

# Analysis of the 2001 Job Analysis Survey

## **Background**

As indicated in the preface of the 2001 job analysis survey, the purpose of the survey was to obtain up-to-date information about the current state of the practice of midwifery. Since the current Certified Professional Midwife (CPM) examination was based on a 1995 job analysis, which was completed prior to the issuance of the first CPM credential, it was considered important to reassess the current requirements (i.e., the knowledge and skills) necessary for certification. Furthermore, the 1995 survey was forwarded to all identified midwives in the United States who had been involved in out-of-hospital births, and the composition of the respondents sampled thus reflected a wide variety of educational backgrounds, levels of experience and practice protocols. In contrast, the 2001 survey focused on the identification of relevant knowledge and skills as determined by CPMs exclusively. Respondents were reminded that their task ratings were to reflect what they perform in their own practice, rather than what they believed all midwives should know or do.

Once completed, the results of the new survey would be compared with the findings from the 1995 survey. These results would then be used to refine the role of the practicing midwife, update the test specifications (i.e., the outline upon which the current CPM examination is based), and subsequently update and revise the content of the examination.

Prior to finalizing the content of the 2001 job analysis survey, a group of Subject Matter Experts (SMEs) convened in Clearwater, FL on November 7 & 8, 2000. The objective of this job analysis workshop was to review the tasks and responsibilities contained in the 1995 job analysis survey instrument and related documents in an effort to create a new survey. The revised job analysis survey would then be mailed to current CPMs for their ratings to determine what effect, if any, these results would have on the content of the current test specifications.

In reviewing this document, the goal of the SMEs was to either remove or revise listed tasks and responsibilities or make appropriate additions. In making a decision regarding whether a task or responsibility was to be removed or revised, they were instructed to consider the following criteria:

- (1) The appropriateness of the terminology being use, whether or not it had changed, had become obsolete or needed to be updated.
- (2) The relevance or job-relatedness of the item, the extent to which it was still appropriate to the job of midwifery and the degree to which it accurately described what is done by a midwife.
- (3) Whether or not the task or responsibility is still accurate in light of changes that have taken place in midwifery specifically and in healthcare in general since the 1995 survey.

Additionally, SMEs were instructed to review the test specifications in tandem with a listing of non-critical tasks (Appendix B). These tasks did not achieve a rating of at least 3.5 in the previous survey and were therefore not included in the test specifications. Also contained in this listing were a number of tasks that were not included in the test specifications simply because they were not practice-based. However, since five years had passed since the previous survey, it was considered important to at least evaluate these tasks in light of what, if anything, had changed and whether or not it was important for any to be included in the revised survey.

Lastly, when reviewing the 1995 survey results, SMEs were urged to pay special attention to those tasks near the 3.5 cut-off point (i.e., those tasks with an average rating just above or just below this point) and to determine whether or not the status of any of these items had changed.

The efforts of those participating in the job analysis workshop resulted in a revision of the test specifications, which was then used as the basis for designing the 2001 job analysis survey.

**The 2001 Job Analysis Survey**

The final version of the 2001 job analysis survey and accompanying cover letter were mailed to 674 CPMs, 49 of which were returned as undeliverable. The survey itself contained two parts: Part A (“General Information”) focused on obtaining confidential demographic information relating to the following variables: the jurisdiction within which the midwife practiced, the number of years in practice, the age, gender, ethnicity and education of the midwife, and the primary setting of their practice. In Part B (“Task Analysis”), survey respondents were presented with a comprehensive list of 682 tasks encompassing seven content areas. The distribution of these tasks among the content areas is presented in the following table:

Content Area	Number of Tasks
I. Midwifery Counseling, Education and Communication	32
II. General Healthcare Skills	87
III. Maternal Health Assessment	60
IV. Prenatal	147
V. Labor, Birth and Immediate Postpartum	258
VI. The Postpartum Period	65
VII. Well-Baby Care	33

Respondents were asked to (a) decide whether or not the tasks were part of their work and (b) rate each task as to their importance based on the following scale:

<u>IMPORTANCE GUIDE</u>	
7 = Very High	3 = Slightly Below Average
6 = High	2 = Low
5 = Slightly Above Average	1 = Very Low
4 = Average	0 = Not part of my work/I never do it

**RESULTS**

**Part A - General Information**

Jurisdictions

While 365 surveys were returned, not all of the demographic questions in Part A of the survey were completed by all respondents. Eight respondents (2.2%) did not specify the jurisdiction

within which they practiced. The largest number of respondents was from California (31 respondents/8.5%) and nearly one-third of the respondents (114/31.2%) were from five additional states: Florida (21/5.8%), New Mexico (18/4.9%), Oregon (25/6.8%), Texas (24/6.6%) and Washington (26/7.1%).

### Years of Practice

The average (mean) number of years of experience of the 351 respondents completing this question was 13.92, with the largest group having 20 years of experience. The total number of years in practice ranged from 1 to 55. When questioned as to the number of years practicing as a CPM, 314 (86% of those surveyed) responded, with little or no difference showing up between the mean (3.55 years), median (3 years) and mode (3 years). The range of experience among the practicing CPM's was 1 to 22 years.

### Age

Nearly one-half of the 360 respondents completing this question (170 respondents/46.6%) indicated that they were between the age of 41 and 50. The number of respondents falling in the age ranges immediately preceding and following this group was similar, with 21.9% (80) indicating that they were between the age of 31 to 40 and 20% (73) indicating that they were between the age of 51 to 60. None of the respondents were under the age of 21.

### Gender

As with the 1995 survey, the results reveal the overwhelming majority of responding practicing midwives to be female (358 of 360/98.1%); 2 of the respondents (.5%) were male.

### Ethnicity

Here too, the results mirror those of the previous survey, with the majority of the respondents (344/94.2%) being White. Three (.8%) were Black, 3 were American Indian/Alaskan Native (.8%) and 5 (1.4 %) were Hispanic.

### Education

The majority of those surveyed (71.8%) were apprentice trained, with an additional 21.6% indicating that they attended either a MEAC- or non-MEAC-accredited midwifery school. Only 2.5% (9) of those responding indicated that they attended nursing school, .8% (3) attended nurse-midwife school and .5 (2) attended medical school.

### Practice Site

The vast majority of respondents (91.5%) indicated that their primary practice setting was home births. The remaining respondents cited birth centers (5.8%) and hospitals (1.1%) as their primary practice site.

### Summary and Recommendations

The objective of the 2001 job analysis survey was twofold: to update the findings of the 1995 job analysis survey and to provide as comprehensive a picture of the duties and responsibilities of the practicing midwife as possible. The exhaustive nature of the survey instrument and ensuing results undoubtedly furnish the necessary information needed to define the current state of the practice of midwifery, revise the test specifications and make appropriate changes in the content of the CPM examination. In an effort to facilitate the process of identifying the most relevant tasks and responsibilities, the following recommendations are made:

- (1) The elimination of those tasks and responsibilities earning a mean rating below "4" ("Average" on the scale of importance).

- (2) Consider, on an individual basis, those tasks and responsibilities earning a mean rating between “4” and “5” (“Slightly Above Average” in importance).
- (3) Review the remaining tasks and responsibilities to determine:
  - a. their appropriateness for use in a national certification examination and,
  - b. if any potential bias exists

As a result of the review by the NARM board in consultation with National Measurement and Evaluation, the test specifications for the NARM exam after 2001 will be as follows:

**NARM Direct-Entry Midwifery • Certified Professional Midwife**  
 Certification Examination Program  
 Test Specifications for Item Developers

**WRITTEN EXAMINATION**

Based on the Job Analysis done in 1995 and updated in 2001

(ITEMS in BLUE are additions)

Midwifery Counseling, Education and Communication: (5% of Exam - 17 Examination Items)

- Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers
- Provides education, support, counseling and/or referral for the possibility of less-than-optimal pregnancy outcomes
- Provides education and counseling based on maternal health/reproductive family history and on-going risk assessment
- Facilitates the mother’s decision of where to give birth by exploring and explaining:
  - the advantages and the risks of different birth sites
  - the requirements of the birth site
  - how to prepare, equip and supply the birth site
- Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome
- Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum
- Applies the principles of informed consent
- Applies the principles of client confidentiality
- Provides individualized care
- Advocates for the mother during pregnancy, birth and postpartum
- Provides culturally appropriate education, counseling and/or referral to other health care professionals, services, agencies for:
  - genetic counseling for at-risk mothers
  - abuse issues: including, emotional, physical and sexual
  - prenatal testing and lab work
  - diet, nutrition and supplements
  - effects of smoking, drugs and alcohol use
  - situations requiring an immediate call to the midwife
  - sexually transmitted diseases and safe sex practices
  - blood borne pathogens: HIV, Hepatitis B, Hepatitis C
  - complications of pregnancy
  - environmental risk factors

- newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc
- postpartum care concerning complications and self-care
- contraception
- female reproductive anatomy and physiology
- monthly breast self examination techniques
- implications for the nursing mother
- the practice of Kegel exercises
- risks to fetal health, including:
  - TORCH viruses (toxoplasmosis, rubella, cytomegalovirus, herpes, other)
  - environmental hazards
  - teratogenic substances

### **General Healthcare Skills: (5% of Exam - 17 Examination Items)**

- Demonstrates the application of Universal Precautions as they relate to midwifery
- Uses alternative healthcare practices (non-allopathic treatments) and modalities
  - herbs
  - hydrotherapy (baths, compresses, showers, etc.)
  - visualization
- Refers to alternative healthcare practitioners for non-allopathic treatments
- Manages shock by:
  - recognition of shock, or impending shock
  - assessment of the cause of shock
  - treatment of shock
  - provide fluids orally
  - position mother flat, legs elevated 12 inches
  - administer oxygen
  - keep mother warm, avoid overheating
  - administer/use non-allopathic remedies
  - Encourage deep, calm, centered breathing
  - activate emergency medical services
  - prepare to transport
- Understands the benefits and risks and recommends the appropriate use of vitamin and mineral supplements including:
  - prenatal Multi-Vitamin
  - vitamin C
  - vitamin E
  - folic Acid
  - b-Complex
  - b-6
  - b-12
  - iron
  - calcium
  - magnesium
- Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:
  - lidocaine
  - medical oxygen

- methergine
- prescriptive ophthalmic prophylaxis ointment (e.g., erythromycin)
- Pitocin®
- RhoGam
- vitamin K
  - Oral
  - IM
- Demonstrates knowledge of benefits/risks of ultrasounds
  - provides counseling
  - makes appropriate referrals
- Demonstrates knowledge of benefits/risks of biophysical profile
  - provides counseling
  - makes appropriate referrals
- Demonstrates knowledge of how and when to use instruments and equipment including:
  - Amni-hook® / Amnicot®
  - bag and mask resuscitator
  - bulb syringe
  - Delee® (tube/mouth suction device)
  - hemostats
  - lancets
  - nitrazine paper
  - scissors (all kinds)
  - suturing equipment
  - urinary catheter
  - vacutainer/blood collection tube
  - multidose vial; single dose ampule
- Evaluates laboratory and medical records
  - hematocrit/hemoglobin
  - blood sugar (glucose)
  - hiv
  - hepatitis B and C
  - rubella
  - syphilis (VDRL or RPR)
  - group B strep
  - gonorrhea culture
  - complete blood count
  - blood type and Rh factors
  - Rh antibodies
  - chlamydia
  - PAP smear

**Maternal Health Assessment: (10% of Exam - 35 Examination Items)**

- Obtain and maintain records of health, reproductive and family medical history and possible implications to current pregnancy, including
  - personal information/demographics
  - personal history, including religion, occupation, education, marital status, economic status, changes in health or behavior and woman's evaluation of her health and nutrition

- potential exposure to environmental toxins
- medical condition
- surgical history
- reproductive history including:
  - menstrual history
  - gynecologic history
  - sexual history
  - childbearing history
  - contraceptive practice
  - history of sexually transmitted infections
  - history of behavior posing risk for sexually transmitted infection exposure
  - history of risk of exposure to blood borne pathogens
  - Rh type and plan of care if negative
- family medical history
- psychosocial history
- history of abuse
- mental health
- Perform a physical examination, including assessment of:
  - general appearance/skin condition
  - baseline weight and height
  - vital signs
  - HEENT (Head, Eyes, Ears, Nose and Throat) including:
    - hair and scalp
    - eyes: pupils, whites, conjunctiva
    - thyroid by palpation
    - mouth, teeth, mucus membrane, and tongue
  - lymph glands of neck, chest and under arms
  - breasts
    - evaluates mother's knowledge of self-breast examination techniques
    - performs breast examination
  - torso, extremities for bruising, abrasions, moles, unusual growths
  - baseline reflexes
  - heart and lungs
  - abdomen by palpation and observation for scars
  - kidney pain (CVAT)
  - pelvic landmarks (internal)
  - pelvic measurements (internal)
  - cervix (by speculum exam)
    - Papanicolaou (Pap) test results
    - gynecological culture results
  - size of the uterus and ovaries (by bimanual exam)
  - condition of the vulva, vagina, cervix, perineum and anus
  - musculo-skeletal system
    - joint pain
    - muscular strength
    - spine straightness and symmetry, posture
  - vascular system (edema, varicosities, thrombophlebitis)

**Prenatal: (25% of Exam - 88 Examination Items)**

- Assess results of routine prenatal physical exams including ongoing assessment of:
  - maternal psycho-social, emotional health and well-being
  - signs and symptoms of infection
  - maternal health by tracking variations and change in:
    - blood pressure
    - color of mucus membranes
    - general reflexes
    - elimination/urination patterns
    - sleep patterns
    - energy levels
  - nutritional patterns
  - hemoglobin/hematocrit
  - glucose levels
  - breast condition/implications for breastfeeding
  - vaginal discharge/odor
  - signs of abuse
  - urine for protein, glucose, ketones
  - fetal heart rate/tones auscultated with fetascope or dopplar
  - vaginal discharge or odor
  - estimated due date based upon:
    - last menstrual period
    - last normal menstrual period
    - length of cycles
    - changes in mucus condition or ovulation history
    - date of positive pregnancy test
    - date of implantation bleeding
    - quickening
    - fundal height
    - calendar date of conception/unprotected intercourse
  - assessment of fetal growth and well-being
    - auscultation of fetal heart
    - correlation of weeks gestation to fundal height
    - fetal activity and responsiveness to stimulation
    - fetal palpation
- Records results of the examination in the prenatal records
- Provides prenatal education, counseling, and recommendations for:
  - nutritional, and non-allopathic dietary supplement support
  - normal body changes in pregnancy
  - weight gain in pregnancy
  - common complaints of pregnancy:
    - sleep difficulties
    - nausea/vomiting
    - fatigue
    - inflammation of the sciatic nerve
    - breast tenderness
    - skin itchiness
    - vaginal yeast infections
    - symptoms of anemia
    - indigestion/heartburn
    - constipation

- varicose veins
    - sexual changes
    - emotional changes
    - fluid retention
  - physical preparation
    - preparation of the perineum
    - physical activities for labor preparation (e.g., movement and exercise)
- Recognizes and responds to potential prenatal complications/variatioins by identifying/assessing:
  - antepartum bleeding
    - first trimester
    - second trimester
    - third trimester
  - identifying pregnancy-induced hypertension
  - assessing, educating and counseling for pregnancy-induced hypertension with:
    - nutritional/hydration assessment
    - administration of calcium/magnesium supplement
    - stress assessment and management
    - non-allopathic remedies
    - monitoring for signs and symptoms of increased severity
    - increased frequency of maternal assessment
    - hydrotherapy
  - identifying and consulting, collaborating or referring for:
    - pre-eclampsia
    - gestational diabetes
    - urinary tract infection
    - fetus small for gestational age
    - intrauterine growth retardation
    - thrombophlebitis
    - oligohydramnios
    - polyhydramnios
  - breech presentations
    - identifying breech presentation
    - turning breech presentation with:
      - alternative positions (tilt board, exercises, etc.)
      - referral for external version
      - non-allopathic methods
    - management strategies for unexpected breech delivery
  - multiple gestation
    - identifying multiple gestation
    - management strategies for unexpected multiple births
  - vaginal birth after cesarean (VBAC)
    - identifying VBACs by history and physical
    - indications/contraindications for out-of-hospital births
    - management strategies for VBAC
    - recognizes signs, symptoms of uterine rupture and knows emergency treatment
  - identifying and dealing with pre-term labor with:
    - referral
    - consultation and/or treatment including:

- increase of fluids
- non-allopathic remedies
- discussion of the mother's fears - emotional support
- consumption of an alcoholic beverage
- evaluation of urinary tract infection
- evaluation of other maternal infection
- bed rest
- pelvic rest (including no sexual intercourse)
- no breast stimulation (including nursing)
- assessing and evaluating a post-date pregnancy by monitoring/assessing:
  - fetal movement, growth, and heart tone variability
  - estimated due date calculation
  - previous birth patterns
  - amniotic fluid volume
  - maternal tracking of fetal movement
  - consultation or referral for:
    - ultrasound
    - non-stress test
    - biophysical profile
- treating a post-date pregnancy by stimulating the onset of labor
  - sexual/nipple stimulation
  - assessment of emotional blockage and/or fears
  - stripping membranes
  - cervical massage
  - castor oil induction
  - non-allopathic therapies
  - physical activity
- identifying and referring for:
  - tubal pregnancy
  - molar pregnancy
  - ectopic pregnancy
  - placental abruption
  - placenta previa
- identifying premature rupture of membranes
- managing premature rupture of membranes in a full-term pregnancy:
  - monitor fetal heart tones and movement
  - minimize internal vaginal examinations
  - reinforce appropriate hygiene techniques
  - monitor vital signs for signs of infection
  - encourage increased fluid intake
  - support nutritional/non-allopathic treatment stimulate labor
  - consult for prolonged rupture of membranes
- consult and refer for pre-term rupture of membranes
- establishes and follows emergency contingency plans for mother/baby

**Labor, Birth and Immediate Postpartum (35% of Exam - 123 Examination items)**

- Facilitates maternal relaxation and provides comfort measure throughout labor by administering/encouraging:
  - massage
  - hydrotherapy (compresses, baths, showers)
  - warmth for physical and emotional comfort (e.g., compresses, moist warm towels, heating pads, hot water bottles, friction heat)
  - communication in a calming tone of voice, using kind and encouraging words
  - the use of music
  - silence
  - continued mobility throughout labor
  - pain management :
    - differentiation between normal and abnormal pain
    - validation of the woman's experience/fears
    - counter-pressure on back
    - relaxation/breathing techniques
    - non-allopathic treatments
    - position changes
- Evaluates/responds to during first stage:
  - assess maternal/infant status based upon :
    - vital signs
    - food and fluid intake/output
    - dipstick urinalysis
    - status of membranes
    - uterine contractions for frequency, duration and intensity with a basic intrapartum examination
    - fetal heart tones
    - fetal lie, presentation, position and descent with:
      - visual observation
      - abdominal palpation
      - vaginal examination
    - effacement, dilation of cervix and station of the presenting part
    - maternal dehydration and/or vomiting by administering:
      - fluids by mouth
      - ice chips
      - oral herbal/homeopathic remedies
  - anterior/swollen lip by administering/supporting
    - position change
    - light pressure or massage to cervical lip
    - warm bath
    - pushing the lip over the baby's head while the mother pushes
    - deep breathing and relaxation between contractions
    - non-allopathic treatments
  - posterior, asynclitic position by encouraging and/or supporting:
    - the mother's choice of position
    - physical activities (pelvic rocking, stair climbing, walking, etc.)
    - non-allopathic treatments
    - rest or relaxation
    - manual internal rotation (“dialing the phone”)
  - pendulous belly inhibiting descent by:
    - positioning semi-reclining on back

- assisting the positioning of the uterus over the pelvis
    - lithotomy position
  - labor progress by providing:
    - psychological support
    - nutritional support
    - non-allopathic treatments
    - physical activity
    - position change
    - rest
    - nipple stimulation
  - Demonstrates the ability to evaluate/support during second stage
  - wait for the natural urge to push
  - encourage aggressive pushing in emergency situations
  - allow the mother to choose the birthing position
  - recommend position change as needed
  - perineal massage
  - encourage the mother to touch the newborn during crowning
  - assist in normal spontaneous vaginal birth with perineal support
  - provide an appropriate atmosphere for the moment of emergence
  - document labor and birth
- Demonstrates the ability to recognize and respond to labor and birth complications such as:
  - abnormal fetal heart tones and patterns by:
    - increase oxygen
      - administer oxygen
      - encourage deep breathing
    - change maternal position
    - facilitate quick delivery if birth is imminent
    - evaluate for consultation and referral
    - evaluate for transport
  - cord prolapse by
    - change maternal position to knee-chest
    - activate emergency medical services/medical backup plan
    - apply counter-pressure to the presenting part
    - place cord back into vagina
    - keep the presenting cord warm, moist and protected
    - monitor FHT and cord for pulsation
    - increase the mother's oxygen supply
    - facilitate immediate delivery, if birth is imminent
    - prepare to resuscitate the newborn
  - variations in presentation
    - breech
      - apply counter pressure to hand/or arm and the perineum
      - sweep arm out
    - nuchal cord
      - loop finger under the cord, and sliding it over head
      - loop finger under the cord, and sliding it over the shoulder
      - clamp cord in two places, cutting the cord between the two clamps
      - press baby's head into perineum and somersault the baby out
      - prepare to resuscitate the baby

- face and brow
    - prepare for imminent birth
    - prepare resuscitation equipment
    - prepare treatment for newborn bruising/swelling
    - administer arnica
    - position the mother in a squat
    - prepare for potential eye injury
  - multiple birth and delivery
  - shoulder dystocia
    - reposition shoulders to oblique diameter
    - reposition the mother to:
      - hands and knees (Gaskin maneuver)
      - exaggerated lithotomy (McRobert's position)
      - end of bed
    - flex shoulders of newborn, then corkscrew
    - extract the posterior arm
    - apply supra-pubic pressure
    - apply gentle traction while encouraging pushing
    - sweep arm across newborn's face
- vaginal birth after cesarean (vbac)
- management of meconium stained fluids
  - prepare to resuscitate the baby
  - instruct the mother to stop pushing after delivery of head
  - clear the airway with suction of mouth and nose
  - prepare to resuscitate the baby
- management of maternal exhaustion by:
  - nutritional support
  - adequate hydration
  - non-allopathic treatments
  - evaluate the mother's psychological condition
  - increase rest
  - monitor vital signs
  - monitor fetal well-being
  - evaluate urine for ketones
  - evaluate for consultation and/or referral
- recognize/consult/transport for signs of:
  - uterine rupture
  - uterine inversion
  - amniotic fluid embolism
  - stillbirth
- assesses the condition of, and provides care for the newborn:
  - keep baby warm
  - make initial newborn assessment
  - determine APGAR score at:
    - 1 minute
    - 5 minutes
    - 10 minutes (as appropriate)
  - keep baby and mother together
  - monitor respiratory and cardiac function by assessing:
    - symmetry of the chest

- sound and rate of heart tones and respirations
    - nasal flaring
    - grunting
    - retractions
    - circumoral cyanosis
    - central cyanosis
  - stimulate newborn respiration:
    - rub up the baby's spine
    - encourage parental touch, and call newborn's name
    - flick or rub the soles of the baby's feet
    - keep baby warm
    - rub skin with blanket
  - responding to the need for newborn resuscitation:
    - administer mouth-to-mouth breaths
    - positive pressure ventilation for 15-30 seconds
    - administer oxygen
    - leave cord unclamped until placenta delivers
  - Recognize and consult or transport for apparent birth defects
  - Recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or refers as needed
  - Support family bonding
  - Clamping the cord after pulsing stops
  - Cutting the cord after clamping
  - Caring for the cord:
    - evaluating the cord stump
    - collecting a cord blood sample
  - administer eye prophylaxis
  - assess gestational age
- Assist in placental delivery and responds to blood loss:
  - remind mother of the onset of third stage of labor
  - determine signs of placental separation such as:
    - lengthening of cord
    - separation gush
    - rise in fundus
    - contractions
    - urge to push
  - facilitate the delivery of the placenta by:
    - breast feeding/nipple stimulation
    - change the mother's position
    - administer non-allopathic treatments
    - perform guarded cord traction
  - after delivery, assess the condition of the placenta
  - estimate blood loss
  - respond to a trickle bleed by:
    - assess origin
    - respond to uterine bleeding by:
      - breastfeeding/nipple stimulation
      - fundal massage
      - assess fundal height and uterine size
      - non-allopathic treatments

- express clots
    - empty bladder
    - assess vital signs
  - respond to vaginal tear and bleeding with:
    - direct pressure on tear
    - suturing
    - assessment of blood color and volume
- respond to postpartum hemorrhage with:
  - fundal massage
  - external bimanual compression
  - internal bimanual compression
  - manual removal of clots
  - administer medication
  - non-allopathic treatments
  - maternal focus on stopping the bleeding/ tightening the uterus
  - administer oxygen
  - treat for shock
  - consult and/or transfer
  - activate medical emergency backup plan
  - prepare to increase postpartum care
- Assess general condition of mother:
  - assess for bladder distension
  - encourage urination for bladder distension
  - perform catheterization for bladder distension
  - assess lochia
  - assess the condition of vagina, cervix and perineum for:
    - cystocele
    - rectocele
    - hematoma
    - tears
    - lacerations
    - hemorrhoids
    - bruising
  - repair the perineum:
    - refer for repair
    - administer a local anesthetic
    - perform basic suturing of:
      - 1st degree tears
      - 2nd degree tears
      - labial tears
    - provide alternate repair methods (non-suturing)
  - provide instruction for care and treatment of the perineum
  - facilitate breastfeeding by assisting and teaching about:
    - [colostrum](#)
    - positions for mother and baby
    - skin-to-skin contact
    - latching on
    - maternal hydration
    - maternal nutrition
    - maternal rest

- feeding patterns
  - maternal comfort measures for engorgement
  - letdown reflex
  - milk expression

### The Postpartum Period: (15% of Exam - 54 Items)

- Completes the birth certificate
- Provides contraceptive/family planning education and counseling
- Performs postpartum reevaluation of mother and baby at:
  - day-one to day-two
  - day-three to day-four
  - one to two weeks
  - six to eight weeks
- assess, and provides counseling and education as needed, for:
  - postpartum-subjective history
  - lochia vs. abnormal bleeding
  - return of menses
  - vital signs, digestion, elimination patterns
  - breastfeeding, condition of breasts and nipples
  - muscle prolapse of vagina and rectum (cystocele, rectocele)
  - strength of pelvic floor
  - condition of the uterus (size and involution), ovaries and cervix
  - condition of the vulva, vagina, perineum and anus
- educates regarding adverse factors affecting breastfeeding
  - environmental
  - biological
  - occupational
  - pharmacological
- Facilitate psycho-social adjustment
- Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:
  - uterine infection
  - urinary tract infection
  - infection of vaginal tear or incision
  - postpartum depression
  - postpartum psychosis
  - late postpartum bleeding/hemorrhage
  - thrombophlebitis
- Assesses for, and treats jaundice by:
  - encourage mother to breastfeed every two hours
  - expose the front and back of newborn to sunlight through window glass
  - assess newborn lethargy and hydration
  - consult or refer
- Provide direction for care of circumcised penis
- Provide direction for care of uncircumcised penis
- Treat thrush on nipples :
  - dry nipples after nursing
  - non-allopathic remedies
  - refer for allopathic treatments

- Treat sore nipples with:
  - apply topical agents
  - expose to air
  - suggest alternate nursing positions
  - evaluate baby's sucking method
  - apply expressed milk
- treat mastitis by:
  - provide immune system support including:
    - nutrition/hydration
    - non-allopathic remedies
    - encourage multiple nursing positions
    - apply herbal/non-allopathic compresses
    - apply warmth, soaking in tub or by shower
    - encourage adequate rest/relaxation
    - assess for signs and symptoms of infections
    - teach mother to empty breasts at each feeding
    - provide/teach gentle massage of sore spots
    - consult/refer to:
      - La Leche League
      - lactation counselor
      - other healthcare providers

### Well-Baby Care: (5% of Exam - 16 Items)

- Provide well-baby care up to six weeks
- **Instruct on newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.**
- Assess the current health and appearance of baby including:
  - temperature
  - heart rate, rhythm and regularity
  - respirations
  - appropriate weight gain
  - length
  - measurement of circumference of head
  - neuro-muscular response
  - level of alertness
  - wake/sleep cycles
  - feeding patterns
  - urination and stool for frequency, quantity and color
  - appearance of skin
  - jaundice
  - condition of cord
- instructs mother in care of :
  - diaper rash
  - cradle cap
- Advises and facilitates treatment of thrush
- Advises and facilitates treatment for colic
- **Recognizes signs/symptoms and differential diagnosis of:**
  - infections

- polycythemia
- cardio-respiratory abnormalities
- glucose disorders
- hyperbilirubinemia
- birth defects
- failure to thrive
- newborn hemorrhagic disease (early and late onset)
- Provide information for referral for continued well-baby care
- Support integration of baby into family
- Perform or refer for newborn metabolic screening

## **Skills Examination Test Specifications**

### **General Healthcare Skills**

- Demonstrates aseptic technique
  - handwashing
  - gloving and ungloving
  - sterile technique
- Demonstrates the use of instruments and equipment including:
  - blood pressure cuff
  - doppler or fetoscope
  - gestation calculation wheel/calendar
  - newborn and adult scale
  - stethoscope
  - tape measure
  - thermometer
  - urinalysis Strips
- Injection Skills
  - proper use of equipment
    - Syringe
    - Single dose vial
    - Multi dose vial
    - Sharps container
  - demonstration of skill
    - Checking appearance, name, and expiration date
    - Observation of sterile technique
    - Drawing up fluids in the syringe
    - Injection of fluids
    - Disposal of needles
- Oxygen
  - proper set up of oxygen equipment
  - use of cannula and face mask
  - regulation of flow meter

### **Maternal Health Assessment**

- Performs a general physical examination, including assessment of:
  - baseline weight and height
  - vital signs: blood pressure, pulse, and temperature

- baseline reflexes
- abdomen, spine, and skin
- heart and lungs (auscultate)
- breast examination
- kidney pain; Costovertebral Angle Tenderness (CVAT)
- deep tendon reflexes of the knee
- extremities for edema

## **Prenatal**

- Performs prenatal physical exam including assessment of:
  - determination of due date by wheel or calendar
  - vital signs: blood pressure, pulse, temperature
  - respiratory assessment
  - weight
  - urine for:
    - appearance: color, density, odor, clarity
    - protein
    - glucose
    - ketones
    - PH
    - Leukocytes
    - Nitrites
    - Blood
  - costovertebral angle tenderness (CVAT)
  - deep tendon reflexes (DTR) of the knee
  - clonus
  - fundal height
  - fetal heart rate/tones auscultated with Fetoscope or Doppler
  - fetal position, presentation, lie
  - assessment of edema
- Labor, Birth and Immediate Postpartum
- performing a newborn examination by assessing:
  - the head for:
    - size/circumference
    - molding
    - hematoma
    - caput
    - sutures
    - fontanelles
    - measurement
  - the eyes for:
    - jaundice
    - pupil condition
    - tracking
    - spacing
  - the ears for:
    - positioning
    - response to sound
    - patency
    - cartilage
  - the mouth for:

- appearance and feel of palate
  - lip and mouth color
  - tongue
  - lip cleft
  - signs of dehydration
- the nose for:
  - patency
  - flaring nostrils
- the neck for:
  - enlarged glands; thyroid and lymph
  - trachea placement
  - soft tissue swelling
  - unusual range of motion
- the clavicle for:
  - integrity
  - symmetry
- the chest for:
  - symmetry
  - nipples
  - breast enlargement including discharge
  - measurement (chest circumference)
  - count heart rate
  - monitor heartbeat for irregularities
  - auscultate the lungs, front and back for:
    - breath sounds
    - equal bilateral expansion
- the abdomen for:
  - enlarged organs
  - masses
  - hernias
  - bowel sounds
- the groin for
  - femoral pulses
  - swollen glands
- the genitalia for:
  - appearance
  - testicles for:
    - descent
    - rugae
    - herniation
  - labia for
    - patency
    - maturity of clitoris and labia
- the rectum for:
  - patency
  - meconium
- abduct hips for dislocation
- the legs for:
  - symmetry of creases in the back of the legs
  - equal length

- foot/ankle abnormality
- the feet for:
  - digits, number, webbing
  - creases
  - abnormalities
- the arms for symmetry in:
  - structure
  - movement
- the hands for:
  - number of digits, webbing
  - finger taper
  - palm crease
  - length of nails
- the backside of baby for:
  - symmetry of hips, range of motion
  - condition of the spine:
    - dimpling
    - holes
    - straightness
- temperature: axillary, rectal
- reflexes:
  - flexion of extremities and muscle tone
  - sucking
  - moro
  - babinski
  - plantar/palmar
  - stepping
  - grasp
  - rooting
- skin condition for:
  - color
  - lesions
  - birthmarks
  - milia
  - vernix
  - lanugo
  - peeling
  - rashes
  - bruising
- length of baby
- weight of baby

### **Well-Baby Care**

- Assesses the general health and appearance of baby including:
  - temperature
  - heart rate, rhythm and regularity
  - respirations
  - weight
  - length
  - measurement of circumference of head