

Skills Self Assessment  
**LABOR DELIVERY**  
 Antepartum, L/D, PP, Nursery



Please indicate your level of experience (1, 2, or 3.) One year experience in profiled specialty required.

**1. Limited** - Less than one year    **2. Experienced** - One to Two years    **3. Independent** - Two or more years

<b>Peri Partum Care</b>	1	2	3
Asthma			
Cardiac Disease			
Comfort Measures			
Deep tendon reflexes			
Diabetes			
Diseases Communicable			
Diseases Infectious			
Emotional Support			
Fluid volume assessment			
HELLP Syndrome			
Hemolytic Anemia			
Hypertension			
Multiple Gestation			
Pain Assess / Manage			
Positioning			
RH Incompatibility			
Sickle Cell			
System assessment			
<b>ANTE PARTUM</b>	1	2	3
Amnioinfusion			
Amniotic Fluid			
Breathing/relaxing			
Coaching			
Cystitis			
Eclampsia			
Fetal Assessment/position			
Fetal Cardiac assess			
Gestational Age			
Labor Status assess/ intervene			
Labor suppression			
Preclampsia			
Pregnancy Induced Hypertension			
Premature Labor			
Pyleonephritis			
Speculum exam			
Station			
Stress Test			
Vaginal Cultures			
Vaginal Exam			

<b>INTRAPARTUM</b>	1	2	3
Placenta Abruptio			
Anesthesia General			
Anesthesia Epidural			
Anesthesia Regional			
Anesthesia Spinal			
Breech			
Chorioamnionitis			
Coaching			
Contraction Characteristic			
Delivery_C-Section			
C-Section_Scrub			
Decelerations Early/Late			
Decelerations Prolonged			
Delivery_Vaginal			
Dilation Cervical			
Eclampsia/Pre			
Effacement			
Fetal Monitoring			
Fetal Scalp Sampling			
FHR Patterns			
Forceps Delivery			
Hemorrhage			
Intrauterine Pressure Catheter			
Labor Progression			
Lepoid's Maneuver			
Malpresentation			
Membrane Rupture			
Membrane Rupture_Artificial			
Membrane Status			
Multiple Gestation			
Oxytocin Challenge			
Perineal Prep			
Placenta Previa			
Prolapsed Cord			
Ultrasound			
Vacuum Delivery/Extraction			
Variable Decelerations			
Surgery Pre / Post			
Sterile Technique			

<b>NEONATAL Care</b>	1	2	3
Anomaly Newborn - Care			
Apgar Scoring			
Assessment Stabilize Newborn			
Bathing Infant			
Bonding Behaviors			
Circumcision Care			
Cord care/ Blood Samples			
Eye Prophylaxis			
Feeding			
Infant Identification Banding			
Meconium Staining			
Neonatal resuscitation			
Paternal Teaching			
Phototherapy			
Suctioning			
Weight/Measurement Infant			
<b>POST PARTUM Care</b>	1	2	3
Bladder distention			
Breast Feeding / Instruction			
DVT			
Episiotomy			
Fundal massage/assess			
Hemorrhage			
Incision Care			
Lochia Assessment			
Mother Identification Banding			
Postpartum/Perineal Care			
Tubal Ligation_Scrub			
<b>General Care</b>	1	2	3
Adoption			
Bereavement Post Mortem			
Blood/Blood Products			
Catheter Care/Insertion			
Consent for treatment			
D & C			
Drip Calculations			
Glucose monitoring			
Isolation			
IV's & Arterial Lines/Ports			
Lab_Obtain/Interpret			
Latex Allergy Guidelines/Procedure			
Medication Administration			
Medication Calculation			
O2 Saturations / Oxygen Therapy			
Pain Assess / Manage			
PCA Pump			
Restraints			
Specimen collection/values			
Teaching Pt/Others			
Universal Precautions			
Wound / Dressing Care			

I attest the information submitted is true and accurate to the best of my knowledge.

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

Name: (print) \_\_\_\_\_

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