



## Training in Feto-Maternal and Perinatal Medicine

# LOG BOOK

**Approved by  
The European Board and College of Obstetrics and Gynaecology (EBCOG)  
and The European Association of Perinatal Medicine (EAPM)**

TO BE COMPLETED AFTER EACH YEAR OF TRAINING AND SENT WITHIN  
THREE MONTHS THEREAFTER TO THE ASSESSMENT COMMITTEE (CERTIFICATION  
BOARD)

**Surname (in capitals), first name of trainee :**

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Dates of beginning and end of year of training :

...../...../..... (day/mo/yr) - ...../...../..... (day/mo/yr).

Name and address of department :

Year :

.....

Year :

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Optional year :

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# **CONTENT OF THE TRAINING PROGRAMME**

## **1- Definition .**

The fetomaternal and perinatal medicine subspecialist is a specialist in Obstetrics and Gynaecology who has had theoretical and practical training in :

- a) Detailed risk assessment before, during and after pregnancy
- b) Antenatal diagnosis of the wide range of maternal and fetal disorders, some of which may require invasive procedures
- c) Management of very high risk pregnancies during the antenatal, intrapartum and post partum period
- d) The practice of maternal-fetal and perinatal medicine exclude training and practice in another subspecialty

Comprehensive management of these items includes diagnostic, therapeutic procedures and audit of outcome .

## **2- Aim of the training .**

To improve the outcome of women and fetuses who are at high risk, in collaboration with other care providers.

## **3-Objectives of the training :**

To train a subspecialist to be capable of :

- improving knowledge, practice, teaching, research and audit .
- co-ordinating and promoting collaboration in organising the department
- providing leadership in the development and in research within subspecialty .

## **4-Organisation of training :**

- the number of training positions should be strictly regulated by the relevant national body in order to provide sufficient expertise.
- center should use guidelines and protocols finalised by national professional bodies reviewed at regular intervals .
- training programme should be in a multidisciplinary center of obstetrics and gynaecology and should be organized by a subspecialist or an accredited subspecialist <sup>1</sup>.
- Training as a subspecialist in maternofetal does not imply an exclusive activity in that field

## **5-Means of training .**

### **5.1 Entry requirements:**

- a recognised specialist qualification in Obstetrics & Gynaecology or have completed a minimum of five years in an approved training programme
- the availability of a recognised training positions .

<sup>1</sup> Initially there will be a transitional period when accreditation for training will be given by the national appointing authority to a Specialist in Obstetrics and Gynaecology with proven scientific and clinical expertise in Maternofetal and Perinatal Medicine. Subsequently only individuals with training in the subspecialty should held such position.

5.2 An adequately remunerated position in a recognised training programme is a basic condition. Each trainee must be allocated an appointed tutor for guidance and advice.

5.3 For each country, the number of training positions should reflect the national need for sub specialists in foeto-maternal and perinatal medicine as well as the facilities and finance available for training.

5.4 Trainees should participate in all relevant activities of the training unit such as the care of out-patients and in-patients, on call duties, performing ultrasound examinations, intra uterine procedures and participating in educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

5.5 Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternity and paternity leave and compulsory military service.

#### 5.6 Duration of training

Duration of subspeciality training should include **a minimum of two years** in an approved programme and should cover the clinical and research aspects of the following areas :

- endocrinology of pregnancy;
- embryology and teratology;
- fetal physiopathology;
- placental physiology;
- biochemistry, pharmacology and pathology relating to the pregnant woman and the fetus;
- genetics;
- immunology;
- medical and surgical complications of pregnancy;
- infectious diseases in pregnancy;
- fetal medicine including ultrasound examination and invasive procedures;
- complicated obstetrics; and other imaging procedures
- operative procedures and intrapartum management;
- pre / post-pregnancy and bereavement counselling;
- adult medicine, anaesthesia, resuscitation and intensive care;
- neonatal medicine and surgery;
- clinical and laboratory genetics;
- laboratory based subjects including: - microbiology, pathology, haematology, clinical chemistry; blood transfusion;
- administration and management;
- teaching;
- legal and ethical issues;
- epidemiology, statistics, research and audit.

5.7 Training should be structured throughout with clearly defined targets to be met after specified intervals.

An educational plan should be drawn up agreement with the trainee at the beginning of each attachment and progress should be monitored regularly by mean of the log book.

5-8 A trainee may spent some training time in an another ( 1 or 2) center (s) recognised by EBCOG - EAPM after approval by the national committee.

## 6-Assessment of training

6.1 In all European countries approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition if necessary.

6-2 Approval of institutions as training centres should be based on the following criteria :

- annual statistics
- internal quality control and audit
- organised teaching sessions

Particularly the centre should:

- provide an integrated service for the referral and transfer of high risk obstetric patients, in close collaboration with other obstetricians and disciplines within and outwith the centre;
- have an adequate clinical workload with a full range of high risk maternal and fetal problems - usually the centre would be expected to have at least 1,500 births per year including a significant proportion of referred/transferred high perinatal risk patients;
- preferably have a special care unit for pregnant at risk such as severe preeclampsia, eclampsia, uncontrolled diabetes/keto-acidosis e.g. ;
- be a referral centre for the specialised prenatal diagnosis of fetal abnormalities, of which there should be at least 40 diagnosed cases/year; have an adequate experienced and skilled trainee for invasive procedures;
- ultrasound facilities and expertise for detecting the majority of structural malformations in the fetus;
- a close working relationship with a medical genetics centre and clinical genetics consultant(s) and supporting staff, providing a specialised obstetric and pre-pregnancy service with appropriate laboratory support;
- provide a full range of fetal monitoring/assessment techniques, including fetal biometry, biophysical profile, Doppler and cardiotocography;
- have a neonatal intensive care unit with consultant paediatricians and supporting staff whose major duties are in neonatal care; and an association with a neonatal surgical unit;
- have an association with a neonatal surgical unit;
- have a twenty-four hour obstetric anaesthetic service with consultant anaesthetists and supporting staff having major commitments to obstetric anaesthesia, analgesia and related work;
- collaborate closely with consultant physicians and their supporting staff having special interests in the management of medical disorders in pregnancy;
- have close collaboration with an adult intensive care unit having a full range of diagnostic facilities and support, which must be readily available to the obstetric unit;
- have an adequate perinatal pathology service with at least one consultant pathologist having a major commitment in this field;
- have adequate support from, and close collaboration with, a biophysics service;
- have a research programme in the subspecialty field, with access for the trainee to support his own training programme; this should include facilities and support for the teaching of research methodology including statistics and epidemiology.

Fulfilment of defined criteria for minimum activity for each trainee per year:

- 200 supervised high risk pregnancies and deliveries
- 200 advanced ultrasound examinations
- 200 fetal invasive procedures (amniocentesis, choriovillous sampling, fetal blood sampling).

6.3 Assessment of the trainee should be carried out by a national or federal committee of experts and would take into consideration:

- participation in materno-fetal medicine courses particularly those recognised by EBCOG advised by the European Association of Perinatal Medicine
- completion of a Log Book of clinical experience in fetomaternal medicine
- peer review publications in a nationally recognised journal

6.4 A representative from the EBCOG Postgraduate Training and Assessment Working Party may be an observer on the national or federal assessment committee

6.5 EBCOG in conjunction with European Association of Perinatal Medicine (EAPM) is willing to organise an evaluation visit to a subspecialist unit if requested.

# TARGETS FOR THE FIRST YEAR OF TRAINING

description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training.

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

## **KNOWLEDGE :**

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## **TECHNICAL SKILLS :**

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## **TASKS :**

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**DATE:**                      **NAME OF THE TUTOR:**

**SIGNATURES: TUTOR: ----- TRAINEE: -----**

# **TARGETS FOR THE SECOND YEAR OF TRAINING**

description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training

To be completed at the beginning of the year of training.

Year: 20..... - 20.....

## **KNOWLEDGE :**

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## **TECHNICAL SKILLS :**

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## **TASKS :**

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**DATE:**                      **NAME OF THE TUTOR:**

**SIGNATURES: TUTOR: ----- TRAINEE: -----**

# **TARGETS FOR ADDITIONAL YEAR OF TRAINING**

**description by trainer and tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training**

**To be completed at the beginning of the year of training.**

**Year: 20..... - 20.....**

## **KNOWLEDGE :**

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## **TECHNICAL SKILLS :**

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## **TASKS :**

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**DATE:                      NAME OF THE TUTOR:**

**SIGNATURES : TUTOR : ----- TRAINEE: -----**

# ON CALL DUTIES

**FREQUENCY OF ON CALL DUTIES : (e.g. : 1/4)**

Year	1	2	3
Frequency			

**BRIEF DESCRIPTION OF ACTIVITIES WHEN ON CALL :**

**Year 1 :**

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**Year 2 :**

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**Year 3 :**

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# **EVALUATION OF CLINICAL AND TECHNICAL SKILLS**

Every target defined in the EBCOG – EAPM recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Trainees can choose whether or not to tick the shaded boxes as they progress.

Certain targets do not require the trainee to be level 5 (Independent). These are identified by a black box.

The open targets require your tutor or trainer to check your competence and sign you off. When you feel ready for this it is your responsibility to organise with your trainer, for these targets to be observed.

When an entire module is completed (excluding black boxes) request the educational supervisor to sign the completed module.

SCORING SYSTEM :	1 :	Passive attendance , assistance
	2 :	Needs close supervision
	3 :	Able to carry out procedure under some supervision
	4 :	Able to carry out procedure without supervision
	5 :	Able to supervise and teach the procedure

The general aim is to get at least mark 4.

## Diagnosis and management of medical and surgical complications of pregnancy

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Hypertension							
Kidney diseases							
Heart diseases							
Liver diseases							
Fluid balance and transfusion							
Diabetes							
Other endocrine disorders							
Gastrointestinal diseases							
Differential diagnosis of abdominal pain							
Lungs diseases							
Auto-immune, haematological diseases							
CNS diseases							
Cancers							
Psychiatric disorders							
Infectious , parasitic diseases							

**Signature to confirm completion of the module :**

**Name of the trainer :**

**Date :**

**Hospital :**

# Intrapartum Management of High Risk Pregnancies

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Induction of labour							
Utilisation of oxytocin							
Utilisation of tocolytics							
Fluid balance and transfusion							
Fetal heart rate monitoring							
Prolonged labour							
Coagulopathy							
Fetal resuscitation							
Maternal resuscitation							
Neonatal resuscitation							
Labour ward management and policy							

<b>Signature to confirm completion of the module :</b>	
<b>Name of the trainer :</b>	<b>Date :</b>
<b>Hospital :</b>	

## Ultrasound

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Perform ultrasound scan to assess:							
Biometry to assess gestational age and fetal growth							
Anomaly scanning (morphology)							
Biophysical profile							
Doppler ultrasound blood velocity scanning of all the major vessels of the fetus and placenta							
Alternative imaging technique like MRI							

Signature to confirm completion of the module : \_\_\_\_\_ Date : \_\_\_\_\_  
 Name of the trainer : \_\_\_\_\_  
 Hospital \_\_\_\_\_

## Ultrasound guided invasive procedures

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
<b>Amniocentesis</b>							
<b>CVS</b>							
<b>Fetal blood sampling</b>							
<b>Fetal blood transfusion</b>							
<b>Feto-amniotic shunting</b>							
<b>Other invasive procedures (specify)</b>							

Signature to confirm completion of the module : \_\_\_\_\_ Date : \_\_\_\_\_  
 Name of the trainer : \_\_\_\_\_  
 Hospital \_\_\_\_\_

## **SURGICAL PROCEDURES**

Target	Expected competence level Trainee ticks when achieved					Trainer sign when competence level achieved	
	1	2	3	4	5	Sign	Date
Caesarean hysterectomy							
Caesarena before 32 weeks							
Technique for control of haemorrhage							
Management of postpartum and postoperative complications							
Embryo reduction							
Ultrasound guided ovarian cyst aspiration during pregnancy							

**Signature to confirm completion of the module :**

**Name of the trainer :**

**Date :**

**Hospital :**

**NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS FIRST ASSISTANT**

<b>PROCEDURES</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
Caesarian section < 32 weeks				
Caesarian hysterectomy				
Cervical cerclage				
External cephalic version				
Operative vaginal delivery				
Technique for control of haemorrhage				
Management of postpartum and postoperative complications				
Medical and surgical first and second trimester abortion				
Embryo reduction				
Ultrasound guided ovarian cyst aspiration during pregnancy				
Amniocentesis				
CVS				
Fetal blood sampling				
Fetal blood transfusion				
Feto-amniotic shunting				
Other fetal invasive procedures (specify)				

Date :

...../...../..... (day/mo/yr)

Name and signature of trainee:

.....

<sup>1</sup> Add extra page(s) if space provided is insufficient.

**NUMBER OF PROCEDURES AND TECHNICAL ACTS PERFORMED DURING THE TRAINING AS SURGEON**

<b>PROCEDURES</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>TOTAL</b>
Caesarian section < 32 weeks				
Caesarian hysterectomy				
Cervical cerclage				
External cephalic version				
Operative vaginal delivery				
Technique for control of haemorrhage				
Management of postpartum and postoperative complications				
Medical and surgical first and second trimester abortion				
Embryo reduction				
Ultrasound guided ovarian cyst aspiration during pregnancy				
Amniocentesis				
CVS				
Fetal blood sampling				
Fetal blood transfusion				
Feto-amniotic shunting				
Other fetal invasive procedures (specify)				

Date :

...../...../..... (day/mo/yr)

Name and signature of trainee:

.....

<sup>1</sup>Add extra page(s) if space provided is insufficient.

# ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILLMENT OF TASKS

Scoring system :      A = Excellent  
                                   B = Sufficient  
                                   C = Weak  
                                   D = Unacceptable  
                                   E = Not applicable

Assessment of fulfillment of the targets defined on pages 3 - 9

<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>
INTEGRATED KNOWLEDGE			
REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA			
MOTIVATION, SENSE OF DUTY, DISCIPLINE, PUNCTUALITY			
TECHNICAL SKILLS			
ORGANISATORY SKILLS			
ADMINISTRATIVE TASKS (MEDICAL FILES, CORRESPONDENCE, ETC.)			
ETHICS			
RELATIONS WITH PATIENTS			
RELATIONS WITH MEDICAL AND OTHER STAFF			
ATTENDANCE AND ACTIVE PARTICIPATION IN STAFF MEETINGS			
SCIENTIFIC INTEREST			
SCIENTIFIC ACTIVITY			

Date : ...../...../..... (day/ mo / yr)

Signature of Trainee:

Signature of Trainer :

**CUMULATIVE LIST OF SCIENTIFIC MEETINGS  
AND COURSES ATTENDED BY THE TRAINEE**  
**(entire duration of training; to be up-dated yearly)<sup>1</sup>**

**example :** Joint Meeting of the South-East Gynaecological Society and the Flemish Society of Obstetrics and Gynaecology, Bruges, Belgium, 10.10.1999. Theme : "Endometriosis".

**The number is not limited**

1.

2.

3.

4.

5.

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<sup>1</sup> Certificate of attendance as to be provided

# **CUMULATIVE LIST OF PAPERS PRESENTED** **AT SCIENTIFIC MEETINGS**

**(entire duration of training; to be up-dated yearly)**  
**(A MINIMUM OF 1 AS 1ST AUTHOR IS REQUIRED)<sup>2</sup>**

**EXAMPLE** • R. LEGAS : "Severe auto-immune dermatologic complications during pregnancy."  
Poster. Symposium "Pregnancy and the immune system", Besançon, France, 17-  
18.06.2000.

**The number is not limited**

1.

2.

3.

4.

5.

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<sup>2</sup> Abstracts as to be provided

**CUMULATIVE LIST OF PEER REVIEWED  
PUBLISHED PAPERS IN INTERNATIONAL  
JOURNALS**

**(entire duration of training; to be up-dated yearly)  
(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)<sup>3</sup>**

**The number is not limited**

- 1.
- 2.
- 3.
- 4.
- 5.

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<sup>3</sup> Published manuscript should be provided

**CUMULATIVE LIST OF PEER REVIEWED**  
**PUBLISHED PAPERS IN NATIONAL**  
**JOURNALS**

**(entire duration of training; to be up-dated yearly)**

**(AT LEAST 1 AS 1ST AUTHOR IS REQUIRED)<sup>4</sup>**

**The number is not limited**

1.

2.

3.

4.

5.

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<sup>4</sup> Published manuscript should be provided

## **SURGICAL REPORTS**

Each trainee will keep in a separate book copies of all reports pertaining to acts performed as first assistant ,as surgeon or as super visor .