

Labor & Delivery Skills Checklist

Level of Proficiency:

- 1. Can function independently**
- 2. Experienced but may need review**
- 3. Limited or no experience**

By accurately filling out this checklist, you will help us match your skills and interest with available assignments. Please select the button in the column that best describes your experience level with each skill.

IV THERAPY	1	2	3	INTERVENTION DURING DELIVERY	1	2	3
Start IV lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spontaneous vaginal delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mix IV Infusing using additives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceps vaginal delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use IV Infusion pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use IV Heparin Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local infiltration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institute & Monitor Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regional anesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw blood for lab studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium sulfate therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor suppressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstetric anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxytocin induction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labor Room delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROVIDE INTRAPARTUM CARE WOMEN WITH:				CESAREAN SECTION			
Rh Incompatibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up a cesarean table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulate, scrub for cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Induce Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMMEDIATE CARE OF INFANT			
Preeclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POST BIRTH			
Pyelonephritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign Apgar scores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical exam of newborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eclampsia (Seizures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collect cord blood samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placenta Previa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify infant with bracelet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Footprints & Mother's bands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transfer to Newborn nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POSTPARTUM ASSESSMENT			
Abruption Placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fundus consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malpresentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lochia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bladder distention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Episiotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERVENTIONS DURING LABOR				Incision (for cesarean delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide:				Vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical/emotional comfort support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POSTPARTUM INTERVENTION			
Coach breathing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate fundal massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach relaxation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate Post-Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support & guide labor coach P.R.N.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovery precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care/Monitor after rupture of membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide Perineal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perineal Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply ice to perineal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSMENT DURING LABOR	1	2	3
Assess & document progression of labor/contraction characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in woman's behavior, appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess/document fetal status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine fetal position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultate fetal heart rate using Doppler ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor uterine activity & fetal heart rate patterns using a fetal monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External monitor (ultrasound or abdominal ECG transducer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal monitor (including connecting the leads & calibrating machine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify FHR Patterns:			
Variability/Reactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decelerations & Early, Late variable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tachycardia/Bradycardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess/document maternal status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vital signs (BP, pulse) according to stage of labor and patient stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deviation from the norm (Edema, deep reflexes, clonus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intake & output including testing urine for glucose, protein, specific gravity & keytones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OBSTETRICS TECHNIQUES & PROCEDURES			
Conduct a stress test (Oxytocin Challenge Test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct fetal activity determinants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform Cardiopulmonary Resuscitation & adult / infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artery catheter insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASEPTIC TECHNIQUE RELATIVE TO LABOR AND DELIVERY			
Set up a delivery table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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|--|--------------------------|--------------------------|--------------------------|
| Circulate, scrub for a postpartum tubal ligation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perform a vaginal exam and assess effacement, dilatation, station presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insert a Straight or Foley catheter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assist with fetal scalp blood sampling procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assist with placement of an intrauterine pressure catheter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assist with placement of fetal scalp electrodes for internal monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assist with an artificial rupture of membranes procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MEDICATION ADMINISTRATION

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Administer IM, SC Medications (narcotics, analgesics, anticonvulsant, insulin) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Name _____

Address _____

Date _____

Signature _____