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 & Midwifery

The first version in December 2014
The second version in December 2015
The third version: Revised on 15 June 2016
The fourth version: Revised on 8 February 2017
The fifth version: Reviewed & Revised on 13 February 2018
The sixth version: Reviewed & Revised on 16 October 2019
The seventh version: Revised on 3 May 2021
The eighth version: Revised on 14 July 2024
The ninth version: Revised on 15 June 2026

Content Table

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 - Sexual and Reproductive Health - Public and Primary Health - Maternal and Child Health	
Professional, Ethical and Legal Aspects of Midwifery Practice - Professional Knowledge - Evidence-based Practice in Midwifery - Personal Growth & Professional Development	
Biological Sciences	
Midwifery Knowledge	
Professional Midwifery Practice - 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. Polyhydrammios
- 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 incompatability;
- 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
LACTATION

(Reviewed & Revised on 3 May 2021)

Module 3: Elective Sub-specialty Training – Lactation

Consist of theoretical input and clinical practice on lactation management

Learning Objectives:

1. Possess specialist knowledge of breastfeeding
2. Contribute to improved breastfeeding practices and success rates
3. Apply communication and counseling skills to work together with mothers to prevent and solve breastfeeding problems
4. Collaborate with other members of the health care team to provide comprehensive care that protects, promotes and supports breastfeeding
5. Encourage a social environment that supports breastfeeding families
6. Pass examination organized by the International Board of Lactation Consultant Examiners (IBLCE) and become an International Board Certified Lactation Consultant (IBCLC) before admission for the Fellow Membership Examination.

Theory

A comprehensive breastfeeding education program with minimum 90-hour theoretical input as recognized by IBLCE [1]

Clinical Practice [2]

1. Clinical Practice under supervision
   - Works directly with breastfeeding mother-baby dyads under sub-specialty mentor's direct supervision – level 3 competence (at least 200 hours)
2. Independent Clinical Practice for at least 800 hours
   - With sub-specialty mentors available on site – level 4 competency
   - Without need for supervision – level 5 competence
3. Clinical learning activities related to breastfeeding are:
   - Direct breastfeeding supervisions
   - Managing breastfeeding problems
   - Conducting breastfeeding class
4. All learning activities have to be well documented in a log book.
5. Mentor of specialty should be the College Fellow Member with validated IBCLC.
6. Mentees are required to have at least 500 hours clinical practice at 3 – 4 level of competence before application for the Ordinary Membership Admission Interview.
7. Mentees are required to complete the other 500 hours clinical practice at 4 – 5 level of competence and submit at least 5 cases study which are logged detail in lactation problem with management for the application of Fellow Membership Examination (Exit Assessment).

[1] www.iblce.edu.au

[2] Not less than 1000 hours of experience in providing maternal-child care that supports breastfeeding families includes lactation assistance to pregnant and breastfeeding women and lactation education to families and/or professionals. In addition, the mentees have observed and assisted lactation skills during their Post-registration Diploma in Midwifery Programme that they are expected to possess the level I & 2 of competence in lactation.

1. Theory (Minimum 90 hours)

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

Insert additional sheets if required

Total Hours:

2. Clinical Practice

Mentee is required to have at least 1000 hours of experience in providing maternal-child care that supports breastfeeding families includes lactation assistance to pregnant and breastfeeding women and lactation education to families and/or professionals with competency from level 3 to level 5.

Competence Level:	**Total Hours of Practice**		Remarks:
	Clinical Practice (Case Management)	Conducting Breastfeeding Education Class	
Level 3			At least 200 hours
Level 4			At least 800 hours
Level 5			
Grand Total:			**At least 1000 hours**

Clinical Practice Record:

2.1 Clinical Practice under Mentor's Supervision **– level 3 competence** ***(At least 200 hours)***

Case No.	Date	Description of the Case Management / Activities Related to Breastfeeding	Contact Hours	Mentor of Specialty Name / Signature
Insert additional sheets if required				
Total Hours in Level 3:				

2.2 Independent Clinical Practice with mentor available on site **– level 4 competence**

Case No.	Date	Description of the Case Management / Activities Related to Breastfeeding	Contact Hours	Mentor of Specialty Name / Signature
Insert additional sheets if required				
Total Hours in Level 4:				

2.2 Independent Clinical Practice without need for supervision **– level 5 competence**

Case No.	Date	Description of the Case Management / Activities Related to Breastfeeding	Contact Hours	Mentor of Specialty Name / Signature
Insert additional sheets if required				
Total Hours in Level 5:				

Lactation Case Study 1:

Case history / information:	Mother: Baby:
Problem identified:	
Breastfeeding diagnose:	
Management:	
Reflection / Other comments:	

Lactation Case Study2:

Case history / information:	Mother: Baby:
Problem identified:	
Breastfeeding diagnose:	
Management:	
Reflection / Other comments:	

Lactation Case Study 3:

Case history / information:	Mother: Baby:
Problem identified:	
Breastfeeding diagnose:	
Management:	
Reflection / Other comments:	

Lactation Case Study 4:

Case history / information:	Mother: Baby:
Problem identified:	
Breastfeeding diagnose:	
Management:	
Reflection / Other comments:	

Lactation Case Study 5:

Case history / information:	Mother: Baby:
Problem identified:	
Breastfeeding diagnose:	
Management:	
Reflection / Other comments:	

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: _____

Module 3
Elective Sub-Specialty Training
MIDWIFE-LED CARE

(Reviewed & Revised on Nov 2024)

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 requiredto 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 Midwifery Registration education programs accredited by the College before admission for Ordinary Membership Admission Interview. They are also required to indicate their levels of competence for the at least 250 hours final guided 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, normal birth etc….

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

4.2 Clinical Practice

Working Location / Institution	Midwife-led Care Model	No. of hours under final guided practice

5 Individual Case Records

The mentee should complete their individual case records with sub-specialty mentor'sverification 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

5.1 Criteria of a Complete Logged Case

The mentee should

- perform 4 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 at least 10 complete detailed logged cases including instrumental deliveries. Within these 10 cases, at least 6 deliveries must be conducted by the mentee. The remaining deliveries are mandatory to be conducted or assisted by the mentee.

(Remarks: Before admission interview for the Ordinary Membership (OM), at least 5 cases should be logged completely at competence level 3 or above. The remaining cases should be logged completely at competence level 4-5)

5.2 Record of Logged Case

(Require at least 10 completed cases, at least 5 cases before OM Admission Interview)

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: (≥ 4 visits)

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

5.2.2 INTRAPARTUM

First Stage Care provided by mentee

(Please also describe how to help the client to cope with pain)

Date:
Contact Hours:
Level of Competence:
Mentor's Name / Signature:

Second Stage Care

Second Stage Care provided by mentee

Contact Hours:
Level of Competence:
Mentor's Name / Signature:

Third Stage Care

Third Stage Care provided by mentee

Contact Hours:
Level of Competence:
Mentor's Name / Signature:

Subsequent Care

Contact Hours:
Level of Competence:
Mentor's Name / Signature:

5.2.3 POSTPARTUM

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

Postnatal Care

Date	Assessment Findings, Client's Complaints, Problems Identified	Advice, Education, Interventions,	Outcomes	Contact Hours	Level of Competence	Mentor's Name / Signature

Postnatal Debriefing

Contact Hours:
Level of Competence:
Mentor's Name / Signature:

Baby Care

Date	Assessment Findings, Client's Complaints, Problems Identified	Advice, Education, Interventions,	Outcomes	Contact Hours	Level of Competence	Mentor's 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	
Contact Hours:	
Level of Competence:	
Mentor's Name / Signature:	

Total Contact Hours for Case No._____:_____

6 Summary of final guided clinical practices

Level of Competence:	No. of cases practice	Total no. of contacts							Total practice hours
		Antepartum	Intrapartum			Postpartum	Baby care	Postnatal visit	
			1st stage	2nd stage	3rd stage				
Level 1 - 2									
Level 3									
Level 4 - 5									
Total practice hours									

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 casereports. 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. Mentee is also encouraged to suggest recommendations for service improvement.

References

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Cochrane Systematic Review (2013). Midwife-led continuity models versus other models ofcare 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: _____

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
Direct Supervision (Level 3)	30	15	60	NA	NA
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 CEM 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
Direct Supervision (Level 3)	15	15
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				
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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
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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
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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
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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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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) –

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)

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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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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				
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4				
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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: _____

Module 3
Elective Sub-Specialty Training

HIGH DEPENDENCE MIDWIFERY CARE

3rd version – 8 Aug 2024
2nd version – 3 May 2021
1st version - 16th October 2019

High Dependence Midwifery Care

Although the need of high dependence care is relatively infrequent in Obstetrics, it is a goal for all midwives and obstetricians to improve the outcome for the critically-ill obstetric women. High dependence midwifery care is crucial in achieving this goal and it is also a valid option in terms of efficacy for critically ill women.

1 Definition

High Dependence Midwifery Care has been identified as an intermediate level of care between the intensive care unit and the ordinary ward setting. Women either having a pre-existing or newly diagnosed medical condition that is complicating their pregnancy or those who are at a high risk of developing life threatening complications will be cared in the High Dependence Obstetric Unit (HDU(Obs)). More detailed observation and interventions including basic support of a single organ system, post-operative care and those 'stepping down' from higher levels of care.

Having specially trained staff, deterioration of condition is detected earlier and appropriate, timely and complex intervention are implementation. High Dependency Midwifery care provides mothers with expert midwifery care as well as critical care while remaining with their babies where possible. Encouraging bonding and supporting breastfeeding to mothers during this stressful and often unexpected time are also the goals of the care.

2 Training Requirements for High Dependence Midwifery Care Module

This module comprises of training on High Dependence Midwifery Care of at least 12 months. During the 12-month training, mentees are required to care for women with critical conditions at antepartum, intrapartum or early postpartum period.

Examples of conditions require high dependency midwifery care are:

- ✧ Cardiovascular disorders such as congenital or acquired heart disease, peripartum cardiomyopathy, venous thromboembolism, amniotic fluid embolism, mother requiring invasive monitoring
- ✧ Hypertensive disorders such as severe hypertension, severe pre-eclampsia, HELLP syndrome, eclampsia or seizures, moderate hepatic / renal dysfunction
- ✧ Massive obstetric haemorrhage including antenatal and postnatal haemorrhage with cardiovascular instability or high risk of re-bleeding
- ✧ Respiratory disorders such as moderate asthma, pneumonia, pulmonary embolism / pulmonary oedema
- ✧ Infections such as severe sepsis, septic shock
- ✧ Hepatic or renal disorders such as acute fatty liver, obstetric cholestasis, acute kidney injury, nephrotic syndrome
- ✧ Endocrine disorders such as severe electrolyte disturbances, severe hypo/hyperglycaemia

The above list is not exhaustive.

3 Learning Objectives

By the end of 12-month module 3 training, the mentee should be able to

4.1 Describe the pathophysiology, clinical manifestations, and treatment modalities of cardiovascular, respiratory and neurological diseases/illnesses and conditions in intensive care

3.2 Acquire the knowledge and skill in the health assessment and monitoring of critically ill women

3.3 Analyze common laboratory findings of patients for making nursing judgments, and identify the clinical problems

3.4 Understand the nursing management for critically ill women

3.5 Participate in the transportation management for critically ill women

3.6 Enhance the knowledge and skill in critical care management of pregnancy-induced physiological changes and obstetrical emergency

3.7 Understand the equipment that is being used

3.8 Gain insight into the different drugs that are used with the HDU(Obs)

3.9 Recognize the deteriorating women related to specific conditions

3.10 Carry out the specialized care for the ill women

3.11 Understand when and how to escalate care

3.12 Understand the importance of fluid balance management

3.13 Provide comprehensive psychological support to women and their families

3.14 Provide education and support to enable postnatal women to successfully meet the breastfeeding goal

3.15 Prepare for the further 2 years of Post Membership Training to provide care and management for women with critical condition independently or at least under indirect supervision

4. Education Program and Clinical Practice

The mentees are required to attend at least one post basic training education program related to high dependence obstetric care / critical care. They are also required to indicate their levels of competence for at least 250 hours under final guided clinical practice.

4.1 Education Program

The mentee has to attend continuing education programs such as high dependence obstetric care, acute critical care, advanced life support, advanced life support in obstetric emergencies, neonatal resuscitation, etc….

4.1 Education Program

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

4.2 Clinical Practice

Working Location / Institution	Period	No. of hours under final guided practice

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	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

5.1 Criteria of a Complete Logged Case

The mentee should

- At least care for the woman for a whole shift.
- **NOT** count as two logged case for the same woman caring for different shifts.

***During the training on High Dependence Midwifery care, the mentee is required to have total **50** complete logged antenatal (AN) or postnatal (PN) cases including at least 20 logged cases at level 3 competence or above during the 12-month module 3 training for the Ordinary Membership Admission Interview and at least 30 logged cases at level 4 competence or above for the further 2 years of Post Membership Training for the Fellow Membership Examination (Exit Assessment).*

5.2 Case Record of Logged Case

Case No.	Date	AN/PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name/ signature
1.							
2.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name signature
3.							
4.							
5.							
6.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
7.							
8.							
9.							
10.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
11.							
12.							
13.							
14.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
15.							
16.							
17.							
18.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
19.							
20.							
21.							
22.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
23.							
24.							
25.							
26.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
27.							
28.							
29.							
30.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
31.							
32.							
33.							
34.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
35.							
36.							
37.							
38.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
39.							
40.							
41.							
42.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
43.							
44.							
45.							
46.							

Case No.	Date	AN / PN case	Case History	Problem(s) Identified	Outcomes	Level of Competence	Mentor's name & signature
47.							
48.							
49.							
50.							

6 Summary of Clinical Experience on High Dependence Midwifery Care

Date: from _____ to _____

Condition / Disease / Problem care for	**Number of cases**
Cardiac Disease	
Thromboembolism	
Amniotic Fluid Embolism	
Severe Pre-eclampsia	
HELLP	
Massage Haemorrhage	
Pulmonary Embolism / Edema	
Severe Sepsis / Septic Shock	
Hypo / Hyperglycaemia	
Other:	

Signature of Mentor: _____

Name of Mentor: _____

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 the 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 high dependency midwifery care which include special assessment, intervention and specific equipment used.

Health and Obstetric History

The mentee should gather health and obstetric data from the woman so that the health care team and the woman can collaboratively create a plan that will promote health, address acute health problems, and minimize chronic health conditions. Data gathered may include signs and symptoms of specific condition and past and current medical / obstetrical conditions, etc Information gathered from physical examination should also be included.

Assessment

Mentee should describe the assessment performed including maternal, fetal and neonatal wellbeing. Specific assessment related to the chief complaint and condition should be recorded and reported such as neurological, cardiovascular, and respiratory. Condition of any invasive sites or incisions should also be documented.

Diagnostic Tests

Mentee should report diagnostic test results with test date. Specific rationale for offering the test should be described. Common side effects and side effect observed will also be documented.

Medications

Mentee should report diagnostic all scheduled medications with rationale, action of medication, dose, route, time and frequency of medication used.

Plan of Care

Mentee should formulate a plan of care for the woman, evaluate woman's response to intervention and suggest expected outcomes as appropriate.

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.

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: _____

Module 3

Elective Sub-Specialty Training

Midwifery Education

Version 1:
03/06/2024

Midwifery Education:

Quality midwifery education is fundamental to producing a safe and competent midwifery workforce. Strengthening midwifery education by referring to both local and international standards is crucial to improving quality care and reducing maternal and newborn mortality and morbidity.

Midwives hold educational roles that are pivotal in maintaining the standard of midwifery training and ensuring the quality of care. They are responsible for enhancing the midwifery workforce and serving as role models. They should demonstrate the leadership needed to implement evidence-based practice at the advanced level. Working in the classroom and clinical settings, midwifery educators should prepare and mentor future generations of midwives and support continuing education to staff midwives.

This sub-specialty training develops and enhances the trainees' knowledge and skills in midwifery education. It fosters the trainee to learn and reflect upon the scope of the midwifery educator role. It promotes the trainee's confidence and advances their competency in professional development in midwifery education.

Learning Objectives:

By the end of the training, the mentee will be able to:

1. have an update on the current midwifery training program
2. apply educational strategies effectively to promote teaching and learning in both classroom and clinical settings
3. demonstrate competency to use various teaching modes to meet students' learning needs and style
4. understand eLearning technology and learning management platforms used in midwifery training
5. conduct assessment and evaluate students' learning
6. support and supervise students to practice safely and competently
7. support students in implementing evidence-based practice or projects
8. design and plan an education program to improve midwifery practice

Eligibility Requirement:

Academic/ Professional Qualification:

- Be a registered midwife currently practising in midwifery care or midwifery education for at least 5 years uninterruptedly **AND** have been in midwifery education in the most recent 3 years.
- Holder of a bachelor or a master degree in midwifery/ nursing or equivalent **AND** completed a programme related to education with a minimum of 35 hours in theory and passed all assessments of the programme.
- A clinical mentor with certification from a relevant mentorship course.
- An appointed clinical midwifery assessor by the Midwives Council of Hong Kong (MWCHK).

Guided Practices:

The mentee should perform the following teaching practices and the related activities under direct and indirect supervision by a sub-specialty mentor. The mentor of specialty should be nominated by the Hong Kong College of Midwives. She should have been demonstrating a significant contribution to midwifery education in the obstetric units or is a midwifery educator working at the School of Midwifery with at least 7 years of teaching experience.

1. Teaching practice
    - Perform classroom teaching
    - Conduct skill drill training
2. Clinical supervision (In Obstetric ward and / or Midwife-led clinic)
3. Clinical Update
4. Evaluation of Student Learning
    - Construct questions for tests and examinations
    - Perform academic and coursework assessment
    - Conduct clinical assessment
5. Design a proposal for a training program for registered midwives with one of the following aims:
    - Improve midwifery knowledge and practice
    - Promote midwifery education/ training and student learning
    - Enhance professional development

The mentee should record their training in the provided record book with verification by the appointed sub-specialty mentor. The Level of competence of the practice would be decided by the mentor according to the following reference.

Level 1	Observation	Observes the clinical activity performed by a colleague
Level 2	Assisting	Assists a colleague to perform the clinical activities
Level 3	Direct Supervision	Perform 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

`

Training Record

1) To be an Ordinary Member, the mentee has to fulfill **at least 1/3 of the **mandate requirement* in Part A-D** (with competency Level 3-4) that the total number of hours must not less than 250 hours.

2) Thereafter, the mentee has to finish **the remaining **mandate requirement* in Part A-D** (with competency Level 4-5) that the total number of hours must not less than 500 hours; **and obtain a Pass result in Part E** before the exit for Fellow Member.

Part A) Teaching Practice

To record the relevant topics (Items 1-4), the mentee should refer to the "Reference Guide to the Syllabus of Subjects of Midwifery Training Programme for Registered Nurse" written by the MWCHK (see Appendix) and follow *the "Examples"* below for entry.

Examples:

Topics		Information of the Practice					
Topics Related to the Core Competencies of Midwives	**Mandate Hours at Level 3-5**	**Date of Practice**	**Topics**	**Describe the relevance of the topic to the competencies**	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**
General Competencies			*Human reproduction, Embryonic & fetal development*	*The topic introduces the process of reproduction, growth & development of a normal fetus. It prepares learners to understand about conception & pregnancy and advises for pregnant women to maintain a healthy pregnancy.*	*2*		
Primary Health Care			*Health promotion & education*	*This topic teaches the aims, different health promotion models & approaches, and introduces the midwives' roles in health promotion. It provides learners the ideas in promoting maternity care & prepares them to be a health educator in midwifery.*	*2*		

Topics		Information of the Practice					
Topics Related to the Core Competencies of Midwives	**Mandate Hours at Level 3-5**	**Date of Practice**	**Topics**	**Describe the relevance of the topic to the competencies**	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**
1. General Competencies: ***(* Mandate requirement: 50 hours at Level 3-5)***							
1.1 Biological Sciences	15						
1.2 Midwifery Knowledge	10						

1.3 Behavioral Sciences	20						
1.4 General Practice	5						

Subtotal :	**At least 1/3** *of the mandate requirement completed at Level 3-4*	**17 hours**	**hours**
	The remaining mandate requirement completed at Level 4-5	**33 hours**	**hours**
Total :	***All the mandate requirement completed at level 3-5***	**50 hours**	**hours**

Topics		**Information of the Practice**					
Topics Related to the Core Competencies of Midwives	**Mandate Hours at Level 3-5**	**Date of Practice**	**Topics**	**Describe the relevance of the topic to the competencies**	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**
2. **Professional Midwifery Practice** ***(* Mandate hours: 90 hours at Level 3-5)***							
2.1 Care during Pregnancy	20						

2.2 Care during Labour & Birth	30						

2.3 Care during Puerperium	20						

2.4 Care of Healthy & Sick Newborn	20						

Subtotal :	**At least 1/3** *of the mandate requirement completed at Level 3-4*	**30 hours**	**hours**
	The remaining mandate requirement completed at Level 4-5	**60 hours**	**hours**
Total :	*All the mandate requirement completed at level 3-5*	**90 hours**	**hours**

Topics		**Information of the Practice**					
Topics Related to the Core Competencies of Midwives	**Mandate Hours at Level 3-5**	**Date of Practice**	**Topics**	**Describe the relevance of the topic to the competencies**	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**
3. **Primary Health Care** ***(* Mandate requirement: 30 hours at Level 3-5)***							
3.1 Sexual & Reproductive Health	10						

3.2 Public & Primary Health	10						

3.3 Maternal & Child Health	10						

Subtotal :	**<u>At least 1/3</u>** *of the mandate requirement completed at Level 3-4*	**10 hours**	**hours**
	The remaining mandate requirement completed at Level 4-5	**20 hours**	**hours**
Total :	***All the mandate requirement completed at level 3-5***	**30 hours**	**hours**

Topics		Information of the Practice					
Topics Related to the Core Competencies of Midwives	**Mandate Hours at Level 3-5**	**Date of Practice**	**Topics**	**Describe the relevance of the topic to the competencies**	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**
4. **Professional, Ethical & Legal Aspects of Midwifery Practice** ***(* Mandate requirement: 30 hours at Level 3-5)***							
4.1 Professional Knowledge	10						

4.2 Evidence-based Practice in Midwifery	10						
4.3 Personal Growth & Professional Development	10						

Subtotal :	**<u>At least 1/3</u>** *of the mandate requirement completed at Level 3-4*	**10 hours**	**hours**
	The remaining mandate requirement completed at Level 4-5	**20 hours**	**hours**
Total :	***All the mandate requirement completed at level 3-5***	**30 hours**	**hours**

Topics		Information of the Practice					
Topics Related to the Core Competencies of Midwives	**Mandate Hours at Level 3-5**	**Date of Practice**	**Topics**	**Describe the relevance of the topic to the competencies**	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**
5. Practical Skill Training ***(* Mandate requirement: 80 hours at Level 3-5)***							
5.1 Basic midwifery skills	50						

5.2 Simulation training	30						
Subtotal :		**<u>At least 1/3</u>** *of the mandate requirement completed at Level 3-4*				**27 hours**	**hours**
		The remaining mandate requirement completed at Level 4-5				**53 hours**	**hours**
Total :		***All the mandate requirement completed at level 3-5***				**80 hours**	**hours**

Part B) Clinical Supervision *(* Mandate requirement: 260 hours at Level 3-5)*

Practice Venue *(e.g. Obstetrical ward or Midwife-led clinic etc.)*	**Date/ Period of Practice**	**Description of the Practice** *(including major aims of practice, teaching strategies, outcomes & improvement for future practice)*	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**

Subtotal :	**at least 1/3** *of the mandate requirement completed at Level 3-4*			**87 hours**	**hours**
	The remaining mandate requirement completed at Level 4-5			**173 hours**	**hours**
Total :	***All the mandate requirement completed at level 3-5***			**260 hours**	**hours**

Part C) Clinical Update *(* Mandate requirement: 210 hours at Level 3-5)*

Practice Venue ***(*At least 3 different venues of practices)*** *(e.g. Obstetrical ward or Midwife-led clinic etc.)*	**Period of Practice**	**Hours**	**Level of Competence (Level 1-5)**	**Name & Signature of Mentor**
1.				
2.				
3.				
4.				
5.				
6.				

Subtotal :	**At least 1/3** *of the mandate requirement completed at Level 3-4*	**70 hours**	**hours**
	The remaining mandate requirement completed at Level 4-5	**140 hours**	**hours**
Total :	***All the mandate requirement completed at level 3-5***	**210 hours**	**hours**

Part D) Evaluation of Student Learning

Practice Activities	** Mandate requirement at Level 3-5*	Date/ Period of Practice	Description of the Practice *(Name of the practice, learning points/ improvements for future practice)*	Level of Competence (Level 1-5)	Name & Signature of Mentor
D1. Construct Questions for Test & Examination	**12 Workshops** **10 Panel meetings**		*(e.g. Attend question construction workshops, Question selection panel meetings etc.)*		
	12 Workshops	*1.*			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			

	10 Panel meetings	*1.*			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			

		Workshops		**Panel meetings**	
Subtotal :	**<u>At least 1/3</u>** *of the mandate requirement completed at Level 3-4*	**4**		**3**	
	The remaining mandate requirement completed at Level 4-5	**8**		**7**	
Total :	***All the mandate requirement completed at level 3-5***	**12**		**10**	

Practice Activities	** Mandate requirement at Level 3-5*	Date/ Period of Practice	Name the Practice *(e.g. Marking of Written test, Written examination or OSCE etc.)*	Level of Competence **(Level 1-5)**	Name & Signature of Mentor
D2. Conduct Assessment	**15 Academic assessments** ***(*Include at least 6 OSCE)***	*1.*			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
		13.			
		14.			
		15.			

Practice Activities	** Mandate requirement at Level 3-5*	Date/ Period of Practice	Name the Practice *(e.g. Marking of Case study, Parentcraft teaching, Group project etc.)*	Level of Competence **(Level 1-5)**	Name & Signature of Mentor
	30 Course work assessments ***(*At least 3 different variety of practices)***	*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.			

		Academic assessment		Coursework	
Subtotal :	**<u>At least 1/3</u>** *of the mandate requirement completed at Level 3-4*	**5**		**10**	
	The remaining mandate requirement completed at Level 4-5	**10**		**20**	
Total :	***All the mandate requirement completed at level 3-5***	**15**		**30**	

Practice Activities	* Mandate requirement at Level 3-5	Date/ Period of Practice	Name the Practice *(e.g. Antenatal assessment, Conduct vaginal delivery or, Postnatal assessment)*	Level of Competence (Level 1-5)	Name & Signature of Mentor
	15 Clinical Assessments ***(*At least 2 different variety of practices)***	*1.*			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
		13.			
		14.			
		15.			

		Clinical Assessment	
Subtotal :	**At least 1/3** *of the mandate requirement completed at Level 3-4*	**5**	
	The remaining mandate requirement completed at Level 4-5	**10**	
Total :	***All the mandate requirement completed at level 3-5***	**15**	

Part E) Design a Program Proposal

Write a program proposal (at least 2200 words) for registered midwives with any one of the following aims:

- Improve midwifery knowledge and practice
- Promote midwifery education/ training and student learning
- Enhance professional development

(Suggest content: the importance/needs of the program, program objectives, content and timetable, faculty and resources, brief logistics if any, accreditation and certification, evaluation method and follow-up/ future application of the program, references etc.)*

Assessment (To be verified by Mentor)

Criteria

1) To be an Ordinary Member, the mentee has to fulfill **at least 1/3 of the *_mandate requirement_* in Part A-D** (with competency Level 3-4) and the total number of hours must not less than 250 hours.
2) Thereafter, the mentee has to finish **the remaining *_mandate requirement_* in Part A-D** (with competency Level 4-5) that the total number of hours must not less than 500 hours; **and obtain a Pass result in Part E** before the exit for Fellow Member.

Part A – D

	Total Hours of Practice (in Hours)			**Date of Completion**	**Remarks**
	Part A (Teaching Practice)	**Part B** (Clinical Supervision)	**Part C** (Clinical Update)	**Part D** (Evaluation of Student Learning)	
Complete **at least 1/3** of the mandate requirement (Level 3-4)	**(93)**	**(87)**	**(70)**		At least 250 hours
Name & Signature of Mentor					
Complete the remaining mandate requirement (Level 4-5)	**(187)**	**(173)**	**(140)**		At least 500 hours
Name & Signature of Mentor					
Total in Hours	**(280)**	**(260)**	**(210)**		**At least 750 hours**
Name & Signature of Mentor					

Part E

Hong Kong College of Midwives
Membership Training Program (Module 3)

Elective Sub-Specialty Training (Midwifery Education)

Assessment Form for a Proposal of Training Program for Registered Midwives

Please "✓" in the appropriate box provided.

Criteria	Mark	5 Excellent	4 Good	3 Average	2 Below Average	1 Fail
The Proposed Program (70%)						
■ Selection of Program (15%)		Rationale for selection is compelling & demonstrates a strong justification	Rationale for selection is clearly articulated and reasonably justify for selection	Rationale for selection is articulated, but justification for selection fairly clear	Rationale for program selection is partially stated, justification for selection cannot be determined	Rationale for program selection is absent or unclear
■ Program Objectives (15%)		Well-defined, measurable, & aligned with the program's purpose	Most clearly stated and aligned with the program's purpose	Some relevant objectives are addressed	Few objectives are addressed & lack specificity	Unclear or not defined
■ Program Content and Structure (30%)		Comprehensive content, well-organized, and effectively address program objectives and needs	Most content is relevant and aligned with program objectives and needs, Structure is well	Some content is relevant and addressed the objectives. Structure is fair	Few content addresses program objectives and needs, loosely structured	Irrelevant or insufficient content for achieving program objectives, structure disorganised
■ Assessment method and evaluation (10%)		Comprehensive varied and effectively measure learning outcomes and program effectiveness	Mostly appropriate for evaluating learning and program effectiveness	Some methods are appropriate for evaluating learning and program effectiveness	Basic and lack depth or variety	Inadequate or inappropriate for evaluating learning and program effectiveness
Presentation of the Proposal (30%)						
■ Format (10%)		Highly accurate	Accurate	Not quite accurate, with some omissions	Inaccurate, with substantial omissions	Disorganized or no formatting
■ Clarity and Understanding (15%)		Very clear, concise, shows high level of professionalism in its presentation and communication of ideas	Well-written, organized, effectively communicates ideas and information	Clear with general details, mostly not affect understanding	Mostly unclear and affect understanding	Poorly written and lacks coherence, distort understanding
■ Referencing (5%)		Full and accurate	Well-selected and nicely presented	Mostly relevant but fairly well presented	Limited, some are incomplete and missing	Irrelevant or absent
Total Mark :		**Result : Pass** □ **Fail** □ *(Passing mark: 60%)*				

Name & Signature of Mentor :

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: _____

Module 3

Elective Sub-Specialty Training

Perinatal Grief Counselling

Version 1: 15.6.2024

1. Grief Counselling

Grief counselling also known as bereavement therapy, it is a form of therapy intended to help people to cope with loss.

Midwives play an important role in all circumstances of pregnancy and baby loss including miscarriage, stillbirth, neonatal death and abnormality. They provide and coordinate holistic care and support for parents and their families. Supporting parents following the loss of their baby is a vital and challenging role for the midwives.

Regarding to the advanced midwifery practice in perinatal grief counselling, midwives should establish confidence and relevant competency in helping bereaved families, a structural educational needs of grief counseling to ensure midwives are equipped with the necessary knowledge and skills to support bereaved parents in advanced level.

2. Learning Objectives

By the ends of membership training, the mentee will be able to

2.1 carry out the role and responsibilities of a bereavement counsellor for perinatal loss

2.2 perform appropriate skills to disclose bad news and response to parents / families' questions and concerns

2.3 identify and recognize the stages of grief reactions for providing appropriate support accordingly

2.4 understand and utilize relevant theories related to grief in midwifery practice

2.5 demonstrate knowledge of the different approaches in counselling

2.6 identify conditions may require additional support and make appropriate referral to other mental health experts

2.7 aware of the support groups and bereavement services available to families

2.8 provide perinatal grief counselling independently for perinatal loss woman such as miscarriage or intra uterine death or abnormality

3. Education Program

The mentee has to attend at least one 8 hours basic training education program related to grief counselling with assessment required. They are also required to indicate their levels of competence for at least 250 hours under final guided clinical practice.

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

4. Mentees are required to have

4.1 Observe or assist at least 3 cases (all case type should be included) in Level 1 or Level 2 Competence

Date	Case type Miscarriage/ IUD/ NND/ Abnormality/ Others	Level of Competence	Total no. of contact	Total contact hours	Mentor's name/ Signature

(IUD = Intra-uterine Death; NND = Neonatal Death)

4.2 Clinical practice under supervision (Level 3-4)

- Works directly not less than 5 perinatal grief counselling cases (all case type should be included) under mentor's supervision
- At least Level 3 Competence
- Well documented in a logbook

4.3 Independent clinical practice (Level 5) for at least 10 cases with 50% perinatal loss or congenital abnormality

- Well documented in a logbook

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 mentor.

Level 1	Observation	Observes the clinical activity performed by a colleague
Level 2	Assisting	Assists a colleague to perform the clinical activities
Level 3	Direct Supervision	Perform 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

5.1 Criteria of Complete Logged Case (Level 3 – 5)

The mentee should

- take care woman and /or her family members for at least 5 contacts including face to face counselling or phone follow up. Each contact should be more than 15 minutes
- **NOT** count as two logged cases for the same woman caring for different shifts

5.2 Case Record of Logged Case (Level 3 – 5)

Case No.	Date	Case type[(1)] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
1.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
2.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
3.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
4.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
5.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[(1)] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
6.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[(1)] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
7.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
8.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[(1)] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
9.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
10.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
11.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
12.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
13.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
14.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Case No.	Date	Case type[1] (M/I/N/A/O)	Case History	Case Management (Record on each contact)			Level of Competence	Total contact hours	Mentor's name/ Signature
					Content	Duration (mins)			
15.				1st					
				2nd					
				3rd					
				4th					
				5th					

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

Summary of final guided clinical practices:

Level of Competence	No. of cases practice	Case Type(1)					Total no. of contacts	Total practice hours
		M	I	N	A	O		
Observe or assist at least 3 cases **Level 1 – 2**								
Work directly on 5 grief counselling cases under mentor's supervision **Level 3 - 4**								
Independent practice on at least 10 cases with 50% perinatal loss or congenital abnormality **Level 5**								
	Total No. of contacts and Guided clinical practice hours							

(1) M – Miscarriage/ I – IUD/ N – NND/ A – Abnormality/ O – Others (Specify)

6. Detailed Case Reports

For the Fellow Membership Examination (Exit Assessment), one detailed case report with at least 2500words description and discussion should be prepared. The mentee can choose any one case from the logged cases to write the detailed case report. A word count should be inserted at the end of the report. The report writing should reflect the characteristics of grief counseling which include special assessment,intervention and specific equipment used.

The case report should include health and obstetric history, assessment, problem identify, management, plan of care and reflection. The part of reflection on the case should include personal feelings, opinions, beliefs, strength and weakness. Besides, for the whole care process, area with good practice, personal improvement and learning points should be identified and described.

**** Points to note in writing counseling case studies**

The mother-baby dyad should be under the direct care of the mentee.

Description of the situation, the woman's behaviour, some environmental factors like family, work, ethnic, cultural and social economic factors.

The mentee's opinion about the situation and a tentative management plan. It should include:

- Analysis about the woman's situation
- Diagnosis or summary/interpretation of the client's problem from a particular theoretical standpoint or from an integrative perspective
- Interventions that might help the client based on the analysis

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: _____

Module 3
Elective Sub-Specialty Training
Perinatal Psychosocial and Mental Health (PPMH) for Vulnerable Group of Pregnancy

(Version1 on June 2026)

Perinatal Psychosocial and Mental Health for Vulnerable Group of Pregnancy

1. Background

In the 2005 Policy Address, the Government announced launching the Head Start Programme on Child Development, currently known as the Comprehensive Child Development Service (CCDS), which aims at early identification and provision of timely support to children (0 – 5 years old) and families with special needs.

The distinctive feature of this programme is its interdisciplinary and cross-sectorial collaboration among the Education Bureau (EDB), the Department of Health (DH), the Hospital Authority (HA), and the Social Welfare Department (SWD).Through fostering communication and collaboration among different providers of the existing educational, medical, and social services, this programme demonstrates a new service model.

Many studies have shown that mental health problems, substance abuse, and teenage pregnancy, are associated with poor outcomes in fetal and child development. In line with an aim to identify the varied needs of at-risk pregnant women, children and families at an early stage for improving health outcomes, the hospital CCDS under Hospital Authority (HA) and the community-based CCDS uses the Maternal and Child Health Care Centres (MCHCs) under the Department of Health (DH) as a platform to enhance cross-sectoral collaboration and communication and the services was launched since 2005.

In Hong Kong, midwives play a crucial role in caring of women with Perinatal Psychosocial and Mental Health during Pregnancy, particularly in the early identification and management of at-risk pregnant women, new mothers and their families, with a significant focus on perinatal mental health and vulnerable groups. They work to provide a range of services, including antenatal, postnatal, and developmental assessments for infants. Midwives collaborate with other healthcare professionals and social workers to ensure timely referrals and interventions for families needing extra support. In order to enhance the professionalism of these midwives working in CCDS team, the Sub-specialty Training on “Perinatal Psychosocial and Mental Health (PPMH)” for vulnerable group of pregnancy is created to provide guided clinical practice and become fellow of HKCMW upon completion of the training.

2. Roles and Responsibilities of Midwives:

2.1 Case Management and Support:

Midwives act as case managers, providing in-depth assessment, health counseling, and coordination of care for pregnant women and new mothers identified as at-risk. This includes those with mental health issues, past psychiatric illness, or other vulnerabilities.

2.2 Early Identification of Problems:

They are instrumental in the early identification of potential problems, especially postnatal depression, using professional assessment tools and referring to specialized services when necessary.

2.3 Collaboration and Referral:

Midwives work in collaboration with other healthcare professionals, including obstetricians, paediatricians, psychiatric nurses, and social workers, facilitating appropriate and timely referrals to relevant services within the Hospital Authority of Hong Kong, , Department of Health and non-governmental organizations.

2.4 Counseling and Education:

They provide supportive counseling and health education to women and their families, promoting good maternal mental health and empowering mothers with information and resources.

2.5 Coordination of Care:

Midwives help coordinate human and environmental resources to manage rapidly changing situations and ensure seamless care for at-risk individuals and families.

2.6 Empowerment:

By connecting women to various health and social services, CCDS / or relevant service midwives contribute to empowering women and enhancing their access to and control over resources.

2.7 Promoting Patient-Centered Care:

Midwives are dedicated to enhancing communication between patients and their family members, providing emotional and psychological support, and fostering a sense of companionship throughout the care journey.

3. Training Requirements for Midwifery Practices in Perinatal Psychosocial and Mental Health Module

3.1 Training requirement:

This module comprises training on Perinatal Psychosocial and Mental Health Module of at least 12 months. During the 12-month training, mentees are required to care for women under the CCDS or relevant service during the antenatal and immediately postpartum before discharge from hospital.

4. Learning Objectives

By the end of this sub-specialty training, the mentee should be able:

4.1 to identify timely of at-risk pregnant and postpartum women in out-patient or in-patient settings

4.2 to conduct an in-depth initial assessment to identify any immediate intervention is needed, such as self-harm ideation

4.3 to refer to paediatrician, psychiatrist, psychiatric nurse, clinical psychologist or social workers according to their needs for early support or intervention

4.4 to provide continuous support, appropriate health education and counselling, ensure the compliance to medical and social service

4.5 to provide phone follow up at post-delivery if necessary for mood assessment and social service compliance

5. Sub-specialty Training requirement 500 hours Guided Clinical Practice

- Initial Guided Clinical Practice (within the 250 hours initial Guided Clinical Practice before OM, requiring at least 50 hours practice in Sub-specialty at the module 3 training with level of competence at 1 to 3). 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 (additional 250 hours in post membership training with level of competence at 3 - 5). Mentee is under guidance of a designated Fellow Member in a local clinical specialty department appointed by the College or the clinical practice hours and requirements as stipulated by the elective sub-specialty training.

5.1 Education Program

The mentee has to attend continuing education programs related to Perinatal Psychosocial and Mental Health for vulnerable group of pregnancy, such as Certificate course in Mental Health organized by the Institute of Mental Health Castle Peak, Training Program on Perinatal Psychosocial and Mental Health organized by HKCMW, or other related program(s) vetted by HKCMW (see appendix 1).
A minimum of 20 hours training and including an assessment is required.

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

5.2 Clinical Practice

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

Summary of Guided Clinical Practice hours:

	No. of hours
Initial guided clinical practice before OM at module 3 training (required at least 250 hours)	
Final guided clinical practice in post membership training (required at least 250 hours)	

5.3 Individual Case Records

The mentee should complete their individual case records with 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	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 performer	Performs the entire activity without need for supervision

5.4 Criteria of Complete Logged Cases

During the training on Comprehensive Child Development Service, the mentee is required to have total 50 complete logged cases including at least 20 logged cases at level 3 competence or above during the 12-month module 3 training for the Ordinary Membership Examination, and at least 30 logged cases at level 4 competence or above for the further 3 years of Higher Specialist Training for the Fellow Exit Assessment.

5.5 Case Record of Logged Case

Logged Case No.	Date of Practice	Antenatal or Postnatal case	Case History /Problem Identified/ Management & Outcomes	Total no. of practice hours	Level of competence	Name & signature of mentor
1.						
2.						

3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						

20.						
21.						
22.						
23.						
23.						
25.						
26.						

27.						

28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						

36.						
37.						
38.						
39.						
40.						
41.						
42.						

43.						
44.						
45.						
46.						
47.						
48.						
49.						
50.						

6 Summary of Guided Clinical Practices

for Midwifery Practices in Perinatal Psychosocial and Mental Health Module

Date: from _____ to _____

Level of Competence:	**No. of cases practice**	**Total no. of contact hours**				**Total practice hours**
		Mental problem	**Teenage pregnancy**	**Substance abuse**	**Others**	
Complete **at least 1/3** of the mandate requirement (Level 1-3)		(150)	(40)	(60)		At least 250 hours
Name & Signature of Mentor						
Complete the remaining mandate requirement (Level 4-5)		(150)	(40)	(60)		Additional 250 hours
Name & Signature of Mentor						
Total practice hours		(300)	(80)	(120)		At least 500 hours
Name & Signature of Mentor						

Signature of Mentor: _____

Name of Mentor: _____

Date: _____

7 Detailed Case Reports

For the Fellow Exit Assessment, details of 3 cases have to be presented. The mentee can choose any 3 cases from the logged cases to write the detailed case reports. The description and discussion of each case should be at least 3000 words (including 1000 words on self-reflection). A word count should be inserted at the end of each case. They should reflect the characteristics of the care provided including initiate assessment, intervention and any referral needed.

Past Health and Obstetric History

The mentee should gather past health and obstetric data from the woman, so that the health care team can create a plan that will address her psychosocial, physical or spiritual status or any other specific conditions. The plan is mutually agreed by the woman. Data gathered may include past and current medical / obstetrical conditions.

Social History and Personal Habits

Collect the socio-demographic data, such as marital status, relationship with partner, any financial problem / assistance, education level and occupation. Identify the main stressor (if any), such as poor marital relationship, financial, work related and/or with employer or colleagues, living environment. Enquire on personal habits, such as drinking on the types of drink, years have been taken and it is quitted or not, whether it is quitted before or during pregnancy. Smoking habits are also important to record on the number of cigarettes consumed per day that have been taken and it is quitted or not, whether it is quitted before or during pregnancy.

Assessment

The Mentee should describe the initial assessment performed including psychological, physiological, social, and spiritual wellbeing. Specific assessment related to the chief complaint and condition should be recorded and reported.

Medications

The Mentee should report all scheduled medications, especially from psychiatrist.

Plan of Care

Mentee should formulate a plan of care for the woman, evaluate woman's response to intervention and suggest expected outcomes as appropriate.

Reflection

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

Appendix 1

Other related programs:

Duration (Hour)	Topic	Organizing Institution
3	Management of Unstable Maternal Emotion and Drug Abuse	The Chinese University of Hong Kong (O&G)
3	Impact of High EPDS and Adolescence Substance Abuse: a 3-hour update	The Chinese University of Hong Kong (O&G)
6	Children with special needs and domestic violence	The Chinese University of Hong Kong (O&G)
2	Domestic violence and postnatal depression	The Chinese University of Hong Kong (O&G)
2	Recognition of children abuse and domestic violence with case sharing	The Chinese University of Hong Kong (O&G)

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: _____