

## Labor and Delivery Skills Checklist

A = Able to perform without any supervision  
B = Perform Infrequently (would require some supervision)  
C = No Experience

### Medication Administration:

Interactions, Incompatibilities, Side effects

A  B  C

Admin IN. SC Meds (narcotics, analgesics, anticonvulsants, insulin)

A  B  C

Monitor IV Drips

A  B  C

Oxytocin Induction, Augmentation

A  B  C

Magnesium Sulfate Therapy & (other anticonvs. For pre-eclampsia/ eclampsia)

A  B  C

Labor Suppressants (e.g. Ritrodrene)

A  B  C

Antibiotics

A  B  C

Heparin

A  B  C

### Intervention During Delivery:

Spontaneous Vaginal Deliver

A  B  C

Forceps Vaginal Delivery

A  B  C

Provide Care & Monitor after rupture of membranes (spontaneous/artificial)

A  B  C

Caesarean Section

A  B  C

Labor Room Delivery

A  B  C

Obstetric Anesthesia- monitor those requiring special surveillance

A  B  C

General Anesthesia

A  B  C

Regional anesthesia

A  B  C

Epidural

- A  B  C

Spinal

- A  B  C

Local Infiltration

- A  B  C

### **Intervention During Delivery:**

Provide physical comfort measures

- A  B  C

Provide emotional support

- A  B  C

Support, Guide labor Coach, P>R>N>

- A  B  C

Change Woman's Position, as needed

- A  B  C

Do a Perineal Prep

- A  B  C

Coach in Psychoprophylactic Breathing and Relaxing Technique

- A  B  C

### **Obstetric Techniques & Procedures:**

Stress Test (oxytocin challenge test)

- A  B  C

Conduct Fetal Activity Determinants

- A  B  C

Perform Cardiopulmonary Resuscitation

- A  B  C

Adult (umbilical artery catheter)

- A  B  C

Infant (assist intubation & umbilical artery cath.)

- A  B  C

Ins., mis resuscitation drugs, admin IM narcans)

- A  B  C

Assess & Document Progress of labor

- A  B  C

Contraction Characteristic

- A  B  C

Changes in Women's Behavior, Appearance

- A  B  C

Status of Membrances

- A  B  C

Assess & Document Fetal Status

- A  B  C

Determine Fetal Position

- A  B  C

Auscultate FHR (fetal heart rate) using: Fetoscope

- A  B  C

Auscultate FHR (fetal heart rate) using: Doptone (Doppler Ultrasound)

- A  B  C

Monitor Uterine Activity & FHR Patterns using a fetal Monitor

- A  B  C

External Monitor (tocotransducer, ultrasounding, phono or abdominal ECG transducer)

- A  B  C

Internal Monitor (including connecting the leads and calibrating machine)

- A  B  C

## **OB Techniques & procedures Cont'd**

Identify FHR Patiterns

- A  B  C

Variability Reactivity

- A  B  C

Decelerations- early, late, variable

- A  B  C

Tachycardia - Bradycardia

- A  B  C

Assess & Document maternal Status:

- A  B  C

Vital Signs (BP,P) Accordin to stage of labor & patient stability

- A  B  C

Deviations from the norm (edema, deep refleces, clonus Intake & Output including urine for Glucose, Protein,Specific Gravity, Ketones

- A  B  C

Escort patient to assist with Pelvimetry

- A  B  C

Escort patient to assist with Ultrasound Scan

- A  B  C

### Postpartum Assessment:

Fundus Consistency

- A  B  C

Lochia

- A  B  C

Bladder Disgtension

- A  B  C

Episiotomy

- A  B  C

Incision (for caesarean delivery)

- A  B  C

Vital Signs

- A  B  C

### Provide Intrapartum Care to Women With:

Pregnancy - Induced hypertension

- A  B  C

Preeclampsia

- A  B  C

Eclampsia (seizures)

- A  B  C

Placenta Previa

- A  B  C

Abruption placenta

- A  B  C

Multiple Gestation

- A  B  C

Premature Labor

- A  B  C

Diabetes Melitus

- A  B  C

Cardiac Disease

- A  B  C

Asthma

- A  B  C

Infectious Diseases

- A  B  C

Hemorrhage

- A  B  C

Pyelonephritis

- A  B  C

Cystitis

- A  B  C

Sickle Cell Disease

- A  B  C

Rh Incompatibilities

- A  B  C

### **Immediate Care of Infant Post Birth: Assign Apgar Scores**

Physically Examine Newborn (anomalies, respiratory status)

- A  B  C

Suction Infant

- A  B  C

Weigh Infant

- A  B  C

Identify Infant using Bracelet, Footprints & Mother's Bands

- A  B  C

Eye Prophylaxis

- A  B  C

Collect Cord Blood Samples

- A  B  C

Transfer to Newborn Nursery

- A  B  C

### **IV Therapy:**

Start IV Lines

- A  B  C

Regulate IV's

- A  B  C

Mix IV Infusion using additives

- A  B  C

Discontinue Peripheral IV's

- A  B  C

Use IV Infusion pumps

- A  B  C

Use Heparin Locks

- A  B  C

Institute/Monitor Blood & Blood Products

- A  B  C

Draw Blood for Lab Studies

- A  B  C

**Postpartum intervention:**

Initiate Fundal Massage, if needed

- A  B  C

Provide Perineal Care

- A  B  C

Apply Ice to Perineum

- A  B  C

Foster parent-Infant Bonding

- A  B  C

Initiate post-Anesthesia Recovery Precautions

- A  B  C

Epidural

- A  B  C

General

- A  B  C

Spinal

- A  B  C

**Aseptic Technique Relative To L & D:**

Set up a Delivery Table

- A  B  C

Set up a Caesarean Section Table

- A  B  C

Circulate for Caesarean Section

- A  B  C

Scrub for a Caesarean Section

- A  B  C

Circulate, Scrub for Postpartum Tubal Lig.

- A  B  C

Assist w/an AROM (artificial rupture of membranes) Procedure

- A  B  C

Assist W/ Placement of Fetal Scalp Electrodes for Internal Monitoring

- A  B  C

Assist W/Placement of an intrauterine Pressure

- A  B  C

Catheter for internal Monitoring

- A  B  C

Assist W/Fetal Scalp Blood Sample Procedure

- A  B  C

Insert a Straight or Foley Catheter

- A  B  C

Perform a Vaginal Exam and Assess Effacement Dilation, Station & Presentatuib

- A  B  C

The information I have given is true and accurate to the best of my knowledge. I hereby authorize PACE Medical Staffing, Inc. to release this list to client health care facilities of Pace Medical Staffing, Inc.

Name

Signature

Date