



Hong Kong College of Midwives

Membership Training Program

Curricula and Clinical Log Book

Mentee's Name: _____

Period Covered: _____ to _____

Hong Kong College of Midwives is a Constituent College of
Hong Kong Academy of Nursing

The first version in December 2014

The second version in December 2015

The third version: Revised on 15 June 2016

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Content Table

Purpose of the Log Book	p. 2
Midwifery Specialist Training Program	p. 2
Levels of Competence	p. 2
Timing of the Log Book	p. 3
Using the Log Book	p. 3
Personal Particulars	p. 4
Module 1 – Basic Midwifery Training	p. 5 - 7
Module 2 – Post Basic Midwifery Clinical Management	p. 8 - 20
Module 3 – Elective Sub-Specialty Training Midwife-Led Care	p. 21 - 34

Purpose of the Log Book

The clinical log book of the Hong Kong College of Midwives (HKCMW) is designed to facilitate and guide mentees learning, and to provide support and direction for mentors in making judgments about the competence of trainees.

Mentees are responsible to enter the required information and record the various activities and experiences as stipulated in the various modules of the log book. Mentors should certify specified areas of competence of the mentees as they are attained.

All mentees entering the HKCMW training program are required to use this log book. All the log-books must be *submitted to the College for the Ordinary Membership Examination* and *also presented for the Fellow Exit Assessment*.

Midwifery Specialist Training Programme

There are 3 modules which make up the content of midwifery specialist training, ranging from basic midwifery training to post-basic specialty training.

Three modules are:

Module 1: Basic Midwifery Training

Module 2: Post-basic Midwifery Clinical Management

Module 3: Midwifery Subspecialty Training

Levels of Competence

To assist mentees in achieving their competencies, a five-level model of competence is adopted. The level of competence ranges from observation (1) to independent practice (5).

Level 1	Observes	Observes the clinical activity performed by a colleague
Level 2	Assists	Assists a colleague to perform the clinical activity
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent Performer	Performs the entire activity without need for supervision

Timing of the Log Book

Logging should be started early in the training period until the mentee has passed the Fellow Exit Assessment of HKCMW.

Using the Log Book

There will be separate session for record of each module training and individual sub-specialty training. Mentees need to record one elective sub-specialty training only that she has chosen.

Mentees are strongly advised to carry the log book at all times and to enter legibly the required information on a daily basis. This will save subsequent effort at retrospective record hunting. This information will be taken for reference at various stages of training assessment.

If the mentee has problems or queries with the use of the log book, she should refer to her mentor, supervisor, or the Chairman and members of Education Committee of the College.

Personal Particulars

Name of Mentee: _____ (English) _____ (Chinese)

Date of Registration as Registered Nurse: _____

Registration No. : _____

Date of Registration as Registered Midwife: _____

Registration No. : _____

Academic Qualifications:

Qualifications Obtained	Date Obtained

Professional Qualifications:

Qualifications Obtained	Date Obtained

Module 1
Basic Midwifery Training

Module 1 - Basic Midwifery Training

Theoretical Core Components	No. of Hours
General Clinical Practice Issues	
Behavioral Sciences	
Primary Health Care <ul style="list-style-type: none"> - Sexual and Reproductive Health - Public and Primary Health - Maternal and Child Health 	
Professional, Ethical and Legal Aspects of Midwifery Practice <ul style="list-style-type: none"> - Professional Knowledge - Evidence-based Practice in Midwifery - Personal Growth & Professional Development 	
Biological Sciences	
Midwifery Knowledge	
Professional Midwifery Practice <ul style="list-style-type: none"> - Care during pregnancy - Care during Labour & Birth - Care during Puerperium - Care of Newborn (up to 6 weeks of life) 	
TOTAL HOURS:	

Clinical Practice Area	No. of Weeks
Ambulatory / Day Ward	
Antenatal Ward	
Labour Ward	
Postnatal Ward	
Maternity Clinic	
SCBU	
MCHC	
Others, e.g. Team Midwifery (please specify)	
TOTAL No. of WEEKS	

The mentees have completed their clinical experience record during their Post-registration Diploma in Midwifery Program, so the mentees are only required to provide the transcript from the relevant institution and information on Module 1 as stated in this Log Book.

Post Midwifery Registration Working Experiences

Period	Working Location	No. of Weeks

Module 2
Post Basic Midwifery Clinical Management

Module 2 – 18 Months Post Basic Midwifery Clinical Management

This module is accessible to midwives who have completed the basic midwifery training and have registered as a midwife in Hong Kong. It covers 18 months of post basic skill enhancement in midwifery clinical management. Within this period, the midwife should consolidate her skills in antenatal, intrapartum and postnatal areas. It includes 12 months clinical management experience in the Labour Ward and 6 months experience in Antenatal & Postnatal management.

Learning objectives in the Antenatal ward/clinic:

By the end of 3 months training, the midwife should be able to

1. Carry out comprehensive assessments to determine maternal and fetal well-being at the first antenatal visit independently.
2. Carry out ongoing assessment of maternal and fetal well-being in subsequent visits independently.
3. Appropriately manage or refer woman requiring additional care to other health professionals.
4. Provide health education and promotion to woman in the preparation of labor, birth and parenthood.

Learning objectives in Labour ward:

By the end of 12 months training, the midwife should be able to

1. Carry out ongoing assessment and monitoring of maternal and fetal well-being and labour progress independently.
2. Manage and evaluate labour pain.
3. Provide informed choices to woman with non-pharmacological and pharmacological pain relief methods.
4. Timely refer to obstetricians independently or under supervision when abnormality is suspected.
5. Recognize deviations from normal condition promptly and initiate appropriate actions independently or under supervision.
6. Provide immediate care to support newborn's transition to extra-uterine life independently.
7. Maintain an accurate birth registry and other relevant documentation.

Learning objectives in Postnatal ward:

By the end of 3 months training, the midwife should be able to

1. Carry out ongoing assessment and monitoring of woman independently.
2. Perform comprehensive maternal, newborn and feeding assessment related to lactation independently or under supervision.
3. Provide support and encouragement to enable woman to successfully meet the breastfeeding goals.
4. Perform newborn physical examination independently.
5. Recognize deviations from normal condition promptly and initiate appropriate actions independently or under supervision.

Education Program and Clinical Experience

The mentees are required to attend not less than two post basic training education program accredited by the College. They are also required to indicate her levels of competence for the related clinical practice experience:

Education Program

The mentee has to attend continuing education programs with not less than 20 hours theory programs in Midwifery Leadership, Midwifery Led clinical management models, advanced life support in obstetric emergencies, neonatal resuscitation, etc....

Name of Education Program	Organized by	Duration / Hours	Certification Obtained and Date

Clinical Experience

1. Antenatal Clinical Management *

1.1. Normal pregnancy (Level 4-5):

- 1.1.1. Antepartum: first trimester to third trimester;
- 1.1.2. Antepartum fetal monitoring and other diagnostic tests (e.g. fetal movement, amniocentesis, per vaginal examination etc.);

1.2. Pregnancy complicated by medical and other conditions (Level 3-4):

- 1.2.1. Prenatal substance abuse;
- 1.2.2. Diabetes Mellitus in pregnancy;
- 1.2.3. Prenatal anaemia;
- 1.2.4. Cardiac disease in pregnancy;
- 1.2.5. Hypertensive disorder
- 1.2.6. Rh Disease
- 1.2.7. Pregnant adolescent;
- 1.2.8. HIV in pregnancy;
- 1.2.9. Infections such as toxoplasmosis, rubella, CMV, herpes simplex virus, sexually transmitted disease; chickenpox exposure
- 1.2.10. Others such as surgical procedures, e.g. cervical incompetence, removal of an ovarian cyst, appendicitis, trauma, etc.

1.3. Gestational complications (Level 3-4):

- 1.3.1. Hyperemesis gravidarum;
- 1.3.2. Multiple pregnancy;
- 1.3.3. Polyhydramnios
- 1.3.4. Oligodramnios
- 1.3.5. Antepartum Haemorrhage;
- 1.3.6. Vaginal infections;
- 1.3.7. Urinary tract infection;
- 1.3.8. Preterm labour;
- 1.3.9. Premature rupture of membranes;
- 1.3.10. Recurrent pregnancy loss.

2. Intra-partum Clinical Management

2.1. Normal intrapartum (Level 4-5):

- 2.1.1. Normal labour: first stage to third stage;
- 2.1.2. Intrapartum fetal monitoring;
- 2.1.3. Amniotomy;
- 2.1.4. Epidural anaesthesia / analgesia;
- 2.1.5. Induction of labour;
- 2.1.6. Augmentation of labour.
- 2.1.7. Pharmacological pain management
- 2.1.8. Non pharmacological pain management

- 2.2. Intrapartum complications (Level 3-4):
 - 2.2.1. Dystocia / dysfunctional labour;
 - 2.2.2. Precipitous birth;
 - 2.2.3. Intrapartum preeclampsia;
 - 2.2.4. Caesarean birth;
 - 2.2.5. Vaginal birth after caesarean;
 - 2.2.6. Breech delivery
 - 2.2.7. Intrauterine fetal death;
 - 2.2.8. Uterine rupture;
 - 2.2.9. External version;
 - 2.2.10. Amnio-infusion;
 - 2.2.11. Instrumental deliveries such as forceps or vacuum birth.
 - 2.2.12. Maternal distress
 - 2.2.13. Fetal distress

2.3 Obstetrics Emergencies:

- 2.3.1 Cord prolapse
- 2.3.2 Shoulder Dystocia
- 2.3.3 Eclampsia
- 2.3.4 Maternal collapse

3. **Postnatal Clinical Management ***

- 3.1. Normal postpartum care (Level 4-5):
 - 3.1.1. Postpartum period – fourth stage of labour;
 - 3.1.2. Postpartum period – first 24 – 48 hours post vaginal delivery care ;
 - 3.1.3. Postpartum period after caesarean birth.
- 3.2. Postpartum complications (Level 3-4):
 - 3.2.1. Postpartum haemorrhage;
 - 3.2.2. Postpartum infection;
 - 3.2.3. Thromboembolic disease;
 - 3.2.4. Mastitis;
 - 3.2.5. Postnatal emotional disorder / Postpartum depression.
- 3.3. Care of the newborn (Level 4-5):
 - 3.3.1. Newborn care – immediate after birth;
 - 3.3.2. Newborn care – Subsequent care in postnatal ward

4. **Neonatal Complications Management in Maternity Unit (Level 3-4): @**

- 4.1.1. Neonatal asphyxia;
- 4.1.2. Small for gestational age;
- 4.1.3. Infant of a diabetic mother;
- 4.1.4. Infant of a substance-abuse mother;
- 4.1.5. Infant exposed to HIV / AIDS;
- 4.1.6. Preterm newborn;
- 4.1.7. Post-term newborn;
- 4.1.8. Hyperbilirubinemia;
- 4.1.9. Meconium aspiration syndrome;
- 4.1.10. ABO incompatibility;
- 4.1.11. Neonatal infection.
- 4.1.12. Congenital abnormalities

The mentee should complete their clinical experience records with clinical mentor's verification accordingly. Level of competence would be decided by the mentor.

Level 1	Observer	Observes the clinical activity performed by a colleague
Level 2	Assistant	Assists a colleague to perform the clinical activity
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent performer	Performs the entire activity without need for supervision

Remarks:

- # Trainees are requested to have at least 10 complicated or at risk cases records for Intra-partum clinical management. Regard to these 10 cases management, mentees are requested to attend the labour and assist / conduct the deliveries for at least 5 cases. For the other 5 cases, mentees are requested to provide at least 4 hours direct care for each case.
- * Mentees are requested to have at least 5 cases records for Antenatal and 5 cases records for Postnatal clinical management. Regard to the Antenatal and Postnatal cases management, mentees are requested to render at least one hour direct care for each case.
- @ For neonatal care, mentees are requested to have at least 5 cases records for Neonatal Complication management in maternity unit.

Records of Antenatal Clinical Management

Working location / Institution	Period	No. of weeks

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of Postnatal Clinical Management

Working location / Institution	Period	No. of weeks

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of Intrapartum Clinical Management

Working location / Institution	Period	No. of weeks

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of in Intrapartum Clinical Management

Working location / Institution	Period	No. of weeks

Case No.	Date	Description	Clinical Mentor's Name / signature	Level of Competence

Records of Neonatal Complications Management

Working location / Institution	Period	No. of weeks

Case No.	Date	Description	Clinical Mentor's Name /signature	Level of Competence

For submission of application for the Ordinary Membership Examination, mentee is required to complete the following Academic Experience Record for the examination panel vetting.

Academic Experience (from Midwifery School to now)

Description	Recommended (Hours)	Attained Hours
1 Generic Core		
1.1 General Clinical Practice Issue (18-month Midwifery Training)	6	
1.2 Behavioral Sciences (18-month Midwifery Training)	50	
1.3 Primary Health Care (18-month Midwifery Training)	60	
1.4 Professional, Ethical & Legal Aspects of Midwifery Practice (18-month Midwifery Training)	60	
1.5 Others (please specify the program / course at Appendix 1):		
<i>Total (at least 176 hours for Generic Core)</i>		
2 Advanced Practice Core		
2.1 Biological Sciences (18-month Midwifery Training)	40	
2.2 Midwifery Knowledge (18-month Midwifery Training)	30	
2.3 Professional Midwifery Practice (18-month Midwifery Training) - During Pregnancy - During Labour & Birth - During Puerperium - Care of Newborn (up to 6 weeks of life)	130	
2.4 Others (please specify the program / course at Appendix 2):		
<i>Total (at least 200 hours for Advanced Practice Core)</i>		
3 Specialty Core		
3.1 Advanced Case Management (18-month Midwifery Training) - For maternal / obstetric problems in pregnancy - For problems associated with labour and childbirth - For maternal health problems in puerperium - For sick neonates	90	
3.2 Breastfeeding Management and Counselling -	40	
3.3 Others (please specify the midwifery specialty program / course at Appendix 3):	50	
<i>Total (at least 180 hours for Specialty Core)</i>		
<i>Grand Total (Hours)</i>		

Appendix 1 – Training Detail of Generic Core

Date	Course	Course Organization / Institution	Duration (Hours)

Appendix 2 –Training Detail of Advanced Core

Date	Course	Course Organization / Institution	Duration (Hours)

Appendix 3 –Training Detail of Specialty Core

Date	Course	Course Organization / Institution	Duration (Hours)

Details of Generic Core, Advanced Core and Specialty Core, please refer to the Curriculum and Syllabus for Membership Training of the Advanced Practice Midwives.

Module 3
Elective Sub-Specialty Training
MIDWIFE-LED CARE

(Reviewed & Revised on 16 October 2019)

Midwife-led Care

1 Definition

Definition of midwife-led care: "Midwife is the lead professional providing continuity in the planning, organization and delivery of care given to a woman from initial booking to the postnatal period" (WHO 2016, Sandall, 2009).

Midwife-led care is based on the premise that pregnancy and childbirth are normal life events, and is woman-centred. It includes the following:

- continuity of care,
- monitoring the physical, psychological, spiritual and social well-being of the woman and family throughout the childbearing cycle,
- empowering the woman through individualized education,
- providing informed choices, counseling and antenatal care,
- continuous attendance during labour, birth and the immediate postpartum period,
- ongoing support during the postnatal period,
- minimizing technological interventions, and
- identifying and referring women who require obstetric or other specialist attention.

Midwife-led care targets on promotion and protection of normal birth; and woman/family-centered care. Midwives manage care for women and infants, and refer them to other health care providers whenever midwives detect deviation from the normal. There are models of midwife-led care which include team midwifery, caseload midwifery and birth centre care.

Team Midwifery

Team midwifery aims to provide continuity of care to normal low risk group of pregnant women through a team of midwives sharing a caseload. Thus, a woman will receive her care from a number of midwives in the team, and the size of the team can vary.

Caseload Midwifery

Midwife acts as independent and autonomous practitioner and is responsible for her own caseload of women. Caseload midwifery aims to offer greater relationship continuity over time, by ensuring that a childbearing woman receives her ante, intra and postnatal care from one midwife or her practice partner.

Birth Centre Care

A birth centre is a home-like facility, existing within a healthcare system with a program of care in the wellness model of pregnancy and birth. Birth centres are guided by the principles of prevention, sensitivity, safety, (appropriate medical intervention), and cost effectiveness. Birth centres provide family-centred care for healthy women before, during and after normal pregnancy, labour and birth (American Association Birth Centers 2017, RCM 2014, NCT 2010).

2 Training Requirements for Midwife-led Care Module

This module comprises of training on Midwife-led care of at least 12 months. Mentees are required to practice one of the Midwife-led care models which include:

- Team midwifery
- Caseload midwifery
- Birth centre care

Furthermore, during the 12-month training, mentees are required to practice continuous antepartum, intrapartum and postpartum care to their low-risk clients.

3 Learning Objectives

By the end of the membership training, the mentee should be able to

- 3.1 Understand the inclusion and exclusion criteria for recruiting cases under Midwife-led care defined by the training site.
- 3.2 Carry out history taking and assessments to determine maternal condition and fetal well-being at the first antenatal visit independently.
- 3.3 Carry out ongoing assessments of maternal condition and fetal well-being in subsequent visits independently.
- 3.4 Consult obstetricians or other health professionals appropriately and promptly if deviations from normality are detected.
- 3.5 Transfer the women to obstetric care appropriately if high risk conditions are identified according to the protocol of the training site.
- 3.6 Provide individualized health education to women during the whole process of care from antepartum to postpartum.
- 3.7 Establish rapport and a trusting relationship with women.
- 3.8 Carry out ongoing assessments on maternal condition, fetal well-being and labour progress independently during intrapartum.
- 3.9 Provide informed choices to women on non-pharmacological and pharmacological pain relief methods.

- 3.10 Provide appropriate care and management to women independently during intrapartum.
- 3.11 Appreciate and practice the characteristics of Midwife-led care such as providing continuity of care, promoting normal birth, reducing unnecessary medical interventions, etc.
- 3.12 Carry out ongoing assessments for postnatal women and their newborns independently.
- 3.13 Perform comprehensive maternal, newborn and feeding assessments related to lactation independently.
- 3.14 Provide education and support to enable women to successfully meet the breastfeeding goals.
- 3.15 Perform comprehensive physical, psychological and social assessments for women at postnatal visit after discharge independently.
- 3.16 Provide individualized counselling to women independently or under supervision.

4 Education Program and Clinical Practice

The mentees are required to attend not less than two post basic training education programs accredited by the College before admission for Ordinary Membership (OM) Examination. They are also required to indicate their levels of competence for the related clinical practice.

4.1 Education Program

The mentee has to attend continuing education programs such as advanced life support in obstetric emergencies, neonatal resuscitation, non-pharmacological pain management in childbirth, counseling etc....

Name of Education Program	Organized by	Duration / Hours	Certification Obtained and Date

4.2 Clinical Practice

Working Location / Institution	Midwife-led Care Model	Period

5 Individual Case Records

The mentee should complete their individual case records with sub-specialty mentor's verification accordingly. Level of competence would be decided by the mentor.

Level 1	Observer	Observes the clinical activity performed by a colleague
Level 2	Assistant	Assists a colleague to perform the clinical activity
Level 3	Under Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Under Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent performer	Performs the entire activity without need for supervision

5.1 Criteria of a Complete Logged Case

The mentee should

- Meet the client and start to provide care before 16 weeks of gestation.
- Perform 5 or more antenatal visits for the client.
- Provide first stage care of labour **AND** conduct/ assist her delivery.
- Provide postnatal care and baby care for the client before discharge.
- Perform postnatal visit at about 6 weeks after delivery.

*****During the training on Midwife-led care, mentee is required to have 20 complete logged cases. Within these 20 cases, at least 10 deliveries must be conducted by the mentee.***

(Remarks: Before admission for the Ordinary Membership Examination, at least 10 cases should be logged completely at competency level 3 or above. Before admission for the Fellow Membership Examination, the other 11 – 20 cases should be logged completely at competency level 4 – 5 including at least 5 cases of deliveries must be conducted by the mentee.)

5.2 Record of Logged Case (Require 20 completed cases, at least 10 cases before OM Exam)

Mentee can make photocopies of following template to record each individual logged case.

Case No.: _____

Gravida: _____ Parity: _____

5.2.1 ANTEPARTUM

Antenatal visits performed by mentee: (≥ 5 visits)

Date	Gestation	Assessment Findings, Client's Complaints, Problems Identified	Advice, Education, Interventions, Discussion on Birth Plan	Outcomes	Level of competence	Mentor of Specialty Name / Signature

5.2.2 INTRAPARTUM

First stage care should be provided by mentee **AND** the delivery was conducted/ assisted by mentee.

First Stage Care provided by mentee (Please also describe how to help the client to cope with pain)

Date

Second Stage Care

Vaginal delivery conducted by mentee: Yes No

Operative delivery assisted by mentee: Yes No

Mode of operative delivery: Vacuum extraction
 Forceps delivery
 Emergency Caesarean section

Second Stage Care provided by mentee

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Third Stage Care provided by mentee

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- Status of perineum: Intact
 First degree tear
 Second degree tear
 Third degree tear
 Episiotomy

Perineal wound repaired by mentee: Yes No

Immediate skin-to-skin contact after birth: Yes No, reason: _____

Competency level for intrapartum care:	Mentor of Specialty: Name / Signature

5.2.3 POSTPARTUM

Mentee should provide postnatal care and baby care during hospitalization to the client.

Postnatal Care

Date	Gestation	Assessment Findings, Client's Complaints, Problems Identified	Advice, Education, Interventions,	Outcomes	Level of competence	Mentor of Specialty Name / Signature

Postnatal Debriefing

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Baby Care

Date	Gestation	Assessment Findings, Client's Complaints, Problems Identified	Advice, Education, Interventions,	Outcomes	Level of competence	Mentor of Specialty Name / Signature

Postnatal Visit

Mentee should perform postnatal visit at about 6 weeks after delivery.

Date:	
Client's Physical Assessment	
Postnatal Emotion	
Baby's Health Condition and Feeding (reported by client)	
Advice/ Education/ Interventions Provided	

Level of Competence: _____

Mentor of Specialty

Name: _____

Signature: _____

Date: _____

6. Summary of Clinical Experience on Midwife-led Care

Date: from _____ to _____

Experience	Number
5 or more antenatal visits conducted by mentee for each client	
Antenatal counseling	
Normal vaginal deliveries conducted	
Postnatal debriefing	
Postnatal counseling	
Postnatal visits at 6 weeks after delivery	

Mentor of Specialty:

Name: _____

Signature: _____

Date: _____

7 Detailed Case Reports

For the Fellow Membership Examination (Exit Assessment), details of 3 cases have to be presented. The mentee can choose any 3 cases from her logged cases to write the detailed case reports. The description and discussion of each case should be at least 1500 words. A word count should be inserted at the end of each case. They should reflect the characteristics of midwife-led care which include continuity of care, advocacy of woman-centred care, provision of midwifery care and consultation to obstetric care only when needed, promotion of normal birth, reduction of unnecessary medical interventions, etc.

Antepartum

Mentee should describe antenatal events of the client. Antenatal visits performed by the mentee with assessment findings, client's complaints, problems identified, and corresponding advice, education and interventions provided should be described. Furthermore, individualized birth plan should be discussed with the client and addressed in the detailed case report.

Intrapartum

Mentee should describe monitoring of maternal and fetal conditions, as well as progress of labour. Midwife-led care which includes monitoring, detecting abnormalities and consulting obstetric care if needed should be discussed. Furthermore, midwifery care to reduce the client's labour pain, ways to promote normal birth, mobilization of support from partner and family, and advocacy of woman-centred care should be described in details.

Postpartum

Postnatal Period during Hospitalization

Mentee should describe maternal condition including physical, emotional and social aspects. Postnatal debriefing should be done and described. Other areas including baby condition, baby feeding and postnatal care should also be addressed.

Postnatal Visit

Mentee should describe maternal recovery from pregnancy and delivery, and early adaptation to parenthood. Findings of physical assessment and screening on postnatal depression should be mentioned. Furthermore, other areas including baby condition, feeding pattern and education/interventions provided should also be described.

Reflection

Mentee should write reflection on the case, which may include personal feelings, opinions, beliefs, strengths and weakness. Besides, for the whole care process, area with good practice, area for further personal improvements and learning points should be identified and described.

References

American Association Birth Centers (2017). Definition of “Birth Center” clarified.

<http://www.birthcenters.org>

Cochrane Systematic Review (2013). Midwife-led continuity models versus other models of care for childbearing women. <https://doi.org/10.1002/14651858.CD004667.pub3>

NCT (2010). Normal birth as a measure of the quality of care. Evidence on safety, effectiveness and women’s experiences. www.nct.org.uk

RCM (2014). High quality midwifery care. www.rcm.org.uk

Sandall J (2009). Midwife-led versus other models of care for childbearing women: implications of findings from a Cochrane meta-analysis.

www.kcl.ac.uk

WHO (2016). Midwife-led care delivers positive pregnancy and birth.

<http://who.int/workforcealliance/media/news/2013/midwifecochrane/en/>

Certificate of Accuracy

I certify that the information contained in the Log Book covering the period from _____ to _____ is a true and accurate record of my training experiences.

Signature of Mentee: _____

Name in Block Letter: _____

Date: _____