



Hong Kong College of Midwives

Membership Training Program

Curricula

and

Clinical Log Book

(Prenatal Screening & Counseling)

Mentee's Name: _____

Period Covered: _____ to _____

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

The first version in December 2014

The second version in December 2015

The third version: Revised on 15 June 2016

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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 Admission Interview* 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	Observation	Observes the clinical activity performed by a colleague
Level 2	Assisting	Assists a colleague to perform the clinical activity
Level 3	Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent Practice	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.

Remarks:

Mentees should present clinical logbook and relevant documents to prove satisfactory completion of the required competence in the 500 hours of theoretical input; at least 250 hours #initial guided clinical practice with at least 50% under mentor guidance in module 2 & 3 and are required to complete the additional 250 hours #final guided clinical practice with at least 50% under mentor guidance or the clinical practice hours and requirements as stipulated by the elective sub-specialty training.

Initial Guided Clinical Practice

Refers to the mentee is under guidance of a designated Fellow Member or mentor recognized by the College in a local clinical specialty department.

Final Guided Clinical Practice

Refers to the mentee is under guidance of a designated Fellow Member in a local clinical specialty department appointed by the College.

Guided Clinical Practice include:

- i) Experiential learning with mentor guidance at local clinical specialty departments;
- ii) Practicum at work/non-work places with mentors from local clinical specialty departments under university/tertiary institution programs

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

Mentees are required to have at least 250 hours initial guided clinical practice with at least 50% under mentor guidance in the module 2 & 3 of membership training for the Post Midwifery Registration.

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	Observation	Observes the clinical activity performed by a colleague
Level 2	Assisting	Assists a colleague to perform the clinical activity
Level 3	Direct Supervision	Performs the entire activity under direct supervision of a senior colleague
Level 4	Indirect Supervision	Performs the entire activity with indirect supervision of a senior colleague
Level 5	Independent Practice	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 hours under guided practice

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

Records of Postnatal Clinical Management

Working location / Institution	Period	No. of hours under guided practice

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

Records of Intrapartum Clinical Management

Working location / Institution	Period	No. of hours under guided practice

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

Records of in Intrapartum Clinical Management

Working location / Institution	Period	No. of hours under guided practice

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

Records of Neonatal Complications Management

Working location / Institution	Period	No. of hours under guided practice

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

Requirement and Record for the Theoretical Input

Mentees should have at least 500 theoretical hours in advanced midwifery practice certification program:

1. Not more than 200 hours can be counted from the Post-registration Diploma in Midwifery Program on completion of the basic midwifery training.
2. At least 300 hours should be at postgraduate level from the Master degree program in Nursing or relation to Midwifery from the recognized university or institution.
3. Additional required at least 20 theoretical hours of advanced midwifery practice in Post Midwifery Program.

Mentees are required to provide transcripts from the relevant institution or university to support the evidence of theoretical hours input as curriculum requirement for the Advanced Midwifery Practice Certification Program.

Mentees are required to keep the summary of theoretical hours record into Generic Core, Advanced Core and Specialty Core as the training program curriculum requirement. *(Please refer to the following pages for record keeping. Additional sheets can be used if necessary)*

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

Summary of Theoretical Hours Record

(I) Generic Core:

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Summary of Theoretical Hours Record

(II) **Advanced Core**

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Summary of Theoretical Hours Record

(III) Specialty Core

Post Graduate Level – at least 100 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Post Registration Level related to Midwifery Specialty Practices – no more than 67 hours

Date	Course	Course Organization / Institution	Duration (Hours)
Total Hours:			

Module 3
Elective Sub-Specialty Training

PRENATAL
SCREENING & COUNSELLING

Version 1:

Approved by Education Committee of HKCMW: 23 January 2018

Endorsed by Council of HKCMW: 13 February 2018

Reviewed on 16 October 2019

Version 2:

Reviewed and revised on 3 May 2021

The sub-specialty of ‘Prenatal Screening & Counselling’ consists of two major areas, fetal ultrasound examination and prenatal counselling for screening of Down syndrome. The training is focused on the development of a midwife to perform advanced practice function with professional and practice development. Apart from the records of classroom training and clinical practice in the mentioned aspects, the mentee should provide five case studies which demonstrate the indication of women’s status, midwifery care, progress of pregnancy and management, and personal reflection that helps to further develop skills and knowledge of the specific aspects.

Learning Objectives

By the end of 36-month/ Post Membership training with at least 250 hours final guided practice, the mentee should be able to:

1. Develop clinical skills and acquire relevant knowledge in fetal sonography and prenatal screening.
2. Perform dating and growth scans independently for pregnant women, with interpretation of findings, identify co-existent gynaecological conditions, provides adequate explanation on the result and ensure safe use of apparatus and equipment.
3. Provide prenatal counselling independently for fetal screening such as Down’s screening; and invasive procedures such as amniocentesis, with full understanding of the inclusion & exclusion criteria of the screening and assessment.
4. Formulate care plan for further management of the pregnancy based on ultrasound findings or counselling outcome, with input of health education to promote maternal and fetal health beings;
5. Refer and collaborate with other healthcare professionals to provide comprehensive care for women with specific fetal conditions with regards to continuity of care.

The mentees should complete their individual clinical practice records with mentor of specialty’s verification accordingly. Level of competence would be decided by the mentor of specialty with reference to the following table.

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

Records on theory and clinical experience of midwifery ultrasound screening

Refer to Appendix 1 - 3 for the record of training institute and log sheets for ultrasound examination, prenatal counselling and case study.

Part I – Midwifery Ultrasound Screening

The program consists of theoretical input, clinical practice and examination which is for mainly dating and growth scan.

1 Dating scan

A first trimester ultrasound examination (Dating scan) may provide valuable information to assist woman's management:

- 1.1 Confirmation of the presence of normal intrauterine pregnancy
- 1.2 Estimation of gestational age
- 1.3 Confirmation of embryonic life or early pregnancy failure
- 1.4 Evaluation of the cause of vaginal bleeding
- 1.5 Evaluation of suspected ectopic pregnancy
- 1.6 Confirmation of multiple pregnancy
- 1.7 Evaluation of suspected pelvic, ovarian or uterine pathology

This scan is carried out at 1st trimester and usually performed trans-abdominally but in few cases it may be necessary to do the examination trans-vaginally.

The main fetal measurements taken for dating scan include:

- Crown-rump length (CRL)
- +/- Size of gestation sac

2 Growth scan

2.1 Growth scan is to assess fetal size, amniotic fluid volume and placental site from 2nd to 3rd trimester.

2.2 This scan aims to determine the growth and health of the fetus by:

- 2.2.1 Measurement of the size of the fetal head, abdomen and thigh bone and calculation of an estimate of fetal weight
- 2.2.2 Examination of the movements of the fetus
- 2.2.3 Evaluation of the placental position and appearance
- 2.2.4 Measurement of the amount of amniotic fluid

2.3 The main fetal measurements taken for a growth scan include:

- 2.3.1 Biparietal diameter (BPD)
- 2.3.2 Head circumference (HC)
- 2.3.3 Abdominal circumference (AC)
- 2.3.4 Femur length (FL)

An estimate of fetal weight (EFW) can be calculated by combining the above measurements. The EFW can be plotted on a graph to help determine whether the fetus is average, larger or smaller in size for its gestational age. If the fetal weight estimate is below the bottom 10 percent line on the graph, it is considered to be small for gestational age (SGA). If the fetal weight is above the top 10 percent line on the graph, it is considered to be large for gestational age (LGA).

3 Theory

Comprehensive ultrasound education program organized by the Hospital Authority **or** Certificate Course in Obstetric & Midwifery Ultrasound organized by CUHK or equivalent, and passed the written examination.

Theoretical components for training of midwives in obstetric ultrasound:

- 3.1 Introduction
- 3.2 Physics of ultrasound
- 3.3 Principles of ultrasound examination
- 3.4 Safety & bio-effects
- 3.5 Artefacts
- 3.6 Fetal biometry
- 3.7 Fetal biometry in 1st, 2nd & 3rd trimesters
- 3.8 Charts
- 3.9 Fetal anatomy
- 3.10 CNS & face anomalies
- 3.11 Cardiac anomalies
- 3.12 GI anomalies
- 3.13 Renal anomalies
- 3.14 Skeletal anomalies
- 3.15 Chest & others
- 3.16 Placenta & cord & multiples pregnancies
- 3.17 Placental localization
- 3.18 Multiple pregnancies – chorionicity & zygosity
- 3.19 Assessment of fetal well being
- 3.20 Assessment of fetal growth
- 3.21 Liquor volume assessment
- 3.22 Doppler studies
- 3.23 Biophysical profile
- 3.24 Prenatal diagnosis
- 3.25 Diagnostic procedures
- 3.26 Nuchal translucency screening
- 3.27 Ultrasound markers of chromosomal anomalies

- 3.28 Therapeutic procedures
- 3.29 Gynaecology
- 3.30 Early pregnancy
- 3.31 General gynaecology

4 Clinical Practice

	Minimum Number of Scans				
	Dating	Growth	Morphology	Gynae	Fetal Anomaly
Observation (Level 1 - 2)	NA	NA	NA	30	10
Under Direct Supervision (Level 3)	30	15	60	NA	NA
Under Indirect Supervision or Independent Practice (Level 4 - 5)	70	35	140	NA	NA
Total scans performed	100	50	200	NA	NA

The number stated in the above table is the minimum requirement for observation and clinical practice. The mentee can log more cases in the record sheets and submitted to the mentor. Depends on the level of clinical practice, the mentee is expected to perform the followings: preparation of the pregnant woman, proper handling of ultrasound probe and machine, explanation of procedure during the whole procedure, documentation of exam result, and explanation of exam findings to the woman, etc.

5 Examination

- 5.1 Pass the interim ultrasound examination after completion of clinical practice under direct supervision. The interim examination can be organized by recognized training site.
- 5.2 Pass the final practical ultrasound examination after completion of clinical practice under indirect supervision or independent practice. The final examination can be organized by the ultrasound committee of the Hospital Authority or any equivalent.

Part II – Midwifery Prenatal Counseling

The program consists of theoretical input and clinical practice.

Providing information to expecting parents about the choices they may need to make in antenatal period and the possible outcome associated with the decision which is entirely voluntary.

1 Aims

- 1.1 Ensure couples to understand the provided information for decision making.
- 1.2 Respect client's decision.
- 1.3 Allay worries and anxiety that are associated with prenatal diagnosis.

2 Theory

- 2.1 The mentees are required to complete the Fetal Medicine Foundation on-line course on 11 - 13 weeks scan (<https://fetalmedicine.org>) and attend seminars on corresponding field.
- 2.2 Relevant training such as the followings should be included with a total of 45 PEM in 3 years:
 - 2.2.1 Monthly seminar on maternal fetal medicine
 - 2.2.2 Asia Pacific Congress of Maternal Fetal Medicine
 - 2.2.3 Symposium in Clinical Genetics and Birth Defects

3 Clinical Practice

	Minimum Number of Counseling	
	Screening of Down Syndrome	Prenatal Diagnosis
Observation (Level 1 - 2)	10	10
Under Direct Supervision (Level 3)	15	15
Under Indirect Supervision or Independent Practice (Level 4 - 5)	15	15

The number stated in the above table is the minimum requirement for observation and clinical practice. The mentee can log more cases in the record sheets and submitted to the supervisor or mentor of specialty. Mentees are requested to observe or assist at least 5 cases for each category before starting their practice. They are required to provide counseling at least 30 cases for each category and among which, half should achieve level 4 - 5 in order to complete the required clinical exposure.

3.1 Screening for Down Syndrome

3.1.1 Down Syndrome

3.1.1.1 Nature of the disease

3.1.1.2 Prevalence Rate

3.1.2 Down Syndrome Screening (DSS) test

3.1.2.1 Nature of Universal DSS – first trimester / second trimester

3.1.2.2 Detection Rate and False Positive Rate

3.1.2.3 Universal DSS vs self-financed Non-Invasive Prenatal Test

3.1.3 Interpretation of DSS test result

3.1.4 Implication of negative or positive DSS test result

3.1.5 Options of management based on DSS test result

3.2 Prenatal Diagnosis

3.2.1 Prenatal invasive procedure – CVS / amniocentesis / cordocentesis

3.2.1.1 Indication for the procedure

3.2.1.2 Nature of the procedure

3.2.1.3 Pros and cons of the procedure

3.2.2 Prenatal diagnostic test – karyotyping / QF-PCR / aCGH

3.2.2.1 Result interpretation

3.2.3 Limitation of test result

References:

1. ISUOG (The International Society Of Ultrasound in Obstetric and Gynaecology) Education Committee recommendations for basic training in obstetric and gynecological ultrasound. *Ultrasound Obstet Gynecol* 2013.
2. Guideline For First Trimester Ultrasound examination: Part II. HKCOG Guideline. Number 10. Part II. March 2004
3. Cartier, L. & Murphy-Kaulbeck, L. (2012). Counselling considerations for prenatal genetic Screening. *Journal of Obstetrics and Gynaecology Canada*, 34(5), 489-49.
4. Ghi, T., Sotiriadis, A., Calda, P., Da Silva Costa, F., Raine-Fenning, N., Alfirevic, Z., International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). (2016). ISUOG practice guidelines: Invasive procedures for prenatal diagnosis. *Ultrasound Obstet Gynecol*, 48(2), 256–268. doi:10.1002/uog.15945
5. Wilson, K.L., Czerwinski, J.L., Hoskovec, J. M., Noblin, s. J., Sullivan, C.M., Harbison, A., Singletary, C.N. (2013). NSGC practice guideline: Prenatal screening and diagnostic testing options for chromosome aneuploidy. *Journal of Genetic Counseling*, 22(1), 4-15. Doi: 10.1007/s10897-012-9545-3.

Appendix 1 – Midwifery Ultrasound Screening

The following table is used to facilitate easy reference of the training record and log sheets.

1.1	Theory training on ultrasound
1.2	Gynae Scan (minimum 30 cases) – observation (level 1- 2)
1.3	Fetal Abnormality (minimum 10 cases) – observation (level 1- 2)
1.4	Dating Scan (minimum 30 cases) - under Mentor’s Supervision (level 3)
1.5	Dating Scan (minimum 70 cases) – under Indirect Mentor’s Supervision or Independent Practice (level 4-5)
1.6	Growth Scan (minimum 15 cases) - under Mentor’s Supervision (level 3)
1.7	Growth Scan (minimum 35 cases) – under Indirect Mentor’s Supervision or Independent Practice (level 4-5)
1.8	Morphology Scan (minimum 60 cases) - under Mentor’s Supervision (level 3)
1.9	Morphology Scan (minimum 140 cases) – under Indirect Mentor’s Supervision or Independent Practice (level 4 - 5)

1.1 Theory training on midwifery ultrasound screening

Name of course	Organized by	Duration (Hours)	Date of course assessment	Certification obtained
1				
2				
3				
4				
5				

1.2 Gynae Scan (minimum 30 cases) – observation (level 1 - 2)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

1.3 Fetal Abnormality (minimum 10 cases) – observation (level 1 - 2)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

1.4 Dating Scan (minimum 30 cases) - under Mentor of Specialty's Supervision (level 3)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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1.5 Dating Scan (minimum 70 cases) -

under Indirect Mentor of Specialty's Supervision or Independent Practice (level 4 - 5)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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1.6 Growth Scan (minimum 15 cases) - under Mentor of Specialty’s Supervision (level 3)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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1.7 Growth Scan (minimum 35) –

under Indirect Mentor of Specialty’s Supervision or Independent Practice (level 4 - 5)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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1.8 Morphology Scan (minimum 60) - under Mentor of Specialty's Supervision (level 3)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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1.9 Morphology Scan (minimum 140 cases) –

under Indirect Mentor of Specialty’s Supervision or Independent Practice (level 4 - 5)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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Appendix 2 – Midwifery Prenatal Counselling

The following table is used to facilitate easy reference of the training record and log sheets.

2.1	Theory training on midwifery prenatal counselling
2.2	Counseling on Down Syndrome Screening (minimum 10 cases) - observation (level 1 - 2)
2.3	Counseling on Down Syndrome Screening – 15 cases should achieve Level 3 and 15 cases should achieve Level 4 - 5
2.4	Counseling on Prenatal Diagnosis (minimum 10) - observation (level 1-2)
2.5	Counseling on Prenatal Diagnosis – 15 cases should achieve Level 3 and 15 cases should achieve Level 4 - 5

2.1 Theory on Midwifery Prenatal Counselling

Name of course	Organized by	Duration / Hours	Date of course assessment	Certification obtained
1				
2				
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4				
5				

2.2 Counseling on Down Syndrome Screening (minimum 10 cases) - observation (level 1 - 2)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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2.3 Counseling on Down Syndrome Screening -

15 cases should achieve Level 3 and 15 cases should achieve Level 4 - 5

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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2.4 Counseling on Prenatal Diagnosis (minimum 10 cases) - observation (level 1 - 2)

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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2.5 Counseling on Prenatal Diagnosis -

15 cases should achieve Level 3 and 15 cases should achieve Level 4 - 5

No.	Date	OPD / Hospital No.	Indication / Result	Level of Competence	Mentor of Specialty Name & Signature
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Appendix 3 – Case Study

Case Study 1:

Case history / information:	
Problem identified & Outcome of pregnancy:	
Care & Management:	
Reflection / Other comments:	

Level of Competence: _____

Mentor of Specialty

Name: _____

Signature: _____

Date: _____

Case Study 2:

Case history / information:	
Problem identified & Outcome of pregnancy:	
Care & Management:	
Reflection / Other comments:	

Level of Competence:

Mentor of Specialty

Name:

Signature:

Date:

Case Study 3:

Case history / information:	
Problem identified & Outcome of pregnancy:	
Care & Management:	
Reflection / Other comments:	

Level of Competence: _____

Mentor of Specialty

Name: _____

Signature: _____

Date: _____

Case Study 4:

Case history / information:	
Problem identified & Outcome of pregnancy:	
Care & Management:	
Reflection / Other comments:	

Level of Competence:

Mentor of Specialty

Name:

Signature:

Date:

Case Study 5:

Case history / information:	
Problem identified & Outcome of pregnancy:	
Care & Management:	
Reflection / Other comments:	

Level of Competence: _____

Mentor of Specialty

Name: _____

Signature: _____

Date: _____

Certificate of Accuracy

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

Signature of Mentee: _____

Name in Block Letter: _____

Date: _____