

Mother Baby Skills Checklist

Name: _____ Date _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Post-Partum Interventions				
Assessment				
• Bladder distention				
• Breast engorgement				
• DVT (Deep vein thrombosis)				
• Episiotomy				
• Fluid Balance				
• Fundal Height				
• GI function post anesthesia				
• Lochia Amount				
• Maternal vital signs				
• Parental/infant interaction/attachment				
• Perineum				
o Hematoma				
o Hemorrhoids				
Interpretation of Lab results				
Check urine for				
• Glucose				
• Ketones				
• Proteins				
• Specific Gravity				
Equipment & Procedures				
Adult cardiopulmonary resuscitation				
Contraceptive counseling				
Discharge teaching				
Foster parental-infant interaction/attachment				
Insert catheter				
• Foley				
• Straight				
Post anesthesia care				
• Epidural				
• General				
• Local				
• Spinal				

Skill Level	1	2	3	4
Equipment & Procedures cont.				
Post Cesarean care				
Teach and assist with				
Breast feeding/parent education				
• Latch-on procedures				
• Positioning				
• Use of electric breast pump				
• Use of manual breast pump				
Formula preparation and feeding				
Infant care restraint systems				
Infant caretaking skills				
Perineal care				
Sitz Bath				
Care of patient with				
Asthma				
Cardiac disease				
Cesarean section				
Diabetes mellitus				
Infectious disease				
Known substance abuse				
Multiple Births				
Post tubal ligation				
Pregnancy induced hypertension/preeclampsia				
Spontaneous vaginal delivery				
Medications				
Antibiotics				
Diluted oxytocin infusion				
IM administration				
Rhogam administration/teaching				
SC medications, including narcotics				
Pain Management & Anesthesia				
Assessment of pain level/tolerance				
Care of the patient with:				
• Epidural anesthesia/analgesia				

Pain Management & Anesthesia cont.				
• IV conscious sedation				
• Patient controlled analgesia				
Phlebotomy / IV Therapy				
Equipment & procedures				
Administration of blood/blood products				
• Packed red blood cells				
• Plasma / albumin				
• Whole blood				
Drawing blood from central line				
Drawing venous blood				
Starting IVs				
• Angiocath				
• Butterfly				
• Heparin lock				
Care of the patient with				
• Central line/catheter/dressing				
• Peripheral line/dressing				
Normal Neonatal Care				
Assessment				
• Ballard scale				
• Circumference				
• Dubowitz Scales				
• Length				
• Neonatal Jaundice				
• Reflexes				
• Vital Signs				
• Weight				
Neonatal Equipment & Procedures				
Administer injections to neonate				
Assist with circumcision				
• Assess site post op				
• Teach circumcision care to parents				
Bath Infant				
Culture suspect infectious neonate				
Discharge procedure				
Incubator. isolettes				
Infant identification				
Monitor bladder and bowel patterns				
• Obtain urine specimens via specimen bag				
• Test stool for blood, reducing substances				
Neonate cardiopulmonary resuscitation				
Phototherapy				
Thermo-neutral environment to prevent cold stress				

Age Appropriate Care				
Newborn (Birth-30days)				
Infant (30 Days – 1 year)				
Toddler (1-3 years)				
Preschooler (3-5 years)				
School Age (5-12 years)				
Adolescents (12-18 years)				
Young Adult (18-39 years)				
Middle Adult (39-64 years)				
Older Adult (64 + years)				
EMR				
AllScript				
Canopy				
Epic				
Cerner				
Eclipsys				
McKesson				
Meditech				
Other Computerized System				
Computerized Physician Order Entry				
Bar Coding for Medication Administration				

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Onyx Health Care Staffing on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Nurse Signature: _____ Date: _____