INTERNATIONAL
REGISTRY *of* MIDWIVES

Welcome to the CIM Experienced Midwife Pathway

Thank you for your interest in becoming a Certified International Midwife, as an Experienced Midwife board exam applicant.We greatly value your wisdom and years in practice and are excited that you have chosen to join us on our mission to improve Global Maternal Child Health.

The following pages include all of the forms necessary for the Experienced Midwife Pathway Application, we have also included a checklist for your reference. We require this packet to be completed upon submission.

Please direct all questions and submit completed packet to:
info@internationalmidwife.org

Checklist:

☐ 150 primary births post completion of your training

☐ 75 of the primary births must have continuity of care spanning 3 trimesters and the postpartum/postnatal period.

☐ 10+ primary births in a low resource setting - 7 must be OOH.

☐ 20 hours of breastfeeding support

Note:
- **Random audits** are performed,you must have **charts for all 150 births** you registar.
- Must be in **Primary practice for 5+ years** post completion of your training.

Birth/Intrapartum Log for Experienced Midwives

Birth #	Client # or code:	Date of birth:	# of appt:	Birth setting	Birth outcome:	Chart ready:
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

Birth #	Client # or code:	Date of birth:	# of appt:	Birth setting	Birth outcome:	Chart ready:
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						
36.						
37.						
38.						
39.						
40.						
41.						
42.						
43.						

Birth #	Client # or code:	Date of birth:	# of appt:	Birth setting	Birth outcome:	Chart ready:
44.						
45.						
46.						
47.						
48.						
49.						
50.						
51.						
52.						
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55.						
56.						
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58.						
59.						
60.						
61.						
62.						
63.						
64.						
65.						

Birth #	Client # or code:	Date of birth:	# of appt:	Birth setting	Birth outcome:	Chart ready:
66.						
67.						
68.						
69.						
70.						
71.						
72.						
73.						
74.						
75.						
76.						
77.						
78.						
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81.						
82.						
83.						
84.						
85.						
86.						
87.						

Birth #	Client # or code:	Date of birth:	# of appt:	Birth setting	Birth outcome:	Chart ready:
88.						
89.						
90.						
91.						
92.						
93.						
94.						
95.						
96.						
97.						
98.						
99.						
100.						
101.						
102.						
103.						
104.						
105.						
106.						
107.						
108.						
109.						

Birth #	Client # or code:	Date of birth:	# of appt:	Birth setting	Birth outcome:	Chart ready:
110.						
111.						
112.						
113.						
114.						
115.						
116.						
117.						
118.						
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122.						
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124.						
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126.						
127.						
128.						
129.						
130.						
131.						

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Birth #	Client # or code:	Date of birth:	# of appt:	Birth setting	Birth outcome:	Chart ready:
132.						
133.						
134.						
135.						
136.						
137.						
138.						
139.						
140.						
141.						
142.						
143.						
144.						
145.						
146.						
147.						
148.						
149.						
150.						

The last 2 lines are reserved for corrections. Write the birth # and correction you would like to change in any of the 1 - 150 births.

Write chart numbers of births that took place in low resource setting:

1.	2.	3.	4.	5.	6.	7.

8.	9.	10.

Write chart numbers of births that took place in OOH setting.

1.	2.	3.	4.	5.	6.	7.

Key

Client # or code: The identification # or code listed on your clients charts.
# of appointments: List the total number of appointments with client, should include **both** prenatal and postpartum.
Setting of birth: Home = H, Birth Center = BC, Hospital = H, Other = O.
Birth outcome: Examples: Did mother transport? Did hemorrhage occur? Was resuscitation needed? Multiples?
Chart ready: IRM requires you to submit at least one page from each of the 40 clients. All personal information must be blacked out. If the chart is ready please write an X in the box.

Requirements:

- 150 clients seen for primary prenatal/antenatal, birth/intrapartum, and postpartum/postnatal care..

- Must submit at least one page from each of the 150 clients charts. Be sure to include the **client # or code on them**.

- 10 of the 150 births must take place in a low resource setting.

- Births must be logged in chronological order.

Breastfeeding Support Hours

Date support was provided:	Amount of time support was given:	Comments about support given :

Date support was provided:	Amount of time support was given:	Comments about support given:

Total hours logged =

Key:

Amount of time support was given for: Please log time in increments of 30 min, 45 min, 1 hour, 1 ½ hours, and 2 hours.

Comments about support given: Examples: Is baby having a hard time latching? Is mother experiencing nipple pain?

Preceptor ID # -The # IRM assigned a preceptor after **Register a Preceptor** form was completed.

Total hours logged: Add together the total amount of hours you have logged.

Requirements:

● Time must be logged in chronological order.