



**PLEASE MARK YOUR LEVEL OF EXPERIENCE**

- 1 No Experience: Observed Only
- 2 Limited Experience: Performs < 6 Times Per Year; Needs Review
- 3 Moderate Experience: Performs 1-2 Times/Month; May Need Minimal Resource
- 4 Highly Experienced: Performs on Daily or Weekly Basis; Proficient

Applicant's Name \_\_\_\_\_

Mark One

- 1  2  3  4

4. Scrub for a Caesarean Section

5. Circulate, Scrub for a Postpartum Tubal Ligation

6. Assist with an AROM (Artificial Rupture of Membranes) Procedure

7. Assist with Placement of Fetal Scalp Electrodes for Internal Monitoring

8. Assist with Placement of an Intrauterine Pressure Catheter for Internal Monitoring

9. Assist with the Fetal Scalp Blood Sampling Procedure

10. Insert a Straight or Foley Catheter

11. Perform a Vaginal Exam and Assess Effacement, Dilatation, Station, Presentation

12. Amnioinfusion

Mark One

- 1  2  3  4

**D. Antepartum Care of Women With:**

1. Preterm Labor

2. Premature Rupture of Membranes

3. Pyelonephritis

4. Hyperemesis Gravidorum

Mark One

- 1  2  3  4

**E. Intrapartum Care of Women With:**

1. Pregnancy-Induced Hypertension

2. Preeclampsia

3. Eclampsia (Seizures)

4. Placenta Previa

5. Abruptio Placenta

6. Multiple Gestation

7. Malpresentations

8. Premature Labor

9. Diabetes Mellitus

10. Cardiac Disease

11. Asthma

12. Infectious Disease:

a. Group Beta Strep

b. HIV

c. Hepatitis B

d. Hepatitis C

e. Herpes

13. Patient with History of Substance Abuse

Mark One

- 1  2  3  4

14. Sickle Cell Crisis

15. Trauma (MVA)

Mark One

- 1  2  3  4

**F. Obstetric Techniques and Procedures**

1. Conduct a Stress Test (Oxytocin Challenge Test)

2. Conduct a Non-Stress Test (NST)

3. Perform Cardiopulmonary Resuscitation:

a. Adult

b. Infant

4. Ultrasound for Fetal Position

5. Triage of OB Patients

6. Leopold Maneuvers

Mark One

- 1  2  3  4

**G. Assessment During Labor**

1. Assess and Document Progression of Labor:

a. Contraction Characteristics

b. Changes in the Woman's Behavior, Appearance

c. Status of Membranes

2. Assess and Document Fetal Status:

a. Determine Fetal Position

b. Auscultate FHR (Fetal Heart Rate) Using:

i. Fetoscope

ii. Doppler (Doppler Ultrasound)

3. Use of Fetal Monitor:

a. External Monitor:

i. Tocotransducer, Ultrasound

ii. Phono or Abdominal, ECG Transducer

b. Internal Monitor (Including Connecting the Leads and Calibrating Machine)

c. Pattern Recognition/Interventions:

i. Basic FHR

ii. Bradycardia

iii. Tachycardia

iv. Sinusoidal (True/False)

**PLEASE MARK YOUR LEVEL OF EXPERIENCE**

- 1** No Experience: Observed Only
- 2** Limited Experience: Performs < 6 Times Per Year; Needs Review
- 3** Moderate Experience: Performs 1-2 Times/Month; May Need Minimal Resource
- 4** Highly Experienced: Performs on Daily or Weekly Basis; Proficient

Applicant's Name \_\_\_\_\_

	Mark One
d. Periodic Changes:	1 2 3 4
i. Accelerations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii. Decelerations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Dysrhythmias	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Assess & Document Maternal Status:	
a. Vital Signs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Deviations From the Norm (Edema; Deep Tendon Reflexes, Clonus)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Intake and Output Including Testing Urine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Assess for Bladder Retention	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Assist with Ultrasound Scan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Mark One
H. Interventions During Labor	1 2 3 4
1. Provide Physical Comfort Measures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Provide Emotional Support	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Coach in Psychoprophylactic Breathing and Relaxation Techniques	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Support, Guide Labor Coach, PRN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Administer Analgesics	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Change Woman's Position, PRN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Do a Perineal Prep	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Provide Care and Monitor After Rupture of Membranes (Spontaneous or Artificial)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Monitor Fluid Status	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Mark One
I. Assist with Interventions During Delivery	1 2 3 4
1. Spontaneous Vaginal Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Forceps Vaginal Delivery/Vacuum Extraction Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Caesarean Section	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Delivery in a Birthing Room Setting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Labor Room Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Assist/Monitor Those Requiring Special Surveillance:	
a. General Anesthesia	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Regional Anesthesia:	
i. Epidural	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii. Spinal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii. Local Infiltration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Mark One
J. Immediate Care of Infant Post-Birth	1 2 3 4
1. Assess Infant & Assign Apgar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Suction Infant	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Weigh Infant	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Identify Infant Using Bracelet, Footprints and Mother's Bands	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Administer Vitamin K IM and Eye Prophylaxis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Collect Cord Blood Samples	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Perform Emergency Baptism	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Transfer to Newborn Nursery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Care of Infant with Maternal History Substance Abuse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Mark One
K. Postpartum Assessment	1 2 3 4
1. Fundus Consistency	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Lochia	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Bladder Distention	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Episiotomy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Incision (for Caesarean Delivery)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Physical Assessment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Mark One
L. Postpartum Intervention	1 2 3 4
1. Fundal Massage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Assist with Initial Attempts with Breastfeeding At/After Delivery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Provide Perineal Care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Assess/Foster Parent-Infant Bonding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Post-Anesthesia Recovery Care:	
a. Spinal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Epidural	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. General	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Implement Measures to Initiate Voiding if Distention Occurs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Interventions for Post-C-Sections	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PLEASE MARK YOUR LEVEL OF EXPERIENCE**

- 1 No Experience: Observed Only
- 2 Limited Experience: Performs < 6 Times Per Year; Needs Review
- 3 Moderate Experience: Performs 1-2 Times/Month; May Need Minimal Resource
- 4 Highly Experienced: Performs on Daily or Weekly Basis; Proficient

Applicant's Name \_\_\_\_\_

**H. Age of Patients Cared For**

Mark One

1  2  3  4

1. Infants and Toddlers (ages 0-3 years)

2. Young Children (ages 4-6 years)

3. Older Children (ages 7-12 years)

4. Adolescents (ages 13-20 years)

5. Young Adults (ages 21-39 years)

6. Middle Adults (ages 40-64)

7. Older Adults (ages 65-79)

8. Adults (ages >80)