

Sample Re-entry Checklist*

(X)	<i>Office / Outpatient/ Ambulatory Setting</i>	<i>Completed Date/ Initials of Mentor</i>	(X)	<i>Hospital / Inpatient/ institutional</i>	<i>Completed Date/ Initials of Mentor</i>
	AP Visits			Documentation including EMR as applicable	
	Primary Care visits			L&D Triage	
	PP Visits			AP Admissions	
	GYN Visits			AP Testing	
	GYN Procedures			ER Evaluations	
	LARC Insertion & Removal			IP Admissions	
	Client Phone Communication			IP Management	
	Lab Review			Vaginal Births	
	Referral Process and Procedure			Immediate PP Management	
	Clinical Consultations Procedure			PP Rounds	
	Newborn Care to 28 Days			C/S support	
				Postpartum Discharge	

Comments: _____

Re-entry midwife Signature: _____ Date: _____

Clinical Mentor Signature: _____ Date: _____

*This checklist is a sample checklist. Items included are not exhaustive. All re-entry midwives may not need to complete all listed items.