

Welcome to Phase 2

Congratulations on starting Phase 2 as an Entry Level CIM student! You are now a Junior Primary Student Midwife. You will assume greater responsibility in this phase of training, we know you will succeed! Please don't hesitate to contact us with questions.

In this phase you will be working as a junior primary under supervision, this roll includes:

- Perfecting proper charting techniques
- Gaining competency in hands on skills i.e. vitals, palpation, newborn exams, CPR, NRP
- Performing prenatal/antenatal exams as a junior primary
- Performing postpartum/postnatal exams as a junior primary
- Acting in a junior primary position in births/intrapartum
- Learning to work as a junior primary caregiver under the supervision of your preceptor

The following pages include all of the forms necessary for Phase 2, 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

Phase 2 Checklist:

25 births in junior primary under supervision role

7 of the 25 births are required to be continuity of care. Spanning 3 trimesters and postpartum care. These 7 births must have a total of 4 prenatal and 2 postpartum exams each.

18 of the 25 births are required to have **1 minimum Prenatal/antenatal exam** and **1 minimum postpartum/postnatal exam** for each **non continuity birth.**

18 prenatal/antepartum exams

18 postpartum/postnatal exams

20 newborn exams within the first 24 hours

Skills list checked off by preceptor



Phase 2 - Prenatal/Antenatal Exam Log

This form is not intended for Continuity of Care exams.

| Exam # | Client # or code: | Date of exam: | Comments about exam: | Preceptor ID # |
|-----------|-------------------|---------------|----------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16 | | | | |
| 17. | | | | |
| 18. | | | | |
| | | | | |
| | | | | |

The last 2 lines are reserved for corrections. Write the exam # and correction you would like to change in any of the 1 - 18 prenatal/antenatal exams.

Key:

Client # or code: The identification # or code listed on your clients charts. **Preceptor ID #** -The # IRM assigned a preceptor after **Register a Preceptor** form was completed.



Requirements:

- 18 prenatal/antenatal exams, these exams will range from the initial prenatal exam and throughout all 3 trimesters.
- These exams must be logged in chronological order and completed in Phase 2.

Prenatal/antenatal exam must include but not limited to:

Urinalysis, weight with proper use of scale, manual blood pressure, fundal height, palpation of the fetus to determine engagement, position and lie, fetal heart tones, finds the due date using a gestational wheel or calendar, assesses edema, discusses mothers concerns/answers questions, and proficiently charts findings.



Phase 2 - Midwife Birth/Intrapartum Log

This form is not intended for Continuity of Care births.

| Birth # | Client # or code: | Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|------------|----------------------|-------------------|-------------------------|---|----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13 | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| | | | | | |
| | | | | | |

The last 2 lines are reserved for corrections. Write the birth number and correction you would like to change in any of the 1 - 18 births.

Key:

Client # or code: The identification # or code listed on your clients charts. **Setting of birth**: Home = H, Birth Center = BC, Hospital = H, Other = O. **Description of your role and birth**



outcome: Examples: Did the mother end up transferring? Hemorrhaging? Apgar score? **Preceptor ID #** -The # IRM assigned a preceptor after **Register a Preceptor** form was completed.

Requirements:

- 18 births in a junior primary under supervision.
- Births must be logged in chronological order and **completed in Phase 2**.



Phase 2 - Newborn Exam Log

| Exam # | Client # or code: | Date of exam: | Comments on newborn exam: | Preceptor ID # |
|-----------|----------------------|---------------|---------------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| | | | | |
| | | | | |

The last 2 lines are reserved for corrections. Write the exam number and correction you would like to change in any of the 1-20 newborn exams.



Key:

Client # or code: The identification # or code listed on your clients charts. Comments on newborn exam: Short details and vitals. Preceptor ID # -The # IRM assigned a preceptor after Register a Preceptor form was completed.

Requirements:

- Newborn exams must be completed within the first 24hrs after birth.
- Must be logged in chronological order and completed in Phase 2.

Newborn Exam must include but not limited to:

Heart rate, reflexes (Babinski, stepping, Moro, planter, palmer, rooting reflex), APGAR at 1 and 5 minutes, muscle tone, color, weight, temperature, length, chest and head circumference, head moldings, caput, fontanels, complete palate, tongue tie, lip tie, New Ballard score, general appearance, eye reactivity, ear placement, clavicle, extremities, chest retractions, nasal flaring, RDS, lung sounds, respirations, hip dysplasia, abdomen, bowel sounds, genitals, anus, spine, and hearing.



Phase 2 - Postpartum/Postnatal Exam Log

This form is not intended for Continuity of Care exams.

| Exam # | Client # or code: | Date of Exam: | # of days postpartum: | Comments about exam: | Preceptor ID # |
|-----------|-------------------|---------------|--------------------------|----------------------|-------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| | | | | | |
| | | | | | |

The last 2 lines are reserved for corrections. Write the exam # and correction you would like to change in any of the 1 - 18 postpartum/postnatal exams.

Key:

Client # or code: The identification # or code listed on your clients charts. # of days postpartum/postnatal: This must be answered with either- 24 hours, 48 hours, 72 hours, 1



weeks, 2 weeks, 3 weeks, 4 weeks, or 6 weeks. **Preceptor ID #** -The # IRM assigned a preceptor after **Register a Preceptor** form was completed.

Requirements:

- 18 postpartum/postnatal exams completed as a junior primary. These exams will span from 24 hours, 48 hours, 72 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, and 6 weeks.
- These exams must be logged in chronological order, and be **completed in Phase 2.**

Postpartum/postnatal exam must include but not limited to:

Woman - Monitoring of bleeding/blood clots,(color, amount and odor). Palpate fundus for firmness and position. Urination and bowel movements, maternal intake and output, (proper nutrition and hydration). Vitals. Inquire about soreness, swelling or pain in the perineal area and examine sutures or tears. Inquire about after pains.

Baby - Length, weight, respiration, and heart rate. Inquire about wet diapers and bowel movements. Remove cord clamp if applicable. Observe at least one nursing session and offer support if needed. Answer questions/concerns and properly chart findings.



Phase 2 - Continuity of Care Log

COC # 1 - Client code

| Exam # | Date of v prenatal exam: | | wk # | Comments about exam: | Preceptor ID # |
|-----------|----------------------------------|--|--------------|---|-------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| Date of | Date of birth: Settin birth: | | g of | Description of your role and birth outcome: | Preceptor ID # |
| Exam # | n Date of postpartum exam: | | # of days | Comments about exam: | Preceptor ID # |
| 1. | | | | | |
| 2. | | | | | |

COC # 2 - Client code #_____

| Exam # | Date o prenat exam: | al | wk # | Comments about exam: | Preceptor ID # |
|----------------|---------------------------|------------------|------|---|-------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| Date of birth: | | Settin birth: | g of | Description of your role and birth outcome: | Preceptor ID # |
| | | | | | |



| REGISTRY of MI | DWIVES |
|----------------|--------|
| | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|-----------|--------------------------------|--------------|----------------------|-------------------|
| 1. | | | | |
| 2. | | | | |

COC # 3 - Client code #_____

| Exam # | prenat | Date of wk prenatal exam: | | | Comments about exam: | Preceptor ID # |
|-----------|-------------------------------|---------------------------------|--------------|---|----------------------|-------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| Date of | Date of birth: Setting birth: | | g of | Description of your role and birth outcome: | | Preceptor ID # |
| Exam # | | | # of days | 6 | Comments about exam: | Preceptor ID # |
| 1. | | | | | | |
| 2. | | | | | | |

COC # 4 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|-----------|------------------------------|------|----------------------|-------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |



INTERNATIONAL REGISTRY of MIDWIVES

| Date of birth: | | Setting of birth: | | Description of your role and birth outcome: | | Preceptor ID # |
|----------------|----------------------------------|-------------------|------------------------------|---|----------------------|-------------------|
| | | | | | | |
| Exam # | n Date of postpartum exam: | | um days Comments about exam: | | Comments about exam: | Preceptor ID # |
| 1. | | | | | | |
| 2. | | | | | | |

COC # 5 - Client code #_____

| Exam # | Date of wk prenatal exam: | | wk # | C | Comments about exam: | Preceptor ID # |
|-----------|---------------------------------|--|--------------|-----|---|-------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| Date of | Date of birth: Settin birth: | | g of | Des | Description of your role and birth outcome: | |
| Exam # | m Date of postpartum exam: | | # of days | | Comments about exam: | Preceptor ID # |
| 1. | | | | | | |
| 2. | | | | | | |

COC # 6 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|-----------|------------------------------|------|----------------------|-------------------|
| 1. | | | | |
| 2. | | | | |



| IJ | REGISTRY | of | MIDWIVES | |
|----|----------|----|----------|--|
| | | | | |

| 3. | | | | | | |
|---------------------------------|--|------|---|---|----------------------|-------------------|
| 4. | | | | | | |
| Date of birth: Setting o birth: | | g of | Description of your role and birth outcome: | | Preceptor ID # | |
| Exam # | | | # of days | 6 | Comments about exam: | Preceptor ID # |
| 1. | | | | | | |
| 2. | | | | | | |

COC #7 - Client code

| | | | | <u> </u> | | |
|-----------|--------------------------------|-------------------|--------------|----------------------|---|-------------------|
| Exam # | Date of wk # prenatal exam: | | С | Comments about exam: | Preceptor ID # | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| | | Setting birth: | ng of Des | | scription of your role and birth outcome: | Preceptor ID # |
| | | | | | | |
| Exam # | Date of postpartum exam: | | # of days | | Comments about exam: | Preceptor ID # |
| 1. | | | | | | |
| 2. | | | | | | |

Key:

Client code #: The identification # or code listed on your clients charts.

Wk # = number of weeks of pregnancy.

Setting of birth: Home = H, Birth Center = BC, Hospital = H, Other = O.



Description of your role and birth outcome: Examples: Did the mother end up transferring? Hemorrhaging? Apgar score?

of days: This must be answered with either- 24 hours, 48 hours, 72 hours, 1 weeks, 2 weeks, 3 weeks, 4 weeks, or 6 weeks postpartum.

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

Requirements:

- 7 continuity of care births
- 4 prenatal/antenatal exams per client spanning over 3 trimesters.
- 2 postpartum/postnatal exams per client
- These exams must be logged in chronological order, and be **completed in Phase 2.**

Prenatal/antenatal exam must include but not limited to:

Urinalysis, weight with proper use of scale, manual blood pressure, fundal height, palpation of the fetus to determine engagement, position and lie, fetal heart tones, finds the due date using a gestational wheel or calendar, assesses edema, discusses mothers concerns/answers questions, and proficiently charts findings.

Postpartum/postnatal exam must include but not limited to:

Woman - Monitoring of bleeding/blood clots,(color, amount and odor). Palpate fundus for firmness and position. Urination and bowel movements, maternal intake and output, (proper nutrition and hydration). Vitals. Inquire about soreness, swelling or pain in the perineal area and examine sutures or tears. Inquire about after pains.

Baby - Length, weight, respiration, and heart rate. Inquire about wet diapers and bowel movements. Remove cord clamp if applicable. Observe at least one nursing session and offer support if needed. Answer questions/concerns and properly chart findings.