## MSF CV TEMPLATE: MIDWIFE

Last Name (s) (maiden if applicable) First Name Email Address Home Phone Mobile Home Address Current Address (if different from home address)  Skype Name	
PERSONAL DETAILS	EDUCATION
Date of Birth	Midwifery Education
Place of birth All current nationalities:	Place (State University/ City/ Country)
Gender: Male Female Custom	Duration of Studies (years/months):
Mother tongue: English French Spanish Arabic Other:	From To Type of Diploma or Certificate obtained
Other Language (s): you can speak & understand fluently (written and spoken) in a working environment:	Date obtained Professional Number
LEVEL English French Spanish Arabic	Other Education University Degree
Other:	Place (State University/ City/ Country)
	Fromto
Professional Licences/Registration	Master's Degree
Place of Midwife License	Place (State University/ City/ Country)
Place of Midwife License Number Date of Expiry	Fromto
Place of Midwife License	Speciality Diploma Place (State University/ City/ Country)
NumberDate of Expiry	Fromtoto

# MSF CV TEMPLATE: MIDWIFE

### PROFESSIONAL EXPERIENCE

Employment History Summary Including CURRENT employment Please complete with the most recent post first and give a brief description of your activites

DATE (start-end)	Position	Type of Activity	City/Country

#### OTHER PROFESSIONAL EXPERIENCE (MEDICAL OR NON-MEDICAL)

DATE (start-end)	Position	Type of Activity	City/Country

#### OTHER MEDICAL TRAINING OR RELEVANT COURSES (ALSO, Neonatal Resuscitation)

DATE (start-end)	Position	Type of Activity	City/Country

#### PLEASE PROVIDE THREE REFERENCES

	NAME	TITLE	ADDRESS	CONTACT DETAILS
1				
2				
3				

This checklist below is intended for midwives who may be expected to have responsibilities in obstetrics/reproductive health. It should be filled according to your current practice level. **Part 1** covers basic skills and key competencies while **Part 2** includes emergency obstetrical procedures. This information will be useful for better matching of staff to postings, and to identify specific training/coaching needs. It may also be used as a tool for follow up of personal development of our expats during their MSF career.

### Instructions:

The checklist covers levels of competency, including theoretical knowledge, practical clinical experience (under supervision), competence to perform independently, and confidence to train others. Please fill the columns according to your current level. Mark "1" for yes or "0" for no.

In the last column, we ask for the date (year) you last performed that function. Use the comments column to give detail if needed.

PART 1: BASIC MIDWIFERY / OBSTETRIC SKILLS to be completed by midwives an active role in obstetric care	Theoretical knowledge only	Practical clinical experience	Competent to perform independently	Confident to train to others in the field	Date last performed (year)	Comments
		ANTENATAL CO	NSULTATION			<u> </u>
Antenatal Skills: pregnancy confirmation; estimate gestational age and due date; antenatal care (history, focused physical examination, ordering and interpreting results of basic screening laboratory tests, and counselling); educate women about dangers signs in pregnancy and support them with creating a birth plan						
Identify co-existing disease; commence first line treatment according to protocol for antenatal complications						

	The second is the	Duration	Commenter	Caufidautta	Datalast	Commente
	Theoretical	Practical	Competent to	Confident to	Date last	Comments
	knowledge	clinical	perform	train to others	performed	
	only	experience	independently	in the field	(year)	
Basic ultrasound skills, e.g. foetal position, placental						
location, foetal viability						
Malaria and infectious disease screening in						
pregnancy						
l	ABOUR, DELI	VERY, AND IMM	EDIATE POSTPA	RTUM CARE		
Labour Management: identify labour onset;						
identify coexisting disease and commence 1st line						
treatment; monitor maternal and foetal well-being						
during labour; manage a normal delivery; provide						
active 3rd stage management; inspect placenta and						
membranes for intactness						
Follow labour progress using a partograph (WHO or						
other)						
Stimulate labour using physiologic measures, e.g.,						
ambulation/position changes, shower, massage, etc.						
State here the number of deliveries <b>you</b> have						
conducted independently (not supervised) in the						
past 2 years. Give best estimate.						
Maternal basic life support (CPR)						
Identify complications in labour and birth, e.g.						
abnormal presentation, prolapsed cord,						
haemorrhage, failure to progress						
Initial management in case of complications, e.g. IV						
access, bladder catheterisation						
Management of mild/moderate postpartum						
haemorrhage, fluid resuscitation (large bore IVs x 2),						
administration of uterotonic agents, fundal						
massage, bimanual compression						
massage, bimanual compression						

	Theoretical knowledge only	Practical clinical experience	Competent to perform independently	Confident to train to others in the field	Date last performed (year)	Comments
Stabilise mother and newborn for transfer to a higher level facility						
Perform episiotomy						
De-infibulation and post-delivery repair (NOT re- infibulation!) in presence of female genital cutting						
Repair of episiotomy or 1st /2nd degree tear						
Obstetric fistula care: secondary prevention of fistula (bladder catheter routinely after obstructed labour); conservative management of small, fresh fistula (catheter as long as fistula seems to become smaller)						
	•	NEONA	TAL SKILLS			·
Assess newborn's vital signs; identify need for and manage resuscitation						
Perform initial (basic) physical exam of the newborn						
Provide routine newborn care, including administration of prophylactic eye ointment, Vitamin K, and birth (first) doses of vaccines						
Initiate and establish breastfeeding Identify complications, e.g. infections, and provide first line treatment						
Instruct in and support use of kangaroo mother care						
		POSTNATAL	CONSULTATION	I		
Postnatal skills: Postnatal care (history, physical examination of mother and infant, and counselling); identify postnatal complications in mother and baby; educate women about danger signs for self and child						
Provide first line treatment for postnatal maternal complications, e.g. infection, postpartum depression, etc.						

	1		EPRODUCTIVE HE			
	Theoretical	Practical	Competent to	Confident to	Date last	Comments
	knowledge	clinical	perform	train to others	performed	
	only	experience	independently	in the field	(year)	
Prevention of mother-to-child transmission of HIV						
(PMTCT) provide care during pregnancy,						
childbirth, and the postnatal period					-	
Perform a vaginal speculum exam						
Manage sexually transmitted infection using syndromic approach						
Contraceptive counselling and prescription						
Insertion of contraceptive implant						
Insertion of intra-uterine contraceptive device						
Perform termination of pregnancy on request,						
including pre- and post-procedure counselling						
Provide care for sexual assault (rape) survivors,						
including history, physical examination, preventive						
treatment, and counselling						
Perform visual inspection of cervix for cervical						
cancer screening						
Provide treatment of early stage / non-invasive						
cervical cancer (cryotherapy)						
		MANAGEMEN	T AND SUPERVISI	ON		
Supervise appropriate measures for infection						
prevention and control practices, including use of						
universal precautions, basic hygiene (e.g. cleaning						
of patient care areas), and sterilisation of						
instruments						
Collect and analyse data relating to sexual and reproductive health services; report-writing						
Set up or evaluate a clinic / obstetric service						
Teach on seminars / formal courses						
Human resources management: hire staff, coach them, and evaluate their performance						

PART 2: LIFE-SAVING OBSTETRICAL SKILLS							
1ST TRIMESTER PREGNANCY COMPLICATIONS							
	Theoretical	Practical	Competent to	Confident to	Date last	Comments	
	knowledge	clinical	perform	train to others	performed		
	only	experience	independently	in the field	(year)		
Post-abortion care, medical method: Misoprostol /							
Mifepristone							
Uterine evacuation using Manual Vacuum Aspiration (MVA)							
			COMPLICATION				
Management of pre-term labour							
Induction/Augmentation of labour, including							
Oxytocin/prostaglandin regimen							
Management of (pre-)eclampsia, including MgSO4							
regimen							
Advanced ultrasound skills, e.g. for assessment of							
gynaecologic / obstetric complications							
Internal version manoeuvre (e.g. transverse lie of							
2nd twin)							
Breech delivery							
Twin delivery (also triplets, etc)							
Shoulder dystocia							
Vacuum extraction (ventouse)							
Forceps delivery							
Symphysiotomy							
Craniotomy (destructive delivery)							
Monitoring patient under anaesthesia							
Anaesthesia management							
- local							
- paracervical, pudendal							
- other (specify)							
First Assist in Caesarean Section							

IMMEDIATE POSTPARTUM COMPLICATIONS							
	Theoretical	Practical	Competent to	Confident to	Date last	Comments	
	knowledge	clinical	perform	train to others	performed		
	only	experience	independently	in the field	(year)		
Manual removal of placenta, uterine exploration for							
fragments							
Correcting uterine inversion							
Management of severe postpartum haemorrhage,							
including institute massive transfusion protocol,							
uterine packing / balloon tamponade (e.g. Bakri)							
Management of severe postpartum haemorrhage,							
including institute massive transfusion protocol,							
uterine packing / balloon tamponade (e.g. Bakri)							
Repair of 3rd / 4th degree laceration							
Repair of anal sphincter rupture							

Click here

to read a leaflet on pregnancy termination and give a statement regarding your PERSONAL POSITION ON PROVIDING THIS CARE:

I certify that the given information is complete, correct and true

Signature

Date

