INTERNATIONAL
REGISTRY *of* MIDWIVES

## Welcome to Phase 3

Congratulations on starting Phase 3 as an Entry Level CIM student!
You are now officially a Senior Primary Student Midwife. This is your final phase of training. Once all requirements are met, you will be able to sit for your CIM board exam. We are so happy to see your progress and growth! Please don't hesitate to contact us with questions.

In this phase you will be working as a senior primary under supervision, this roll includes:
- Perfecting hands on skills - i.e. vitals, palpation, newborn exams, CPR, NRP
- Performing prenatal/antenatal exams as a senior primary
- Performing postpartum/postnatal exams as a senior primary
- Acting in a senior primary position in births/intrapartum
- Learning to work as a senior primary caregiver under the supervision of your preceptor
- Performing well woman exams as a senior primary caregiver
- Learning how to work in a low resource setting as a senior primary midwife

The following pages include all of the forms necessary for Phase 3, 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 3 Checklist:

☐ 25 total births in senior primary under supervision role

☐ **20 of the 25** births are required to be continuity of care. Spanning 3 trimesters and postpartum care.These 20 births must have a total of **7 prenatal, a newborn exam and 3 postpartum exams each.**

☐ **7 births** are required to be in a **low resource setting** and must be **out-of-hospital**

☐ **20 Well Woman/Gynecology** exams as senior primary caregiver

☐ **20 hours of breastfeeding** support

# Phase 3 - 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. | | | | | |
| | | | | | |
| . | | | | | |

**The last 2 lines are reserved for corrections. Write the birth number and correction you would like to change in any of the 1 - 5 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:

- 5 births in a senior primary under supervision.

- Births must be logged in chronological order and **completed in Phase 3**.

# Phase 3 - Continuity of Care Log

## COC # 1 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 2 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 3 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 4 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 5 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 6 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

**COC # 7 -** Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 8 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 9 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 10 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 11 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 12 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 13 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 14 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 15 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 16 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

**COC # 17 - Client code #_____**

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

**COC # 18 - Client code #_____**

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## COC # 19 - Client code #_____

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|--------|------------------------|------|----------------------|----------------|
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|----------------|-------------------|---------------------------------------------|----------------|
|  |  |  |  |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---------------|------------------------------|----------------|
|  |  |  |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|--------|--------------------------|-----------|----------------------|----------------|
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**COC # 20 - Client code #_____**

| Exam # | Date of prenatal exam: | wk # | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| Date of birth: | Setting of birth: | Description of your role and birth outcome: | Preceptor ID # |
|---|---|---|---|
| | | | |

| Date of exam: | Comments about newborn exam: | Preceptor ID # |
|---|---|---|
| | | |

| Exam # | Date of postpartum exam: | # of days | Comments about exam: | Preceptor ID # |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## 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:

- **20 continuity of care** births

- **7 prenatal/antenatal exams** per client spanning **over 3 trimesters**.

- **20 newborn exams** must be completed within the **first 24hrs after birth**.

- **3 postpartum/postnatal exams** per client

- These exams must be logged in chronological order,and be **completed in Phase 3.**

### 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.

### 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.

### 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.

# Low Resource Setting Birth/Intrapartum Log

**Use client code # from above sections.**

| Birth # | Client code # | Date of birth: | Location: | Comments about birth: | Preceptor ID # |
|---------|---------------|----------------|-----------|----------------------|----------------|
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |

## Key:

**Client code #:** The identification # or code listed on your clients charts**.**
**Location:** Name of country birth took place in.
**Comments about birth:** Examples: Position mother birthed in. Hemorrhaging? Apgar score?
**Preceptor ID #** -The # IRM assigned a preceptor after **Register a Preceptor** form was completed.

## Requirements:

- **7** births/intrapartum in **low resource setting - out of hospital.**

- These births can be a **mix from Phase 3 birth/intrapartum log** and **Phase 3 Continuity of Care Log.**

- These exams must be logged in chronological order,and be **completed in Phase 3.**

# Well Woman/Gynecology Exam Log

| Exam # | Date of gynecology exam: | Type 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. | | | | |
| 19. | | | | |
| 20. | | | | |
| | | | | |
| | | | | |

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

## Key:

**Client code #:** The identification # or code listed on your clients charts**.**
**Type of exam:** Pelvic Floor = PF. Pap Smear = PS. Vaginal Culture = VC.
**Comments about exam:** Was culture taken? Did you perform a pap smear? Did you feel cystocele or rectocele?
**Preceptor ID #** -The # IRM assigned a preceptor after **Register a Preceptor** form was completed.

## Requirements:

- **20** Well Woman/Gynecology exams

- These exams must be performed on **non-pregnant women** and **beyond the 6 week** postpartum/postnatal period.

- **10+** of these exams should include **use of a speculum.**

- These exams must be logged in chronological order,and be **completed in Phase 3.**

# Breastfeeding Support Hours

| Date support was provided: | Amount of time support was given: | Comments about support given : | Preceptor ID # |
|---|---|---|---|
| | | | |
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| Date support was provided: | Amount of time support was given: | Comments about support given : | Preceptor ID # |
|---|---|---|---|
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**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:

● **20 hours** of breastfeeding support, hours must be **logged in Phase 3.**

● Time must be logged in chronological order.