



Competency Checklist
Labor/Delivery

Name: _____ Date: _____

- Rating Scale: 1. No previous experience. 2. Previous training, but no personal hands on experience. 3. Previous training/hands-on experience. Need additional practice with supervisor. 4. Previous training and experience. Need clearance only.

Table with 2 columns: SKILL and RATING. Rows include categories A. LABOR AND DELIVERY, B. EQUIPMENT, and C. INTRAVENOUS THERAPY with various sub-tasks.

SKILL	RATING
<i>C. INTRAVENOUS THERAPY (Cont)</i>	
8. Procedure for obtaining scalp pH	
a. Preparation of patient	
b. Calibration of machine	
c. Obtaining specimen for evaluation	
9. Able to draw bloods by venipuncture	
<i>D. OPERATING ROOM EXPERIENCE</i>	
1. Scrub	
2. Circulate	
3. Recovery Room	
4. Familiar with current infection control procedures for the perinatal woman	
<i>E. INDICATE EXPERIENCE AND FAMILIARITY WITH FETAL HEART RATE MONITOR(S)</i>	
1. Hewlett-Packard (HP)	
2. Corometrics	
3. Litton	
4. FetaScan	
5. Other	
6. Postpartum	
a. Assessment of episiotomy	
b. Homan's Sign	
c. Lochia (identify color, odor, and amount)	
d. Breast care	
1. S/S infection	
2. Engorgement	
3. Sore Nipples	
7. Fundus (Location)	