



Name.....

Number.....

Cohort.....

Personal Tutor.....

# MIDWIFERY ONGOING ACHIEVEMENT RECORD (OAR)

**BSc (Hons)  
3 year**



**This OAR is to be used in conjunction with the Practice Assessment Document**

Midwifery Practice Assessment Document

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## **Guidelines for completing the Ongoing Achievement Record (OAR)**

**Satisfactory completion of this document is a requirement of the Nursing and Midwifery Council (Standard 16, NMC Standards for pre-registration education 2009).**

### **Students**

The Ongoing Achievement Record (OAR) summarises your achievements in each placement and, with the Practice Assessment Document (PAD), provides a comprehensive record of professional development and performance in practice.

The purpose of this document is to provide evidence from sign-off mentors regarding your progress, highlighting any areas for development throughout the programme. Your sign-off mentors must have access to this document at all times during your placement and it should be made available on request. It is your responsibility to ensure that it is completed following the summative assessment of each cluster.

### **Sign-off mentor**

This document provides other sign-off mentors and academic staff with information regarding the student's progress, and allows the identification of any areas for development highlighted in previous placements. Following the summative assessment within each cluster, the sign-off mentor should complete a summary of the practice placement in this OAR indicating any areas for development in future placements. The total numbers achieved for the EU requirements should also be inserted.

Sign-off mentors must also verify that student midwives have met the practice criteria for registration at the final progression point.

### **Academic staff**

A progression summary is completed at the end of each year to verify that a student has met the practice criteria for progression. The final grade for the practice assessment document is calculated by inserting the appropriate numerical value for the descriptor awarded in each cluster and calculating the average. This number is then translated into the grade according to the university grade descriptors.

**Year 1 – Antenatal**  
To be completed by the sign-off mentor

**Antenatal competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the antenatal competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of antenatal assessments undertaken:	

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign-off mentor name (print):** \_\_\_\_\_

**Sign-off mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 1 – Labour and birth**  
To be completed by the sign-off mentor

**Labour and birth competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the labour and birth competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of births personally facilitated:	

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign-off mentor name (print):**

**Sign-off mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 1 – Postnatal and neonatal**  
To be completed by the sign-off mentor

**Postnatal and neonatal competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values? YES/NO

Has the student achieved all the postnatal and neonatal competencies? YES/NO

Has the student achieved their agreed learning needs identified at the formative review? YES/NO

Was an Action Plan required? YES/NO

Number of postnatal assessments undertaken:

Number of neonatal assessments undertaken:

Student signature: Date:

**Sign-off mentor name (print):**

**Sign-off mentor signature: Date:**

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: Date:

**Year 1 – Infant feeding**  
To be completed by the sign-off mentor

**Infant feeding competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the infant feeding competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO

Student signature:	Date:
<b>Sign-off mentor name (print):</b>	
<b>Sign-off mentor signature:</b>	<b>Date:</b>

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: Date:

**Midwifery Supervision**  
To be completed by the student and their named Supervisor of Midwives

Name of Supervisor of Midwives:

Contact details:

Summary of initial discussion with Supervisor of Midwives regarding the role and purpose of midwifery supervision:

Supervisor of Midwives signature:..... Date.....

Student midwife signature:..... Date.....



**Progression summary module 1; year 1**

**Student ID:**

To be completed by academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total of EU requirements recorded		Action plan required at formative review?
			Births facilitated	Care in labour	
Antenatal					Yes / No
Labour and birth					Yes / No
Postnatal and neonatal			Postnatal	Neonatal	Yes / No
Infant feeding					Yes / No
<b>Overall mark</b> (marks from the two completed clusters added and divided by 2)					
<b>Equivalent grade</b>					

Have all descriptors been awarded by a sign-off mentor with 'live' status: YES / NO

Number of hours outstanding from sickness/absence

**Student retrieval required? YES / NO**

Comments:

Signature.....

Name.....

Date.....

**Progression summary module 2; year 1**

**Student ID:**

To be completed by academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total EU requirements recorded		Action plan required at formative review?
			Births facilitated	Care in labour	
Antenatal					Yes / No
Labour and birth					Yes / No
Postnatal and neonatal			Postnatal	Neonatal	Yes / No
Infant feeding					Yes / No
<b>Overall mark</b> (marks from the two completed clusters added and divided by 2)					
<b>Equivalent grade</b>					
<b>Medicines management</b>	Pass / Fail				

Have all descriptors been awarded by a sign-off mentor with 'live' status: YES / NO

Number of practice hours recorded

Number of hours outstanding from sickness/absence

**Student progression to year 2: YES / NO**

Comments:

Signature.....

Name.....

Date.....

**Year 2 – Antenatal**  
To be completed by the sign-off mentor

**Antenatal competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the antenatal competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of antenatal assessments undertaken:	

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign-off mentor name (print):**

**Sign-off mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 2 – Labour and birth**  
To be completed by the sign-off mentor

**Labour and birth competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the labour and birth competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of births personally facilitated:	

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign-off mentor name (print):**

**Sign-off mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Year 2 – Postnatal and neonatal**  
To be completed by the sign-off mentor

**Postnatal and neonatal competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values? YES/NO

Has the student achieved all the postnatal and neonatal competencies? YES/NO

Has the student achieved their agreed learning needs identified at the formative review? YES/NO

Was an Action Plan required? YES/NO

Number of postnatal assessments undertaken:

Number of neonatal assessments undertaken:

Student signature:

Date:

**Sign-off mentor name (print):**

**Sign-off mentor signature:**

**Date:**

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature:

Date:

**Year 2 – Infant feeding**  
To be completed by the sign-off mentor

**Infant feeding competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the infant feeding competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign-off mentor name (print):**

**Sign-off mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Midwifery Supervision**  
To be completed by the student and their named Supervisor of Midwives

Name of Supervisor of Midwives:

Contact details:

Summary of discussion with Supervisor of Midwives regarding the role of midwifery supervision and the maintenance of professional registration:

Supervisor of Midwives signature:..... Date.....

Student midwife signature:..... Date.....

**Progression summary Year 2**

**Student ID:**

To be completed by academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total of EU requirements recorded		Action plan required at formative review?
Antenatal					Yes / No
Labour and birth			Births facilitated	Complex care	Yes / No
Postnatal and neonatal			Postnatal	Neonatal	Yes / No
Infant feeding					Yes / No
Medicines management	Pass / Fail				
<b>Overall mark</b> (all 4 marks added and divided by 4)					
<b>Equivalent grade</b>					

Have all descriptors been awarded by a sign-off mentor with 'live' status: YES / NO

Number of hours outstanding from sickness/absence

**Student retrieval required?: YES / NO**

Comments:

Signature.....

Name.....

Date.....



**Year 3 – Antenatal**  
To be completed by the sign-off mentor

**Antenatal competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the antenatal competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of antenatal assessments undertaken:	

Student signature:

Date:

**The student has reached the required standard for entry to the NMC register in relation to antenatal competencies**

YES/NO

**Sign-off mentor name (print):**

**Sign-off mentor signature:**

**Date:**

Academic representative comments/review of the PAD document

(e.g. personal tutor/link lecturer)

Name (print) and signature:

Date:

**Year 3 – Labour and birth**  
To be completed by the sign-off mentor

**Labour and birth competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the labour and birth competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of births personally facilitated:	

Student signature:	Date:
<b>The student has reached the required standard for entry to the NMC register in relation to labour and birth competencies</b>	YES/NO
<b>Sign-off mentor name (print):</b>	
<b>Sign-off mentor signature:</b>	<b>Date:</b>

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: Date:

**Year 3 – Postnatal and neonatal**  
To be completed by the sign-off mentor

**Postnatal and neonatal competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the postnatal and neonatal competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO
Number of postnatal assessments undertaken:	
Number of neonatal assessments undertaken:	

Student signature:	Date:
<b>The student has reached the required standard for entry to the NMC register in relation to postnatal and neonatal competencies</b>	YES/NO
<b>Sign-off mentor name (print):</b>	
<b>Sign-off mentor signature:</b>	<b>Date:</b>

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: Date:

**Year 3 – Infant feeding**  
To be completed by the sign-off mentor

**Infant feeding competencies completed in the following practice areas:**

**Summary of the student's strengths and areas for further development**

**Descriptor awarded:**

Has the student achieved the professional values?	YES/NO
Has the student achieved all the infant feeding competencies?	YES/NO
Has the student achieved their agreed learning needs identified at the formative review?	YES/NO
Was an Action Plan required?	YES/NO

Student signature:	Date:
<b>The student has reached the required standard for entry to the NMC register in relation to infant feeding competencies</b>	YES/NO
<b>Sign-off mentor name (print):</b>	
<b>Sign-off mentor signature:</b>	<b>Date:</b>

Academic representative comments/review of the PAD document  
(e.g. personal tutor/link lecturer)

Name (print) and signature: Date:

**Midwifery Supervision**  
To be completed by the student and their named Supervisor of Midwives

Name of Supervisor of Midwives:

Contact details:

Summary of discussion with the Supervisor of Midwives regarding the role of midwifery supervision and the responsibilities of the midwife with regard to continuous professional development, revalidation and Notification of Practice (NoP) requirements:

Supervisor of Midwives signature:..... Date.....

Student midwife signature:..... Date.....

**Progression summary module 1; year 3**

**Student ID:**

To be completed by academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total EU requirements recorded		Action plan required at formative review?
			Births facilitated	Complex care	
Antenatal					Yes / No
Labour and birth					Yes / No
Postnatal and neonatal			Postnatal	Neonatal	Yes / No
Infant feeding					Yes / No
<b>Overall mark</b> (marks from the two completed clusters added and divided by 2)					
<b>Equivalent grade</b>					

Have all descriptors been awarded by a sign-off mentor with 'live' status: YES / NO

Number of hours outstanding from sickness/absence

**Student retrieval required?: YES / NO**

Comments:

Signature.....

Name.....

Date.....

**Progression summary module 2; year 3**

**Student ID:**

To be completed by academic representative on completion (e.g. personal tutor/link lecturer)

Cluster	Descriptor awarded	Equivalent mark	Total EU requirements recorded		Action plan required at formative review?
			Births facilitated	Complex care	
Antenatal					Yes / No
Labour and birth					Yes / No
Postnatal and neonatal			Postnatal	Neonatal	Yes / No
Infant feeding					Yes / No
<b>Overall mark</b> (marks from the two completed clusters added and divided by 2)					
<b>Equivalent grade</b>					
<b>Medicines management</b>	Pass / Fail				

Have all descriptors been awarded by a sign-off mentor with 'live' status: YES / NO

Has the student recorded the required additional competencies on pages 25 – 27: YES / NO

Number of practice hours recorded

Number of hours outstanding from sickness/absence

**Student progression to NMC registration: YES / NO**

Comments:

Signature.....

Name.....

Date.....

## Additional records

**EU requirements** at point of registration (Article 40 of Directive 2005/36/EU) include:

- Performance of episiotomy and initiation into suturing
- Active participation with breech births (may be simulated)

### **NMC ESC Normal Labour and Birth**

Women can trust/expect a newly registered midwife to:

- Work in partnership with women to facilitate a birth environment that supports their needs.
- Supports the health, safety and wellbeing of women in a variety of birth settings other than the acute hospital environment.

(NMC Standards for pre-registration midwifery education 2009 p.65).



**Performance of episiotomy and initiation into suturing**

'Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary' (NMC Standards for pre-registration midwifery education 2009 p.65)

**Infiltration of the perineum and performance of an episiotomy**

Date	Clinical indication/comments	Midwife's name and signature

**Initiation into suturing**

Suturing observation

Date	Type of trauma and repair type	Midwife's name and signature

**Initiation into suturing**  
Suturing under supervision

Date	Type of trauma and repair type	Midwife's name and signature

**Active participation in breech births**

'Where this is not possible because of a lack of breech deliveries practice may be in a simulated situation' (NMC Standards for pre-registration midwifery education 2009 p.65)

Date	Clinical indication/comments	Midwife's name and signature

## Supporting women in a variety of settings

### NMC ESC Normal Labour and Birth 1.1

This is a records of experience where you have supported the health, safety and wellbeing of women in a variety of birth settings other than the acute hospital environment. (NMC Standards for pre-registration midwifery education 2009 p.65).

Date	Details of practice area/clinical setting	Midwife's name and signature
<i>May 2015</i>	<i>Middleton Birth Centre, midwifery-led stand-alone unit Supported 5 women in labour and 2 births</i>	<i>Barbara James Barbara James</i>

**Mandatory training**

Below are sessions that you need to attend and update throughout your programme. These must be undertaken and signed each year.

Session	Three year programme		
	Year 1 Signature of facilitator and date of session	Year 2 Signature of facilitator and date of session	Year 3 Signature of facilitator and date of session
Fire Training <i>[This session is undertaken in the Trust]</i>			
Moving and handling			
Neonatal resuscitation			
Basic life support			
Safeguarding children			
Safeguarding adults			
Conflict resolution			
Equality and diversity			
Infection control			
Information governance			

## Caseloading

*"Student midwives must be involved in the care of a small group of women throughout their childbirth experience, including antenatal, intrapartum, and postnatal care." (NMC, 2009, p16)*

The following pages are for you to keep a record of women in your caseload.

These are diary entries only as you will have access to the women's records. For reasons of confidentiality, you should keep the information recorded to a minimum, and not insert extra sheets of paper.

You can use these pages for antenatal, labour and birth and postnatal visit records.

You will be recording details of up to five women.

Midwifery Practice Assessment Document

Caseload 1				
Case identifier	Age	Parity	EDD	Obstetric history
<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

Caseload 1	
<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

Midwifery Practice Assessment Document

Caseload 2				
Case identifier	Age	Parity	EDD	Obstetric history
<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				



Caseload 2	
<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

Midwifery Practice Assessment Document

Caseload 3				
Case identifier	Age	Parity	EDD	Obstetric history
<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

Caseload 3	
<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

Midwifery Practice Assessment Document

Caseload 4				
Case identifier	Age	Parity	EDD	Obstetric history
<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

Caseload 4	
<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

<b>Date:</b>	<b>Comments</b>
<b>Gestation or number of days post delivery</b>	
<b>Midwife's Signature</b>	

Midwifery Practice Assessment Document

Caseload 5				
Case identifier	Age	Parity	EDD	Obstetric history
<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation</b>				
<b>Midwife's Signature</b>				

Caseload 5				
Case identifier	Age	Parity	EDD	Obstetric history
<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
<b>Midwife's Signature</b>				

<b>Date:</b>	<b>Comments</b>			
<b>Gestation or number of days post delivery</b>				
<b>Midwife's Signature</b>				