Documentation of Acquisition of Clinical Knowledge and Skills

For Transitional Apprentices Only:

Instructions for the Documentation of Clinical Experiences

All apprentices must have a Preceptor-Apprentice agreement on file with ADH for each preceptor under whom the apprentice trains. These preceptors are responsible for the training of the apprentice and for the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences.

The dates from the first assist to the final primary birth should encompass at least one year.

Preceptors are expected to sign the documentation forms at the time the skill is performed competently. Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor should be physically present when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

Twenty (20) of the 75 prenatal exams are required to be initial exams and include the midwife’s prenatal exam, initial interview and history (Appendix B, #9.c.).

Births as an Active Participant are births where the apprentice is being taught to perform the skills of a midwife. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice does not have to perform all skills at every birth in this category, but should be present throughout labor and birth and should perform at least some skills at every birth. The apprentice should complete most of the active participant births before functioning as Primary Midwife under supervision.

Births as Primary Midwife under supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice’s performance of skills and decision making. Some skills at these births may be performed by the preceptor or other midwives/apprentices, but the catching of the baby, most skills, and labor management should be performed by the apprentice who is claiming the birth as a primary birth under supervision.

**It is recommended that the apprentice make blank copies of all forms in the Application in the event that more space is needed for documentation of clinical experience, or when more preceptors are involved."
**Documentation of Acquisition of Clinical Knowledge and Skills**

**Clinical Experience Documentation for Births as an Active Participant**

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice ______________________________________________________________

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<thead>
<tr>
<th>Client Initials</th>
<th>Assist at Initial Midwife Exam</th>
<th>Number of Additional Prenatals</th>
<th>Assist at Birth</th>
<th>Date of birth</th>
<th>Place of birth</th>
<th>Assist Newborn Exam</th>
<th>Number of Postpartum Exams</th>
<th>Supervising Midwife’s Signature</th>
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There are no minimum numbers for any clinicals except assisting at birth, however, it is expected that the supervising midwife will provide training both outside of and during the performance of these other clinicals. The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a “yes” or “no” in columns unless a number, date, or other information is required. Do not leave spaces blank. Place of birth: indicate home, birth center, or hospital. Transports may count as an assist if the apprentice assisted during labor at home or birth center prior to transport.

There may be a period of training where the apprentice observes but does not perform assistant activities at clinical experiences. Observations should not be documented as assists.
## Clinical Experience Documentation for Births as Primary Midwife

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice ___________________________________________________________

<table>
<thead>
<tr>
<th>Client Initials</th>
<th>Perform Initial Midwife Exam</th>
<th>Number of Additional Prenatals</th>
<th>Manage Labor and Birth</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Perform Newborn Exam</th>
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The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. For at least three clients, the apprentice should have provided a minimum of 4 prenatals, birth, newborn, and 2 postpartum exams. Place of birth code: please indicate home, birth center, or hospital. **Transports to the hospital may not count toward the 20 required primary births, but may be documented for prenatal exams, etc.**
Documentation of Acquisition of Clinical Knowledge and Skills

Apprentice’s name ____________________________________________________________

The following skills must be documented by a qualified preceptor as being competently performed by
the apprentice. **Performance of the skills includes a demonstration and/or verbal discussion of the
knowledge implied by the performance of the skill. Please indicate “by discussion” if skill is not
performed.**

The preceptor should **date and initial** each line of any skill she is verifying. More than one preceptor
may sign in order to complete the form. All preceptors who sign should also be listed on the Preceptor
Verification Form.

**General Skills**
- Demonstrates use of universal health precautions relevant to midwifery care________
- Demonstrates appropriate application of aseptic and sterile technique______________
- Demonstrates thorough and accurate documentation of care____________________

**Pharmacology**
- Demonstrates knowledge of the benefits and risks of the following and refers for prescription and
  administration when indicated:
  - Rh Immune Globulin (RhoGam) for an Rh negative mother ______________________
  - Vitamin K & erythromycin for the newborn ________________________________
  - Pitocin __________________________________________________________________
  - Safe use, care, and transport of oxygen ______________________________________
  - Prophylaxis for Group B Strep __________________________________________________________________
  - Postpartum Rubella immunization when non-immune__________________________

**Antepartum**

**Assessment Skills:**
- Basic health history/OB and gynecological history/family history________________
- Obtains diet history and provides nutritional education _________________________
- Obtains interval updates of medical history_______________________________
- Evaluates general appearance _____________________________________________
- Obtains weight and height _________________________________________________
- Assesses maternal weight gain____________________________________________
- Vital signs: temp, pulse, respirations, blood pressure________________________
- Urine testing for glucose, protein and nitrites______________________________
- Examination of the skin for color and appearance____________________________
- Examination of the pupils, whites and conjunctiva of the eyes________________
- Examination of the thyroid gland for enlargement__________________________
- Examination of lymph glands of the neck and underarm for enlargement________
- Auscultates heart for rate and rhythm______________________________________
- Auscultates lungs for abnormal breath sounds_______________________________
- Percusses the costovertebral angle for pain_______________________________
- Speculum examination of the vagina for color, discharge, leakage of fluid________
- Identifies position, presentation, lie of fetus (Leopold’s maneuvers)__________
- Assessment of Fetal Heart Rate auscultated by fetoscope or doppler____________
- Identifies pelvic landmarks, assesses pelvis_________________________________
- Measurement of fundal height______________________________________________
Documentation of Acquisition of Clinical Knowledge and Skills

Estimates fetal size_____________________________________________________
Lower extremities for varicosities________________________________________
Edema of face legs and hands_____________________________________________
Determines estimated due date____________________________________________
Assesses well-being_____________________________________________________

Intervention Skills:
- Evaluates knowledge of self-breast exam techniques________________________
- Instruction of clean catch urine specimen_______________________________
- Recognizes the indications for genetic counseling and refers as appropriate_________
- Understands and applies knowledge of good eating practices_________________
- Evaluates and makes recommendations for discomforts of pregnancy___________
- Demonstrates knowledge and application of ADA Clinical Practice Recommendations for gestational diabetic screening and diagnosis________________________________
- Demonstrates knowledge of normal and abnormal of required prenatal screening tests

Completes pre-delivery home visit___________________________________________
Educates regarding home birth supplies________________________________________

Identifies and takes appropriate action including consultation, referral, or immediate transport when indicated and according to LMW Protocols in the following Prenatal situations:
- Suspected abnormality on physical examination___________________________
- Size/Date discrepancy____________________________________________________
- Elevated Blood Pressure Readings________________________________________
- Abnormal Kick Count____________________________________________________
- Abnormal weight gain or loss______________________________________________
- Abnormal Prenatal screening tests_________________________________________
- Symptoms of urinary tract infections_______________________________________
- Hyperemesis______________________________________________________________
- Abnormal Fetal Heart Rate Patterns________________________________________
- Absence of Fetal Heart Rate________________________________________________
- Position other than vertex presentation_____________________________________
- Preterm labor________________________________________________________________
- Symptoms of Ectopic (Tubal )pregnancy________________________________________
- Abnormal vaginal bleeding__________________________________________________
- Prolonged or Premature rupture of membranes________________________________
- Post term pregnancy_______________________________________________________

Labor and Birth

Assessment Skills:
- Takes history relevant to labor______________________________________________
- Assesses effacement and dilation of cervix____________________________________
- Assesses station of presenting part___________________________________________
- Assesses fetal lie, position, and descent________________________________________
- Assesses uterine contractions for frequency, duration, and intensity_______________
- At required intervals, monitors and assesses fetal heart rate during and between contractions

Assesses food and fluid intake and output______________________________________
Assesses maternal well-being and responds appropriately:
Vital signs_______________________________________________________
Emotional well being _____________________________________________
Assesses labor progress__________________________________________

Intervention Skills:
Demonstrates basic labor support skills and comfort measures___________________
Uses maternal position changes to facilitate labor___________________________
Demonstrates perineal support and hand techniques for delivery_________________
Demonstrates proficiency in assisting normal, spontaneous vaginal birth_________
Supports father and other family members___________________________________
Organizes birth equipment_______________________________________________
Folows sterile technique_______________________________________________

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Intrapartum situations:
Abnormal fetal heart rates/patterns_________________________________________
Prolapsed cord _________________________________________________________
Breech presentation and birth_____________________________________________
Face presentation and birth________________________________________________
Multiple birth___________________________________________________________
Shoulder dystocia________________________________________________________
Abnormal bleeding_______________________________________________________
Nuchal hand, arm, or cord_________________________________________________
Edematous cervical lip____________________________________________________
Rupture of membranes___________________________________________________
Meconium stained fluids__________________________________________________
Abnormal changes in vitals signs (maternal)________________________________
Maternal dehydration and/or exhaustion___________________________________
Prolonged labor in:
Primagravida___________________________________________________________
Multigravida___________________________________________________________
Abnormal progress of labor_______________________________________________
Symptoms of Pre-eclampsia_______________________________________________
Suspected fetal death____________________________________________________

Postpartum Period
Assessment Skills
Determines signs of placental separation_______________________________
Assesses placenta for size, structure, completeness, cord insertion, and number of vessels, and color______________________________
Assesses uterus from birth throughout the immediate postpartum period for height, size, consistency, and retained clots___________________
Identifies bladder distention and consults or refers if indicated________________
Assesses and estimates blood loss_______________________________________
Assesses lochia: amount, odor, consistency, color___________________________
Recognizes postpartum hemorrhage_______________________________________
Recognizes symptoms of shock___________________________________________
Assesses perineum and cervix for lacerations______________________________
Documented Acquisition of Clinical Knowledge and Skills

Identifies potential perineal infection or suture breakdown
Identifies abnormal uterine size after delivery of placenta
Identifies signs of uterine infection
Identifies need for Family Planning counseling and refers as indicated

Intervention Skills:
- Appropriately assists with placental delivery
- Demonstrates competency in repair of 1st and 2nd degree perineal lacerations
- Demonstrates plan for referral for extensive lacerations
- Takes appropriate action for postpartum hemorrhage (fundal massage, bimanual compression, expression of clots, activating emergency transport plan)
- Demonstrates correct maternal positioning for treatment of shock and activates emergency transport plan
- Instructs the mother on postpartum conditions requiring medical evaluation (i.e. excessive bleeding, increasing pain, severe headaches or dizziness or inability to void)
- Develops guidelines for emergency transport of mother or baby
- Performs maternal exam at 12-24 hours
- Performs Postpartum evaluation at 2-6 weeks

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Postpartum situations:
- Abnormal uterine involution
- Maternal fever
- Signs of uterine infection
- Signs of breast infection
- Hemorrhage
- Third and fourth degree lacerations
- Signs and symptoms of shock
- Activates emergency transport plan

Newborn Care
Assessment Skills:
- Recognizes signs and symptoms of respiratory distress, possible infection, seizures or jaundice in newborns
- Determines APGAR scores at one and five minutes

Performs newborn assessment and evaluation to minimally include:
- General appearance
- Alertness
- Flexion of extremities and muscle tone
- Sucking
- Palate: visualization and palpation
- Skin color, lesions, birthmarks, vernix, lanugo, and peeling
- Measurements of length, head and chest circumference
- Weight
- Head: molding, fontanels, hematoma, caput, sutures
- Eyes: jaundice of whites, pupils, tracking, spacing
Documentation of Acquisition of Clinical Knowledge and Skills

Ears: positioning, responds to sound, appear patent ________________________________
Observe chest for symmetry ________________________________
Listen to and count heart rate and respirations ________________________________
Fingers and toes, normal structure and appearance, creases, prints __________________
Genitalia: normal appearance, testicle descent in males ____________________________
Takes and records temperature ______________________________________________
Takes and records femoral pulse ______________________________________________
Assesses baby for jaundice ________________________________________________
Gestational age assessment and refers for less than 36 weeks gestation_______________
Performs newborn exam at 24-48 hours _________________________________________

Intervention Skills:
Assures that the baby’s airway is clear, uses suction when indicated________________
Promotes temperature regulation of newborn ______________________________________
Supports the establishment of emotional bonds among the baby, mother, and family__________________________
Cuts, clamps, and cares for cord ______________________________________________
Collects cord blood when indicated __________________________________________
Documents administration of eye prophylaxis ____________________________________
Performs or refers for the state required Newborn Screening test __________________
Completes Infant Hearing Loss Screening Form _________________________________
Educates mother/parents regarding cord care __________________________________
Assists mother in establishing breastfeeding ____________________________________
Provides breastfeeding instruction information __________________________________
Instructs mother in normal and abnormal feeding patterns _______________________
Assists with breastfeeding positioning and milk expression ______________________

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Newborn situations:
Apgar score of less than 5 at one minute or 7 at 5 minutes________________________
Jaundice at 0-24 hours________________________________________________________
Meconium staining on the skin________________________________________________
Abnormal heart rate__________________________________________________________
Birth weight less than 5 lbs or greater than 10 lbs_______________________________
Abnormal voiding or stool pattern____________________________________________
Temperature over 100 or less than 97.7________________________________________
Abnormal cry_______________________________________________________________
Abnormal feeding patterns (vomiting, poor suck, lethargy)________________________
Jaundice at 24-48 hours_______________________________________________________
Abnormal respiratory pattern (tachypnea or apnea)______________________________
Signs of bleeding (i.e. petechia, bruises)_______________________________________
Rupture of membranes more than 24 hours before birth_________________________

Education and Counseling Skills

Interaction, Support and Counseling Skills:
Understands and applies principles of informed choice ____________________________
Exhibits communication skills with women, peers, other health care providers________

LLM Apprentice Clinical Experience Documentation     Page 8 of 12
Documentation of Acquisition of Clinical Knowledge and Skills

Functions as women’s advocate during pregnancy, birth, and postpartum period
Assesses maternal support system
Consults with other health care professionals regarding problems

Basic Prenatal Education
Understands and can demonstrate knowledge of:
- Emotional and physical changes during pregnancy and postpartum
- Signs of labor
- Fetal development
- Preparing home and family members for birth, as is culturally relevant
- Preparation for breastfeeding
- Effects of smoking, drugs, and alcohol consumption
- Signs and symptoms that necessitate an immediate call to the midwife
- Preparation for the postpartum period
- Exploration of fears, concerns, and psycho-social status with family, as appropriate
- Benefits of exercise
- Sexuality education appropriate to pregnancy and postpartum
- Information about required prenatal tests and lab work
- Circumcision information, as culturally appropriate
- Information regarding eye prophylaxis
- Information regarding vitamin K
- Information regarding the LLM Newborn Care Kit provided by ADH
- Information regarding the state required PKU for newborn screening
- Information regarding the Newborn Screening test
- Information regarding Screening for Infant Hearing Loss

Record Keeping and Forms

Demonstrates knowledge on completion of the Birth Certificate
Demonstrate knowledge on completion of the Acknowledgement of Paternity Affidavit
Demonstrate knowledge of LLM Caseload and Birth Log and ADH submission requirements
Demonstrate knowledge of Incident Report and ADH submission requirements
Understand components of Emergency Back-up Plans
Understand components of LLM Disclosure Form
Understand the LLM record keeping requirements
Understand the ADH record audit requirements
Understand requirements for CLIA certification to perform laboratory tests
By signing this form for the Documentation of Acquisition of Clinical Knowledge and Skills, I recognize that I have completed the orientation process for each of the skills listed. I have demonstrated knowledge, understanding and competency in the skills and procedures as verified thru demonstration or discussion by my supervising preceptor(s). I have demonstrated knowledge of and adherence to the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas.

____________________  ______________________
Signature of Preceptor                       date

*Notarize here if you are an Apprentice applying for the Lay Midwife License

Notary seal for verification of preceptor’s signature:

____________________  ______________________  ______________________
Signature of Notary                       date signed                       date of expiration
Documentation of Acquisition of Clinical Knowledge and Skills

Preceptor Verification Form for LLM Application

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health for each preceptor under whom they train. Preceptors are responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences and skills. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences or skills, that preceptor must have a Preceptor-Apprentice Agreement on file with ADH. The following information must be filled out for any preceptor who signs any portion of the Application as documentation of clinical experiences or skills. Preceptors must be licensed in a state as a licensed midwife or CNM, or must have the credential Certified Professional Midwife (CPM). Number of births listed below means the number supervised for THIS APPRENTICE, not the total experience of the supervising midwife. Fill out all lines for documentation of clinical experiences, indicating zero if none supervised, before signing.

Name _________________________________________________________________
Address _____________________________________   _________________________
Phone______________________________  E-mail____________________________
Licensed in which state?_____________  License number____________________
CPM: □ Yes □ No   CPM #_________________________ date of expiration _____________
Dates of supervision ___________________________ to ________________________
Number of births supervised as assistant _______________ number primary_________
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor ____________________________________________________

Name _________________________________________________________________
Address _____________________________________   _________________________
Phone______________________________  E-mail____________________________
Licensed in which state?_____________  License number____________________
CPM? __________   CPM #__________________ date of expiration ______________
Dates of supervision ___________________________ to ________________________
Number of births supervised as assistant _______________ number primary_________
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor ____________________________________________________

Name _________________________________________________________________
Address _____________________________________   _________________________
Phone______________________________  E-mail____________________________
Licensed in which state?_____________  License number____________________
CPM? __________   CPM #__________________  date of expiration ______________
Dates of supervision _________________ to ________________________
Number of births supervised as assistant _______________ number primary_________
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor ____________________  __________________________
### Documentation of Acquisition of Clinical Knowledge and Skills

| Name _________________________________________________________________ |
| Address _____________________________________________________________ |
| Phone______________________________  E-mail_____________________________ |
| Licensed in which state?_________________  License number__________________ |
| CPM? __________   CPM #__________________  date of expiration ______________ |
| Dates of supervision_____________________________ to ______________________ |
| Number of births supervised as assistant _______________  number primary______ |
| Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums____ |
| Signature of Preceptor ________________________________________________ |

| Name _________________________________________________________________ |
| Address _____________________________________________________________ |
| Phone______________________________  E-mail_____________________________ |
| Licensed in which state?_________________  License number__________________ |
| CPM? __________   CPM #__________________  date of expiration ______________ |
| Dates of supervision_____________________________ to ______________________ |
| Number of births supervised as assistant _______________  number primary______ |
| Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums____ |
| Signature of Preceptor ________________________________________________ |

| Name _________________________________________________________________ |
| Address _____________________________________________________________ |
| Phone______________________________  E-mail_____________________________ |
| Licensed in which state?_________________  License number__________________ |
| CPM? __________   CPM #__________________  date of expiration ______________ |
| Dates of supervision_____________________________ to ______________________ |
| Number of births supervised as assistant _______________  number primary______ |
| Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums____ |
| Signature of Preceptor ________________________________________________ |