
Instructions for Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201, page 1 of 2

Applicant's Name: _____ Last four digits of Social Security #: _____

Form 201 serves as an official and chronological record of a student's progress through the Portfolio Evaluation Process (PEP). Each item listed must be individually dated and initialed by the preceptor on the specific date the skill or knowledge was observed and confirmed. It is not acceptable for students to write in the dates for preceptors to later sign. Nor is it appropriate for preceptors to use shorthand indicators like vertical lines, arrows, or block initialing.

Each entry must reflect the actual date the content was demonstrated, taught, or confirmed—not the day the form was signed. The integrity of this form depends on accurate and honest documentation and is critical to the review and approval of the PEP application.

Any form submitted without adherence to these standards may result in delays, requests for resubmission, or more serious consequences. Forgery or falsification of documents will result in removal from the PEP pathway and potentially full rejection of the CPM application. See the Forgery and Falsification Policy section of the CIB for full details.

The heart of midwifery is respect for the natural physiological process of birth. Verification of midwifery skills is required during the student's education. The Registered Preceptor signature verifies not only that the applicant has competently performed the skill but has also demonstrated a competent understanding of all didactic components related to the skill, including definitions, normal and abnormal signs and symptoms, differential diagnosis for risk assessment, follow-up, and referral or transport when appropriate.

NARM recognizes that the Midwives Model of Care precludes performance of unnecessary interventions on mothers and/or babies for the purpose of training. All skills performed as a regular part of midwifery care should be demonstrated in a clinical setting with actual clients. Skills that may not occur during the course of an average apprenticeship (such as breech birth, manual removal of a placenta, identifying a tubal pregnancy, or other emergency skills) may be verified based on discussion, interaction, demonstration, and simulation to fulfill the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice requirement.

The NARM list of knowledge, skills, and abilities represents the curriculum for the student seeking the CPM credential, whether that education is obtained through a school, a study group, or one-on-one training with a preceptor. Each topic has a demonstration component which must be performed in a clinical setting and a knowledge component which may be verified in a clinical or non-clinical setting. Both the knowledge and demonstration components must be verified by a Registered Preceptor, but all components do not have to be verified by the same preceptor. Skills listed with an asterisk (*) may be verified through simulation. All other skills must be demonstrated during actual clinical practice.

The performance of the skill in a clinical setting implies a thorough understanding of the didactic component, or the knowledge base behind the skill. Verification of competency includes the evaluation of knowledge inherent through performance of the skill. For example, in verifying the skill of taking a blood pressure, the preceptor must assess all of the following:

- The skill set:
 - placing the cuff and stethoscope correctly
 - following an appropriate procedure in pumping and releasing the cuff
 - obtaining an accurate reading
 - charting the results
 - explaining/communicating to client

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- The knowledge base:
 - What is measured when taking the blood pressure?
 - What is the range of normal readings?
 - What causes false high or low readings?
 - What causes significant high or low readings?
 - What can be done to bring borderline readings into a normal range?
 - When is referral an appropriate response?

The knowledge base and skill set may be verified by different preceptors, but the preceptor verifying the skill set must assess the integration of the knowledge base and the skill set in order to sign the verification of clinical performance. The Comprehensive Knowledge, Skills, and Abilities list includes columns for verifying the acquisition of knowledge and for the performance of the skill in a clinical setting. The clinical preceptor must date and initial all performance skills. **Boxes containing an asterisk (*) are skills that are unlikely to be performed in a clinical setting during training but are necessary skills for complete training. The preceptor may assess performance based on simulation.**

The knowledge component may be verified outside of a clinical setting and may be verified by the clinical preceptor or an academic preceptor. The knowledge column must also be dated and initialed by a NARM Registered Preceptor. All preceptors who sign any part of the application must meet the NARM definition of a preceptor. Verification of the knowledge base must include an individual assessment between the student and preceptor and may be based on discussion, simulation, and role-playing.

The knowledge base may not be verified based on lecture or workshop attendance unless a complete dialogue and assessment occur. The preceptor, by signature, is taking personal responsibility for verifying the student's acquisition of knowledge and not just exposure to the information. Regardless of the how the didactic education is obtained, the clinical preceptor has the most important role in verifying competency by evaluating the application of knowledge in a clinical setting.

Important Notes

- ✓ Each skill on form 201 must include an educational component and a performance component. Registered Preceptors must initial both boxes, though the same preceptor does not need to initial all components. The preceptor verifying the knowledge base of the skill must initial and date under the "knowledge" column. The preceptor verifying the performance of the skill (which includes the application of knowledge) must initial and date under the "skill" column.
- ✓ Sign the affirmation at the end of the Comprehensive Skills, Knowledge, and Abilities Essential for Competent Midwifery Practice Verification Form 201.
- ✓ Each preceptor who has initialed a skill must complete a copy of Preceptor Verification Form 202.

Important Instructions for Preceptors

Preceptors must initial and date each row at the time the student demonstrates or acquires the listed skill or knowledge. The same date should not be used for multiple items unless those skills were indeed completed on the same day. Students should not fill in or pre-populate these dates. Preceptors are required to individually complete all initials and dates. Use of arrows, vertical lines, or mass signing is not permitted.

Forgery or falsification of this form may result in strict penalties. See the Forgery and Falsification Policy in the Candidate Information Booklet (CIB) for more information.

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Applicant's Name: _____ Last four digits Social Security #: _____

For Entry Level PEP, please submit this form with Phase 3.

Knowledge
Initial/Date

Skill
Initial/Date

I. Professional Issues, Knowledge, and Skills		
A. Applies understanding of social determinants of health (income, literacy, education, sanitation, housing, environmental hazards, food security, common threats to health)		
B. Applies understanding of direct and indirect causes of maternal and neonatal mortality and morbidity		
C. Understands principles of research, evidence-based practice, critical interpretation of professional literature, and interpretation of vital statistics and research findings		
D. Provides information on national and local health services, such as social services, WIC, breastfeeding, substance abuse, mental health, and bereavement		
E. Educates about resources for referral to higher health facility levels, appropriate communication and transport mechanisms, prepared for emergencies		
F. Knows legal and regulatory framework governing reproductive health for women, including laws, policies, protocols, and professional guidelines		
G. Applies understanding of human rights and their effects on the health of individuals, including:		
1. domestic partner violence		
2. female genital cutting		
3. cultural effect of religious beliefs		
4. gender roles		
5. other cultural health practices		
H. Facilitates mother's decision of where to give birth by discussing:		
1. advantages and risks of different birth sites		
2. requirements of the birth site		
3. how to prepare and equip the birth site		
I. Participates in peer review for maternal and neonatal mortality or morbidity		
1. understands the purpose of peer review		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
2. understands the process of participating in peer review		
J. Understands the application of professional ethics, values, and human rights		
1. understands and applies the principles of confidentiality in relationships with clients and students including applicable components of HIPAA		
2. understands the process of shared decision making with clients throughout pregnancy and birth		
K. Understands and applies the following skills related to Professional Issues, Knowledge, and Skills:		
1. prepares the mother for the possibility of less than optimum pregnancy outcomes		
2. is responsible and accountable for clinical decisions and actions		
3. acts consistently in accordance with standards of practice		
4. maintains/updates knowledge and skills		
5. behaves in a courteous, non-judgemental, non-discriminatory, and culturally appropriate manner with all clients		
6. is respectful of individuals and of their culture and customs		
7. shares and explains protocols of practice, including regulatory requirements, and client's right to refuse testing or intervention		
8. uses appropriate communication and listening skills with clients and support team		
9. accurately and completely records all relevant information in the client's chart, and explains results to client		
10. is able to comply with all local requirements for reporting births and deaths		
II. General Healthcare Skills		
A. Demonstrates the application of Universal Precautions as they relate to midwifery:		
1. handwashing		
2. gloving and ungloving		
3. sterile technique		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
B. Educates on the benefits and contraindications of alternative healthcare practices (non-allopathic treatments) and modalities, including herbs, hydrotherapy, waterbirth, chiropractic, homeopathic, and acupuncture		
C. Understands the benefits and risks, and recommends the appropriate use of vitamin and mineral supplements, including prenatal multi-vitamins, Vitamin C, Vitamin E, Folic acid, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D		
D. Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:		
1. local anesthetic for suturing		*
2. medical oxygen		*
3. Methergine ® (methylergonovine maleate)		*
4. prescriptive ophthalmic ointment		*
5. Pitocin ® for postpartum hemorrhage		*
6. RhoGam ®		*
7. Vitamin K (oral or IM)		*
8. antibiotics for Group B Strep		*
9. IV fluids		*
10. Cytotec ® (misoprostol)		*
11. epinephrine		*
E. Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFL, fetal well-being and growth, position, placental position, and determination of multiples		
F. Demonstrates knowledge of benefits/risks of biophysical profile, including counseling and referrals		
G. Demonstrates knowledge of how and when to use instruments and equipment, including:		
1. amnihook		*

*Skill may be assessed by a NARM Registered Preceptor during the course of midwifery care or demonstrated along with a detailed explanation to show competent preparation and understanding of the skill.

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
2. bag and mask resuscitator		*
3. bulb syringe		
4. Delee ® tube-mouth suction device		*
5. hemostats		
6. lancets		*
7. nitrazine paper		*
8. scissors (all kinds)		
9. suturing equipment		*
10. straight, in and out catheter		*
11. vacutainer /blood collection tube		*
12. gestational wheel or calendar		
13. newborn and adult scale		
14. thermometer		
15. urinalysis strips		
16. cord clamps		
17. doppler		
18. fetoscope		
19. stethoscope		
20. vaginal speculum		
21. blood pressure cuff		

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Applicant's Name: _____ Last four digits Social Security #: _____

Knowledge
Initial/Date

Skill
Initial/Date

22. oxygen tank, flow meter, cannula, and face mask		*
23. pulse oximeter		
24. laryngeal mask airway (LMA)		*
H. Proper use of injection equipment including syringe, single and multi dose vial/ampules, and sharps container		*
I. Obtains or refers for urine culture		*
J. Obtains or refers for vaginal culture		*
K. Obtains or refers for blood screening tests		*
L. Evaluates laboratory and medical records, with appropriate education and counseling of client, including:		
1. hematocrit/hemoglobin		
2. blood sugar (glucose)		
3. HIV		
4. Hepatitis B		
5. Hepatitis C		
6. Rubella		
7. Syphilis (VDRL or RPR)		
8. Group B Strep		
9. Gonorrhea culture		
10. Complete Blood Count		
11. Blood type and Rh factor		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
12. Rh antibodies		
13. Chlamydia		
14. PAP test		
15. Vitamin D		
16. thyroid panel		
17. HbA1c		
18. genetic screening		
19. blood albumin		
20. complete metabolic panel		
21. progesterone		
22. HCG		
III. Maternal Health Assessment		
A. Obtains and maintains records of health, reproductive and family medical history and possible implications to current pregnancy, including:		
1. personal information/demographics including religion, occupation, education, marital status, and economic status		
2. increased risk for less-than-optimal outcomes due to allostatic stress from racism and resource scarcity		
3. changes in health or behavior, and woman's evaluation of her health and nutrition		
4. potential exposure to environmental toxins		
5. medical conditions		
6. surgical history		

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Applicant's Name: _____ Last four digits Social Security #: _____

Knowledge
Initial/Date

Skill
Initial/Date

7. reproductive history, including:		
a. menstrual history		
b. gynecologic history		
c. sexual history		
d. childbearing history		
e. contraceptive practice		
f. history of sexually transmitted infections		
g. history of behavioral risk factors for sexually transmitted infection		
h. history of risk of exposure to blood borne pathogens		
i. Rh type and plan of care if negative		
8. family medical history		
9. psychosocial history		
10. history of abuse		
11. mental health		
12. Mother's medical history		
a. genetics		
b. alcohol use		
c. drug use		
d. tobacco use		
e. allergies (environmental & medical)		
f. history of vasovagal response or fainting		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
g. foreign travel history		
h. vaccination history/status		
13. Father's medical history		
a. genetics		
b. alcohol use		
c. drug use		
d. tobacco use		
B. Performs a physical examination, including assessment of:		
1. size of uterus and ovaries by bimanual exam		
2. general appearance/skin condition		
3. baseline weight and height		
4. vital signs		
5. HEENT (Head, Eyes, Ears, Nose, and Throat) including thyroid by palpation		
6. lymph glands of neck, chest, and under arms		
7. breasts, including mother's knowledge of self breast exam techniques		
8. torso, extremities for bruising, abrasions, moles, unusual growths		
9. baseline reflexes		
10. heart and lungs		
11. abdomen by palpation and observation for scars		
12. kidney pain (CVAT)		
13. deep tendon reflexes of the knee		

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Applicant's Name: _____ Last four digits Social Security #: _____

Knowledge
Initial/Date

Skill
Initial/Date

14. condition of the vulva, vagina, cervix, perineum, and anus		
15. cervix by speculum exam		
16. vascular system (edema, varicosities, thrombophlebitis)		
IV. Prenatal Care		
A. Provides appropriate prenatal care and educates the family of significance		
B. Understands and educates about the anatomy and physiology of pregnancy and birth		
C. Understands normal and abnormal changes during pregnancy		
D. Assesses results of routine prenatal exams including ongoing assessment of:		
1. maternal psycho-social, emotional health and well being; signs of abuse		
2. vaginal discharge; including signs and symptoms of infection		
3. social support system		
4. maternal health by tracking variations and changes in:		
a. blood pressure		
b. weight		
c. color of mucus membranes		
d. general reflexes		
e. elimination/urination patterns		
f. sleep patterns		
g. energy levels		
h. nutritional patterns, pica		
i. hemoglobin/hematocrit		

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Applicant's Name: _____ Last four digits Social Security #: _____

Knowledge
Initial/Date

Skill
Initial/Date

	Knowledge Initial/Date	Skill Initial/Date
j. glucose levels		
k. breast conditions/implications for breastfeeding		
5. Assesses urine for:		
a. appearance: color, density, odor, clarity		
b. protein		
c. glucose		
d. ketones		
e. pH		
f. leukocytes		
g. nitrites		
h. blood		
i. specific gravity		
6. Estimates due date based on standard methods		
7. Assesses fetal growth and wellbeing		
a. fetal heart rate/tones auscultated with fetoscope or Doppler		
b. correlation of weeks gestation to fundal height		
c. fetal activity and responsiveness to stimulation		
8. Fetal palpation for:		
a. fetal weight		
b. fetal size		
c. fetal lie		

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Applicant's Name: _____ Last four digits Social Security #: _____

Knowledge
Initial/Date

Skill
Initial/Date

	Knowledge Initial/Date	Skill Initial/Date
d. degree of fetal head flexion		
9. Clonus		
10. Vital signs		
11. Respiratory assessment		
12. Edema		
13. Provides prenatal education, counseling, and recommendations for:		
a. nutritional and non-allopathic dietary supplement support		
b. normal body changes in pregnancy		
c. exercise and movement		
d. weight gain in pregnancy		
e. common complaints of pregnancy:		
(1) sleep difficulties		
(2) nausea/vomiting		
(3) fatigue		
(4) inflammation of sciatic nerve		
(5) breast tenderness		
(6) skin itchiness		
(7) vaginal yeast infection		
(8) bacterial vaginosis		
(9) symptoms of anemia		
(10) indigestion/heartburn		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(11) constipation		
(12) hemorrhoids		
(13) carpal tunnel syndrome		
(14) round ligament pain		
(15) headache		
(16) leg cramps		
(17) backache		
(18) varicose veins		
(19) sexual changes		
(20) emotional changes		
(21) fluid retention/swelling, edema		
E. Recognizes and responds to potential prenatal complications/variations by identifying, assessing, recommending treatment, or referring for:		
1. antepartum bleeding (first, second, or third trimester)		*
2. pregnancy induced hypertension		*
3. pre-eclampsia		*
4. gestational diabetes		*
5. urinary tract infection		*
6. fetus small for gestational age		*
7. fetus large for gestational age		*
8. intrauterine growth retardation		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
9. thrombophlebitis		*
10. oligohydramnios		*
11. polyhydramnios		*
12. breech presentation:		
a. identifying breech presentation		*
b. turning breech presentation with:		
(1) alternative positions (tilt board, exercises, etc.)		*
(2) referral for external version		*
(3) non-allopathic methods (moxibustion, homeopathic)		*
c. management strategies for unexpected breech delivery		*
13. multiple gestation:		
a. identifying multiple gestation		*
b. management strategies for unexpected multiple births		*
14. Occipit posterior position:		
a. identification		
b. prevention		
c. techniques to encourage rotation		
15. vaginal birth after cesarean (VBAC)		
a. identifies VBAC by history and physical		*
b. indications/contraindications for out-of-hospital births		*
c. management strategies for VBAC		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
d. identifies risk factors for uterine rupture:		
(1) type of uterine suturing		*
(2) uterine incision (classical or transverse)		*
(3) uterine scar thickness		*
(4) interdelivery interval		*
(5) number of previous cesareans		*
(6) previous vaginal births		*
(7) implantation site of placenta		*
16. recognizes signs, symptoms of uterine rupture and knows emergency treatment		*
17. preventing pre-term birth:		
a. risk assessment for pre-term birth		*
(1) smoking		*
(2) vaginal or urinary tract infections		*
(3) periodontal health		*
(4) prior pre-term birth		*
(5) other factors: stress, emotional health		*
b. educates and counsels mothers who request early induction of labor		*
c. educates for signs of pre-term labor		*
18. identifies and deals with pre-term labor with:		
a. referral		*
b. consults for pre-term labor		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
c. treats pre-term labor with standard measures		*
19. assesses and evaluates a post-date pregnancy by monitoring/assessing:		
a. fetal movement, growth, and heart tone variability		
b. estimated due date calculations		
c. previous birth patterns		
d. amniotic fluid volume		
e. maternal tracking of fetal movement		
f. consults or refers for:		
(1) ultrasound		
(2) non-stress test		
(3) biophysical profile		
20. standard measures for treating a post-date pregnancy		
21. Cholestasis		*
22. conditions from previous pregnancies such as diastasis, prolapse, cyctocele, rectocele		*
23. identifies and refers for:		
a. tubal, molar, or ectopic pregnancy		*
b. placental abruption		*
c. placenta previa		*
24. identifies premature rupture of membranes		
25. manages premature rupture of membranes in a FULL-TERM pregnancy:		
a. monitors fetal heart tones and movement		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
b. minimizes internal vaginal examinations		
c. reinforces appropriate hygiene techniques		
d. monitors vital signs for infection		
e. encourages increased fluid intake		
f. supports nutritional/non-allopathic treatment		
g. stimulates labor		
h. consults for prolonged rupture of membranes		
i. reviews Group B Strep status and inform of options		
26. consults and refers for premature rupture of membranes in a PRE-TERM pregnancy		*
27. establishes and follows emergency contingency plans for mother/baby		
28. educates on options for hospital transport, including augmentation and pharmacological pain relief		
29. cesarean birth:		
a. knows local options for cesarean birth		
b. educates on procedures for cesarean birth		
c. provides support before, during (as permitted), and after the cesarean process		
d. follows up for cesarean birth, including:		
(1) physical healing		
(2) emotional healing		
(3) breastfeeding and infant care after cesarean birth		

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Knowledge
Initial/Date

Skill
Initial/Date

V. Labor, Birth, and Immediate Postpartum		
A. Understands and supports the normal physiological process of labor and birth		
B. Understands the relationship of maternal and fetal anatomy in relation to labor and birth		
C. Facilitates maternal relaxation and provides comfort measures throughout labor:		
1. communicates in a calming voice, using kind and encouraging words		
2. applies knowledge of emotional and psychological aspects of labor to provide support		
3. applies knowledge of physical support in labor (counter pressure, position changes, massage, water, etc.)		
4. waterbirth		
a. educates on benefits and risks of waterbirth		
b. equips the birth site for a waterbirth		
c. discusses specific management of complications during waterbirth		
D. Recognizes and counsels on signs of early labor and appropriate activities		
E. Assesses maternal and infant status based on:		
1. vital signs		
2. food and fluid intake		
3. status of membranes		
4. uterine contractions (frequency, duration, intensity)		
5. fetal heart tones		
6. fetal lie, presentation, position, and descent		
7. cervical effacement and dilation		
F. Assesses and supports normal progress of labor		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
G. Recognizes and responds appropriately to conditions that slow or stall labor, such as:		
1. anterior/swollen lip		*
2. posterior or asynclitic fetal position		
3. pendulous belly inhibiting descent		
4. maternal exhaustion		
5. maternal fears, emotions		
6. abnormal labor patterns		
7. deep transverse arrest		
8. obstructed labor		
9. advises on non-allopathic remedies (nipple stimulation, herbs, positions, movement, etc.)		
H. Recognizes, prevents or treats maternal dehydration		
I. Recognizes and responds to labor and birth complications such as:		
1. abnormal fetal heart tones and patterns		
2. cord prolapse		*
3. recognizes and responds to variations in presentations, such as:		
a. breech		
(1) understands mechanism of descent and rotation for complete, frank, or footling breech presentation		*
(2) techniques for release of nuchal arms with breech		*
b. nuchal hand/arm		
(1) applies counter pressure to hand or arm and perineum		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(2) sweeps arm out		*
c. nuchal cord		
(1) loops finger under cord, sliding over head or shoulder		*
(2) clamps and cuts cord		*
(3) presses baby's head into perineum and somersaults the baby out		*
(4) prepares for possible resuscitation		*
d. face and brow		
(1) mechanism of delivery for face or brow presentation		*
(2) determines position of chin		*
(3) management strategies for face or brow presentation		*
(4) prepares for resuscitation or treatment of bruising/swelling/eye injury		*
4. multiple birth and delivery		
a. identifies multiple gestation		*
b. consults or transports according to plan		*
c. prepares for attention to more than one		*
5. shoulder dystocia		
a. applies gentle traction while encouraging pushing		*
b. repositions the mother to:		
(1) hands and knees (Gaskin maneuver)		*
(2) exaggerated lithotomy (McRobert's position)		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(3) end of bed		*
(4) squat		*
c. repositions shoulders to oblique diameter		*
d. shifts pelvic angle with lunge or runner's pose		*
e. extracts posterior arm		*
f. flexes shoulders of newborn, then corkscrews		*
g. applies supra-pubic pressure		*
h. sweeps arm across newborn's face		*
i. fractures baby's clavicle		*
6. indications for performing an episiotomy		*
7. management of meconium stained fluids		
a. recognizes and assesses degree of meconium		
b. follows standard resuscitation procedures for meconium		
8. management of maternal exhaustion:		
a. hydration and nutrition		
b. rest/bath/removal of distractions		
c. monitors maternal and fetal vital signs, including urine ketones		
d. evaluates for consultation or referral		
9. recognizes/consults/transport for signs of:		
a. uterine rupture		*
b. uterine inversion		*

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
c. amniotic fluid embolism		*
d. stillbirth		*
J. Evaluates and supports during second stage:		
1. recognizes and assesses progress in second stage		
2. supports maternal instincts in pushing techniques and positions		
3. recommends/suggests pushing techniques and positions when needed		
4. monitors vital signs; understands normal and abnormal changes		
5. facilitates supportive environment and family involvement		
6. prepares necessary equipment for immediate access		
7. uses appropriate hand techniques for perineal support and birth of baby		
K. Assesses condition and provides immediate care of newborn		
1. understands, recognizes, and supports normal newborn adjustment at birth		
a. keeps mother and baby warm and together for initial assessment		
b. determines APGAR score at one minute, five minutes, and, if needed, at ten minutes		
c. monitors respiratory and cardiac function by assessing:		
(1) symmetry of chest		
(2) sound and rate of heart tones and respirations		
(3) nasal flaring		
(4) grunting		
(5) chest retractions		
(6) circumoral cyanosis		

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Skills Verification Form 201, page 22 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(7) central cyanosis		
d. stimulates newborn respiration according to AAP/NRP recommendations		
e. encourages parental touch and speech while keeping baby warm		
2. responds to need for newborn resuscitation according to AAP/NRP recommendations		
3. recognizes and consults or transports for apparent birth defects		*
4. recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or transports		
5. provides appropriate care of the umbilical cord:		
a. clamps and cuts cord after pulsing stops		
b. evaluates the cord, including number of vessels		
c. collects cord blood sample if needed		
6. assesses gestational age		
7. assesses for central nervous system disorder		
L. Recognizes and responds to normal third stage, including physiological and active management strategies		
1. determines signs of placental separation such as:		
a. separation gush		
b. contractions		
c. lengthening of cord		
d. urge to push		
e. rise in fundus		
2. facilitates delivery of the placenta by:		
a. breast feeding/nipple stimulation		

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Skills Verification Form 201, page 23 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
b. changing maternal position		
c. performing guarded cord traction		
d. emptying the bladder		
e. administering non-allopathic treatments		
f. encouraging maternal awareness		
g. manual removal		*
h. transport for removal		*
M. Assesses condition of placenta and membranes, recognizes normal and abnormal characteristics		
N. Estimates and monitors ongoing blood loss		
1. responds to a trickle bleed by:		
a. assesses origin		
b. assesses fundal height and uterine size		
c. fundal massage		
d. assesses vital signs		
e. emptying bladder		
f. breastfeeding or nipple stimulation		
g. expressing clots		
h. non-allopathic treatments		
O. Responds to postpartum hemorrhage with:		
1. fundal massage		
2. external bimanual compression		*

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Skills Verification Form 201, page 24 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
3. internal bimanual compression		*
4. manual removal of clots		*
5. administering medications		*
6. non-allopathic treatments		*
7. increasing maternal focus and participation		*
8. administering or referin for IV fluids		*
9. consulting and/or transfer; activating emergency back up plan		*
10. treating for hypovolemic shock according to standard recommendations or protocols		*
11. performing external aortic compression		*
P. Assesses general condition of mother		
1. assesses for bladder distension		
a. encourages urination		
b. performs catheterization if needed		*
2. assesses condition of vagina, cervix, and perineum for:		
a. cystocele		
b. rectocele		
c. hematoma		
d. hemorrhoids		
e. bruising		
f. prolapsed cervix or uterus		

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Skills Verification Form 201, page 25 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
g. tears, lacerations:		
(1) assesses blood color and volume; identify source		
(2) applies direct pressure on tear		*
(3) clamps vessel; if identified		*
(4) sutures 1st or 2nd degree or labial tears		*
(5) administers local anesthetic		*
(6) performs suturing according to standard procedures and protocols		*
(7) provides alternative repair methods (non-suturing)		*
3. provides instructions on care and treatment of perineum		
4. monitors maternal vital signs after birth		
5. provides timely food and drink		
Q. Facilitates breastfeeding by assisting and teaching about:		
1. colostrum		
2. positions for mother and baby		
3. skin to skin contact		
4. latching on		
5. maternal hydration and nutrition		
6. maternal rest		
7. feeding patterns		
8. maternal comfort measures for engorgement		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
9. letdown reflex		
10. milk expression		
11. normal newborn urine and stool output		
R. Performs a newborn exam by assessing for normal and abnormal		
1. assesses the head for:		
a. size/circumference		
b. molding		
c. hematoma		
d. caput		
e. suture lines		
f. fontanel		
2. assesses the eyes for:		
a. jaundice		
b. pupil condition		
c. tracking		
d. spacing		
e. clarity		
f. hemorrhage		
g. discharge		
h. red eye reflex		
3. assesses the ears for:		
a. positioning		

Skills Verification Form 201, page 27 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

Knowledge
Initial/Date

Skill
Initial/Date

	Knowledge Initial/Date	Skill Initial/Date
b. response to sound		
c. patency		
d. cartilage		
4. assesses the mouth for:		
a. appearance and feel of palate		
b. lip and mouth color		
c. tongue		
d. lip cleft		
e. signs of dehydration		
f. tongue and lip tie		
5. assesses the nose for:		
a. patency		
b. flaring nostrils		
6. assesses the neck for:		
a. enlarged glands, thyroid, and lymph		
b. trachea placement		
c. soft tissue swelling		
d. unusual range of motion		
7. assesses the clavicle for:		
a. integrity		
b. symmetry		
8. assesses the chest for:		
a. symmetry		

Skills Verification Form 201, page 28 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
b. nipples		
c. breast enlargement or discharge		
d. measurement (chest circumference)		
e. heart sounds (rate and irregularities)		
9. auscultates the lungs, front and back, for:		
a. breath sounds		
b. equal bilateral expansion		
10. assesses the abdomen for:		
a. enlarged organs		
b. masses		
c. hernias		
d. bowel sounds		
e. rigidity		
11. assesses the groin for:		
a. femoral pulses		
b. swollen glands		
12. assesses the genitalia for:		
a. appearance		
b. position of urethral opening		
c. testicles for:		
(1) descent		
(2) rugae		

Skills Verification Form 201, page 29 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
(3) herniation		
d. assesses the labia for:		
(1) patency		
(2) maturity of clitoris and labia		
e. assesses the rectum for:		
(1) patency		
(2) meconium		
13. assesses abduct hips for dislocation		
14. assesses the legs for:		
a. symmetry of creases in the back of legs		
b. equal length		
c. foot/ankle abnormality		
15. assesses the feet for:		
a. abnormalities		
b. digits: number, webbing		
c. creases		
16. assesses the arms for symmetry in:		
a. structure		
b. movement		
17. assesses the hands for:		
a. digits: number, webbing		
b. finger taper		
c. palm creases		

Skills Verification Form 201, page 30 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
d. length of nails		
18. assesses the backside of the baby for:		
a. symmetry of hips, range of motion		
b. condition of the spine:		
(1) dimpling		
(2) holes		
(3) straightness		
19. assesses flexion of extremities and muscle tone		
20. assesses reflexes:		
a. sucking		
b. moro		
c. babinski		
d. plantar/palmar		
e. stepping		
f. grasping		
g. rooting		
h. blinking		
21. assesses skin condition for:		
a. color		
b. lesions		
c. birthmarks		
d. milia		

Skills Verification Form 201, page 31 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
e. vernix		
f. lanugo		
g. peeling		
h. rashes		
i. bruising		
j. Mongolian spots		
22. assesses length of baby		
23. assesses weight of baby		
24. assesses temperature of the baby		
S. Assesses gestational age of the baby		
T. Administers eye prophylaxis with informed consent of parents		*
U. Administers Vitamin K with informed consent of parents		*
V. Reviews Group B Strep status and signs or symptoms and plans for follow-up		
VI. Postpartum		
A. Assesses and evaluates physical and emotional changes following childbirth, including normal process of involution		
B. Assesses and evaluates normal or abnormal conditions of mother or baby at:		
1. day one to day two		
2. day three to day four		
3. one to two weeks		
4. three to four weeks		

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Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
5. five to six weeks		
C. Assesses and provides counseling and education for:		
1. postpartum subjective history		
2. lochia vs. abnormal bleeding		
3. return of menses		
4. vital signs, digestion, elimination patterns		
5. muscle prolapse of vagina and rectum (cystocele, rectocele)		
6. condition and strength of pelvic floor		
7. condition of uterus (size and involution) ovaries, and cervix		
8. condition of vulva, vagina, perineum, and anus		
9. facilitates psycho-social adjustment:		
a. recognizes and responds to mild postpartum depression		
b. counsels for appropriate support from family and friends		
c. increases home or phone visits as needed		
d. recognizes and responds to increased severity of postpartum depression or psychosis		
e. counsels client and family on resources for depression; increases follow-up		
D. Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:		
1. uterine infection		*
2. urinary tract infection		*
3. infection of vaginal tear or incision		*

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Skills Verification Form 201, page 33 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
4. postpartum bleeding/hemorrhage		*
5. thrombophlebitis		*
6. separation of abdominal muscles		*
7. separation of symphysis pubis		*
8. postpartum pre-eclampsia		*
E. Evaluates and counsels for newborn jaundice		
1. refers or consults for jaundice in the first 24 hours after birth		
2. evaluates, counsels, and monitors for physiological jaundice after 24 hours		
3. encourages mother to breastfeed every two hours		
4. exposes front and back of newborn to sunlight through window glass		
5. assesses and monitors newborn lethargy and hydration		
6. consults or refers for increased symptoms		
F. Provides direction for care of circumcised penis		
G. Provides direction for care of intact (uncircumcised) penis		
H. Breastfeeding care and counseling:		
1. educates regarding adverse factors affecting breastfeeding or breastmilk		
a. environmental		
b. biological		
c. occupational		
d. pharmacological		

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Skills Verification Form 201, page 34 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
2. evaluates baby's sucking method, position of lips and tongue		
3. evaluates conditions of breasts and nipples		
4. treats sore nipples:		
a. exposure to air		
b. alternates nursing positions		
c. applying topical agents		
d. applying expressed breastmilk		
e. flange of lips		
f. latch on		
g. tongue tie		
h. sucking		
i. swallowing		
5. treats thrush on nipples:		
a. dries nipples after nursing		*
b. non-allopathic remedies		*
c. allopathic treatments		*
6. treats mastitis by:		
a. provides immune support including:		
(1) nutrition/hydration		
(2) non-allopathic remedies		
b. encourages multiple nursing positions		

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Applicant's Name: _____ Last four digits Social Security #: _____

Knowledge
Initial/Date

Skill
Initial/Date

c. applies herbal/non-allopathic compresses		
d. applies warmth, soaking in tub or by shower		
e. encourages adequate rest/relaxation		
f. assesses for signs and symptoms of infection		
g. teaches mother to empty breasts at each feeding		
h. provides or teaches gentle massage of sore spots		
i. consults or refers to breastfeeding support groups, lactation counselor, or other healthcare providers		
I. Provides contraceptive and family planning education, counseling, and referrals		
J. Provides opportunity for verbal and written feedback from client		
VII. Well-Baby Care		
A. Provides newborn care up to six weeks		
B. Principles of newborn adaptation to extrauterine life (physiologic changes in pulmonary and cardiac systems)		
1. Basic needs of newborn (breathing, warmth, nutrition, and bonding)		
2. Normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.		
3. Normal growth and development of the newborn and infant		
C. Assesses the current health and appearance of baby including:		
1. temperature		
2. heart rate, rhythm, and regularity		
3. respirations		
4. appropriate weight gain		

Skills Verification Form 201, page 36 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
5. length		
6. measurement of circumference of head		
7. neuro-muscular response		
8. level of alertness		
9. wake/sleep cycles		
10. feeding patterns		
11. urination and stool for frequency, quantity, and color		
12. appearance of skin		
13. jaundice		
14. condition of cord		
D. Understands, respects, and counsels on traditional or cultural practices related to the newborn		
E. Advises mother in care of:		
1. diaper rash		
2. cradle cap		
3. heat rash		
4. colic		
5. cord care		
F. Recognizes signs/symptoms and differential diagnosis of:		
1. infections		*
2. cardio-respiratory abnormalities		*

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Skills Verification Form 201, page 37 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
3. glucose disorders		*
4. birth defects		*
5. failure to thrive		*
6. newborn hemorrhagic disease (early and late onset)		*
7. polycythemia		*
8. non-accidental injuries		*
9. dehydration		*
G. Evaluates, counsels, and monitors for physiological jaundice after 24 hours		
1. encourages mother to breastfeed every two hours		
2. exposes front and back of newborn to sunlight through window glass		
3. assesses and monitors newborn lethargy and hydration		
4. consults or refers for additional screening and/or treatment		
H. Provides information for referral for continued well-baby care		
1. performs or refers for newborn metabolic screening		*
2. performs or refers for hearing screening		*
3. performs or refers for pulse oximetry newborn screening for congenital heart disease (CCHD)		*
4. educates about referral for integrative/complimentary/alternative practitioners		
5. educates about options for pediatrician or family practitioner		
6. educates about health care providers for immunizations or non-immunizations		

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Skills Verification Form 201, page 38 of 38

Applicant's Name: _____ Last four digits Social Security #: _____

	Knowledge Initial/Date	Skill Initial/Date
I. Supports and educates parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects, or neonatal death		*
J. Supports and educates parents of newborns transferred to hospital or with special needs		*
K. Supports integration of baby into family		

I, _____, whose name appears on each of the pages herein, hereby do affirm that all of the information on these pages is true and correct to the best of my ability, and I affirm I can provide information or witnesses to attest to my having acquired the above skills in the above way(s).

Applicant's Signature: _____

Date: _____

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