LABOR AND DELIVERY SKILLS CHECKLIST

Instructions: Please complete this checklist to enable us to match your skills and interests with available assignments.

Place an "X" in the appropriate column that best describes your experience level with each skill.

LEVELS OF PROFICIENCY:
1. Experienced - performs well and independently (at least 1 year experience)
2. Limited experience - some assistance or practice needed (6 months to 1 year experience)
3. Little experience - need more experience, assistance required (less than 6 months experience)
4. No experience

SKILLS

A. ADMISSION
Admission Data Collection Procedures
1. Review of maternal record for care plan
2. Maternal vital signs
3. Fetal heart rate
   Fetoscope
   Doppler
   Electronic fetal monitor/ external and internal
4. Leopold's maneuvers
   Presentation
   Position
   Size
5. Assessment/palpitation of contractions
   Frequency
   Intensity
   Duration
6. Assessment of membrane status
   Nitrazine test (amnicator)
   Pooling of amniotic fluid
   Fern test
7. Assessment of show
8. Assessment of edema/ reflexes
9. Urine dipstick
10. Admission vaginal exam
    Station
    Effacement/dilation
    Presenting part
11. Assistance with sterile speculum exam
12. Initiation of IV access
13. Patient/family orientation to facility, procedures
14. Admission nursing documentation
    Nursing history
    Labor record

SKILLS 1 2 3 4
### B. FIRST STAGE OF LABOR

#### Latent Phase

1. Assessment
   - Maternal vital signs
   - Fetal heart rate
   - Contraction pattern
   - Rate of effacement/dilation
   - Rate of descent
   - Behavior/sources of discomfort

2. Nursing interventions
   - Diet/hydration
   - Activity
   - Elimination
   - Hygiene
   - Comfort/support
   - Family involvement

3. Outpatient
   - Nursing documentation
   - Assessment of true vs false labor
   - Physician notification
   - Common tocolytic medications
   - Discharge instructions/nursing documentation for undelivered patient
   - Critical thinking

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#### Active Phase

1. Assessment
   - (following) SROM
   - Hydration
   - Activity
   - Elimination
   - Hygiene
   - Comfort/support
   - Family involvement

2. Patient Education

3. Nursing documentation
   - Maternal vital signs
   - Fetal Heart Rate
   - Electronic fetal monitor/external and internal
   - IUPC, assist with
   - Contraction pattern
   - Rate of dilation/descent
   - Vaginal exam
   - Fluid/hydration status
   - Behavior and sources of pain/discomfort

4. Nursing interventions
   - (following) SROM
   - Hydration
   - Activity
   - Elimination
   - Comfort/Support
     - Whirlpool
     - Psychophrophylactic
C. SECOND STAGE OF LABOR

1. Assessment of second stage
   - Maternal vital signs
   - Fetal heart rate
   - Contraction pattern
   - Rate of descent
   - Behavior/sources of pain

2. Nursing interventions
   - Breathing/pushing techniques
   - Suprapubic/fundal pressure (shoulder dystocia)
   - Pain relief/support
   - Maternal positioning
     - Birthing bed
   - Family support/ involvement

3. Preparation for/Assistance with delivery
   - Routine setup of equipment/ supplies/ delivery cart
   - Spontaneous delivery
   - Forceps-assisted delivery
   - Vacuum-assisted delivery

D. THIRD STAGE OF LABOR OF PLACENTA

1. Post-delivery assessment of newborn
   - APGAR score
   - Initial newborn vital signs
   - Initial newborn screening assessment

2. Nursing interventions for newborn stabilization
   - Comfort/Support
     - Drying/wrapping techniques
     - Skin to skin contact
     - Radiant warmer
   - Maintenance of airway/ suctioning
     - Bulb
     - De Lee
     - Wall
   - Identification
     - Bands
     - Footprint sheets

3. One touch
4. Vitamin K
5. Erythromycin ointment
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<td>6. Cord blood</td>
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<td>7. Parental/newborn bonding</td>
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<td>8. Maternal assessment</td>
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<td>Placental separation</td>
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<td>9. Maternal nursing interventions</td>
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<td>Pitocin</td>
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<td>Examination of placenta/ membrane/ cord</td>
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<td>Disposal of placenta</td>
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<td>10. Assistance with perineal repair</td>
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<td>11. Patient education</td>
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<td>12. Nursing documentation</td>
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**E. THIRD STAGE OF LABOR RECOVERY OF MOTHER**

1. **Maternal assessment**
   - Maternal vital signs |   |   |   |
   - Fundus |   |   |   |
   - Fundal massage |   |   |   |
   - Lochia |   |   |   |
   - Perineum |   |   |   |
   - Fluid/hydration status |   |   |   |
   - Bladder/voiding status |   |   |   |
   - Anal/hemmorhoid assessment |   |   |   |

2. **Maternal nursing interventions**
   - Diet/hydration |   |   |   |
   - Ambulation |   |   |   |
   - Elimination |   |   |   |
   - Diet/hydration
     - Perineal cleansing |   |   |   |
     - Application of pad |   |   |   |
   - Comfort/ Pain relief
     - Perineal ice pack |   |   |   |
   - Maternal/ newborn bonding
     - Breastfeeding |   |   |   |
     - Bottle feeding |   |   |   |
     - Cord care |   |   |   |
     - Bathing the newborn |   |   |   |
     - Bulb syringe |   |   |   |

**F. SPECIAL SITUATION/COMPLICATIONS**

1. Emergency transfer to L&D |   |   |   |
2. Emergency transfer to Surgery |   |   |   |
3. Transfer to another facility |   |   |   |
4. Vaginal birth after Cesarean (VBAC) |   |   |   |
5. Assessment of VBAC patient |   |   |   |
6. Management/nursing interventions |   |   |   |
7. Patient education |   |   |   |
8. Nursing documentation |   |   |   |

Induction/Augmentation of labor/ artificial rupture of membranes

1. Assessment of need for Picotin induction/ augmentation |   |   |   |
## Meconium-stained amniotic fluid
1. Assessment of meconium in labor
2. Management/nursing interventions
3. Amnioinfusion
4. DeLee suctioning on the perenium
5. Nursing documentation
6. Patient education

## Prolapsed cord
1. Assessment/identification of prolapsed cord
2. Management/nursing interventions
3. Patient education
4. Nursing documentation

## Group B Strep
1. Assessment/identification of prolapsed cord
2. Risk factors
3. Management/nursing interventions
4. Cultures

## Postpartum hemorrhage
1. Assessment/identification
2. Management/nursing interventions
   - Fundal massage
   - Picotin
   - Methergine
   - Hemabate
3. Patient education
4. Nursing documentation

## Cesarean sections
1. Consents
2. Teaching
3. Preparation of patient
   - Bicitra
   - Foley
   - Shave prep
4. Labs
5. Notify surgery, nursery, pediatrician
6. Crash cart
7. Warmer
8. Suction and oxygen setup in OR

## Medications
1. Administration responsibilities/five rights
2. Patient education
3. Nursing documentation

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<th>Common Medications for Labor and Delivery</th>
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<tr>
<td>1. Demerol</td>
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<td>2. Morphine</td>
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<td>3. Nubain</td>
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<td>4. Phenergan</td>
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<td>5. Pitocin</td>
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<td>6. Methergine</td>
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<td>7. Hemabate</td>
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<td>11. Stadol</td>
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<td>Risk factors</td>
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<tr>
<td>Definition</td>
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<td>2. Diabetes</td>
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<td>Definition</td>
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<tr>
<td>Assessment</td>
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<td>Nursing documentation</td>
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3. HIV/Hepatitis B
   Assessment
   Risk factors
   Classifications
   Treatment/management
   Nursing precautions
   Confidentiality
   Documentation

4. Drug Abuse
   Assessment
   Risk factors
   Classifications
   Treatment/management
   Nursing precautions
   Confidentiality
   Documentation

5. Placenta Previa/Abruption
   Assessment
   Risk factors
   Definition
   Treatment/management
   Nursing precautions
   Documentation

Age Specific Experience
Circle each of the following age groups you have experience providing age specific care to:

- Neonatal
- Infant-Children(0-11)
- Adolescent (12-18)
- Adult
- Geriatric

_______________________________________________ ________________
Employee Signature                  Date