



LABOR AND DELIVERY SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise and Teach

	1	2	3	4
A. Antepartum				
1. Assessment:				
a. Assess for comfort				
b. Breathing / relaxation techniques				
c. Coaching				
d. Positioning				
2. Equipment & Procedures:				
a. Catheter insertion				
(1) Foley catheter				
(2) Straight catheter				
b. Delivery and table set-up				
c. Sonogram				
(1) Amniotic fluid index				
(2) Assist with sonogram				
(3) Biophysical profile				
(4) Perform sonogram				
B. Labor Assessment				
1. Fetal Assessment:				
a. Ascultate fetal heart rate				
(1) Doppler				
(2) Fetoscope				
b. Determine fetal position				
c. Document FHR patterns				
d. Identify normal & treat abnormal FHR patterns				
(1) Baseline				
(2) Early decelerations				
(3) Late decelerations				
(4) prolonged decelerations				
(5) Variability				
(6) Variable decelerations				
2. Maternal Assessment:				

	1	2	3	4
Labor Assessment Cont.				
a. Deep tendon reflexes (DTRs)				
b. Edema				
c. Norms for perinatal vital signs				
d. Perform admission risk assessment				
e. Presence of clonus				
f. Progression of labor				
(1) Contraction characteristics				
(2) Dilation				
(3) Effacement				
(4) Fetal presentation / position				
(5) Station				
(6) Status of membranes				
(7) Sterile speculum exam				
(8) Vaginal exam				
g. Rupture of membrane				
(1) Fern test				
(2) Nitrazine				
3. Equipment & Procedures				
a. Amnioinfusion (assist or perform)				
(1) For meconium				
(2) For variable decelerations				
b. Artificial rupture of membranes (assist)				
(1) Prolapsed cord				
(2) Recognize potential complications				
(3) Vasa previa				
c. Collect blood / urine specimens				
d. Collect vaginal cultures				

Name: _____

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	1	2	3	4
Labor Assessment Cont.				
(1) Chlamydia				
(2) Fluid				
(3) Group B strep				
(4) Herpes				
e. Document labor status / assessment & intervention:				
(1) Anticovulsants				
(2) Labor Suppressants				
f. External fetal monitor application:				
(1) Doppler				
(2) Phono or abdominal, ECG transducer				
(3) Trocotransducer, ultrasound				
g. Internal monitoring (assist or perform insertion):				
(1) Intrauterine pressure catheter				
(a) Fluid filled				
(b) Transducer tipped				
(2) Spiral electrode				
h. Perform Leopold's maneuvers				
i. Toxicology studies				
4. Medications				
a. Administer IM / SC				
b. Administer IV meds / monitor IV drips				
(1) Antibiotics				
(2) Antihypertensives				
(3) Heparin				
(4) Magnesium sulfate				
(5) Narcotics				
(6) Oxytocin				
c. Assist with prostin gel				
d. Cervidil insertion				
e. Use of Cyotec				
f. Use of prostin suppositories				
Complications of Pregnancy				
1. Assessment				
a. Identify common arrhythmias				
b. Normal cardiac rhythms				
c. Patient education – fetal movement counts				
2. Equipment and Procedures				
a. Assist with external version				
b. Assist with fetal scalp sampling				
c. Assist with percutaneous umbilical sampling				
d. Assist with umbilical blood sampling				
e. Circulate for Cesarean section				
f. Circulate, scrub for bilateral tubal ligation				

	1	2	3	4
Complications of Pregnancy Cont.				
g. Conduct contraction stress test				
(1) Breast stimulation				
(2) Oxytocin challenge				
h. Conduct non-stress test				
(1) Stimulate fetus				
(2) Vibroacoustic stimulation				
i. Draw umbilical cord samples				
j. Glucose reflectometer				
k. Lines / monitoring				
(1) Central venous lines				
(2) Invasive hemodynamic monitoring				
(3) PICC lines				
(4) Pulmonary artery catheters				
l. Scrub for Cesarean delivery				
m. Set up Cesarean delivery				
3. Care of the patient with				
a. Abruptio placenta				
b. Asthma				
c. Cardiac disease				
d. Chorioamnionitis				
e. Chronic hypertension				
f. Collagen vascular disease				
g. Diabetes				
h. Eclampsia				
i. HBV				
j. HELLP syndrome				
k. Hemolytic anemia				
l. Hemorrhage				
m. HIV positive				
n. Hypertension				
o. Malpresentations				
p. Multiple gestation				
q. Other infections				
r. Placenta previa				
s. Preclampsia				
t. Premature labor				
u. Pyelonephritis				
v. RH disease				
w. Sickle cell disease				
4. Medications				
a. Indomethacin				
b. Insulin				
c. Magnesium sulfate				
d. Procardia				
e. Ritodrine				
f. Terbutaline				
(1) IV				
(2) PO				
(3) Pump				
(4) SC				

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	1	2	3	4
D. Interventions During Delivery				
1. Cesarean section				
2. Forceps vaginal delivery				
3. Monitor Patients with anesthesia				
a. General anesthesia				
b. Regional anesthesia				
(1) Epidural				
(2) Local infiltration				
(3) Spinal				
4. Spontaneous vaginal delivery				
5. Vacuum extraction delivery				
E. Infant Interventions Post Delivery				
1. Assessment				
a. Apgar scoring				
b. Initial vital signs				
c. Intervention / risk factors for				
(1) IDM				
(2) LGA, SGA, IUGR				
d. Newborn physical assessment				
(1) Ballard				
(2) Dubowitz				
(3) Finnegan scoring				
2. Equipment & procedures				
a. Assist with initial breast feeding				
b. Assist with interventions for meconium staining				
c. Bath-Perform and teach				
d. Cardiac-respiratory monitor placement				
e. Circumcision care				
f. Cord care				
g. Discharge teaching				
h. Heelstick glucose determination				
i. Infant identification				
j. Neonatal resuscitation				
k. Obtain hematocrit				
l. Obtain neonatal toxicology screen				
m. Phototherapy				
n. Promote bonding behaviors				
o. Suctioning				
(1) Bulb				
(2) Declee				
(3) Wall				
3. Medications				
a. Eye prophylaxis				
b. Vitamin K				
F. Post Partum Interventions				
1. Assessment				
a. Bladder distention				
b. Breast feeding				

	1	2	3	4
Post Partum Interventions Cont.				
(1) Latch-on				
(2) Positioning				
c. DVT (deep vein thrombosis)				
d. Episiotomy				
e. Fluid balance				
f. Fundal height				
g. Fundal height				
h. Lokia amount				
i. Maternal vital signs				
G. Phlebotomy / IV Therapy				
1. Equipment & procedures				
a. Administration of blood / blood products				
(1) Cryoprecipitate				
(2) Packed red blood cells				
(3) Plasma / albumin				
(4) Whole blood				
b. Drawing blood from central line				
c. Drawing venous blood				
d. Starting IV's				
(1) Angiocath				
(2) Butterfly				
(3) Heparin lock				
2. Care of Patient with				
a. Central line / catheter / dressing				
b. Peripheral line / dressing				
H. Pain Management & Anesthesia				
1. Assessment if pain level / tolerance				
2. Care of the patient with				
a. Epidural anesthesia / analgesia				
b. IV conscious sedation				
c. Patient controlled analgesia (PCA pump)				
3. Assist with delivery of anesthesia				
a. Anesthesia toxicity				
b. Coaching patient				
c. Epidural block				
d. Fluid challenge				
e. Hypotension				
f. Intrathecal narcotics				
g. Intravascular injection				
h. Positioning patient				
i. Signs / symptoms of dural puncture				
j. Spinal anesthesia				
4. Documentation of anesthesia				
a. Computer				
b. Flowchart				

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

Age Specific Practice Criteria

A. Newborn / Neonate (birth – 30 days)	D. Young adults (18 – 39 years)
B. School age children (5 – 12 years)	E. Middle adults (39 – 64 years)
C. Adolescents (12 – 18 years)	F. Older adults (64 +)

Experience With Age Groups:

	A	B	C	D	E	F
Able to adapt care to incorporate normal growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My experience is primarily in the following setting(s): (Please indicate number of years.)

- | | |
|---|---|
| <input type="checkbox"/> Labor & delivery _____ | <input type="checkbox"/> Community hospital _____ |
| <input type="checkbox"/> LDR _____ | <input type="checkbox"/> Rural hospital _____ |
| <input type="checkbox"/> LDRP _____ | <input type="checkbox"/> Teaching hospital _____ |

Certification: (mo/day/yr)

- | | |
|--|---|
| <input type="checkbox"/> BCLS Exp. Date ____/____/____ | <input type="checkbox"/> NRP Exp. Date ____/____/____ |
| <input type="checkbox"/> RNC Exp. Date ____/____/____ | |

Other (type): _____ Exp. Date ____/____/____

Computerized charting system: _____ Exp. Date ____/____/____

Medication administration system: _____ Exp. Date ____/____/____

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Signature

Date