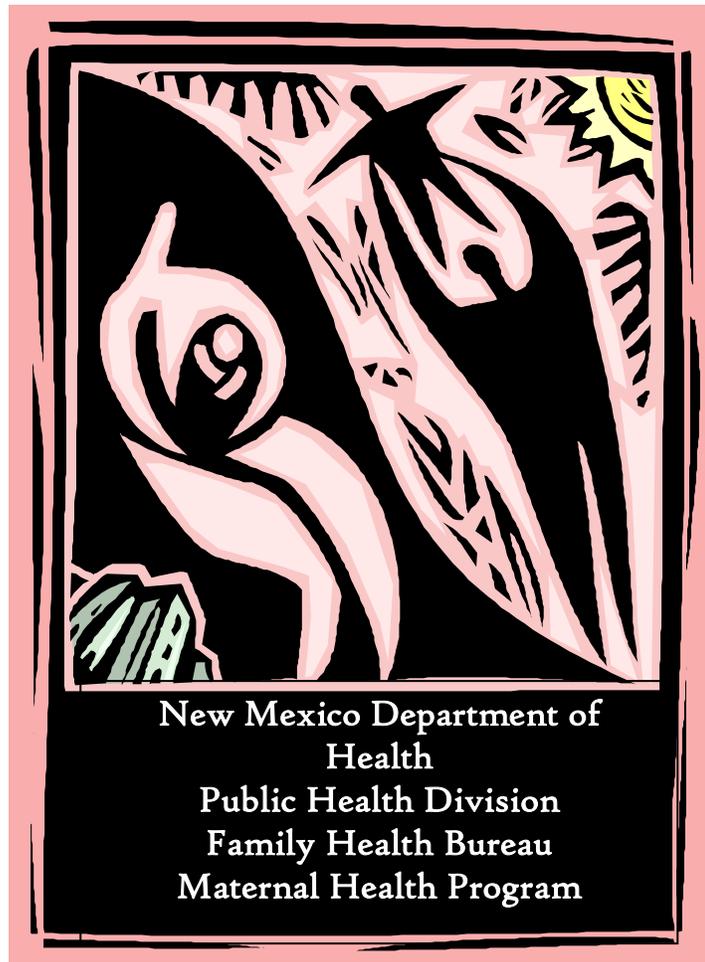


New Mexico Midwifery Student Workbook



Last Updated: March 2022

NEW MEXICO STUDENT WORKBOOK: CHECKLIST INFORMATION AND SIGNATURE FORM

Practicing midwives must be competent in each of the basic midwifery duties and responsibilities listed in the *Skills and Knowledge Checklist*. To be eligible to take New Mexico's qualifying examinations for midwifery licensure, a candidate must demonstrate to the midwifery instructor(s) these competencies and complete the required experiences. The **midwifery instructor(s)** will initial and date each item to validate when the student satisfactorily demonstrated competence in a skill or completion of a set of experiences.

The *Skills and Knowledge Checklist* and the *Clinical Experiences Checklist* are also required to complete a New Mexico midwifery apprenticeship. These checklists have been provided to you along with this form.

The following is an index of these forms.

Index of Forms:

Skills and Knowledge Checklist

- I. Professional Issues, Knowledge, and Skills
- II. General Healthcare Skills
- III. Maternal Health Assessment
- IV. Prenatal Care
- V. Labor, Birth, and Immediate Postpartum
- VI. Postpartum
- VII. Well-Baby Care

Clinical Experiences Checklist

- Births as an Observer
- Births as an Assistant Under Supervision
- Prenatal Exams as an Assistant Under Supervision
- Newborn Exams as an Assistant Under Supervision
- Postpartum Exams as an Assistant Under Supervision
- Birth as a Primary Under Supervision
- Initial Prenatal Exams as a Primary Under Supervision
- Prenatal Exams as a Primary Under Supervision
- Newborn Exams as a Primary Under Supervision
- Postpartum Exams as a Primary Under Supervision
- Continuity of Care

Information About Midwifery Instructors

- A student may have more than one approved midwifery instructor.
- Each potential midwifery instructor must first apply and be approved by the New Mexico Department of Health, Maternal Health Program as an approved instructor. This is required regardless of the instructor being an approved preceptor for another organization or institution.
- Any clinical experiences attended prior to approval of the state student permit WILL NOT count towards program completion.

- After instructor approval, the student and each instructor must also submit a completed **Instructor-Student Relationship Form** to the Maternal Health Program, which can be accessed and submitted in the online student permit application at the time of initial permit application. If additional preceptors are added during the time of apprenticeship, contact the Maternal Health Program for instructions on submitting additional Instructor-Student Relationship Forms.
- The student should print this form and sign below with a wet signature on the date the student begins the apprenticeship (i.e. the date of initial permit issue). Instructors should sign this sheet on the day the instructor begins their role as the student’s instructor (i.e. date of approval of Instructor-Student Relationship Form).

_____ Student’s Signature	_____ Student’s printed name	_____ Date
_____ Instructor’s signature and initials	_____ Instructor’s printed name	_____ Date
_____ Instructor’s signature and initials	_____ Instructor’s printed name	_____ Date
_____ Instructor’s signature and initials	_____ Instructor’s printed name	_____ Date
_____ Instructor’s signature and initials	_____ Instructor’s printed name	_____ Date
_____ Instructor’s signature and initials	_____ Instructor’s printed name	_____ Date
_____ Instructor’s signature and initials	_____ Instructor’s printed name	_____ Date

Student Name: _____

SKILLS AND KNOWLEDGE CHECKLIST: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit **WILL NOT** count towards program completion.

I. Professional Issues, Knowledge, and Skills		
	Initials	Date
A. Applies understanding of social determinants of health (income, literacy, education, sanitation, housing, environmental hazards, food security, common threats to health)		
B. Applies understanding of direct and indirect causes of maternal and neonatal mortality and morbidity		
C. Understands principles of research, evidence-based practice, critical interpretation of professional literature, and interpretation of vital statistics and research findings		
D. Provides information on national and local health services, such as social services, WIC, breastfeeding, substance abuse, mental health, and bereavement		
E. Educates about resources for referral to higher health facility levels, appropriate communication and transport mechanisms, prepared for emergencies		
F. Knows legal and regulatory framework governing reproductive health for women, including laws, policies, protocols, and professional guidelines		
G. Applies understanding of human rights and their effects on the health of individuals, including:		
1. domestic partner violence		
2. female genital cutting		
3. cultural effect of religious beliefs		
4. gender roles		
5. other cultural health practices		
H. Facilitates mother’s decision of where to give birth by discussing:		
1. advantages and risks of different birth sites		
2. requirements of the birth site		
3. how to prepare and equip the birth site		

Student Name: _____

	Initials	Date
I. Participates in peer review for maternal and neonatal mortality or morbidity		
1. understands the purpose of peer review		
2. understands the process of participating in peer review		
J. Understands the application of professional ethics, values, and human rights		
1. understands and applies the principles of confidentiality in relationships with clients and students including applicable components of HIPAA		
2. understands the process of shared decision making with clients throughout pregnancy and birth		
K. Understands and applies the following skills related to Professional Issues, Knowledge, and Skills:		
1. prepares the mother for the possibility of less than optimum pregnancy outcomes		
2. is responsible and accountable for clinical decisions and actions		
3. acts consistently in accordance with standards of practice		
4. maintains/updates knowledge and skills		
5. behaves in a courteous, non-judgemental, non-discriminatory, and culturally appropriate manner with all clients		
6. is respectful of individuals and of their cultural and customs		
7. shares and explains protocols of practice, including regulatory requirements, and client's right to refuse testing or intervention		
8. uses appropriate communication and listening skills with clients and support team		
9. accurately and completely records all relevant information in the client's chart, and explains results to client		
10. is able to comply with all local requirements for reporting births and deaths		

Student Name: _____

II. General Healthcare Skills		
	Initials	Date
A. Demonstrates the application of Universal Precautions as they relate to midwifery:		
1. handwashing		
2. gloving and ungloving		
3. sterile technique		
B. Educates on the benefits and contraindications of alternative healthcare practices (non-allopathic treatments) and modalities, including herbs, hydrotherapy, waterbirth, chiropractic, homeopathic, and acupuncture		
C. Understands the benefits and risks, and recommends the appropriate use of vitamin and mineral supplements, including prenatal multi-vitamins, Vitamin C, Vitamin E, Folic acid, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D		
D. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:		
1. local anesthetic for suturing		
2. medical oxygen		
3. Methergine [®] (methylergonovine maleate)		
4. prescriptive ophthalmic ointment		
5. Pitocin [®] for postpartum hemorrhage		
6. RhoGam [®]		
7. Vitamin K (oral or IM)		
8. antibiotics for Group B Strep		
9. IV fluids		
10. Cytotec [®] (misoprostol)		
11. epinephrine		

Student Name: _____

	Initials	Date
E. Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFL, fetal well-being and growth, position, placental position, and determination of multiples		
F. Demonstrates knowledge of benefits/risks of biophysical profile, including counseling and referrals		
G. Demonstrates knowledge of how and when to use instruments and equipment, including:		
1. amnihook		
2. bag and mask resuscitator		
3. bulb syringe		
4. Delee ® tube-mouth suction device		
5. hemostats		
6. lancets		
7. nitrazine paper		
8. scissors (all kinds)		
9. suturing equipment		
10. straight, in and out catheter		
11. vacutainer /blood collection tube		
12. gestational wheel or calendar		
13. newborn and adult scale		
14. thermometer		
15. urinalysis strips		
16. cord clamps		
17. doppler		
18. fetoscope		
19. stethoscope		
20. vaginal speculum		
21. blood pressure cuff		
22. oxygen tank, ow meter, cannula, and face mask		
23. pulse oximeter		
24. laryngeal mask airway (LMA)		
H. Proper use of injection equipment including syringe, single and multi dose vial/ampules, and sharps container		
I. Obtains or refers for urine culture		
J. Obtains or refers for vaginal culture		
K. Obtains or refers for blood screening tests		

Student Name: _____

	Initials	Date
L. Evaluates laboratory and medical records, with appropriate education and counseling of client, including:		
1. hematocrit/hemoglobin		
2. blood sugar (glucose)		
3. HIV		
4. Hepatitis B		
5. Hepatitis C		
6. Rubella		
7. Syphilis (VDRL or RPR)		
8. Group B Strep		
9. Gonorrhea culture		
10. Complete Blood Count		
11. Blood type and Rh factor		
12. Rh antibodies		
13. Chlamydia		
14. PAP test		
15. Vitamin D		
16. thyroid panel		
17. HbA1c		
18. genetic screening		
19. blood albumin		
20. complete metabolic panel		
21. progesterone		
22. HCG		

Student Name: _____

III. Maternal Health Assessment

	Initials	Date
A. Obtains and maintains records of health, reproductive and family medical history and possible implications to current pregnancy, including:		
1. personal information/demographics including religion, occupation, education, marital status, and economic status		
2. increased risk for less-than-optimal outcomes due to allostatic stress from racism and resource scarcity		
3. changes in health or behavior, and woman’s evaluation of her health and nutrition		
4. potential exposure to environmental toxins		
5. medical conditions		
6. surgical history		
7. reproductive history, including:		
<i>a. menstrual history</i>		
<i>b. gynecologic history</i>		
<i>c. sexual history</i>		
<i>d. childbearing history</i>		
<i>e. contraceptive practice</i>		
<i>f. history of sexually transmitted infections</i>		
<i>g. history of behavioral risk factors for sexually transmitted infection</i>		
<i>h. history of risk of exposure to blood borne pathogens</i>		
<i>i. Rh type and plan of care if negative</i>		
8. family medical history		
9. psychosocial history		
10. history of abuse		
11. mental health		

Student Name: _____

	Initials	Date
12. Mother's medical history		
<i>a. genetics</i>		
<i>b. alcohol use</i>		
<i>c. drug use</i>		
<i>d. tobacco use</i>		
<i>e. allergies (environmental & medical)</i>		
<i>f. history of vasovagal response or fainting</i>		
<i>g. foreign travel history</i>		
<i>h. vaccination history/status</i>		
13. Father's medical history		
<i>a. genetics</i>		
<i>b. alcohol use</i>		
<i>c. drug use</i>		
<i>d. tobacco use</i>		
B. Performs a physical examination, including assessment of:		
1. size of uterus and ovaries by bimanual exam		
2. general appearance/skin condition		
3. baseline weight and height		
4. vital signs		
5. HEENT including thyroid by palpation		
6. lymph glands of neck, chest, and under arms		
7. breasts, including mother's knowledge of self breast exam techniques		
8. torso, extremities for bruising, abrasions, moles, unusual growths		
9. baseline reflexes		
10. heart and lungs		
11. abdomen by palpation and observation for scars		
12. kidney pain (CVAT)		
13. deep tendon reflexes of the knee		
14. condition of the vulva, vagina, cervix, perineum, and anus		
15. cervix by speculum exam		
16. vascular system (edema, varicosities, thrombophlebitis)		

Student Name: _____

IV. Prenatal Care		
	Initials	Date
A. Provides appropriate prenatal care and educates the family of significance		
B. Understands and educates about the anatomy and physiology of pregnancy and birth		
C. Understands normal and abnormal changes during pregnancy		
D. Assesses results of routine prenatal exams including ongoing assessment of:		
1. maternal psycho-social, emotional health and well being; signs of abuse		
2. vaginal discharge; including signs and symptoms of infection		
3. social support system		
4. maternal health by tracking variations and changes in:		
<i>a. blood pressure</i>		
<i>b. weight</i>		
<i>c. color of mucus membranes</i>		
<i>d. general reflexes</i>		
<i>e. elimination/urination patterns</i>		
<i>f. sleep patterns</i>		
<i>g. energy levels</i>		
<i>h. nutritional patterns, pica</i>		
<i>i. hemoglobin/hematocrit</i>		
<i>j. glucose levels</i>		
<i>k. breast conditions/implications for breastfeeding</i>		
5. Assesses urine for:		
<i>a. appearance: color, density, odor, clarity</i>		
<i>b. protein</i>		
<i>c. glucose</i>		
<i>d. ketones</i>		
<i>e. pH</i>		
<i>f. leukocytes</i>		
<i>g. nitrites</i>		
<i>h. blood</i>		
<i>i. specific gravity</i>		

Student Name: _____

	Initials	Date
6. Estimates due date based on standard methods		
7. Assesses fetal growth and wellbeing		
<i>a. fetal heart rate/tones auscultated with fetoscope or Doppler</i>		
<i>b. correlation of weeks gestation to fundal height</i>		
<i>c. fetal activity and responsiveness to stimulation</i>		
8. Fetal palpation for:		
<i>a. fetal weight</i>		
<i>b. fetal size</i>		
<i>c. fetal lie</i>		
<i>d. degree of fetal head flexion</i>		
9. Clonus		
10. Vital signs		
11. Respiratory assessment		
12. Edema		
13. Provides prenatal education, counseling, and recommendations for:		
<i>a. nutritional and non-allopathic dietary supplement support</i>		
<i>b. normal body changes in pregnancy</i>		
<i>c. exercise and movement</i>		
<i>d. weight gain in pregnancy</i>		
<i>e. common complaints of pregnancy:</i>		
<i>(1) sleep difficulties</i>		
<i>(2) nausea/vomiting</i>		
<i>(3) fatigue</i>		
<i>(4) inflammation of sciatic nerve</i>		
<i>(5) breast tenderness</i>		
<i>(6) skin itchiness</i>		
<i>(7) vaginal yeast infection</i>		
<i>(8) bacterial vaginosis</i>		
<i>(9) symptoms of anemia</i>		
<i>(10) indigestion/heartburn</i>		
<i>(11) constipation</i>		
<i>(12) hemorrhoids</i>		
<i>(13) carpal tunnel syndrome</i>		
<i>(14) round ligament pain</i>		

Student Name: _____

	Initials	Date
<i>e. common complaints of pregnancy: (continued)</i>		
<i>(16) leg cramps</i>		
<i>(17) backache</i>		
<i>(18) varicose veins</i>		
<i>(19) sexual changes</i>		
<i>(20) emotional changes</i>		
<i>(21) fluid retention/swelling, edema</i>		
E. Recognizes and responds to potential prenatal complications/variatio		
ns by identifying, assessing, recommending treatment, or referring for:		
1. antepartum bleeding (first, second, or third trimester)		
2. pregnancy induced hypertension		
3. pre-eclampsia		
4. gestational diabetes		
5. urinary tract infection		
6. fetus small for gestational age		
7. fetus large for gestational age		
8. intrauterine growth restriction		
9. thrombophlebitis		
10. oligohydramnios		
11. polyhydramnios		
12. breech presentation:		
<i>a. identifying breech presentation</i>		
<i>b. turning breech presentation with:</i>		
<i>(1) alternative positions (tilt board, exercises, etc.)</i>		
<i>(2) referral for external version</i>		
<i>(3) non-allopathic methods (moxibustion, homeopathic)</i>		
<i>c. management strategies for unexpected breech delivery</i>		

Student Name: _____

	Initials	Date
13. multiple gestation:		
<i>a. identifying multiple gestation</i>		
<i>b. management strategies for unexpected multiple births</i>		
14. occipit posterior position:		
<i>a. identification</i>		
<i>b. prevention</i>		
<i>c. techniques to encourage rotation</i>		
15. vaginal birth after cesarean (VBAC)		
<i>a. identifies VBAC by history and physical</i>		
<i>b. indications/contraindications for out-of-hospital births</i>		
<i>c. management strategies for VBAC</i>		
<i>d. identifies risk factors for uterine rupture:</i>		
<i>(1) type of uterine suturing</i>		
<i>(2) uterine incision (classical or transverse)</i>		
<i>(3) uterine scar thickness</i>		
<i>(4) interdelivery interval</i>		
<i>(5) number of previous cesareans</i>		
<i>(6) previous vaginal births</i>		
<i>(7) implantation site of placenta</i>		
16. recognizes signs, symptoms of uterine rupture and knows emergency treatment		
17. preventing pre-term birth:		
<i>a. risk assessment for pre-term birth</i>		
<i>(1) smoking</i>		
<i>(2) vaginal or urinary tract infections</i>		
<i>(3) periodontal health</i>		
<i>(4) prior pre-term birth</i>		
<i>(5) other factors: stress, emotional health</i>		
<i>b. educates and counsels mothers who request early induction of labor</i>		
<i>c. educates for signs of pre-term labor</i>		

Student Name: _____

	Initials	Date
18. identifies and deals with pre-term labor with:		
<i>a. referral</i>		
<i>b. consults for pre-term labor</i>		
<i>c. treats pre-term labor with standard measures</i>		
19. assesses and evaluates a post-date pregnancy by monitoring/assessing:		
<i>a. fetal movement, growth, and heart tone variability</i>		
<i>b. estimated due date calculations</i>		
<i>c. previous birth patterns</i>		
<i>d. amniotic fluid volume</i>		
<i>e. maternal tracking of fetal movement</i>		
<i>f. consults or refers for:</i>		
<i>(1) ultrasound</i>		
<i>(2) non-stress test</i>		
<i>(3) biophysical profile</i>		
20. standard measures for treating a post-date pregnancy		
21. Cholestasis		
22. conditions from previous pregnancies such as diastasis, prolapse, cyctocele, rectocele		
23. identifies and refers for:		
<i>a. tubal, molar, or ectopic pregnancy</i>		
<i>b. placental abruption</i>		
<i>c. placenta previa</i>		
24. identifies premature rupture of membranes		
25. manages premature rupture of membranes in a FULL-TERM pregnancy:		
<i>a. monitors fetal heart tones and movement</i>		
<i>b. minimizes internal vaginal examinations</i>		
<i>c. reinforces appropriate hygiene techniques</i>		
<i>d. monitors vital signs for infection</i>		
<i>e. encourages increased fluid intake</i>		
<i>f. supports nutritional/non-allopathic treatment</i>		
<i>g. stimulates labor</i>		
<i>h. consults for prolonged rupture of membranes</i>		
<i>i. reviews Group B Strep status and inform of options</i>		

Student Name: _____

	Initials	Date
26. consults and refers for premature rupture of membranes in a PRE-TERM pregnancy		
27. establishes and follows emergency contingency plans for mother/baby		
28. educates on options for hospital transport, including augmentation and pharmacological pain relief		
29. cesarean birth:		
<i>a. knows local options for cesarean birth</i>		
<i>b. educates on procedures for cesarean birth</i>		
<i>c. provides support before, during (as permitted), and after the cesarean process</i>		
<i>d. follows up for cesarean birth, including:</i>		
<i>(1) physical healing</i>		
<i>(2) emotional healing</i>		
<i>(3) breastfeeding and infant care after cesarean birth</i>		

Student Name: _____

V. Labor, Birth, and Immediate Postpartum		
	Initials	Date
A. Understands and supports the normal physiological process of labor and birth		
B. Understands the relationship of maternal and fetal anatomy in relation to labor and birth		
C. Facilitates maternal relaxation and provides comfort measures throughout labor:		
1. communicates in a calming voice, using kind and encouraging words		
2. applies knowledge of emotional and psychological aspects of labor to provide support		
3. applies knowledge of physical support in labor (counter pressure, position changes, massage, water, etc.)		
4. waterbirth		
<i>a. educates on benefits and risks of waterbirth</i>		
<i>b. equips the birth site for a waterbirth</i>		
<i>c. discusses specific management of complications during waterbirth</i>		
D. Recognizes and counsels on signs of early labor and appropriate activities		
E. Assesses maternal and infant status based on:		
1. vital signs		
2. food and fluid intake		
3. status of membranes		
4. uterine contractions (frequency, duration, intensity)		
5. fetal heart tones		
6. fetal lie, presentation, position, and descent		
7. cervical effacement and dilation		
F. Assesses and supports normal progress of labor		

Student Name: _____

	Initials	Date
G. Recognizes and responds appropriately to conditions that slow or stall labor, such as:		
1. anterior/swollen lip		
2. posterior or asynclitic fetal position		
3. pendulous belly inhibiting descent		
4. maternal exhaustion		
5. maternal fears, emotions		
6. abnormal labor patterns		
7. deep transverse arrest		
8. obstructed labor		
9. advises on non-allopathic remedies (nipple stimulation, herbs, positions, movement, etc.)		
H. Recognizes, prevents or treats maternal dehydration		
I. Recognizes and responds to labor and birth complications such as:		
1. abnormal fetal heart tones and patterns		
2. cord prolapse		
3. recognizes and responds to variations in presentations, such as:		
<i>a. breech</i>		
<i>(1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation</i>		
<i>(2) techniques for release of nuchal arms with breech</i>		
<i>b. nuchal hand/arm</i>		
<i>(1) applies counter pressure to hand or arm and perineum</i>		
<i>(2) sweeps arm out</i>		
<i>c. nuchal cord</i>		
<i>(1) loops finger under cord, sliding over head or shoulder</i>		
<i>(2) clamps and cuts cord</i>		

Student Name: _____

	Initials	Date
<i>(3) presses baby's head into perineum and somersaults the baby out</i>		
<i>(4) prepares for possible resuscitation</i>		
d. face and brow		
<i>(1) mechanism of delivery for face or brow presentation</i>		
<i>(2) determines position of chin</i>		
<i>(3) management strategies for face or brow presentation</i>		
<i>(4) prepares for resuscitation or treatment of bruising/swelling/eye injury</i>		
4. multiple birth and delivery		
<i>a. identifies multiple gestation</i>		
<i>b. consults or transports according to plan</i>		
<i>c. prepares for attention to more than one</i>		
5. shoulder dystocia		
<i>a. applies gentle traction while encouraging pushing</i>		
<i>b. repositions the mother to:</i>		
<i>(1) hands and knees (Gaskin maneuver)</i>		
<i>(2) exaggerated lithotomy (McRobert's position)</i>		
<i>(3) end of bed</i>		
<i>(4) squat</i>		
<i>c. repositions shoulders to oblique diameter</i>		
<i>d. shifts pelvic angle with lunge or runner's pose</i>		
<i>e. extracts posterior arm</i>		
<i>f. flexes shoulders of newborn, then corkscrews</i>		
<i>g. applies supra-pubic pressure</i>		
<i>h. sweeps arm across newborn's face</i>		
<i>i. fractures baby's clavicle</i>		
6. indications for performing an episiotomy		

Student Name: _____

	Initials	Date
7. management of meconium stained fluids		
<i>a. recognizes and assesses degree of meconium</i>		
<i>b. follows standard resuscitation procedures for meconium</i>		
8. management of maternal exhaustion:		
<i>a. hydration and nutrition</i>		
<i>b. rest/bath/removal of distractions</i>		
<i>c. monitors maternal and fetal vital signs, including urine ketones</i>		
<i>d. evaluates for consultation or referral</i>		
9. recognizes/consults/transport for signs of:		
<i>a. uterine rupture</i>		
<i>b. uterine inversion</i>		
<i>c. amniotic fluid embolism</i>		
<i>d. stillbirth</i>		
J. Evaluates and supports during second stage:		
1. recognizes and assesses progress in second stage		
2. supports maternal instincts in pushing techniques and positions		
3. recommends/suggests pushing techniques and positions when needed		
4. monitors vital signs; understands normal and abnormal changes		
5. facilitates supportive environment and family involvement		
6. prepares necessary equipment for immediate access		
7. uses appropriate hand techniques for perineal support and birth of baby		
K. Assesses condition and provides immediate care of newborn		
1. understands, recognizes, and supports normal newborn adjustment at birth		
<i>a. keeps mother and baby warm and together for initial assessment</i>		
<i>b. determines APGAR score at one minute, five minutes, and, if needed, at ten minutes</i>		

Student Name: _____

	Initials	Date
<i>c. monitors respiratory and cardiac function by assessing:</i>		
<i>(1) symmetry of chest</i>		
<i>(2) sound and rate of heart tones and respirations</i>		
<i>(3) nasal flaring</i>		
<i>(4) grunting</i>		
<i>(5) chest retractions</i>		
<i>(6) circumoral cyanosis</i>		
<i>(7) central cyanosis</i>		
<i>d. stimulates newborn respiration according to AAP/NRP recommendations</i>		
<i>e. encourages parental touch and speech while keeping baby warm</i>		
2. responds to need for newborn resuscitation according to AAP/NRP recommendations		
3. recognizes and consults or transports for apparent birth defects		
4. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or transports		
5. provides appropriate care of the umbilical cord:		
<i>a. clamps and cuts cord after pulsing stops</i>		
<i>b. evaluates the cord, including number of vessels</i>		
<i>c. collects cord blood sample if needed</i>		
6. assesses gestational age		
7. assesses for central nervous system disorder		
L. Recognizes and responds to normal third stage, including physiological and active management strategies		
1. determines signs of placental separation such as:		
<i>a. separation gush</i>		
<i>b. contractions</i>		
<i>c. lengthening of cord</i>		
<i>d. urge to push</i>		
<i>e. rise in fundus</i>		

Student Name: _____

	Initials	Date
2. facilitates delivery of the placenta by:		
<i>a. breast feeding/nipple stimulation</i>		
<i>b. changing maternal position</i>		
<i>c. performing guarded cord traction</i>		
<i>d. emptying the bladder</i>		
<i>e. administering non-allopathic treatments</i>		
<i>f. encouraging maternal awareness</i>		
<i>g. manual removal</i>		
<i>h. transport for removal</i>		
M. Assesses condition of placenta and membranes, recognizes normal and abnormal characteristics		
N. Estimates and monitors ongoing blood loss		
1. responds to a trickle bleed by:		
<i>a. assesses origin</i>		
<i>b. assesses fundal height and uterine size</i>		
<i>c. fundal massage</i>		
<i>d. assesses vital signs</i>		
<i>e. emptying bladder</i>		
<i>f. breastfeeding or nipple stimulation</i>		
<i>g. expressing clots</i>		
<i>h. non-allopathic treatments</i>		
O. Responds to postpartum hemorrhage with:		
1. fundal massage		
2. external bimanual compression		
3. internal bimanual compression		
4. manual removal of clots		
5. administering medications		
6. non-allopathic treatments		
7. increasing maternal focus and participation		
8. administering or referring for IV fluids		

Student Name: _____

	Initials	Date
9. consulting and/or transfer; activating emergency back up plan		
10. treating for hypovolemic shock according to standard recommendations or protocols		
11. performing external aortic compression		
P. Assesses general condition of mother		
1. assesses for bladder distension		
<i>a. encourages urination</i>		
<i>b. performs catheterization if needed</i>		
2. assesses condition of vagina, cervix, and perineum for:		
<i>a. cystocele</i>		
<i>b. rectocele</i>		
<i>c. hematoma</i>		
<i>d. hemorrhoids</i>		
<i>e. bruising</i>		
<i>f. prolapsed cervix or uterus</i>		
<i>g. tears, lacerations:</i>		
<i>(1) assesses blood color and volume; identify source</i>		
<i>(2) applies direct pressure on tear</i>		
<i>(3) clamps vessel; if identified</i>		
<i>(4) sutures 1st or 2nd degree or labial tears</i>		
<i>(5) administers local anesthetic</i>		
<i>(6) performs suturing according to standard procedures and protocols</i>		
<i>(7) provides alternative repair methods (non-suturing)</i>		
3. provides instructions on care and treatment of perineum		
4. monitors maternal vital signs after birth		
5. provides timely food and drink		
Q. Facilitates breastfeeding by assisting and teaching about:		
1. colostrum		
2. positions for mother and baby		

Student Name: _____

	Initials	Date
3. skin to skin contact		
4. latching on		
5. maternal hydration and nutrition		
6. maternal rest		
7. feeding patterns		
8. maternal comfort measures for engorgement		
9. letdown reflex		
10. milk expression		
11. normal newborn urine and stool output		
R. Performs a newborn exam by assessing for normal and abnormal		
1. assesses the head for:		
<i>a. size/circumference</i>		
<i>b. molding</i>		
<i>c. hematoma</i>		
<i>d. caput</i>		
<i>e. suture lines</i>		
<i>f. fontanel</i> s		
2. assesses the eyes for:		
<i>a. jaundice</i>		
<i>b. pupil condition</i>		
<i>c. tracking</i>		
<i>d. spacing</i>		
<i>e. clarity</i>		
<i>f. hemorrhage</i>		
<i>g. discharge</i>		
<i>h. red eye reflex</i>		

Student Name: _____

	Initials	Date
3. assesses the ears for:		
<i>a. positioning</i>		
<i>b. response to sound</i>		
<i>c. patency</i>		
<i>d. cartilage</i>		
4. assesses the mouth for:		
<i>a. appearance and feel of palate</i>		
<i>b. lip and mouth color</i>		
<i>c. tongue</i>		
<i>d. lip cleft</i>		
<i>e. signs of dehydration</i>		
<i>f. tongue and lip tie</i>		
5. assesses the nose for:		
<i>a. patency</i>		
<i>b. flaring nostrils</i>		
6. assesses the neck for:		
<i>a. enlarged glands, thyroid, and lymph</i>		
<i>b. trachea placement</i>		
<i>c. soft tissue swelling</i>		
<i>d. unusual range of motion</i>		
7. assesses the clavicle for:		
<i>a. integrity</i>		
<i>b. symmetry</i>		
8. assesses the chest for:		
<i>a. symmetry</i>		
<i>b. nipples</i>		
<i>c. breast enlargement or discharge</i>		
<i>d. measurement (chest circumference)</i>		
<i>e. heart sounds (rate and irregularities)</i>		

Student Name: _____

	Initials	Date
9. auscultates the lungs, front and back, for:		
<i>a. breath sounds</i>		
<i>b. equal bilateral expansion</i>		
10. assesses the abdomen for:		
<i>a. enlarged organs</i>		
<i>b. masses</i>		
<i>c. hernias</i>		
<i>d. bowel sounds</i>		
<i>e. rigidity</i>		
11. assesses the groin for:		
<i>a. femoral pulses</i>		
<i>b. swollen glands</i>		
12. assesses the genitalia for:		
<i>a. appearance</i>		
<i>b. position of urethral opening</i>		
<i>c. testicles for:</i>		
(1) <i>descent</i>		
(2) <i>rugae</i>		
(3) <i>herniation</i>		
<i>d. assesses the labia for:</i>		
(1) <i>patency</i>		
(2) <i>maturity of clitoris and labia</i>		
<i>e. assesses the rectum for:</i>		
(1) <i>patency</i>		
(2) <i>meconium</i>		
13. assesses for hip dislocation/dysplasia		

Student Name: _____

	Initials	Date
14. assesses the legs for:		
<i>a. symmetry of creases in the back of legs</i>		
<i>b. equal length</i>		
<i>c. foot/ankle abnormality</i>		
15. assesses the feet for:		
<i>a. abnormalities</i>		
<i>b. digits: number, webbing</i>		
<i>c. creases</i>		
16. assesses the arms for symmetry in:		
<i>a. structure</i>		
<i>b. movement</i>		
17. assesses the hands for:		
<i>a. digits: number, webbing</i>		
<i>b. finger taper</i>		
<i>c. palm creases</i>		
<i>d. length of nails</i>		
18. assesses the backside of the baby for:		
<i>a. symmetry of hips, range of motion</i>		
<i>b. condition of the spine:</i>		
<i>(1) dimpling</i>		
<i>(2) holes</i>		
<i>(3) straightness</i>		
19. assesses flexion of extremities and muscle tone		
20. assesses reflexes:		
<i>a. sucking</i>		
<i>b. moro</i>		
<i>c. babinski</i>		
<i>d. plantar/palmar</i>		
<i>e. stepping</i>		
<i>f. grasping</i>		
<i>g. rooting</i>		
<i>h. blinking</i>		

Student Name: _____

	Initials	Date
21. assesses skin condition for:		
<i>a. color</i>		
<i>b. lesions</i>		
<i>c. birthmarks</i>		
<i>d. milia</i>		
<i>e. vernix</i>		
<i>f. lanugo</i>		
<i>g. peeling</i>		
<i>h. rashes</i>		
<i>i. bruising</i>		
<i>j. Mongolian spots</i>		
22. measures length of baby		
23. measures weight of baby		
24. measures temperature of the baby		
S. Assesses gestational age of the baby		
T. Administers eye prophylaxis with informed consent of parents		
U. Administers Vitamin K with informed consent of parents		
V. Reviews Group B Strep status and signs or symptoms and plans for follow-up		

Student Name: _____

VI. Postpartum		
	Initials	Date
A. Assesses and evaluates physical and emotional changes following childbirth, including normal process of involution		
B. Assesses and evaluates normal or abnormal conditions of mother or baby at:		
1. day one to day two		
2. day three to day four		
3. one to two weeks		
4. three to four weeks		
5. five to six weeks		
C. Assesses and provides counseling and education for:		
1. postpartum subjective history		
2. lochia vs. abnormal bleeding		
3. return of menses		
4. vital signs, digestion, elimination patterns		
5. muscle prolapse of vagina and rectum (cystocele, rectocele)		
6. condition and strength of pelvic floor		
7. condition of uterus (size and involution), ovaries, and cervix		
8. condition of vulva, vagina, perineum, and anus		
9. facilitates psycho-social adjustment:		
<i>a. recognizes and responds to mild postpartum depression</i>		
<i>b. counsels for appropriate support from family and friends</i>		
<i>c. increases home or phone visits as needed</i>		
<i>d. recognizes and responds to increased severity of postpartum depression or psychosis</i>		
<i>e. counsels client and family on resources for depression; increases follow-up</i>		

Student Name: _____

	Initials	Date
D. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:		
1. uterine infection		
2. urinary tract infection		
3. infection of vaginal tear or incision		
4. postpartum bleeding/hemorrhage		
5. thrombophlebitis		
6. separation of abdominal muscles		
7. separation of symphysis pubis		
8. postpartum pre-eclampsia		
E. Evaluates and counsels for newborn jaundice		
1. refers or consults for jaundice in the first 24 hours after birth		
2. evaluates, counsels, and monitors for physiological jaundice after 24 hours		
3. encourages mother to breastfeed every two hours		
4. exposes front and back of newborn to sunlight through window glass		
5. assesses and monitors newborn lethargy and hydration		
6. consults or refers for increased symptoms		
F. Provides direction for care of circumcised penis		
G. Provides direction for care of intact (uncircumcised) penis		
H. Breastfeeding care and counseling:		
1. educates regarding adverse factors affecting breastfeeding or breastmilk		
<i>a. environmental</i>		
<i>b. biological</i>		
<i>c. occupational</i>		
<i>d. pharmacological</i>		
2. evaluates baby's sucking method, position of lips and tongue		
3. evaluates conditions of breasts and nipples		

Student Name: _____

	Initials	Date
4. treats sore nipples:		
<i>a. exposure to air</i>		
<i>b. alternates nursing positions</i>		
<i>c. applying topical agents</i>		
<i>d. applying expressed breastmilk</i>		
<i>e. flange of lips</i>		
<i>f. latch on</i>		
<i>g. tongue tie</i>		
<i>h. sucking</i>		
<i>i. swallowing</i>		
5. treats thrush on nipples:		
<i>a. dries nipples after nursing</i>		
<i>b. non-allopathic remedies</i>		
<i>c. allopathic treatments</i>		
6. treats mastitis:		
<i>a. provides immune support including:</i>		
<i>(1) nutrition/hydration</i>		
<i>(2) non-allopathic remedies</i>		
<i>b. encourages multiple nursing positions</i>		
<i>c. applies herbal/non-allopathic compresses</i>		
<i>d. applies warmth, including soaking in tub or by shower</i>		
<i>e. encourages adequate rest/relaxation</i>		
<i>f. assesses for signs and symptoms of infection</i>		
<i>g. teaches mother to empty breasts at each feeding</i>		
<i>h. provides or teaches gentle massage of sore spots</i>		
<i>i. consults or refers to breastfeeding support groups, lactation counselor, or other healthcare providers</i>		
I. Provides contraceptive and family planning education, counseling, and referrals		
J. Provides opportunity for verbal and written feedback from client		

Student Name: _____

VII. Well-Baby Care		
	Initials	Date
A. Provides newborn care up to six weeks		
B. Principles of newborn adaptation to extrauterine life (physiologic changes in pulmonary and cardiac systems)		
1. Basic needs of newborn (breathing, warmth, nutrition, and bonding)		
2. Normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.		
3. Normal growth and development of the newborn and infant		
C. Assesses the current health and appearance of baby including:		
1. temperature		
2. heart rate, rhythm, and regularity		
3. respirations		
4. appropriate weight gain		
5. length		
6. measurement of circumference of head		
7. neuro-muscular response		
8. level of alertness		
9. wake/sleep cycles		
10. feeding patterns		
11. urination and stool for frequency, quantity, and color		
12. appearance of skin		
13. jaundice		
14. condition of cord		
D. Understands, respects, and counsels on traditional or cultural practices related to the newborn		

Student Name: _____

	Initials	Date
E. Advises client in care of:		
1. diaper rash		
2. cradle cap		
3. heat rash		
4. colic		
5. cord care		
F. Recognizes signs/symptoms and differential diagnosis of:		
1. infections		
2. cardio-respiratory abnormalities		
3. glucose disorders		
4. birth defects		
5. failure to thrive		
6. newborn hemorrhagic disease (early and late onset)		
7. polycythemia		
8. non-accidental injuries		
9. dehydration		
G. Evaluates, counsels, and monitors for physiological jaundice after 24 hours		
1. encourages mother to breastfeed every two hours		
2. exposes front and back of newborn to sunlight through window glass		
3. assesses and monitors newborn lethargy and hydration		
4. consults or refers for additional screening and/or treatment		
H. Provides information for referral for continued well-baby care		
1. performs or refers for newborn metabolic screening		
2. performs or refers for hearing screening		
3. performs or refers for pulse oximetry newborn screening for congenital heart disease (CCHD)		

Student Name: _____

	Initials	Date
4. educates about and refers to integrative/ complimentary/alternative practitioners		
5. educates about options for pediatrician or family practitioner		
6. educates about immunizations, schedules, and New Mexico law regarding childhood immunizations and exemptions		
I. Supports and educates parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects, or neonatal death		
J. Supports and educates parents of newborns transferred to hospital or with special needs		
K. Supports integration of baby into family		

I, _____, whose name appears on each of the pages herein, hereby do affirm that all of the information on these pages is true and correct to the best of my ability: and by signing before the Notary I am affirming that I can provide information or witnesses to attest to my having acquired the above skills in the above way(s).

Applicant's Signature: _____ Date: _____

Subscribed & sworn to before me this _____ day, of the month of _____ in the year _____.

_____ (Notary Signature)

My Commission Expires: _____

Student Name: _____

CLINICAL EXPERIENCE CHECKLIST:

Document attendance at ten births in any setting in any capacity (observer, doula, family member, friend, beginning apprentice, etc.). These births may be verified by any witness who was present at the birth. **Two planned hospital births** must be documented on this form. Births on this form must be listed in chronological order and may not be listed on other forms.

Births as an OBSERVER					
Birth #	Client # or Code	Date of Birth	Site of Birth	Witness Signature	Witness Name, Address, Phone Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SITE OF BIRTH: *HM* = Home; *FBC* = Freestanding Birth Center; *HL* = Hospital Birth Center/Hospital; *O* = Other (car, outside, etc.)

NOTE: Births as an observer may take place outside of a formal instructor/student relationship. Document ten births in any capacity.

Student Name: _____

This form must document a total of 20 births in which the student acted in the role of "assistant under supervision." Document births in chronological order. It is up to the preceptor to determine if more assists are necessary before moving on to "primary under supervision" stage, but only 20 births will be documented on this form, noting increasing responsibilities in the comment section. No more than four intrapartum transports are allowed on this form. At least 18 births in the role of "assistant under supervision" must take place before the student moves on to "primary under supervision" stage.

Births as an ASSISTANT UNDER SUPERVISION					
Birth #	Client # or Code	Date of Birth	Site of Birth	Preceptor Signature	Comments regarding birth <i>(i.e. skills shown, transport, role of student)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SITE OF BIRTH: **HM** = Home; **FBC** = Freestanding Birth Center; **HL** = Hospital Birth Center/Hospital; **O** = Other (car, outside, etc.)

NOTE: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.

Student Name: _____

This form must document a total of 25 Prenatal Exams including at least three Initial Prenatal Exams. List these exams in chronological order. It is up to the preceptor to determine if more assists are necessary before moving on to "primary under supervision" stage, but only 25 prenatal exams will be documented on this form.

Prenatal Exams as an ASSISTANT UNDER SUPERVISION					
Birth #	Client # or Code	Date of Prenatal Exam	Initial Prenatal Exam Y/N	Preceptor Signature	Comments about Prenatal Exam
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					

NOTE: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.

Student Name: _____

This form must document a total of 20 Newborn Exams within 12 hours of the birth. List these exams in chronological order. It is up to the preceptor to determine if more assists are necessary before moving on to "primary under supervision" stage, but only 20 newborn exams will be documented on this form.

Newborn Exams as an ASSISTANT UNDER SUPERVISION				
Birth #	Client # or Code	Date of Newborn Exam	Preceptor Signature	Comments about Newborn Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

NOTE: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.

Student Name: _____

This form must document a total of 10 Postpartum Exams within 24 hours of the birth to 6 weeks postpartum. List these exams in chronological order. It is up to the preceptor to determine if more assists are necessary before moving on to "primary under supervision" stage, but only 10 postpartum exams will be documented on this form.

Postpartum Exams as an ASSISTANT UNDER SUPERVISION				
Birth #	Client # or Code	Date of Postpartum Exam	Preceptor Signature	Comments about Postpartum Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

NOTE: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit **WILL NOT** count towards program completion.

Student Name: _____

This form must document a total of 20 births in which the student acted in the role of "primary under supervision." Document births in chronological order. A minimum of 10 of the 20 births must be in homes or other out-of-hospital settings, not including transports; **and** a minimum of five of the 20 births must be with women for whom the applicant has provided primary care during at least five prenatal visits over two trimesters, the birth, newborn exam, and two postpartum exams (these are known as "continuity of care" and will be documented in more detail again on the "continuity of care" form); **and** a minimum of 10 births must include at least one prenatal visit in addition to the Continuity of Care births; **and** no more than two of the births attended may be transports. A transport is defined as "someone transferred during labor to another primary care giver prior to the birth of the baby." Circle the Birth # if the birth is being used as a Continuity of Care birth as well.

Births as a PRIMARY UNDER SUPERVISION					
Birth #	Client # or Code	Date of Birth	Site of Birth	Preceptor Signature	Outcomes (i.e. actions, transport, complications)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SITE OF BIRTH: *HM* = Home; *FBC* =Freestanding Birth Center; *HL* =Hospital Birth Center/Hospital; *O* =Other (car, outside, etc.)

NOTE: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.

Student Name: _____

This form must document a total of 20 INITIAL Prenatal Exams.
List these exams in chronological order.

Initial Prenatal Exams as a PRIMARY UNDER SUPERVISION				
Birth #	Client # or Code	Date of Initial Prenatal Exam	Preceptor Signature	Comments about Prenatal Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

NOTE: *The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.*

Student Name: _____

This form must document a total of 55 Prenatal Exams.

List these exams in chronological order.

Prenatal Exams as a PRIMARY UNDER SUPERVISION				
Birth #	Client # or Code	Date of Prenatal Exam	Preceptor Signature	Comments about Prenatal Exam (optional)
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				
31				
32				
33				
34				

Student Name: _____

Birth #	Client # or Code	Date of Prenatal Exam	Preceptor Signature	Comments about Prenatal Exam (optional)
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				

NOTE: *The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.*

Student Name: _____

This form must document a total of 20 Newborn Exams within 12 hours of the birth. List these exams in chronological order.

Newborn Exams as a PRIMARY UNDER SUPERVISION				
Birth #	Client # or Code	Date of Newborn Exam	Preceptor Signature	Comments about Newborn Exam
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

NOTE: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.

Student Name: _____

This form must document a total of 40 Postpartum Exams within 24 hours of the birth to 6 weeks postpartum. List these exams in chronological order.

Postpartum Exams as a PRIMARY UNDER SUPERVISION				
Birth #	Client # or Code	Date of Postpartum Exam	Preceptor Signature	Comments about Postpartum Exam (optional)
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				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

NOTE: The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.

Student Name: _____

This form must document a total of 5 births in which the student had "continuity of care". For each birth recorded below, the applicant must have provided at least: five prenatal visits spanning at least two trimesters, the birth (including the placenta), one newborn exam, and two postpartum exams as primary or Primary Under Supervision. Transports are not accepted for Continuity of Care births. These births may also have been listed on the form Births as Primary Under Supervision Form.

CONTINUITY OF CARE					
Birth #	Client # or Code	Date of Birth	Site of Birth	Preceptor Signature	Outcomes (i.e. actions, transport, complications)
1					
2					
3					
4					
5					

SITE OF BIRTH: *HM* = Home; *FBC* =Freestanding Birth Center; *HL* =Hospital Birth Center/Hospital; *O* =Other (car, outside, etc.)

NOTE: *The Instructor-Student Relationship Form must be approved by the Department of Health prior to signing and completing checklists. Any clinical experiences attended prior to the approval of the state student permit WILL NOT count towards program completion.*

Licensed Midwifery Educational Standards and Requirements Reading Lists for Student Midwives

This list is current and comprehensive as of 2021. It currently aligns (as of the date of this handout) with North America Registry of Midwives (NARM), the certifying body for certified professional midwives. There is essentially no way to include every relevant text, article, website, or reference on the practice of midwifery. As this list is being promulgated, new research and information is being brought forth by a myriad of experts in the field. Please use this as a reference and endeavor to always remain current in the art and science of midwifery care. As new editions of books/texts come out, ***it is strongly recommended and benefits the student/apprentice to invest in the newest edition.***

REQUIRED

The following texts are required reading for many or all areas of midwifery learning and will be needed by all midwifery apprentices:

American Academy of Pediatrics. *Neonatal Resuscitation Textbook*, 7th edition, 2016

Bickley, L. *Bates' Guide to Physical Examination and History Taking*, 11th Edition, 2012

Coad, Jane. *Anatomy & Physiology for Midwives*, Churchill Livingstone, 3rd edition, 2011

Davis, Elizabeth. *Heart and Hands: A Midwife's Guide to Pregnancy and Birth*, 5th edition, Ten Speed Press, 2012

Foster, Illysa, & Lasser, Jon. *Professional Ethics in Midwifery Practice*, Jones and Bartlett, 2010

Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. I, Care During Pregnancy*, Labrys Press, revised 2010

Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol.II, Care During Labor and Birth*, Labrys Press, 2nd edition, 2013

Frye, Anne. *Healing Passage*, 6th edition. Labrys Press, 2010

Frye, Anne. *Understanding Diagnostic Tests in the Childbearing Year*, 7th edition, Labrys Press, 2007

Gaskin, Ina May. *Spiritual Midwifery*, 4th edition, The Book Publishing Company, 2002

Gruenberg, Bonnie. *Birth Emergency Skills Training*, Birth Guru Publications, 2009

Choose ONE pharmacology book from the two listed:

Jordan, Sue. *Pharmacology for Midwives: The Evidence Base for Safe Practice*, Palgrave Macmillan, 2nd edition, 2011

-OR-

King, T., & Brucker, M. *Pharmacology for Women's Health*, Jones & Bartlett Learning, 1st edition, 2011

Lammi-Keefe, C., Couch, S., Philipson, E., & Reese E. A. *Handbook of Nutrition and Pregnancy (Nutrition and Health)*, 2008

Mohrbacher, Nancy, *Breastfeeding Answers Made Simple*, Hale Publishing, 2010

Myles, Margaret. Edited by Marshall, J., & Raynor. *Textbook for Midwives*, Elsevier, 16th edition 2014

Oxhorn & Foote. *Human Labor and Birth*, 6th edition. McGraw Hill, 2013

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Sinclair, Constance. *A Midwife's Handbook*, Saunders, 2004

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Varney, Helen. *Midwifery*, Jones and Bartlett. 5th edition, 2014

Weaver, Pam, & Evans, Sharon. *Practical Skills Guide for Midwives*, Morningstar Publishing, 5th edition, 2012

RECOMMENDED

The following texts are recommended reading for many or all areas of midwifery learning and should be acquired by all midwifery apprentices:

Boston Women's Health Collective & Norsigian, Judy. *Our Bodies, Ourselves: A New Edition for a New Era*. 4th edition, 2005

Boston Women's Health Collective & Norsigian, Judy. *Our Bodies, Ourselves: Pregnancy and Birth*. 1st edition, 2008

Everett, Suzanne. *Handbook of Contraception and Reproductive Sexual Health*, 3rd edition, 2014

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Goer, Henci, & Romano, Amy. *Optimal Care in Childbirth*, Classic Day Publishing, 2012

Hall, Jennifer. *Midwifery Mind and Spirit*, Elsevier, 2001

Mander, Rosemary, & Fleming, Valerie. *Becoming a Midwife*. 2nd edition, 2014

Nilsson, Lennart. *A Child is Born*. 5th edition, 2010

Odent, Michel. *Birth and Breastfeeding: Rediscovering the Needs of Women During Pregnancy and Childbirth*. 2nd edition, 2008

Page, Lesley Ann. *The New Midwifery*, 2nd edition, Churchill Livingstone, 2006

Renfrew M., Fisher, C., & Arms, S. *Bestfeeding: Getting Breastfeeding Right*. Celestial Arts, 3rd edition, 2004

Riordan, Jan, & Wambach, Karen. *Breastfeeding and Human Lactation*. 5th edition, 2014

Simpkin & Ancheta. *Labor Progress Handbook*, 3rd edition, Blackwell, 2011

Weed, Susan. *Wise Woman Herbal for the Childbearing Years*, 1996

Thureen. *Assessment & Care of the Well Newborn*, 2nd edition Saunders, 2004

Wickham, Sarah. *Midwifery, Best Practice*, Vol 3, Elsevier, 2009

REFERENCES

The following are reference texts for many or all areas of midwifery learning and should be acquired by all midwifery apprentices:

Briggs, Gerald, Freeman, Roger K., Yaffe, & Sumner J. *Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk*. 9th edition, 2011

Venes, Donald. *Taber's Cyclopedic Medical Dictionary*. 22nd edition, 2013

WEBSITES

Helpful websites for further research and information on midwifery topics:

http://www.health.state.nm.us/midwife_roster.shtml

<http://www.childbirthconnection.org/>

<http://www.midwiferytoday.com/>

<http://mothering.com/>

<http://narm.org/>

<http://mana.org/>

<http://cfmidwifery.org/>

<http://www.acnm.org/>

<http://www.internationalmidwives.org/>