

# LABOR & DELIVERY SKILLS CHECKLIST



## PROFILE

Name: \_\_\_\_\_

Date: \_\_\_\_\_  RN  LVN

Total Years of Experience: \_\_\_\_\_

## SKILL LEVEL

**A = No Experience. Theory only.**

**B = Comfortable performing with resources available.**

**C = Competent to perform safely and independently.**

**D = Highly Proficient. Performed frequently.**

**INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY  
FOR ALL PROCEDURES/EQUIPMENT IN THE LAST 12 MONTHS.**

	A	B	C	D		A	B	C	D
<b>A. ANTEPARTUM</b>									
1. Assessment					e. Presence of clonus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Assess for comfort .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Progression of labor				
b. Breathing/relaxation techniques .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Contradiction characteristics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Coaching .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Dilation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Positioning .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Effacement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & procedures					(4) Fetal presentation/position.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Catheter insertion					(5) Station .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Foley catheter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Status of membranes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Straight catheter .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) Sterile speculum exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Delivery table set-up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(8) Vaginal exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sonogram					g. Rupture of membranes				
(1) Amniotic fluid index .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Fern test .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Assist with sonogram.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Nitrazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Biophysical profile.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Equipment & procedures				
(4) Perform sonogram.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Amnioinfusion (assist or perform)				
<b>B. LABOR ASSESSMENT</b>					(1) For meconium.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Fetal assessment					(2) For variable decelerations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Auscultate fetal heart rate					b. Artificial rupture of membranes (assist)				
(1) Doppler .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Prolapsed cord.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Fetoscope.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Recognize potential complications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determine fetal position .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Collect blood/urine specimens.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Document FHR patterns .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Collect vaginal cultures				
d. Identify normal & treat abnormal FHR patterns					(1) Chlamydia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Baseline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Fluid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Early decelerations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Group B strep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Late decelerations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Herpes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Prolonged decelerations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Document labor status/assessment & interventions				
(5) Variability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Anticonvulsants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Variable decelerations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Labor suppressants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maternal assessment					f. External fetal monitor application				
a. Deep tendon reflexes (DTRs) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Doppler .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Edema.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Phono or abdominal, ECG transducer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Norms for perinatal vital signs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Toco transducer, ultrasound .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Perform admission risk assessment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**A B C D**

- g. Internal monitoring (assist or perform insertion)
  - (1) Intrauterine pressure catheter
    - (a) Fluid filled.....
    - (b) Transducer tipped.....
  - (2) Spiral electrode.....
- h. Perform Leopold's maneuvers.....
- i. Toxicology studies.....
- 4. Medications
  - a. Administer IM / SC.....
  - b. Administer IV meds/monitor IV drips
    - (1) Antibiotics.....
    - (2) Antihypertensives.....
    - (3) Heparin.....
    - (4) Magnesium sulfate.....
    - (5) Narcotics.....
    - (6) Oxytocin.....
  - c. Assist with prostin gel.....
  - d. Cervidil insertion.....
  - e. Use of Cytotec.....
  - f. Use of prostin suppositories.....

**C. COMPLICATIONS OF PREGNANCY**

- 1. Assessment
  - a. Identify common arrhythmias.....
  - b. Normal cardiac rhythms.....
  - c. Patient education
    - fetal movement counts.....
- 2. Equipment and procedures
  - a. Assist with external version.....
  - b. Assist with fetal scalp sampling.....
  - c. Assist with percutaneous
    - umbilical sampling.....
  - d. Assist with umbilical blood sampling.....
  - e. Circulate for Cesarean delivery.....
  - f. Circulate, scrub for bilateral
    - tubal ligation.....
  - g. Conduct contraction stress test
    - (1) Breast stimulation.....
    - (2) Oxytocin challenge.....
  - h. Conduct non-stress test
    - (1) Stimulate fetus.....
    - (2) Vibro acoustic stimulation.....
  - i. Draw umbilical blood samples.....
  - j. Glucose reflectometer.....
  - k. Lines/monitoring
    - (1) Central venous lines.....
    - (2) Invasive hemodynamic monitoring.....
    - (3) PICC lines.....
    - (4) Pulmonary artery catheters.....
  - l. Scrub for Cesarean delivery.....

**A B C D**

- m. Set up Cesarean delivery.....
- 3. Care of the patient with:
  - a. Abruptio placenta.....
  - b. Asthma.....
  - c. Cardia disease.....
  - d. Chorio amnionitis.....
  - e. Chronic hypertension.....
  - f. Collagen vascular disease.....
  - g. Diabetes.....
  - h. Eclampsia.....
  - i. HBV.....
  - j. HELLP syndrome.....
  - k. Hemolytic anemias.....
  - l. Hemorrhage.....
  - m. HIV positive.....
  - n. Hypertension.....
  - o. Malpresentations.....
  - p. Multiple gestation.....
  - q. Other infections.....
  - r. Placenta previa.....
  - s. Preeclampsia.....
  - t. Premature labor.....
  - u. Pyelonephritis.....
  - v. RH disease.....
  - w. Sickle cell disease.....
- 4. Medications
  - a. Indomethacin.....
  - b. Insulin.....
  - c. Magnesium sulfate.....
  - d. Procardia.....
  - e. Ritodrine.....
  - f. Terbutaline
    - (1) IV.....
    - (2) PO.....
    - (3) Pump.....
    - (4) SC.....

**D. INTERVENTIONS DURING DELIVERY**

- 1. Cesarean section.....
- 2. Forceps vaginal delivery.....
- 3. Monitor patients with anesthesia
  - a. General anesthesia.....
  - b. Regional anesthesia
    - (1) Epidural.....
    - (2) Local infiltration.....
    - (3) Spinal.....
- 4. Spontaneous vaginal delivery.....
- 5. Vacuum extraction delivery.....

	A	B	C	D
<b>E. INFANT INTERVENTIONS POST DELIVERY</b>				
1. Assessment				
a. Apgar scoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Initial vital signs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Intervention/risk factors for				
(1) IDM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) LGA, SGA, IUGR.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Newborn physical assessment				
(1) Ballard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Dubowitz.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Finnegan scoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment & procedures				
a. Assist with initial breast feeding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assist with interventions for meconium staining.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bath-perform and teach.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cardiac-respiratory monitor placement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Circumcision care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cord care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Discharge teaching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Heelstick glucose determination.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Infant identification.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Neonatal resuscitation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Obtain hematocrit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Obtain neonatal toxicology screen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Phototherapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Promote bonding behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Suctioning				
(1) Bulb.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Delee.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Wall.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medications				
a. Eye prophylaxis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vitamin K.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. POST PARTUM INTERVENTIONS**

1. Assessment				
a. Bladder distension.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breast feeding				
(1) Latch-on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Positioning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DVT (Deep vein thrombosis).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C	D
d. Episiotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fluid balance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fundal height.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fundal massage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Loxia amount.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Maternal vital signs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. PHLEBOTOMY/IV THERAPY**

1. Equipment & procedures				
a. Administration of blood/blood products				
(1) Cryoprecipitate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Packed red blood cells.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Plasma/albumin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Whole blood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drawing blood from central line				
c. Drawing venous blood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Starting IVs				
(1) Angiocath.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Butterfly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Heparin lock.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care of the patient with:				
a. Central line/catheter/dressing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Peripheral line/dressing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H. PAIN MANAGEMENT & ANESTHESIA**

1. Assessment of pain level/tolerance.....				
2. Care of the patient with:				
a. Epidural anesthesia/analgesia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. IV conscious sedation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient controlled analgesia (PCA pump).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assist with delivery of anesthesia				
a. Anesthesia toxicity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Coaching patient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Epidural block.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fluid challenge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hypotension.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intrathecal narcotics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Intravascular injection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Positioning patient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Signs/symptoms of dural puncture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Spinal anesthesia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Documentation of anesthesia				
a. Computer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Flowchart.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

**AGE SPECIFIC EXPERIENCE:**

<b>A. Newborn/Neonate (birth - 30 days)</b>	<b>D. Young adults (18 - 39 years)</b>
<b>B. School age children (5 - 12 years)</b>	<b>E. Middle adults (39 - 64 years)</b>
<b>C. Adolescents (12 - 18 years)</b>	<b>F. Older adults (64+ years)</b>

**EXPERIENCE WITH AGE GROUPS:**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**My experience is primarily in: (Please indicate number of years.)**

- Labor & Delivery    \_\_\_ Year(s)
- LDR    \_\_\_ Year(s)
- LDRP    \_\_\_ Year(s)
- Community Hospital    \_\_\_ Year(s)
- Rural Hospital    \_\_\_ Year(s)
- Teaching Hospital    \_\_\_ Year(s)

Avg. Number of Births per Month: \_\_\_\_\_

**Certification:**

BCLS Exp. Date: \_\_\_\_\_ NRP Exp. Date: \_\_\_\_\_ RNC Exp. Date: \_\_\_\_\_

Advanced Fetal Monitoring (AFM) Exp. Date: \_\_\_\_\_

Other (type): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Computerized charting system: \_\_\_\_\_ Date: \_\_\_\_\_

Medication administration system: \_\_\_\_\_ Date: \_\_\_\_\_

The information I have given is true and accurate to the best of my knowledge. I hereby authorize ProCare One Nurses to release this Labor & Delivery Checklist to their Client facilities in relation to consideration of employment as a nurse with those facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_