevention of accidents in childhood programme National programmes related to mother and child health Family planning services Treatment of vaginitis 	 Human papilloma virus (HPV) management (diagnosis, vaccination) Common gynaecological problem diagnosis and treatments Pelvic examination Sexual counselling Safe abortion care^a Physiological childbirth Vaginal birth^b STDs management 		
AIDS/ HIV centres	 Routine care of women with high-risk behaviour Management of sexually transmitted infections Sexual counselling Care in sexual violence HIV antibody testing Patient education 			
	Secondary and tertiary care – public hospitals			
Obstetrics and gyneacology clinics in hospitals	 Common gynaecological problem diagnosis and treatments Common gynaecological problems in girls Management of sexually transmitted diseases (STDs) Pap smear test Breast examination Prenatal care Postnatal care Pelvic floor prolapse diagnosis Information and follow-up of women's health problems 	 Sexual education and consultation Education for puberty Education for menopause Women's self-care 		
Infertility wards	 Infertile couple's first evaluation Care before and during outpatient procedures Care before and during inpatient procedures Care after infertility operations Patient education and consultation 			
Obstetrics/gyneacology emergency departments	 Triage of patients Patient hospitalization process Regular examinations of pregnant women Care of nonemergency patients The non-stress test/oxytocin challenge test Care of outpatient emergency patients Care of patients during hospitalization Patient education and consultation 			

Table 1 Reproductive health service package (concluded)

Setting	Available tasks/interventions	Services not currently available which could be provided by midwives
Labour and delivery room	Mothers' education	Family support
	Support of mothers during labour	External cephalic version
	Doula care	Alternative, complementary therapies
	Nonpharmacological pain relief	Water immersion in labour and birth
	Support of mothers for Entonox usage	Physiologic childbirth
	Fill in partograph chart	Home visits
	Normal delivery	
	Episiotomy or lacerations: repair	
	Early postpartum care in labour	
	Skin-to-skin care on breastfeeding	
	Care of healthy neonates	
	Care of women with medical conditions during labour and birth ^a	
	Induction and augmentation	
	High-risk delivery care ^a	
	Assistance birth ^a	
	Operative birth ^a	
	Diagnostic tests	
	Blood and blood products infusion	
	 Injection of drugs (antibiotics, anti-hypertensive drugs, magnesium sulphate, etc.) 	
	Send patient for operations (caesarean section/curettage, etc.)	
	Resuscitation of mothers or neonates	
	Breastfeeding education	
	Discharge education	
	Telephone follow-up	
	Supporting mother re perinatal death	
	Safe abortion care	
Obstetrics/gyneacology wards	Care for hospitalized women in the ward	
	Care for women before and after surgery	
	Education and consultation	
	Nursing care procedures	
Neonatal ward	Neonatal transportation	
	Infant physical examination	
	Assessment for infant's well-being	
	Care of unhealthy neonates	
	Care of healthy neonates	
	Parent education	

^aBased on the national abortion laws, midwives could have supportive roles in patient care. They can take part in interventions and consultations to reduce unsafe abortion, care for women during the interval between administration of medications and completion of abortion, and management of abortion complications. Currently, all the abortive cases are referred to hospitals.
^bIn the structure of the Iranian health network, natural childbirth is conducted by midwives in remote and rural areas at the first level of care, but this service is not possible in urban primary health centres. It is suggested to add the possibility of conducting natural childbirth to frontline services packages.