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1. Respectful Communication

Prepare Before All Skills and Procedures

1. Greet the woman and her family respectfully.
2. Provide privacy and make the woman comfortable.
3. Listen carefully to the woman.
4. Explain to the woman (and family) what you are going to do.
5. Answer any questions the woman or family may have.

2. Consent for Care

Before touching a patient, performing a procedure or providing medication:

1. Explain to the woman your diagnosis or purpose and what you are going to do.
2. Do not proceed without the woman's permission except in emergencies when the woman is unable to consent.

3. Universal Precautions Adapted from: Centers for Disease Control and Prevention *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007*

1. Treat all body fluids except sweat as potentially infectious.
2. Use personal protective equipment appropriate for the situation (gloves, gown, apron, mask, goggles, face shield)
3. Handle soiled patient-care equipment, textiles and laundry in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.
4. Handle needles and sharps safely. Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container.

4. Nutritional Counseling

1. Take a nutritional history.
2. Perform a nutrition focused exam: Weight, height or demi-span, mid-upper arm circumference (<21 cm correlates with BMI < 18.5), anemia screen (hematocrit or pale conjunctiva).
3. Advise a patient about foods containing nutrients essential during pregnancy (protein, iron, folic acid, iodine, calcium).

5. Health Education

Educate a woman or group of women about good health habits during pregnancy (keeping clean, dental hygiene, exercise, sleep/rest).

1. Educate a woman or group of women about things to avoid during pregnancy (Alcohol, tobacco, medications not prescribed by her midwife or doctor, people with infections).
2. Educate a woman or group of women about danger signs in pregnancy (pre-eclampsia, bleeding, pain, labor, premature rupture of membranes).
3. Health education should be comprehensive, appropriate to the educational level of the patient and allow time for questions. The patient(s) should be questioned to insure understanding of important information.

6. Prenatal Visits

Providing prenatal care requires the performance of many tasks. It is not expected for students to demonstrate mastery of all tasks in a single encounter. To satisfactorily complete a task a student should perform that task independently and without coaching.

7. Obstetrical History and Physical Exam

To satisfactorily complete this skill the student should follow the format of the *Midwives For Haiti Obstetrical History and Physical Exam* form.

1. Accurately and legibly record the patient's demographic information.
2. Accurately record Gravidity, Parity, Term births, Pre-term births, Abortions and Living children.
3. Accurately record previous pregnancy history.
4. Accurately record past infectious disease history (malaria, TB, HIV, chlamydia, gonorrhea and syphilis).
5. Accurately record the Past Medical History.
6. Accurately record Past Surgical History.
7. Accurately record current Medications.
8. Accurately record Tetanus vaccination history.
9. Accurately record Family History.
10. Perform a Physical Examination.

Emphasis is placed on proper assessment of:

- a. Blood Pressure
- b. Estimate of uterine size and correlation with gestational age by LMP
- c. Vulva, vagina and cervix
- d. Conjunctiva for assessment of anemia
- e. Thyroid for enlargement
- f. Heart rate and rhythm
- g. Breast masses
- h. Abdominal scars, tenderness and masses
- i. Leg or foot edema

8. Identification of Problems and Risk Factors

Demonstrate an understanding of significant findings from the *History and Physical Exam* and how they may influence management of the patient's pregnancy. This is an opportunity for the student to utilize their problem solving abilities. Give the student the chance to identify significant findings and if necessary direct attention to these findings and ask how they may impact the pregnancy and its management.

Examples:

1. Unknown LMP
2. Long distance from a hospital
3. History of pre-term birth
4. History of previous C-S
5. History of stillbirth
6. History of an STI
7. Chronic hypertension
8. Frequent UTI's
9. Uterus larger or smaller than expected for gestational age by LMP

9. Prenatal Examination

1. Accurately measure weight, blood pressure, mid-upper arm circumference and fundal height.
2. Evaluate fetal heart rate with a fetal doppler and a fetoscope.
3. Measure urine protein with a urine dipstick.
4. Accurately record measurements and findings on the patient's prenatal record.
5. Identify abnormal findings.

10. Calculate Estimated Date of Delivery

Utilize all available information to estimate a patient's gestational age and her estimated date of delivery

1. Last menstrual period
2. Uterine size
3. First fetal movement
4. First detection of fetal heart by fetoscope or doppler
5. Ultrasound measurement
6. The student should demonstrate an understanding of the limitations of each method of estimating gestational age

11. Laboratory Tests

The type of testing done will depend on the clinical setting. In the hospital, laboratory tests will be ordered and specimens may need to be obtained by the student. In the prenatal mobile clinic rapid immunoassays are used.

In the hospital:

Order and/or obtain specimens for testing:

1. Pregnancy
2. Malaria
3. HIV
4. Syphilis
5. Gonorrhea
6. Chlamydia
7. Urinalysis

Successful performance of this skill requires:

1. Each test was ordered for an appropriate indication
2. The specimen for the test was correctly obtained if applicable

Lab Test Interpretation:

1. Correctly interpret lab tests
2. Correctly record lab test results in patient's record

In the Mobile Prenatal Clinic

Perform the following rapid tests after correctly obtaining the specimen

1. Pregnancy
2. HIV
3. Syphilis
4. Gonorrhea
5. Chlamydia
6. Urine dipstick

Successful performance of this skill requires:

1. Each test was performed for an appropriate indication
2. The specimen for the test was correctly obtained
3. The test was performed according to the written protocol
4. The test was correctly interpreted
5. The test result was correctly recorded in the patients record

12. Prenatal Preventative Care

1. Administer appropriate preventative treatment for intestinal worms
 - a. Correct dose given at the correct gestational age
2. Perform malaria testing according to the written protocol
 - a. Testing performed at the correct gestational age
 - b. Test correctly performed and interpreted
 - c. For patients with a positive test provide treatment according to the written protocol
3. Provide the patient with multi-vitamins, folic acid and iron supplements
4. For each medication or supplement instruct the patient about the proper dose and side-effects
5. Record test results and treatments in the patient's record

13. Planning for Delivery

This skill requires a student to consider an individual woman's health, financial resources, family support, home location, community support and past obstetrical history. The student will usually recommend that the patient plan to deliver at the hospital, however, the patient may choose to deliver at home or not be able to come to the hospital when she is in labor. Successful completion of this skill requires that the student problem solve with the patient to develop a plan that provides the most safety for mother and baby with the resources available to the woman.

1. Discuss a woman's plans for delivery
2. Where does she plan to deliver?
3. Who will help her during labor and delivery?
4. If she plans to deliver at home does she have a plan for emergency transport?
5. Explore transport options with the woman.
6. If she plans to deliver at a hospital how will she be transported?
7. Advise the woman about danger signs of pregnancy and what she should do if they appear.
8. Discuss when a woman should come to the hospital. (Danger signs, labor, ruptured membranes, fever, pain, bleeding)
9. Identify risk factors that increase the importance of the patient delivering at a hospital (past history of postpartum hemorrhage, HIV, twins, breech presentation, placenta previa, previous cesarean section)
10. Document the discussion in the patient's record

14. Vital Signs Assessment

Students should be able to accurately 1) evaluate vital signs 2) differentiate normal from abnormal 3) recognize abnormalities that constitute emergencies and 4) recommend appropriate actions.

1. Accurately assess:
 - a. Blood pressure
 - b. Maternal heart rate
 - c. Temperature
 - d. Respirations
 - e. Sensorium
 - f. Urine output
 - g. Fetal heart rate
2. Correctly identify each vital sign as normal or abnormal
3. Provide possible etiologies for any abnormal vital signs
4. Identify abnormal vital signs that indicate a possible life-threatening condition
5. Take appropriate action for any abnormal vital sign (e.g. notify a physician, administer oxygen, give IV fluids, start antibiotics, alter maternal position, give hydralazine)
6. Accurately record vital signs, impressions and interventions in the patient's record

This skill can be assessed by providing the student with hypothetical scenarios as all possible vital sign abnormalities are not expected to be encountered during the students training.

15. Evaluation and Management of First Trimester Bleeding

Successful demonstration of this skill requires the student to gather pertinent information by taking a history, performing an exam and obtaining appropriate laboratory tests. If the student believes an ultrasound examination is required the patient will need referral to a physician. This is a high level problem solving skill. It is expected that students will require considerable guidance in learning this skill. The skill should not be considered to have been mastered unless the student is able to gather information, formulate a differential diagnosis and describe an appropriate plan of action without significant help from others. The heart of the skill is the problem solving method. Specific details about the various causes of first trimester bleeding are evaluated in written exams.

Evaluate a woman with the complaint of vaginal bleeding in the first trimester.

The student should:

1. Assess the situation as emergent or non-emergent
2. Take an appropriate history
3. Determine by appropriate means if the patient is pregnant
4. Estimate gestational age as accurately as possible.
5. Perform an appropriate physical examination
6. State what laboratory tests should be performed
7. State possible etiologies for the bleeding (e.g. menses, threatened abortion, incomplete abortion, trauma, ectopic pregnancy)
8. Recommend a management plan
9. Document the history, physical, laboratory results, impression and plan in the patient's record

16. Administer IM Injections

This skill has several components which must be completed correctly if patients are to receive safe and effective injections. Each component must be correctly performed for the student to successfully complete this skill.

1. Select an appropriate syringe and needle for the injection
2. Insure that the needle and syringe are sterile
3. Demonstrate the proper method to draw up medication from an ampule and a vial
4. Demonstrate the proper method to reconstitute a powder medication in a vial
5. Confirm that the correct medication and dose is being given to the correct patient
6. Demonstrate the safe injection of medication in the buttock and thigh of an adult
7. Demonstrate the safe injection of a medication in the thigh of an infant
8. Demonstrate the safe subcutaneous injection of a medication
9. Dispose of the syringe and needle safely in a sharps container
10. Document the administration of the injection in the patient's record

17. Starting an IV

This skill has several components which must be completed correctly if patients are to receive safe and effective intravenous fluids and medications. Each component must be correctly performed for the student to successfully complete this skill.

1. Gather all of the supplies needed for starting an IV (bag of IV fluid, sterile tubing, intravenous catheter, tape)
2. Prepare IV bag and tubing. Prime tubing.
3. Apply tourniquet.
4. Select appropriate vein and clean skin.
5. Insert intravenous catheter.
6. Remove tourniquet.
7. Connect tubing to catheter.
8. Tape catheter and tubing in place.
9. Confirm proper placement of intravenous catheter.
10. Document insertion of the IV in the patient's record.

18. Peripheral IV Inspection

Students will care for many patients with peripheral IV's. IV sites should be inspected at least once a day.

Successful completion of this skill requires:

1. Assessment of the need for continuation of the IV. If the IV is no longer needed it should be removed.
2. Inspection of the site for early signs of phlebitis.
 - a. Mild pain or redness. Monitor site.
 - b. Pain and redness. Remove and replace IV catheter.
 - c. Pain, redness and induration. Remove and replace IV catheter. Notify physician.
 - d. Infiltration of site. Remove and replace IV catheter.
3. Assess integrity of site dressing and security. Replace or reinforce as needed.
4. Document inspection of site and any interventions.

19. Administration of Intravenous Medications

Successful completion of this skill requires that the student follow procedures that insure patient safety.

The **right drug** must be given to

the **right patient** in

the **right dose** at

the **right time**.

1. Confirm that the correct medication and dose is being given by reviewing the written order. If a verbal order has been received it must be confirmed by "reading back" the order to the physician or midwife.
2. Confirm that the medication is being given to the correct patient.
3. Check the expiration date for the medication.
4. Confirm the method of administration; bolus, intermittent infusion, continuous infusion.
5. Prime IV tubing
6. Confirm the timing of the dose.
7. Inquire about patient allergies. Check the patient's record and ask the patient.
8. Check for medication incompatibilities.
9. Inspect the IV site for phlebitis, infiltration and patency before giving the medication.
10. Calculate the correct dose.
11. Prepare the medication for administration with an aseptic technique.
12. Prepare and administer antibiotics by intermittent infusion.
 - a. Monitor for allergic reaction.
13. Prepare and administer pitocin by continuous infusion at appropriate rates both intrapartum and postpartum.
 - a. Monitor uterine contractions.
 - b. Monitor fetal heart rate.
14. Prepare and administer hydralazine by slow IV-push.
 - a. Monitor blood pressure.
15. Prepare and administer magnesium sulfate by continuous infusion. (Loading and maintenance doses)
 - a. Monitor urine output and reflexes.
 - b. Have calcium gluconate available and state when and how to administer.
16. Follow all written protocols for administering medications.
17. Document administration of medications in the patient record.

20. Urinary Catheter Placement

Successful demonstration of this skill requires that the student:

1. Assist the woman to void if possible before resorting to catheterization.
2. Gather sterile equipment in preparation for inserting the catheter..
3. Explain to the woman what she is doing and what the patient may feel.
4. Use aseptic technique to insert the catheter.
5. Document the procedure in the patient's record.

21. Evaluation of the Fetal Heart Rate During Labor

This skill should be performed with an electronic doppler and a fetoscope. Successful demonstration of this skill requires the student to accurately assess the fetal heart rate, correctly classify the rate as being reassuring or non-reassuring and to recommend an appropriate action based on the heart rate.

1. Assess the fetal heart rate every 30 minutes while the woman is in labor.
2. Assess the fetal heart rate more frequently if an abnormal pattern is found.
3. Assess the heart rate during and after a contraction.
4. Classify the heart rate as reassuring or non-reassuring.
5. For non-reassuring heart rate patterns make the correct recommendation for intervention (position change, IV fluids, oxygen by mask, expedite delivery, notify a physician)
6. Document the fetal heart rate on the partogram.

22. Evaluation of Fetal Position (Leopold's Maneuvers)

Students should demonstrate this skill on women at approximately 36 weeks gestation.

1. Accurately assess the position of the fetus as cephalic, breech or transverse.
2. If the student is uncertain if the fetus is cephalic or breech have her determine if the fetus is lying vertical or transverse.

23. Labor Evaluation

This skill involves skill 7, identify the onset of labor, but also encompasses a full evaluation of mother and fetus soon after her presentation at the hospital. As a complex multi-component skill it may be necessary for the student to demonstrate this skill in stages.

A recommended order of evaluation:

1. Are there any emergent conditions present?
2. Review obstetrical, medical and surgical history.
3. What is the gestational age?
4. Is the patient having regular and painful contractions?
5. Does the patient have ruptured membranes?
6. Assess maternal vital signs.
7. Determine fetal heart rate and fetal presentation.

Successful demonstration of this skill requires that the student:

1. Begin her assessment of the patient as soon as the patient presents to the hospital.
2. Quickly assess the patient for any emergent problems such as impeding delivery, vaginal bleeding, pre-eclampsia or infection.
3. Review the patient's history for any pertinent information that may impact management of labor and delivery.
4. Use all available information to determine gestational age. Is there any evidence to indicate preterm labor?
5. Monitor the patient's uterine contractions.
6. Assess maternal and fetal vital signs.
7. Recognize any abnormal maternal or fetal vital signs.
8. Assess the patient for ruptured membranes.
9. Determine fetal presentation.
10. Recommend a plan for managing the patient (e.g. observation, physician referral, walking, magnesium sulfate, antihypertensives, antibiotics)
11. Document the labor evaluation in the patient's record. This should include objective information, the student's assessment and plan.

24. Labor Support

Students should support the woman during labor by providing reassurance and comfort measures. They can only do this by remaining with the patient during her labor. This skill can be successfully completed by doing some or all of the following:

1. Do not leave the woman alone during labor. If the student needs to take a break she should be relieved by another health care worker or a family member.
2. Reassure the patient that what she is experiencing is normal and that she and her baby are doing well (if this is true).
3. Have the woman drink at least 1 cup of water each hour.
4. Help the patient to walk or find a comfortable position to labor.
5. Do not leave the patient lying on her back.
6. Help the patient to urinate at least once every 2 hours.
7. Help the patient to remain clean and change bedding when it becomes wet or soiled.
8. Always treat the patient with respect and kindness.

25. Labor management

This skill involves monitoring the wellbeing of the mother and fetus during labor and identification of delayed progress in labor. The partogram is used to document labor. The student is expected to identify problems and make recommendations for appropriate intervention. Successful completion of this skill will be demonstrated by the following:

1. If the student was not responsible for the initial evaluation of the patient when she entered the hospital a rapid assessment for emergency conditions should be performed. The student should look for:
 - a. Vaginal bleeding
 - b. Hypertension
 - c. Seizures
 - d. Severe pain
 - e. Breathing difficulty
 - f. Fever
 - g. Low blood pressure and/or rapid heart rate
 - h. Fetal heart rate below 100 or above 180

2. In the first stage of labor (cervix 0-3 cm, weak contractions, less than 2 in 10 minutes) monitor the patient as follows:

Monitor Every Hour

- Look for emergency signs
- Frequency, intensity and duration of contractions
- Fetal heart rate
- Mood and behavior

Monitor Every 4 Hours

- Cervical dilation
- Temperature
- Pulse
- Blood Pressure

3. Assess progress of labor and make an appropriate recommendation:
 - a. Physician referral
 - b. Discharge home
 - c. Monitor in active labor

4. In active labor (cervix dilated 4 cm or more) monitor the patient as follows:

Monitor Every Thirty Minutes

- Look for emergency signs
- Frequency, intensity and duration of contractions
- Fetal heart rate
- Mood and behavior

Monitor Every 4 Hours

- Cervical dilation
- Temperature
- Pulse
- Blood Pressure

5. When in active labor begin plotting information on the partograph
 - a. Take appropriate action if labor plot crosses the ALERT LINE (physician referral, encourage patient to walk)
 - b. Take appropriate action if labor plot crosses the ACTION LINE (physician referral)

6. In the second stage of labor monitor the patient as follows:

Monitor Every 5 Minutes

- Look for emergency signs
 - Frequency, intensity and duration of contractions
 - Fetal heart rate
 - Perineum thinning and bulging
 - Visible descent of fetal head
 - Mood and behavior
7. Give supportive care
 8. Ensure that the woman is able to empty her bladder during labor at least once every two hours.
 9. Assist the woman to find a comfortable position for labor.
 10. Ensure that equipment needed for delivery and possible newborn resuscitation is available and set up before delivery.
 11. If the second stage lasts more than 2 hours request assistance from a more senior midwife or a physician.
 12. Document findings on the partograph and the patient's record.

26. Manage a normal cephalic delivery

This skill involves assisting the mother with an uncomplicated vaginal delivery. It does not include performance of an episiotomy, repair of lacerations or management of shoulder dystocia. These skills are evaluated separately.

Successful completion of this skill will be demonstrated by the following:

1. Controlled delivery of the fetal head.
2. Support of the perineum.
3. Clearing infant's face, nose and mouth of mucus and membranes.
4. Gentle downward traction to assist delivery of anterior shoulder.
5. Placing baby on mother's abdomen.
6. Drying infant and keeping him/her warm.
7. Assessing infant's respirations.
8. Tie/clamp and cut cord after appropriate delay (30 seconds or longer).
9. Taking immediate action if infant is not vigorous after delivery (call for help, begin resuscitation).
10. Exclude presence of a second fetus.
11. Perform delivery with clean techniques.
12. Use appropriate personal protective equipment.
13. Document the delivery in the patient's record.

27. Active management of the third stage of labor

To reduce bleeding following delivery the student should actively manage the delivery of the placenta. Successful completion of this skill will be demonstrated by the following:

1. Following delivery of the infant checking for the presence of a second fetus.
2. Giving the patient 10 units of oxytocin IM after ensuring there is not a second fetus.
3. Utilizing controlled cord traction with one hand and uterine counter traction with the other.
4. As the placenta is delivered gently twisting membranes into a rope to decrease risk of tearing membranes.
5. Inspecting the placenta to ensure that no fragments were retained in the uterus.
6. If the placenta is not delivered after 30 minutes and the patient is not bleeding:
 - a. Emptying bladder.
 - b. Encouraging breastfeeding
 - c. Repeating controlled cord traction.
7. If the woman is bleeding requesting physician assistance.
8. If the placenta is not delivered in 1 hour requesting physician assistance.
9. Documenting the third stage of labor in the patient's record.

28. Family Planning Counseling

This skill involves counseling the postpartum patient about options on birth spacing and family planning. It may involve the patient's partner. The skill is related to counseling only and does not include skills such as IUD insertion. Successful completion of this skill will be demonstrated by the following:

1. Explaining reproductive physiology in the postpartum period.
2. Explaining that pregnancy is possible as soon as 4 weeks postpartum if the patient is not exclusively breastfeeding.
3. Explaining that breastfeeding is protective from pregnancy if:
 - a. The patient is no more than 6 months postpartum.
 - b. She is exclusively breastfeeding (8 or more times per day, including at least once at night; no daytime feedings more than 4 hours apart and no night feedings more than 6 hours apart; no complementary foods or fluid)
4. Counseling the women on the use of condoms.
5. Counseling the woman about female and male sterilization.
6. Counseling about contraceptive options appropriate for breastfeeding and non-breastfeeding women.

Non-Breastfeeding Women

Immediate

1. Condoms
2. Progestogen-only injectables
3. Implants
4. Female sterilization
5. Copper IUD

Delayed 3 weeks

1. Combined oral contraceptives
2. Cycle beads

Breastfeeding Women

1. Lactational amenorrhea
2. Condoms
3. Female sterilization
4. Copper IUD

Delayed 6 weeks

1. Progestogen-only injectables
2. Implants

Delayed 6 months

1. Combined oral contraceptives
2. Cycle beads

7. Document the counseling session in the patient's record.

This skill involves assessing the infant immediately after delivery for physiologic or anatomic abnormalities. The student will need to perform a physical examination, be capable of describing normal and abnormal findings and make correct recommendations for managing abnormal findings. Successful completion of this skill will be demonstrated by the following:

1. Assessing the baby's need for resuscitation and assigning an Apgar score.
2. Performing a physical examination of the baby to include the following:
 - a. General appearance, color, activity and muscle tone.
 - b. Respiratory rate, breathing difficulty such as grunting or retraction
 - c. Heart rate
 - d. Temperature
 - e. Weight, length and head circumference
 - f. Evaluation of head shape, suture lines and fontanels
 - g. Ears (check for low set ears and reaction to sound)
 - h. Eyes
 - i. Nose and mouth (check for cleft)
 - j. Neck (check for masses)
 - k. Shoulders, arms and hands (check for fractures, normal movement)
 - l. Abdomen (check for umbilical hernia and masses)
 - m. Anus (check for imperforate anus)
 - n. Genitals (check boys for undescended testicles and girls for normal labia and imperforate hymen)
 - o. Hips (check for dislocation)
 - p. Feet (check for club foot)
 - q. Back (check spine)
3. Making correct recommendations for managing the following findings:
 - a. Cyanosis
 - b. Poor muscle tone
 - c. Difficulty breathing (retracting)
 - d. Heart rate over 180
 - e. Temperature below 36.5°C
 - f. Wide suture lines or bulging fontanel
 - g. Cleft lip or palate
 - h. Imperforate anus
 - i. Undescended testicles
 - j. Imperforate hymen
 - k. Dislocated hip
 - l. Club foot
4. Document the newborn exam in the mother's record.

30. Newborn Eye Care and Vitamin K Injection

Shortly after birth the newborn should receive treatment to prevent gonococcal conjunctivitis and vitamin K deficient bleeding. Successful completion of this skill will be demonstrated by the following:

1. Placing a 1 cm ribbon of erythromycin ointment (0.5% or 1%) or tetracycline ointment (1%) in each eye, within 2 hours of birth.
 - a. If erythromycin or tetracycline ointment is not available then povidone-iodine solution 2.5% may be substituted.
2. Giving an intramuscular injection of vitamin K1 (0.5-1mg) in the infant's anterior thigh.
3. Documenting treatment in the mother's or infant's record.

31. Evaluation and Management of the Fourth Stage of Labor

The newly delivered patient continues to be at increased risk of complications and postpartum hemorrhage in the first few hours after delivery. Successful completion of this skill will be demonstrated by the following:

1. Following delivery of the placenta and repair of any lacerations: checking for the firmness of the uterus, the amount of vaginal bleeding, and for bladder distention every 15 minutes for 2 hours.
2. Checking vital signs on the mother every 15 minutes for the first hour and then every 30 minutes for the second hour.
3. Continuing or discontinuing IV fluids based on the need for additional oxytocin therapy or continued MgSO₄ or antibiotics.
4. Assisting the mother with latching the baby to the breast.
5. Assisting the mother with skin-to-skin therapy for keeping the baby warm.
6. Making sure the baby's color, respirations, and activity is normal.
7. Noting input and output in order to avoid dehydration, bladder distention, and unnoticed oliguria. Documenting this if on MgSO₄.
8. Doing Postoperative Care after a C-section- see skill list.

32. Complete Care and Evaluation of the Postpartum

Before the patient is discharged from care the patient needs to be assessed for stable physical health and needs teaching for self-care and infant care. Successful completion of this skill will be demonstrated by the following:

1. Taking and recording Vital signs.
2. Assessing the woman's appearance, ability to walk, eat, interact with family.
3. Assessing the woman's breasts for lesions, lumps, and rashes.
4. Assessing and recording the fundal height, the amount of vaginal bleeding and whether or not she has urinated or had a bowel movement.
5. Assessing the amount of edema in lower extremities and checking for protein in the urine if pitting edema.
6. Assessing extremities for hyperreflexes.
7. Teaching the woman about danger signs for herself and her baby.
8. Discussing types of family planning she has used in the past, the types available at the hospital, the choices she will make for spacing her children.
9. Involve the family support persons in any teaching done about self-care, danger signs, and family planning.
10. Assessing the amount of support the woman will receive from family members for food, laundry, and rest.

33. Post Abortion Care

This skill involves assessing the woman who has had a recent miscarriage or elective abortion and appropriately managing complications. The student's evaluation should focus on the main causes of life threatening complications; blood loss, infection and damage to internal organs. The focus is on life-saving care but the student should also address the psychological aspects of pregnancy loss with her patient. Successful completion of this skill will be demonstrated by the following:

1. Taking a history.
2. Determining an approximate gestational age at the time of pregnancy loss.
3. Taking vital signs.
4. Recognizing complications
 - a. Heavy vaginal bleeding
 - b. Signs of infection
 - c. Possible damage to internal organs
 - d. Shock
5. Taking appropriate action to manage complications such as heavy vaginal bleeding, retained products of conception, infection and damage to internal organs. (e.g. physician referral, IV fluids, antibiotics, uterotonics, blood transfusion)
6. Document finding, recommendations and interventions in the patient's record.

34. Evaluation and Management of Ruptured Membranes

This skill requires the student to collect objective information by history and physical exam to determine if the patient has ruptured membranes. A plan of management must then be recommended that takes into consideration the gestational age of the pregnancy, fetal presentation and any evidence of infection or fetal compromise.

Successful completion of this skill will be demonstrated by the following:

1. Taking a history to help establish if and when ruptured membranes occurred.
2. Performing an examination to confirm ruptured membranes.
 - a. The examination should be performed in a manner that reduces the risk of infection.
 - i. No internal exam if amniotic fluid is visible externally.
 - ii. A sterile speculum exam if internal exam is necessary.
 - iii. No digital exam if the patient is not in active labor.
3. Using appropriate means to identify amniotic fluid if it is not so abundant as to be immediately evident
 - a. pH of the fluid
4. Determining if there is evidence of infection
 - a. Maternal fever
 - b. Fetal tachycardia
 - c. Uterine tenderness
 - d. Foul odor to vaginal discharge
5. Evaluating fetal wellbeing
6. Evaluating fetal position by Leopold's maneuvers
7. If immediate delivery is not indicated obtaining specimens for gonorrhea and chlamydia cultures or rapid testing
8. Making a recommendation for managing the pregnancy based on all findings. This should include recommendations for:
 - a. Immediate delivery or expectant management
 - b. Antibiotic therapy
 - c. Antenatal corticosteroids
9. Documenting findings, interventions and recommendations in the patient's record.

35. Speculum Exam

This skill will be a component of a procedure such as a pelvic exam or chlamydia testing. Successful completion of this skill will be demonstrated by the following:

1. Gather all needed equipment before beginning the exam. Have the correct size speculum, gloves, light source and test materials.
2. Wash hands and put on gloves.
3. Explain the procedure to the patient prior to starting the exam.
4. Inspect and then palpate the external genitalia and note any abnormalities.
5. Insert the speculum gently and correctly using lubricant.
6. Inspect the vagina and cervix.
7. Test for any abnormalities according to protocols.
8. Explain the findings to the patient
9. Document the exam and findings in the patient's record.

36. Cervical Examination

This skill requires the student to perform an accurate assessment of cervical dilation and effacement and of fetal station using aseptic technique. Successful completion of this skill will be demonstrated by the following:

1. Not performing the exam if the patient is having vaginal bleeding until placenta previa is ruled out.
2. Explaining to the patient what is to be done, why it is to be done and what she is likely to feel.
3. Performing the exam only with the consent of the patient.
4. Conducting the exam using sterile gloves and lubricant
5. Cleaning the perineum prior to the exam according to local protocol
6. Accurately determining cervical dilation and effacement and station of the fetal presenting part
7. Documenting the findings in the patient record and/or partograph.

37. Evaluation and Repair of Perineal Lacerations

This skill requires the student to examine the patient for cervical, vaginal and perineal lacerations. Patients with cervical lacerations, deep sulcus lacerations and third or fourth degree lacerations should be referred to a physician for repair. The student will be expected to expertly repair first and second degree lacerations. Successful completion of this skill will be demonstrated by the following:

1. Using aseptic technique examine the patient to determine if she sustained any lacerations at the time of delivery.
2. Visualize the cervix, vagina and perineum.
3. Use adequate light for the exam.
4. Identify lacerations that involve the anal sphincter and rectal mucosa. Refer these to a physician for repair.
5. Identify cervical or deep sulcus lacerations. Refer these to a physician for repair.
6. Repair first and second degree lacerations
7. Use sterile instruments and gloves during the repair.
8. Use an appropriate suture for the repair.
9. Use a local anesthetic for the repair.
10. Accurately reapproximate the edges of the laceration.
11. Document the repair in the patient's record.

38. Induction of Labor

Students may be required to manage induction of labor which should only be done upon the order of a physician. The student should be able to state appropriate indications and contraindications for induction of labor. She should know how to safely use both oxytocin and misoprostol. Successful completion of this skill will be demonstrated by the following:

1. Understanding the indication for induction of labor
2. Common indications are:
 - a. Chorioamnionitis
 - b. Fetal demise
 - c. Pre-eclampsia
 - d. Eclampsia
 - e. Certain maternal medical conditions
3. Taking a history and reviewing the patient's medical record to identify any contraindications to induction of labor. Contraindications are the same as those for spontaneous labor and vaginal delivery. Common contraindications would include:
 - a. Placenta previa
 - b. Vasa previa
 - c. Transverse lie
 - d. Umbilical cord prolapse
 - e. Active genital herpes infection
4. Administering oxytocin or misoprostol as ordered and according to the written protocol.
5. Monitoring maternal and fetal vital signs according to the written protocol.
6. Documenting administration of medications, vital signs and uterine activity in the patient's record and on the partograph.

39. Augmentation of Labor

Students will witness dysfunctional labor. They will be required to evaluate prolonged and arrested labors and make appropriate recommendations. Recommendations may include continued observation, ambulation, amniotomy and oxytocin infusion. There may be more than one correct intervention for any given situation. Logical recommendations that are based on objective findings and guided by evidence are acceptable. Successful completion of this skill will be demonstrated by the following:

1. Using a partograph during active labor to document progress in labor, maternal vital signs and fetal heart rate.
2. Making appropriate recommendations when prolonged or arrested labor causes the labor curve to cross the **Alert** or **Action** lines.
3. When a decision is made to augment labor with oxytocin the student will administer the oxytocin according to the written protocol.
4. Monitoring the well-being of mother and fetus during labor according to the written protocol.
5. Taking appropriate action in the following situations:
 - a. Abnormal fetal heart rate
 - b. Uterine hyperstimulation
6. Documenting findings and interventions on the partograph and patient's record.

40. Post-operative Care

This skill involves providing nursing care to women following cesarean section. Successful completion of this skill will be demonstrated by the following:

1. Monitoring vital signs.
2. Recognizing hypotension and then evaluating the patient for hypovolemia and anemia.
3. Recognizing hypertension and then evaluating the patient for pre-eclampsia.
4. Monitoring urine output and relating output to the patient's clinical condition.
5. Evaluating the abdominal incision for bleeding and infection.
6. Evaluating vaginal bleeding.
7. Evaluating the patient for uterine atony.
8. Evaluating the lower extremities for deep vein thrombosis.
9. Evaluating the patient's level of pain and providing appropriate analgesia.
10. Using subjective and objective signs to recognize post-operative complications.
11. Assisting the patient with initiation of breastfeeding.
12. Assisting the patient with infant care.
13. Assisting the patient with early ambulation.
14. Documenting findings, interventions and recommendations in the patient's record.

41. Evaluation and Management of Preterm Labor

This skill involves the evaluation of women presenting with uterine contractions between 20 and 37 weeks gestation. Identifying women with preterm labor who will ultimately deliver preterm is difficult even for experienced obstetricians and midwives. Students are not expected to make a diagnosis of preterm labor but they are expected to know how to monitor patients for preterm labor. They also should be knowledgeable about appropriate interventions but they are not expected to utilize medications for tocolysis. Successful completion of this skill will be demonstrated by the following:

1. Establishing a gestational age.
2. Monitoring the patient's uterine contractions for frequency, duration and intensity.
3. Evaluating the cervix for changes in dilation and effacement.
4. Monitoring the fetal heart rate.
5. Monitoring maternal vital signs.
6. Evaluating the patient for ruptured membranes.
7. Making an appropriate recommendation for or against the use of antenatal corticosteroids.
8. Making an appropriate recommendation for or against the use of magnesium sulfate for fetal neuro-protection.
9. Documenting findings, recommendations and interventions in the patient's record.

42. Evaluation and Management of Pre-eclampsia

Pre-eclampsia and eclampsia are the most common life-threatening conditions that the students will encounter during their training. They will demonstrate skills in the prenatal clinic and the hospital. Skills fall into broad categories of 1) patient education 2) diagnosis and 3) treatment. Successful completion of this skill will be demonstrated by the following:

1. Evaluating patients in the prenatal clinic for signs of pre-eclampsia.
 - a. Blood pressure measurement
 - b. Testing urine for protein
 - c. Asking about subjective signs such as headache and visual changes
 - d. Assessing physical changes such as weight gain and edema.
2. Evaluating patients presenting in labor at the hospital for signs of pre-eclampsia.
 - a. Blood pressure measurement
 - b. Testing urine for protein
 - c. Asking about subjective signs such as headache and visual changes
 - d. Assessing physical changes such as weight gain and edema.
3. Educating patients in the prenatal clinic about danger signs in pregnancy including those of pre-eclampsia.
4. Treating patients with pre-eclampsia with magnesium sulfate according to written protocols.
5. Treating patients with hypertension with anti-hypertensive medications according to written protocols.
6. Making an appropriate recommendation for management of the pregnancy:
 - a. Induction of labor\
 - b. Treatment with magnesium sulfate
 - c. Hospitalization for bed rest and monitoring
 - d. Follow-up in the prenatal clinic in one week
7. Documenting findings, recommendations and interventions in the patient's record.

43. Evaluation and Management of Eclampsia

Students will encounter patients having eclamptic seizures. They will need to become expert at managing seizures and hypertension. Successful completion of this skill will be demonstrated by the following:

1. Stabilizing a patient who has had an eclamptic seizure.
 - a. Treat with magnesium sulfate
 - b. Treat severe hypertension with hydralazine or labetalol
2. Evaluating fetal wellbeing
3. Monitoring vital signs including urine output
4. Making a recommendation about delivery (timing of delivery and method)
5. Documenting findings, recommendations and interventions.

44. Evaluation and Management of Sexually Transmitted Infections

Several skills are involved with the evaluation and management of STIs. The student will be required to obtain a history, perform a physical exam, order or conduct a lab test, interpret the test and if the test is positive recommend a treatment for the patient and her partner. Successful completion of this skill will be demonstrated by the following:

1. Taking a history which includes questions about sexual activity, partners and symptoms of STIs.
2. Performing a physical examination to include evaluation of vulva, vagina, cervix, uterus and adnexa.
3. Performing rapid testing according to written protocols for gonorrhea, chlamydia, syphilis and HIV.
4. Educating a patient about ways to decrease the risk of acquiring STIs.
5. When appropriate providing treatment to the patient and her partner for gonorrhea and/or chlamydia.
6. When appropriate referring a patient and her partner for confirmatory testing and treatment for syphilis and/or HIV.

45. Management of Postpartum Hemorrhage (skill 15) Gestion d'Hémorragie Post Partum

This skill involves identifying women at increased risk for postpartum hemorrhage and being prepared to quickly respond to postpartum hemorrhage after any delivery. Students must be aggressive in taking appropriate action to control hemorrhage and prevent hypovolemic shock. Successful completion of this skill will be demonstrated by the following:

1. Identifying risk factors for postpartum hemorrhage (history of PPH, prolonged labor, augmented labor, rapid labor, episiotomy, pre-eclampsia, over distended uterus, operative delivery, chorioamnionitis)
2. Being prepared to manage a postpartum hemorrhage (readily available oxytocin, misoprostol, IV supplies, suture, surgical instruments and adequate lighting)
3. Actively managing the third stage of labor to reduce bleeding
4. Monitoring vital signs
5. Recognizing excessive bleeding after delivery
6. Rapidly evaluating the patient for causes of excessive bleeding (e.g. uterine atony, lacerations, retained placental fragments, uterine inversion, coagulation defects)
7. Taking quick and appropriate action to control bleeding (e.g. uterine massage, oxytocin, misoprostol, emptying bladder, suturing lacerations, calling for physician assistance)
8. Obtaining assistance from other midwives and/or physicians
9. Replacing lost blood volume with IV fluids
10. Ordering blood for possible transfusion

46. Jadelle Insertion

Successful completion of this skill will be demonstrated by the following:

1. Counseling the woman about the use of Jadelle
 - a. Asking about contraindications (history of venous thromboembolism, abnormal vaginal bleeding, liver disease, estrogen/progestin related cancer, pregnancy)
 - b. Informing her of common side-effects
 - c. Advising about duration of use
2. Explaining insertion and removal procedures
3. Insuring that the patient is not pregnant prior to inserting the implants
4. Knowing when additional contraception is required for the first week after insertion of the implants and informing the patient
5. Properly inserting implants subdermally using aseptic technique
6. Instructing the patient to watch for signs of infection at the insertion site
7. Documenting counseling and insertion procedure in the patient's record

47. IUD Insertion

Successful completion of this skill will be demonstrated by the following:

1. Counseling the woman about the use of the IUD
 - a. Asking about contraindications (e.g. abnormal uterine bleeding, distortion of the uterine cavity, current pelvic infection, current pregnancy)
 - b. Informing her of common side-effects
 - c. Advising about duration of use
2. Explaining insertion and removal procedures
3. Insuring that the patient is not pregnant prior to inserting the IUD
4. Properly inserting the IUD using aseptic technique
5. Documenting counseling and insertion procedure in the patient's record

48. Newborn Resuscitation

Newborn resuscitation is a complex skill that is usually performed as a member of a team. It is possible that a student may not be called upon to perform an actual resuscitation during their training and the evaluation of their skill will need to be done during a simulation. Successful completion of this skill will be demonstrated by the following:

1. At the time of birth quickly assessing the infant.
 - a. Airway clear of meconium?
 - b. Breathing or crying?
 - c. Good muscle tone?
 - d. Pink color?
 - e. Term gestation?
2. Providing appropriate initial care
 - a. Clear airway
 - b. Dry infant
 - c. Provide warmth
 - d. Tactile stimulation
 - e. Give O₂ as necessary
3. If apneic providing positive pressure ventilation
4. If bradycardic performing chest compressions
5. Procedures should be performed according to the most recent NRP standards
6. Documenting findings and interventions in the patient's record

49. Management of Shoulder Dystocia

Students are unlikely to encounter shoulder dystocia during their training. They may demonstrate this skill using pelvic models and/or by role play. Successful completion of this skill will be demonstrated by the following:

1. Stating that in the case of shoulder dystocia traction on the fetal head and neck or fundal pressure is counterproductive to a safe delivery
2. Describing and demonstrating the following maneuvers to deliver an infant with shoulder dystocia:
 - a. McRoberts maneuver
 - b. Suprapubic pressure
 - c. Delivery of the posterior arm
 - d. Rotation of the shoulders (Rubin maneuver and Woods screw maneuver)
 - e. Gaskins maneuver (delivery with the mother on her hands and knees)

50. Management of a Breech Delivery

Students may not have an opportunity to actually perform a breech delivery during their training. This skill may need to be demonstrated using pelvic models and/or role play. Successful completion of this skill will be demonstrated by the following:

1. Describing the 3 different breech positions (frank, complete and footling)
2. Describing the significant complications of a breech deliver that can injury an infant
 - a. Cord prolapse
 - b. Fetal head trapped in the cervix
 - c. Fetal head too large to deliver through maternal pelvis
3. Demonstrating appropriate maneuvers to assist delivery
4. NOT pulling on the infant's body
 - a. The student must understand that traction on the infant's body will deflex the neck and make delivery much more difficult. Suprapubic pressure can be used to help keep the neck flexed but not to push the baby out.
5. Assisting delivery of legs if necessary without placing traction on the infant's body
6. Holding body of partially delivered infant while keeping the fetal neck flexed
7. Holding the infant by the hips, not the abdomen or chest
8. Demonstrating technique for delivering a nuchal arm
9. Demonstrating the technique for delivering the infant's head

51. Management of a Prolapsed Cord

This is a skill that most students will need to demonstrate as a simulation. Successful completion of this skill will be demonstrated by the following:

1. Describing risk factors for a cord prolapse (e.g. polyhydramnios, malpresentation, presenting part high when membranes rupture, breech presentation)
2. Describing signs of cord prolapse (visible cord, cord palpable in vagina, fetal heart rate decelerations after ruptured membranes or with uterine contractions)
3. Demonstrate actions to take when the cord is prolapsed
 - a. Mother in knee-chest position
 - b. Elevate fetal head
 - c. Prepare for cesarean delivery
4. If fetus is not alive proceed with a vaginal delivery

52. Use of the Partograph

Students should document progress of labor using a partograph for each patient they attend. . Successful completion of this skill will be demonstrated by the following:

1. Begin charting maternal and fetal assessments at the time of admission to the hospital if patient is in labor.
2. Fill out patient identifying information on the partogram including time of admission and rupture of membranes.
3. Document fetal heart rate at least once per hour in latent phase, every 30 minutes in active phase and every 15 minutes in 2nd stage of labor.
4. Document color of liquor as clear or meconium or tinted.
5. Document dilation of cervix with an X. Plot dilation on the alert line as soon as active phase is identified or at 4 cm.
6. Document the station and descent of the fetal head after each vaginal exam with a circle on the same graph as the dilation.
7. Document frequency and strength of contractions at least once per hour.
8. If labor is being augmented with oxytocin document once per hour the dose being administered.
9. Document all medications given to patient while in labor including dose and time given.
10. Document maternal pulse, blood pressure and temperature every hour.
11. Document urine volume and presence of protein in urine when patient voids or every two hours.
12. Identify lack of progress in labor and action to be taken.
13. Document recommendations for action indicated by maternal fever, abnormal blood pressure, abnormal fetal heart rates or lack of progress in labor.
14. Consult and call physician appropriately.