



**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.

SKILL	RATING
<i>A. LABOR AND DELIVERY</i>	
1. Admission physical assessment (able to identify normal deviations of pregnant women)	
2. Assessment of Reflexes (Patellar)	
3. Assessment of Clonus	
4. Measurement of Fundal Height	
5. Vaginal Examinations	
a. Dilatation	
b. Effacement	
c. Station	
6. Assess fetal lie by using Leopold's Maneuver	
<i>B. EQUIPMENT</i>	
1. Application of external fetal monitor	
a. Ultrasound	
b. Toco	
2. Assist with internal monitoring placement	
a. FECG	
b. IUPC	
3. Recognize variations in fetal heart rate tracing	
a. Early decelerations	
b. Late Decelerations	
c. Variables	
d. Changes in fetal heart rate variability	
<i>C. INTRAVENOUS THERAPY</i>	
1. Start intravenous infusion	
2. Prepare pitocin for Augmentation/Induction	
3. Prepare MgSo4 infusion as:	
a. Loading dose	
b. Maintenance dose	
4. Prepare Ritodrine IV Therapy	
5. Prepare Terbutaline IV Therapy	
6. Administer Subcutaneous Terbutaline	
7. Administer blood or blood products	

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)	