MIDWIFE SONOGRAPHY PRACTICAL EXAMINATION
SECOND/THIRD TRIMESTER: CERVICAL LENGTH
*TRANSVAGINAL/ENDOVAGINAL*

ARDMS®
American Registry for Diagnostic Medical Sonography

**All fields below are required to be completed in order for the form to be accepted.**

Candidate First and Last Name: _____

ARDMS Number (if applicable): _____

Date of Examination: _____

Location of Examination: _____

Evaluator First and Last Name: _____

Evaluator ARDMS or APCA Number (if applicable): _____

Medical License Number (if applicable): _____

**IMPORTANT:** Please review all the instructions on **Page 2** prior to submitting this form. Please note that once signed and submitted, this form will be used toward your Midwife Sonography Practical Examination requirement. **The information below must be completed by the Evaluating Sonographer/Reporting Physician.**

| Second/Third Trimester: Cervical Length<br>Transvaginal/Endovaginal | Check the box upon completion |
|---|---|
| 1. Verify patient with 2 identifiers (*For example: full name, DOB*). Place last menstrual period (LMP) or estimated date of confinement (EDC) in calculation package, if available, to obtain percentile measurement. | ☐ |
| 2. Describe procedure and provide explanation for exam. | ☐ |
| 3. Exam preparation: | ☐ |
| a. Ask patient to void before procedure. | ☐ |
| b. Wear gloves throughout entire exam. | ☐ |
| 4. Select appropriate transducer and presets (to include mechanical index (MI)/ thermal index (TI)) for the gestation. | ☐ |
| 5. Probe preparation: | ☐ |
| a. If using latex covers, verify that the patient is not allergic to latex. | ☐ |
| b. Place gel between the probe and cover. | ☐ |
| c. Place gel on the tip of the probe. | ☐ |
| d. Insert probe into the vagina until the cervix is visualized. | ☐ |
| 6. Scanning: | ☐ |
| a. Demonstrate how to obtain longitudinal and transverse planes. | ☐ |
| b. Demonstrate how to correctly orient the probe by locating indicator on the probe and demonstrating proper rotation of the probe. | ☐ |
| c. Demonstrate correct image optimization including depth, gain, and focus. | ☐ |
| 7. In the longitudinal plane, insert probe until cervix is visualized, then pull back slightly to avoid excessive pressure on the cervix. | ☐ |
| 8. Demonstrate appropriate pressure is applied when the anterior and posterior lips of the cervix are seen to be equal thickness. | ☐ |
| 9. Measure the cervix. Calipers are placed along the cervical canal from the internal os to the external os. | ☐ |
| 10. Cervical evaluation: | ☐ |
| a. Watch the cervical canal for dynamic changes (approximately 5 minutes). | ☐ |
| b. Valsalva and fundal pressure can be applied. | ☐ |
| c. If available, color Doppler can be placed at the internal os to evaluate for vasa previa. | ☐ |
| d. Scan superiorly through the uterus to locate the placenta, when possible. | ☐ |
| 11. Probe Removal and Cleaning: | ☐ |
| a. Remove probe. | ☐ |
| b. Remove probe cover in the exam room and dispose. | ☐ |
| c. Wipe the probe with a clean towel in the exam room to remove any excess gel. | ☐ |
| d. The endovaginal probe should be taken to a dirty utility room for high level disinfection, according to your facility guidelines. | ☐ |
| e. Once clean, the probe can be stored in the clean utility room or on the ultrasound machine. The probe should be draped with a clean approved cover. | ☐ |

**Evaluating Sonographer/Reporting Physician Verification Statement:**
My signature verifies that I am an Evaluating Sonographer, and currently certified by ARDMS in the OB/GYN Specialty or that I am a licensed Reporting Physician practicing in the field of Obstetrics and Gynecology or Maternal Fetal Medicine. I, (insert name of evaluator) _____ certify that I have directly observed (insert name of candidate) _____ successfully demonstrate the minimum core clinical skills as listed on this Form.

I understand that submitting false documentation to ARDMS is a violation of ARDMS rules and may result in sanctions including but not limited to revocation of my certification and eligibility for registration in all categories, including those already held. My signature below verifies that I have read this form in its entirety and completed it truthfully.

Signature of Evaluating Sonographer/Reporting Physician: _____

Full Name of Evaluating Sonographer/Reporting Physician: _____
(Please print)

Phone number: _____ Email Address: _____

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## INSTRUCTIONS FOR COMPLETING THE FIRST PAGE OF THE PRACTICAL EXAMINATION FORM:

Prior to submitting this form, the Candidate is required to have passed the Midwife Sonography Written Examination within the preceding two years. To complete the Practical Examination, the Candidate must upload all required, completed assessment forms (8) for review within two-years of passing the written examination. All fields on each form must be completed to be accepted. The required cases and forms can be found at ARDMS.org/MW under the "Apply" tab. All eight forms should be uploaded as completed to the applicant's MY ARDMS account in order to complete the Practical Examination. **Note:** Forms do not need to be uploaded at the same time.

Demonstration of minimum core clinical skills means that the evaluator directly observed the Candidate perform the minimum core clinical skills independently and effectively that are listed on page one of this form. For purposes of satisfying the Practical Examination requirements, three of the eight required forms can verify scanning using a simulator, while the other five are required to verify scanning on live patients under direct supervision of the Evaluating Sonographer* or Reporting Physician**.

ARDMS conducts random audits of submitted information. Individuals who are audited may be required to submit additional documentation to further substantiate the original submission.

*Evaluating Sonographer must be:

- An Active status with ARDMS
- Certified RDMS (OB/GYN)

**Reporting Physician must be:

- A licensed physician
- Trained to interpret Obstetrics and Gynecology or Maternal Fetal Medicine ultrasound studies
- A physician who has directly observed the Candidate demonstrate the minimum core clinical skills listed on this form

**Note:** This form cannot be signed by a relative of the Candidate.