

Competency Validation Record (Includes Written Test)
Competency: Postpartum Maternal and Newborn Nursing Care

Name: _____ Validator Name: _____

Agency: _____ Date: _____

Total number of correct responses of 87 postpartum maternal items: _____

Total number of correct responses of 52 newborn items: _____

Total number of correct responses of 139 postpartum maternal and newborn items: _____

A. Written Quiz

Number of correct answers on postpartum maternal 53 items: _____

Number of correct answers on newborn 31 items: _____

Number of correct answers on 84 items: _____

Circle the numbers of the items that were not correctly answered. Example: For item 11-22, lists 3 signs and symptoms as well as client education for the following: uterine infection, deep vein thrombosis and hemorrhage." If the person answered correctly for uterine infection and deep vein thrombosis but not for hemorrhage, circle 19-22, indicating the missing responses.

Postpartum maternal

1	2	3	4	5	6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21	22	23	24	25	26
27	28	29	30	31	32	33	34	35	36	37	38	39
40	41	42	43	44	45	46	47	48	49	50	51	52
53												

Newborn

54	55	56	57	58	59	60	61	62	63	64	65	66
67	68	69	70	71	72	73	74	75	76	77	78	79
80	81	82	83	84								

B. Skills demonstration through observation of home visit or role play or follow-up discussion

Number of correct answers on postpartum maternal 34 items: _____

Number of correct answers on newborn 21 items: _____

Number of correct answers on postpartum maternal and newborn 55 items: _____

C. Continuing Education Plan

A. Written Quiz

I. The nurse demonstrates knowledge of and ability to conduct a postpartum maternal assessment & develop a plan of care.

1-12. List 3 signs and symptoms as well as client education for each of the following (page 2, I.2.):

1-4. uterine infection

1. _____

2. _____

3. _____

4. _____

5-8. deep vein thrombosis

5. _____

6. _____

7. _____

8. _____

9-12. hemorrhage

9. _____

10. _____

11. _____

12. _____

II. The nurse demonstrates the ability to assess psychological adjustment of the family unit.

13-15. List 3 predisposing factors of postpartum depression (page 4, II.1.)

13. _____

14. _____

15. _____

16-20. List 5 descriptors of normal maternal/infant attachment (page 4, II.2.)

16. _____

17. _____

18. _____

19. _____

20. _____

21. Define reportable abuse and neglect according to state law (page 4, II.3.)

22-25. List one community resource for each of the following (page 4, II.4):

22. parent education _____

23. treatment of substance abuse _____

24. mental health _____

25. domestic violence _____

III. The nurse demonstrates the application of current information relating to the continuum of postpartum health maintenance.

26. Describe current recommendations for postpartum client using the food groups/food pyramid (page 6, III.1.)

27 - 32. List at least 2 adaptations of the diet for each of the following (page 6, III.2.):

27-28. breastfeeding

27. _____

28. _____

29-30. anemia

29. _____

30. _____

31-32 constipation

31. _____

32. _____

33-35. Identify at least 1 community resource for each of the following (page 6, III.3.):

33. nutrition information _____

34. food supplementation _____

35. breastfeeding support _____

36-43. List 2 prevention or self-care measures for each of the following discomforts associated with postpartum (page 7, III.B.1.):

36-37. engorgement

36. _____

37. _____

38-39. uterine cramping

38. _____

39. _____

40-41. perineal discomfort

40. _____

41. _____

42-43. hemorrhoids

42. _____

43. _____

44-45. Describe 2 exercises that safely restore abdominal and pelvic floor tone during postpartum (page 7, III.C.1.)

44. _____

45. _____

46-48. List 3 factors that influence resumption of sexual relations (other than having no partner) (page 8, III.D.2.)

46. _____

47. _____

48. _____

49-53. List 3 sexually transmitted diseases and 2 methods of preventing them (page 8, III.D.3.)

49. _____

50. _____

51. _____

52. _____

53. _____

IV. The nurse demonstrates knowledge of and ability to conduct a newborn physical assessment and develop a plan of care.

54. List acceptable low/high for newborn temperature (page 9, IV.A.2.)

55. Identify the maximum expected weight loss for normal newborns in the first week of life (page 9, IV.A.3.)

56-67. List 3 signs and symptoms for each of the following newborn problems (page 10, IV. B.1.):

56-58. sepsis

56. _____

57. _____

58. _____

59-61. hypoglycemia

59. _____

60. _____

61. _____

62-64. respiratory distress

62. _____

63. _____

64. _____

65-67. dehydration

65. _____

66. _____

67. _____

68-70. Describe physical findings of neonatal jaundice that would indicate a pediatric health care provider referral as it relates to (page 11, IV.B.2.):

68. onset _____

69. progression/course _____

70. behavioral symptoms _____

V. The nurse demonstrates the ability to support parents' understanding and response to the newborn's adaptation and health needs.

71. Describe adequate nutritional intake of both a formula fed and breastfed newborn (page 12, V.A.1.)

72-74. List 3 cues of overstimulation of the newborn (page 12, V.B.1.)

72. _____

73. _____

74. _____

75-77. List 3 techniques of supporting an infant in quieting and coming into an alert state (page 12, V.B.2.)

75. _____

76. _____

77. _____

78. Identify factors that promote healthy brain development in the first 3 years of life (page 12, V.B.3.)

79-82. List at least 1 preventive measure related for each of the following (page 13, V.C.1.):

79. car safety _____

80. environmental smoke _____

81. shaking or other inappropriate handling _____

82. sleep safety (positioning, bedding & crib) _____

83. List recommended immunizations for a 2 month old using the Vermont Department of Health Immunization Schedule (page 13, V.D.1.)

84. List recommended well child care for a 6 week old using the Vermont Department of Health, Health Screening Recommendations for Children and Adolescents (page 13, V.D.1.)

B. Skills demonstration through observation of home visit or role play or follow-up discussion

Place a check by each skill demonstrated correctly

I. The nurse demonstrates knowledge of and ability to conduct a postpartum maternal assessment & develop a plan of care.

- ___ 85-94. Physical assessment includes the following areas and evaluation of nurse's ability to compare data with norms and report abnormal findings to physician or certified nurse midwife (page 1, I.1.):
- ___ 85. general health (temperature, heart rate, respirations, blood pressure, nutrition, weight, sleep/activity level, resources/support)
 - ___ 86. breasts/nipples
 - ___ 87. uterus
 - ___ 88. lochia
 - ___ 89. perineum
 - ___ 90. cesarean delivery
 - ___ 91. elimination
 - ___ 92. circulatory (extremities)
 - ___ 93. discomforts
 - ___ 94. affect
- ___ 95. Demonstrates ability to create an environment of privacy for communication and/or physical assessment. Did the nurse suggest to client that exam be performed in private space; did the nurse perform the exam with a sensitivity to client exposure/vulnerability; and did the nurse ask permission of client before any part of the exam was performed? (page 2, I.3.)
- ___ 96. Clarifies information, definitions, medical jargon, and medical practice routines. Did the nurse use language that was clear and understandable; did the client demonstrate understanding of the material by asking questions that elaborate the material being presented; did the client demonstrate follow through and was the client responsive in the interactions? (page 2, I.4.)
- ___ 97. The nurse is able to engage the client in sensitive topics such as sexual activity, birth control & nutrition (page 3, I.5.)
- ___ 98. Did the nurse review with client the signs and symptoms for which the physician or certified nurse midwife should be called? (page 3, I.6.)
- ___ 99-104. Describes the risk factors, physical findings and cultural/ethnic traditions which influenced the client's plan of care (page 3, I.7.):
- 99-102. Risk factors
 - ___ 99. health history
 - ___ 100. psychosocial
 - ___ 101. environmental
 - ___ 102. lifestyle
 - ___ 103. Physical findings

___ 104. Cultural and ethnic traditions

II. The nurse demonstrates the ability to assess psychological adjustment of the family unit.

___ 105. Was the nurse able to assist the client or family in identifying available support systems? (page 5, II.5.)

___ 106. Were the family members involved in problem solving and planning to meet the needs of self, baby, and family? (page 5, II.6.)

___ 107. Did the nurse review with client 3 signs and symptoms of postpartum depression for which she should call her physician or certified nurse midwife? (page 5, II.7.)

___ 108-111. Describe a factor related to parent/infant interaction, family dynamics, family support systems and community resources that influenced the plan of care? (page 5, II.8.)

___ 108. parent/infant interaction

___ 109. family dynamics

___ 110. family support systems (availability & quality)

___ 111. community resources

III. The nurse demonstrates the application of current information to the continuum of postpartum health maintenance.

___ 112-117. How did you adjust your teaching based on such factors as (page 6, III.A.4.):

___ 112. breastfeeding

___ 113. family resources (e.g. kitchen facilities, finances)

___ 114. food preferences

___ 115. eating habits

___ 116. eating disorders

___ 117. client goals

___ 118. Name the advantages, disadvantages and contraindications of at least one birth control method discussed with client (page 7, III.D.1.)

IV. The nurse demonstrates knowledge of and ability to conduct a newborn physical assessment and develop a plan of care

___ 119-125. Physical assessment includes the following areas and the ability to compare data with norms and report abnormal findings to physician or certified nurse midwife (page 9, IV.A.1.):

___ 119. general health (sleep, feeding, elimination, cry, alertness, respirations, temperature, apical pulse)

___ 120. newborn screening

___ 121. movement (muscle tone, symmetry)

___ 122. jaundice

- 123. hydration
- 124. umbilicus
- 125. circumcision

- 126-129. Demonstrates respect for parents' role as primary care giver/first teacher of the infant by (page 10, IV.A.4.):
- 126. Did the nurse request permission of parent before beginning examination
 - 127. Did the nurse explain to the parent the process of the examination, and the findings of the assessment
 - 128. Was the language used with the client clear and understandable for the client?
 - 129. Was the nurse able to engage the parent's curiosity and empathy?

- 130-137. How did a risk factor, physical finding and culture/ethnic tradition influence the plan of care.? (page 10, IV.A.5)
- 130-137. Risk factors
- 130. psychosocial
 - 131. environmental
 - 132. lifestyle
- 133-136. Physical findings
- 133. gestational and chronological age
 - 134. birth weight
 - 135. behavioral state of newborn
 - 136. special needs of newborn (e.g., cleft palate, genetic abnormalities)
137. Cultural and ethnic traditions

V. The nurse demonstrates the ability to support parents' understanding and response to the newborn's adaptation and health needs.

138. Did the nurse review signs and symptoms with parent(s) for which the pediatric health care provider should be called? (page 11, IV.B.3.)
139. Was nurse is able to engage the parent(s) in a discussion of one of the following topics: car safety, environmental smoke, shaking or other inappropriate handling and sleep safety? (page 13, V.C.2.)