

Advisory Board on Midwifery

Virginia Board of Medicine

June 9, 2017

10:00 a.m.

Advisory Board of Midwifery
Board of Medicine
Friday, June 9, 2017, 10:00 a.m.
9960 Mayland Drive, Suite 201
Henrico, VA

Call to Order – Kim Pekin, CPM, –Chair

Emergency Egress Procedures – Alan Heaberlin i

Roll Call – Beulah Archer

Approval of Minutes of February 3, 2017 1-3

Adoption of the Agenda

Public Comment on Agenda Items

New Business

1. NARM 2016 Job Analysis Survey - Kim Pekin, CPM 4-56
2. CPMs Ordering Ultrasounds and Lab Tests– Kim Pekin, CPM 57-63

Announcements

Next Meeting Date: October 6, 2017, 10:00 a.m.

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

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When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 1

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Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

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You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

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Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

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**ADVISORY BOARD ON MIDWIFERY
Minutes
February 3, 2017**

The Advisory Board on Midwifery met on Friday, February 3, 2017, at 10:00 a.m., at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: Kim Pekin, CPM
Natasha Jones, MSC
Mayanne Zielinski, CPM

MEMBERS ABSENT: Maya Hawthorn, CPM
Ami Keatts, M.D.

STAFF PRESENT: William L. Harp, M.D. Executive Director
Alan Heaberlin, Deputy Executive Director
Colanthia Morton, Operations Manager
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Marinda Shindler, VA Midwives Alliance
Glenda Turner, CPM, LM, Three Sisters Midwifery, LLC

CALL TO ORDER

Kim Pekin, CPM, called the meeting to order at 10:10 a.m.

EMERGENCY EGRESS PROCEDURES – Alan Heaberlin

ROLL CALL –Beulah Baptist Archer

Roll was called, and a quorum was declared.

APPROVAL OF THE OCTOBER 9, 2015 MEETING MINUTES

Kim Pekin moved to approve the minutes. Mayanne Zielinski seconded the motion, which carried.

ADOPTION OF THE AGENDA

Kim Pekin asked for a motion to add the North American Registry of Midwives (NARM) Job Analysis Survey to the agenda. Mayanne Zielinski moved to do so, and Kim Pekin seconded. The agenda was amended and adopted.

PUBLIC COMMENT ON AGENDA ITEMS

No public comment on agenda items.

NEW BUSINESS

- 1. Legislative Report** – Dr. Harp provided the legislative report. No action was required.
- 2. Electronic Submission of Birth Certificates to VDH--Kim Pekin, CPM**

Kim Pekin asked if the Board might have any influence with Vital Records regarding the electronic submission of birth certificates by midwives. Mayanne Zielinski had spoken with a representative in the Vital Records Registrar's office who said that two people were being hired soon to train midwives on the process of the electronic filing of birth certificates.

Dr. Harp said he would call Vital Records and inquire about the timetable for the training and implementation of electronic submissions.

- 3. Medications – Can licensed midwives administer medications under the orders of a physician? -Kim Pekin, CPM**

Kim Pekin asked whether Vitamin K, required at birth, can be administered by a midwife. Dr. Harp referred to Code Section 54.1-3408 regarding the professionals who may administer medications. The answer to the question was no. For midwives to administer medications, a change in the Code of Virginia would be required. This would involve the introduction of legislation.

- 4. Dual Credentials – Clarification regarding dually-credentialed midwives (RN and CPM / LM) –Kim Pekin, CPM**

Kim Pekin asked the question if a midwife that is dually-credentialed as a registered nurse is authorized to administer Vitamin K and other medications. Dr. Harp reiterated Code Section

54.1-3408 which says a nurse, pursuant to the order of a prescribing practitioner, can administer medications. The nursing license must be current and active.

5. 2016 NARM Job Analysis Survey Comprehensive Report

Kim Pekin requested a review of the job analysis survey to clarify the function of a Licensed Midwife. She asked that a statement reaffirming the scope of practice in accordance with NARM 2016 be drafted to include the ordering of medical tests, conducting Well-Woman care, and prenatal screenings. This statement would be useful for midwives to send to other entities with whom they interact.

Dr. Harp advised that this request would be presented to the Executive Committee in April.

ANNOUNCEMENTS – Alan Heaberlin

Alan provided the totals for licensed midwives in Virginia as of February 3, 2017.

Licensed Midwives	91
Current Active	66
In-State Current Active	24
Out-of- state Current Active	1

NEXT MEETING DATE

June 9, 2017.

ADJOURNMENT

A motion to adjourn was made, seconded and passed.

Kim Pekin, CPM
Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer
Licensing Specialist



2016 NARM Job Analysis Survey Comprehensive Report

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Acknowledgements

This study was completed through the work of many individuals at Inteleos, who worked together to construct the survey, facilitate survey administration, and analyze the data. The NARM Job Analysis Committee reviewed and updated the job task statements (work activities) and demographic questions from the 2008 NARM job analysis before and after the survey was administered, and an experienced group of Certified Professional Midwives served as the pilot survey group in reviewing the survey. It was much appreciated that more than 700 CPMs across the U.S. and Canada took the time to participate in the survey by describing their experience in the field and providing their opinion on entry-level practice in midwifery.

ABOUT THE REPORT

The North American Registry of Midwives (NARM) contracted with Intelex Psychometric Services (IPS) to conduct a job analysis survey for the primary purpose of updating the contents of the NARM Written Examination for the Certified Professional Midwives (CPMs). The job analysis survey was created by the NARM Board of Directors and a group of subject-matter experts who were all CPMs.

The job analysis identified the essential and current competencies necessary for safe and competent practice of midwifery in the U.S. and Canada. The results from the survey were used in the development of the test content outline that will guide the content distribution of the NARM Written Examination. This report details the methodology, data collection, analyses, and survey results. It also includes the test content outline that resulted from the job analysis.

METHODOLOGY

Job Analysis Committee

A job analysis committee consisting of 15 members was formed in March 2016. The committee consisted of seven (7) NARM board members and eight (8) subject-matter experts who were all CPMs. See Appendix A for a list of the committee members and their credentials.

Survey Questionnaire Development

The job tasks (work activities) from the 2008 NARM job analysis survey and the MANA Core Competencies served as the springboards for the development of the 2016 NARM job analysis survey questionnaire. The committee met on April 21, 2016 at the William F. Bolger Center, in Potomac, MD. The meeting was facilitated by Dr. David Paulson from IPS and Ida Darragh from NARM. The committee spent most of the day reviewing and revising the job tasks from the 2008 survey and adding new job tasks. The committee completed the review of the job tasks and developed demographic questions through additional webinars. The committee reached a consensus on an initial list of 733 tasks to be used on the survey.

These tasks were divided into seven domains: (1) Professional Issues, Knowledge and Skills; (2) General Healthcare Skills; (3) Maternal Health Assessment; (4) Prenatal Care; (5) Labor, Birth and Immediate Postpartum; (6) Postpartum; and (7) Well-care Baby (up to six weeks).

Two rating scales were developed to rate the 700+ job tasks: Frequency and Importance. The Frequency and Importance rating scales were scored 1-5. The response options for the Frequency scale were Never (1), Rarely (2), Occasionally (3), Often (4), and Frequently (5). The response options for the Importance scale were Not Important (1), Somewhat Important (2), Moderately Important (3), Very Important (4), and Critically Important (5).

The survey questionnaire was pilot-tested with a group of 30 CPMs. The purpose of the pilot-testing was to obtain input on the demographic questions, job tasks missing from the survey, or job tasks they would like to revise or delete. The information received from the pilot-test was used in refining the survey instrument. The final survey, consisting of 26 demographic questions and 670 job tasks along with the two rating scales, was reviewed and approved by the NARM Board of Directors in May 2016.

Survey Administration

The survey was made available to participants as a web-based survey through the survey platform Qualtrics®. An invitation to participate in the study was sent via email to the 2,168 CPMs in the U.S. and Canada (see Appendix B for the full email text). The 2,168 CPMs represented all the CPMs who hold current CPM credential.

The survey was made available to the participants for approximately three weeks between September 16, 2016 and October 9, 2016. The participants responded anonymously and all responses were kept confidential. Of the 2,168 email invitations sent out, 6 emails failed to send due to an incorrect mail server address, and 54 emails bounced due to an incorrect username address.

Among the 2,108 CPMs that received the survey invitation, 1,126 opened the survey link, and 950 began the survey.

A total of 706 (approximately 33% of those sampled) CPMs completed at least 50% to the survey, and 627 of those CPMs completed the entire survey. Those who responded to at least 50% of the survey questions were deemed to have 'completed' the survey and were included in all subsequent analyses. The data analysis was based on the responses from the 706 CPMs.

Data Analysis

Respondents were asked the following questions for each task: 'How frequently do you perform the task in your practice?' and 'How important is the task in affecting clinical decisions and patient outcomes?' The frequency and importance rating scales were scored 1-5.

The survey data from Qualtrics® platform was downloaded into Excel and data analysis was performed using SPSS and Excel.

The frequency and importance rating scales were combined into a single measure of overall Criticality (ranging from 0-16), as shown in Table 1, using a hierarchical method where a particular value on the importance scale would outweigh or outrank all values on the frequency scale except 'never.' Higher criticality values indicate the more critical tasks. The tasks were ranked by Criticality within each content domain. In addition, the Criticality values were summed across all tasks within each domain to yield the initial percentages of examination items in each domain.

The tasks in each domain were color-coded to represent 'buckets' of Criticality. The original intention was for the NARM Committee to evaluate only the tasks in the Yellow bucket. Green tasks were to be included based on clear indication of their criticality by the survey respondents. Red were to be excluded for having been seen as non-critical by respondents. However, many of the Red tasks were considered by the Committee for possible inclusion.

Table 1. NARM Job Analysis 2016- Criticality Distribution

Response Scales		Overall Criticality Score
Importance	Frequency	
Critically Important (5)	Frequently (5)	16
	Often (4)	15
	Occasionally (3)	14
	Rarely (2)	13
Very Important (4)	Frequently (5)	12
	Often (4)	11
	Occasionally (3)	10
	Rarely (2)	9
Moderately Important (3)	Frequently (5)	8
	Often (4)	7
	Occasionally (3)	6
	Rarely (2)	5
Somewhat Important (2)	Frequently (5)	4
	Often (4)	3
	Occasionally (3)	2
	Rarely (2)	1
Not Important (1)	All options	0
All options	Never (1)	0

SURVEY RESULTS

The results from the survey were presented to the NARM Job Analysis Committee on October 17, 2016 by Dr. Ellen Julian of IPS. The 670 tasks were grouped into three buckets:

1. Green bucket - tasks with overall criticality ratings of 10-16 (478 tasks in this bucket),
2. Yellow bucket – tasks with overall criticality rating of 6-9 (165 tasks in this bucket)
3. Red bucket – tasks with overall criticality rating of 0-5 (27 tasks in this bucket)

The main purpose of the online meeting with the Committee was to review the 165 tasks (borderline tasks) in the yellow bucket and 27 tasks (trivial tasks) in the red bucket and decide whether they should be kept as part of the exam content outline. Based on the review of these tasks, the committee decided to keep 157 of 165 yellow tasks and 15 out of the 27 red tasks. Thus, including the 478 green tasks, the committee kept a total of 650 tasks out of the 670 tasks surveyed as part of the exam content outline. The resulting exam content outline is shown in Table 2.

The percent of Total Criticality shown under the cell “Before Culling” displays the percent distribution of the exam content outline based only on the survey results. The column titled “% of Total Criticality” under the cell “After Culling” shows the exam content outline breakdown after the committee review of the yellow and red tasks. At the end, the committee reviewed the content outline and made some slight changes to the distribution based on their professional expertise in midwifery. The committee’s final recommended exam content outline is shown in the far-right column.

Table 2. Exam Content Outline Breakdown by Domain Before and After Committee Culling of Tasks

Domain #	Domain	Before Culling		Acceptable Range	After Culling		Job Analysis Committee Recommended Distribution
		# Tasks	% of Total Criticality		# Tasks	% of Total Criticality	
1	Professional Issues, Knowledge, and Skills	26	4%	4%-4%	24	4%	4%
2	General Healthcare Skills	80	11%	10%-12%	79	12%	10%
3	Maternal Health Assessment	56	8%	6%-8%	46	7%	7%
4	Prenatal Care	139	21%	19%-23%	134	21%	23%
5	Labor, Birth and Immediate Postpartum	262	40%	37%-45%	261	40%	40%
6	Postpartum	60	9%	9%-11%	60	9%	10%
7	Well-Baby Care	47	7%	7%-8%	46	7%	6%
	Total	670	100%		650	100%	100%

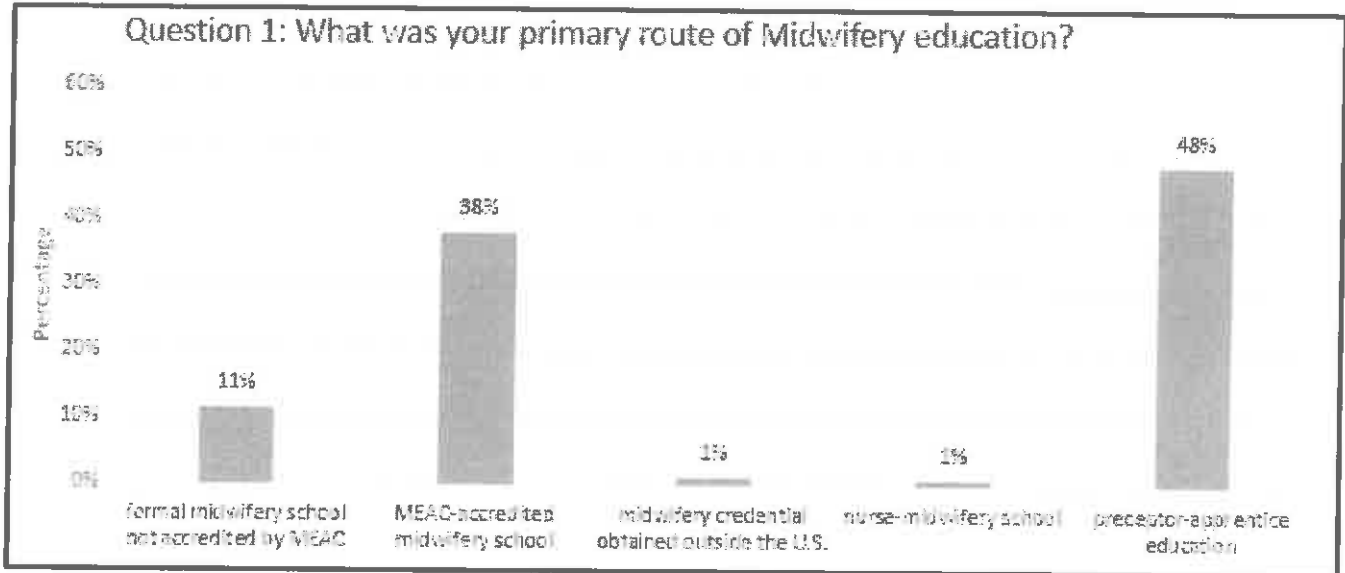
Exam Content Outline and Task Descriptions

See Appendix C for the new exam content outline and list of tasks. The tasks culled by the NARM Job Analysis Committee can be found in Appendix D. For the full survey results, with frequency, importance, and criticality scores, as well as the “bucket” placement for each task and committee decision on whether to keep or remove the task, see Appendix E.

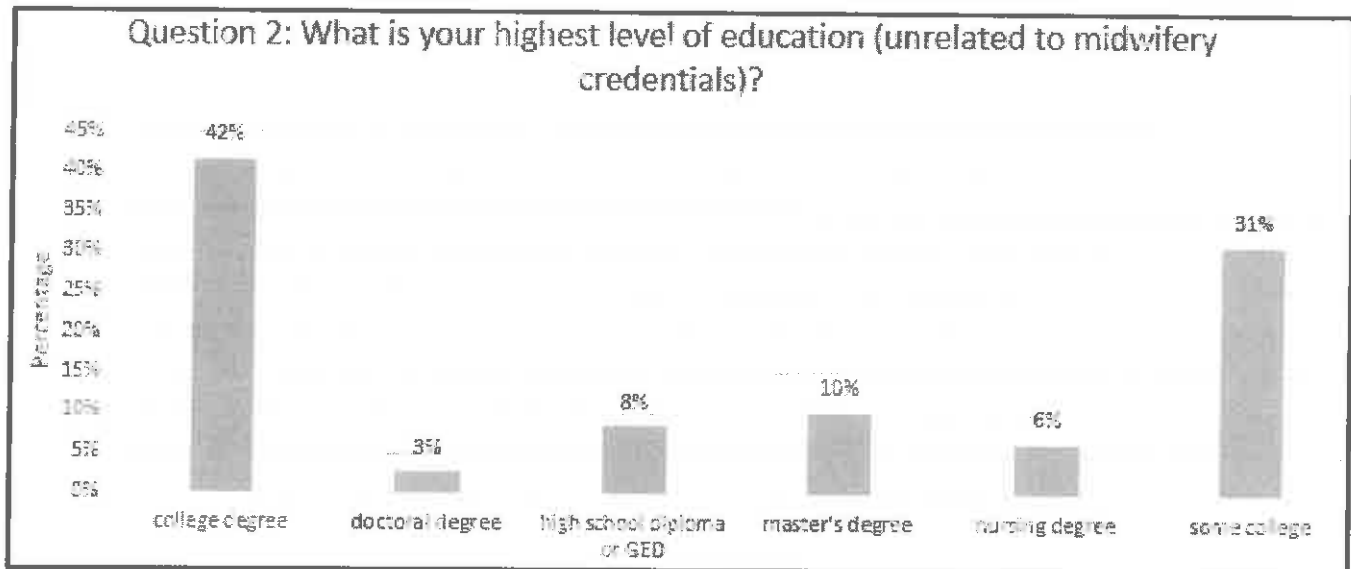
Demographics and Backgrounds of Participants

Education

Approximately 48% of the respondents received education through a preceptor-apprentice program (Question 1).

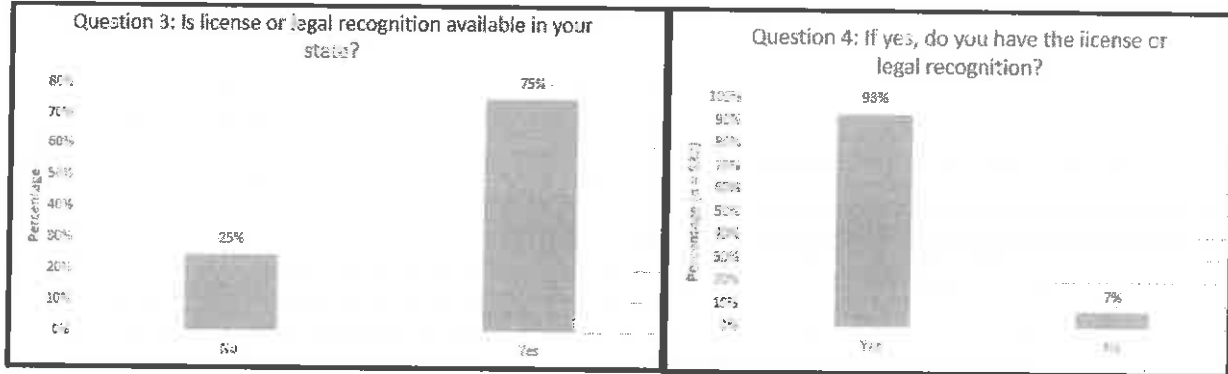


Additionally, most respondents had a higher education degree, with 42% holding a college degree, 6% holding a nursing degree, 10% holding a master's degree, and 3% holding a doctoral degree (Question 2).

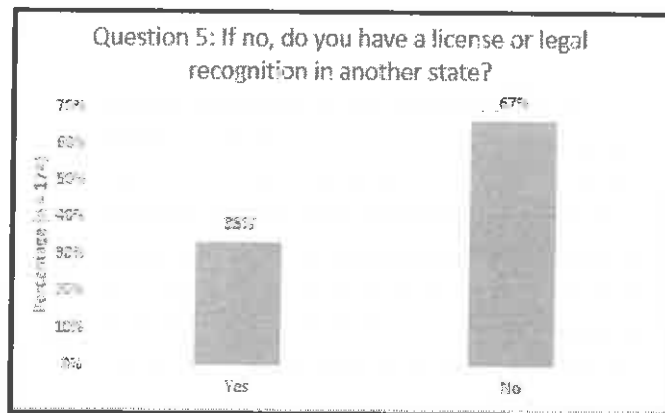


Licensure

In regards to licensure, most (75%) of the respondents practiced in a state that has licensure or legal recognition available (Question 3). Almost all of the 532 respondents who had licensure or legal recognition available were licensed or legally recognized (Question 4).

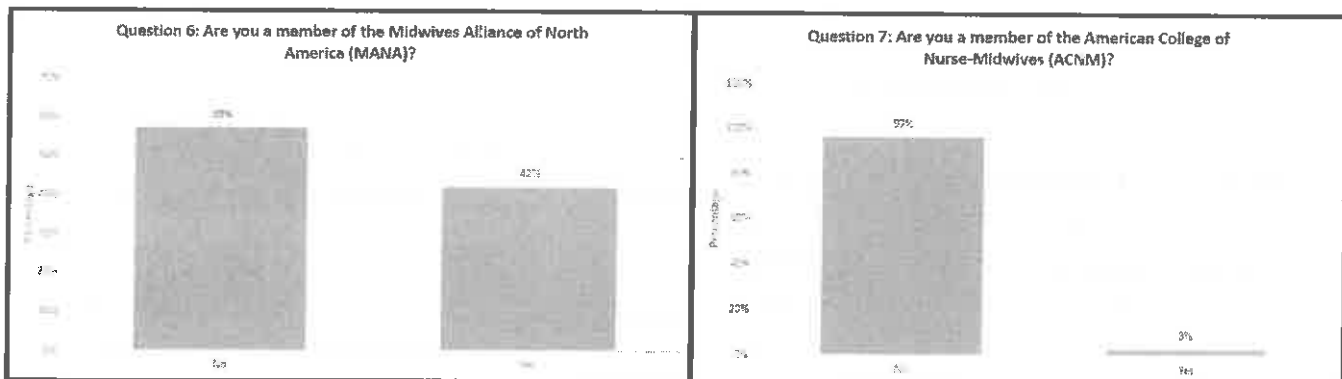


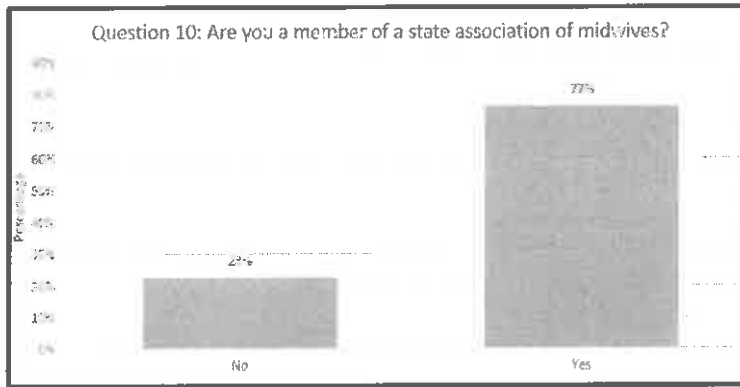
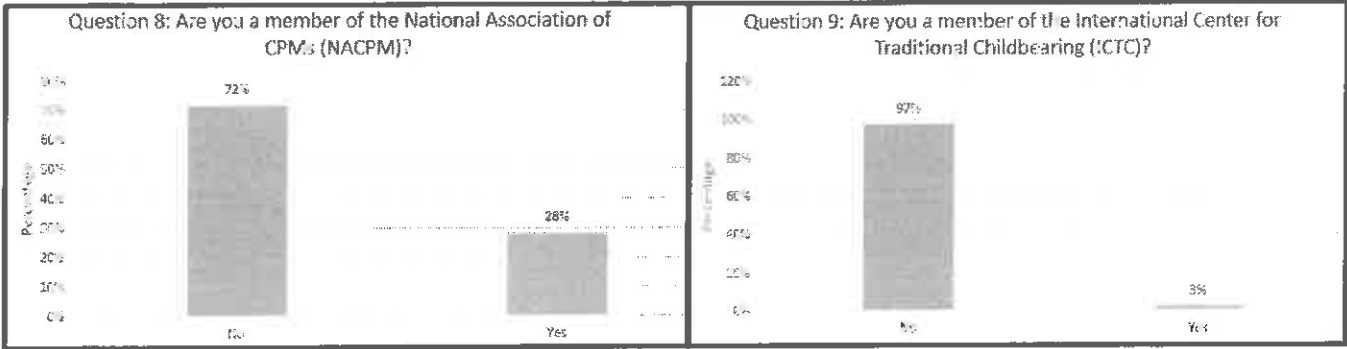
Among the 174 respondents who practiced in states without licensure, 33% had licensure or legal recognition in another state (Question 5).



Group Membership

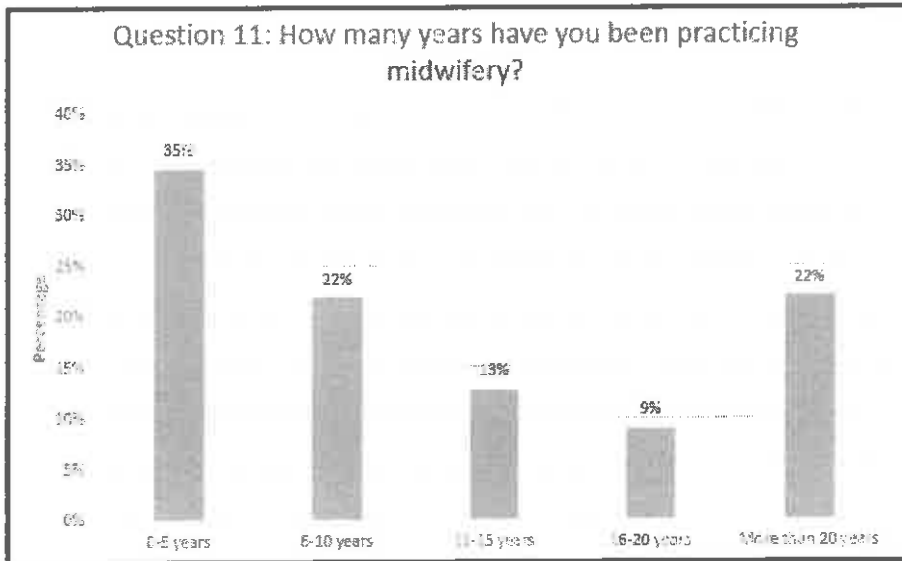
Among respondents, 42% were members of the Midwives Alliance of North America (Question 6) and only 3% were members of the American College of Nurse-Midwives (Question 7). Twenty eight (28) percent of respondents were members of the National Association of CPMs (Question 8) and 3% were members of the International Center for Traditional Childbearing (Question 9). Regardless of national group membership, most respondents (77%) were part of a state association of midwives (Question 10).





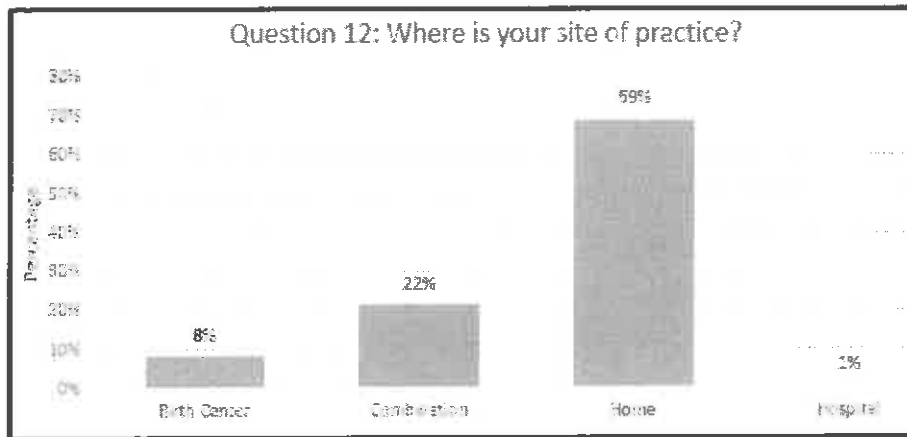
Length of Practice

Thirty five percent (35%) of the respondents had been practicing for 5 years or less, while 22% had been practicing for more than 20 years (Question 11).



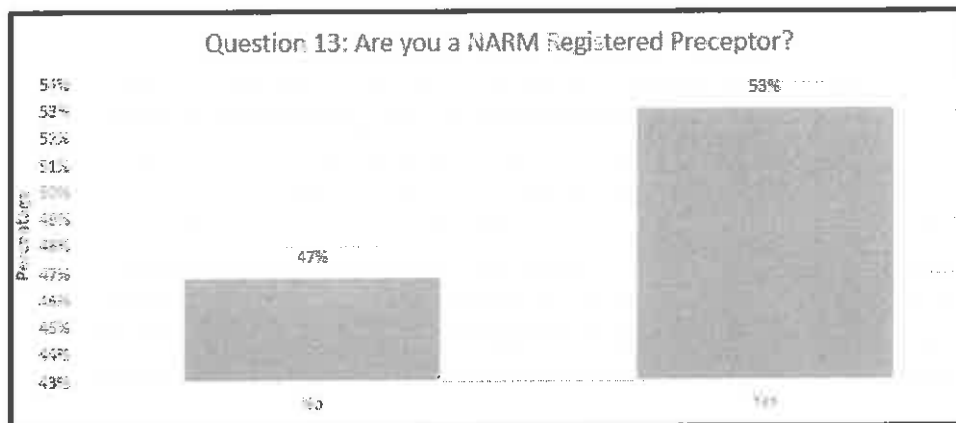
Work Setting

Most respondents (69%) practiced exclusively out of their home, while 8% practiced at a birth center and only 1% practiced exclusively at a hospital, however 22% practiced out of some combination of the three (Question 12).



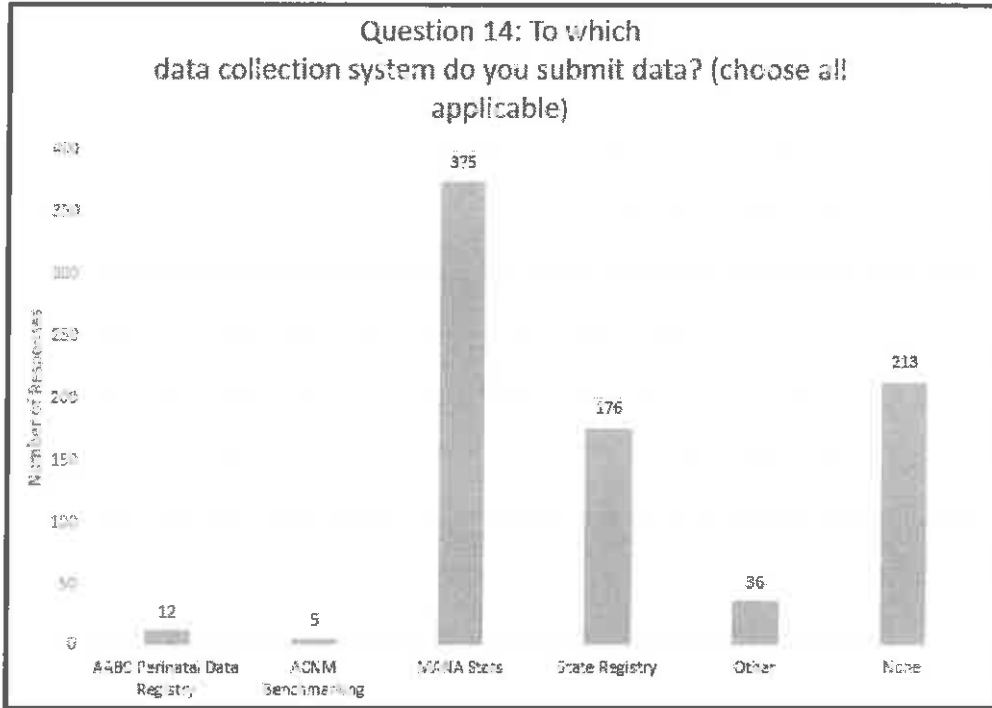
NARM Registration

A slight majority of respondents, 53%, were NARM Registered Preceptors (Question 13).

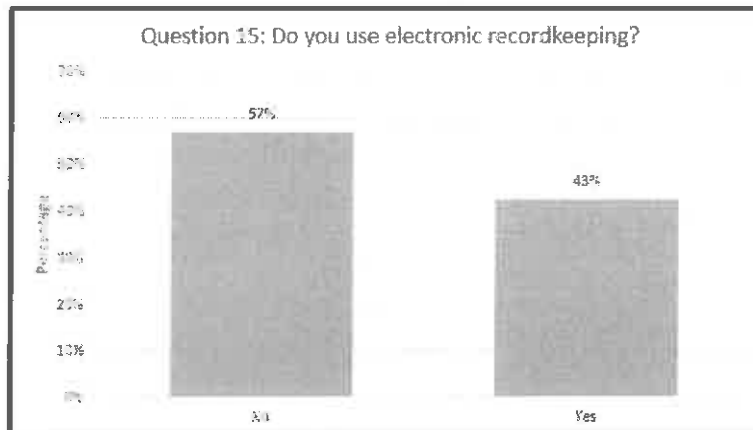


Data Collection and Records

Out of the 706 respondents, 375 regularly submitted data to MANA Stats (approximately 53%) and 176 regularly submitted data to a state registry (approximately 25%), while 213 (approximately 30%) did not submit data to any collection system (Question 14). Many of the respondents submitted data to multiple collection systems.

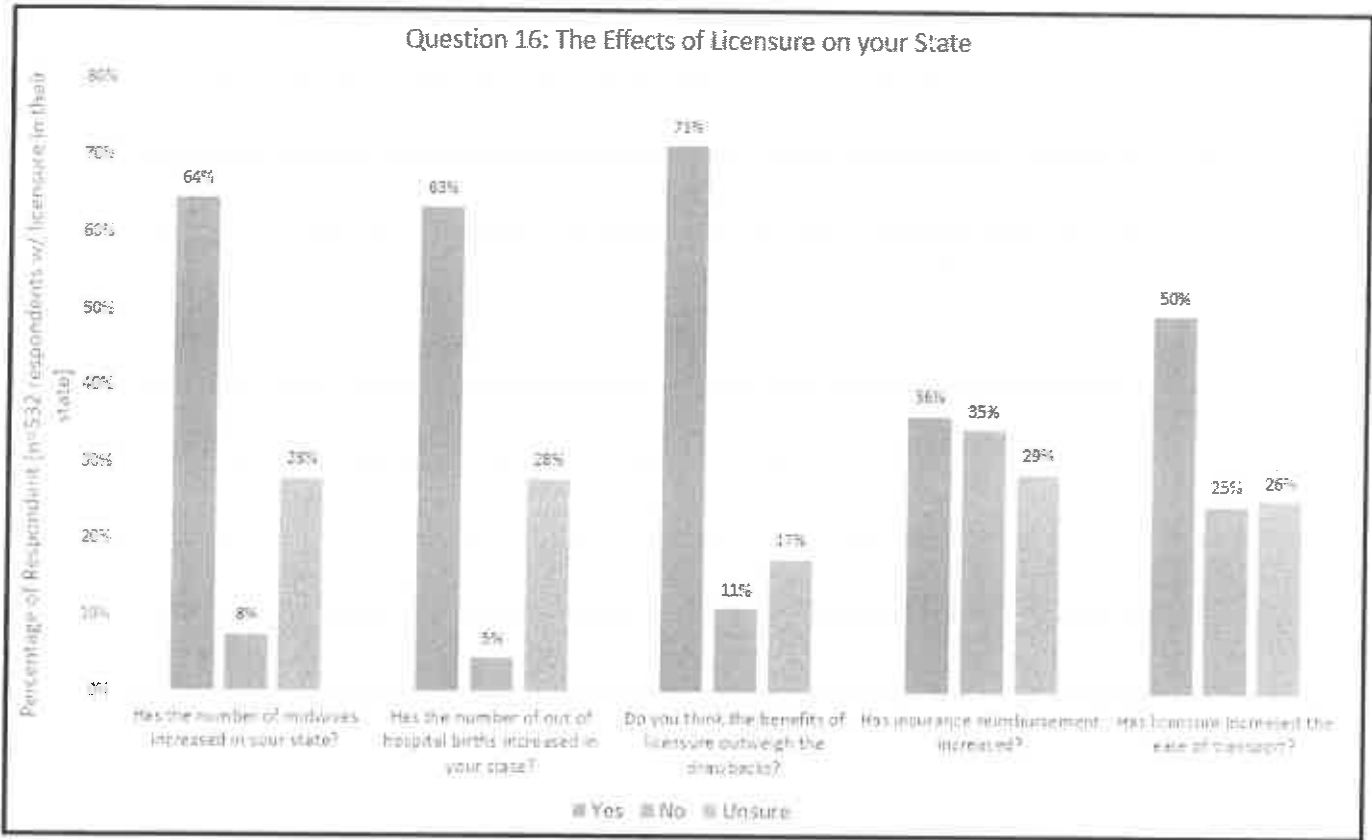


Most respondents (57%) did not keep electronic records (Question 15).



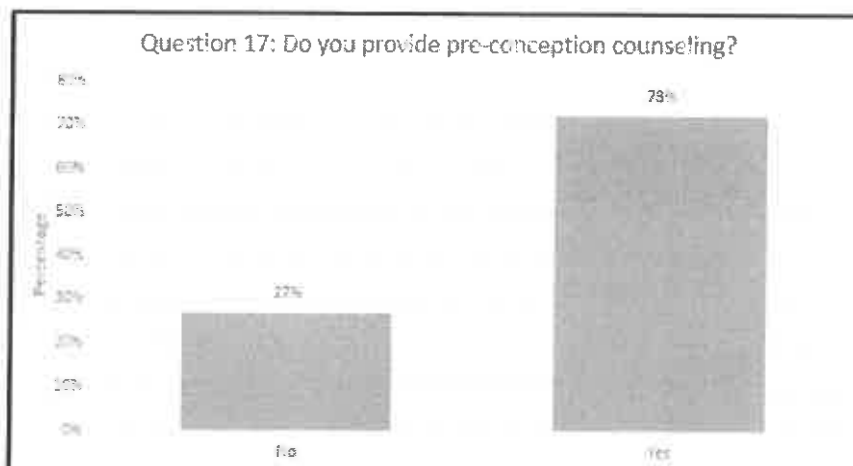
Effects of Licensure

When asked about the effects of licensure, most respondents believed that licensure had a positive effect on their state, with 71% agreeing that “the benefits of licensure outweigh the drawbacks” (Question 16).

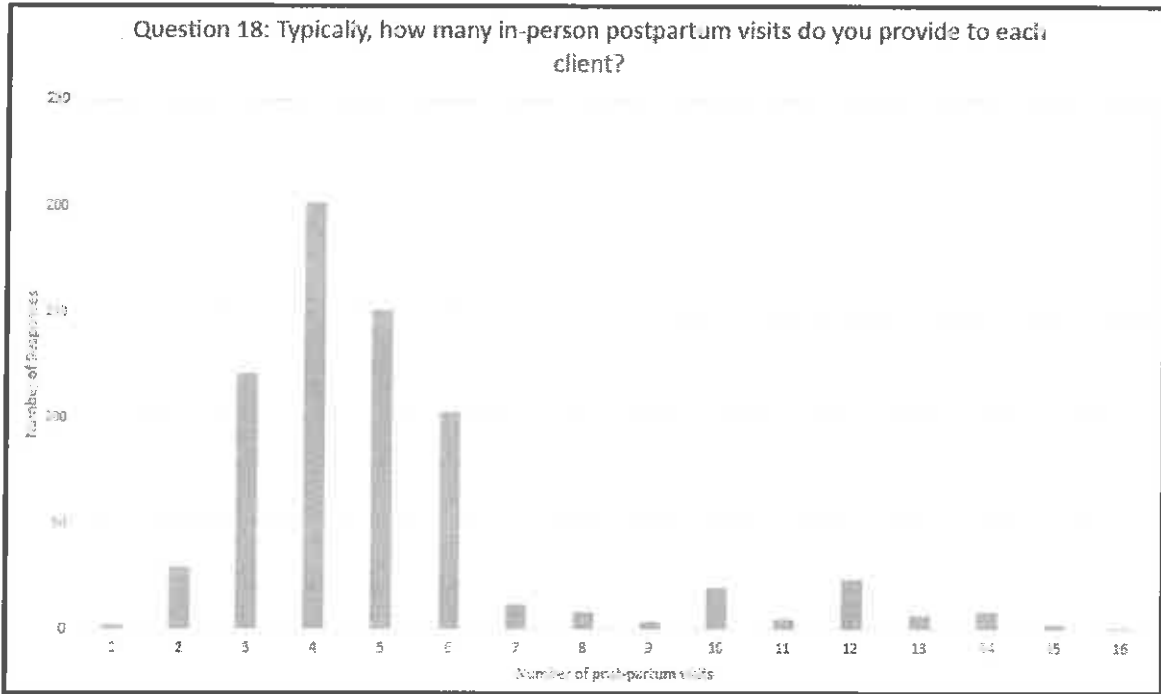


Breadth of Provided Services

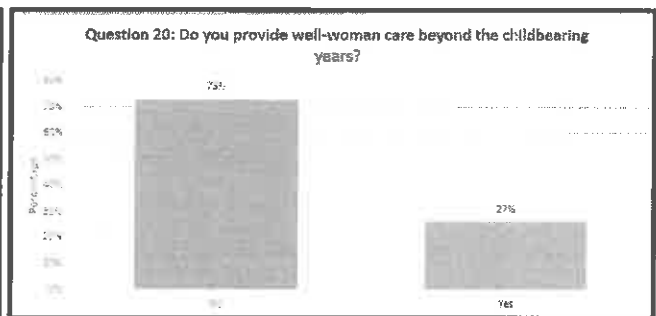
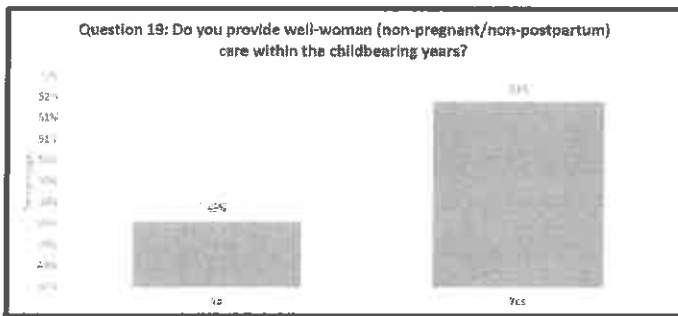
Most (73%) of respondents provided pre-conception counseling to their clients (Question 17).



The most common number of post-partum visits that a respondent provided to a client is 4, with most respondents typically providing between 3 and 6 post-partum visits (Question 18).

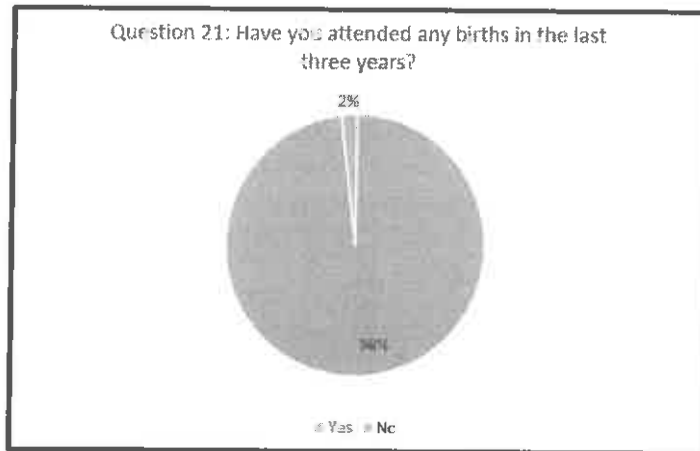


A slight majority (51%) of respondents provided well-woman care within the child-bearing years (Question 19), but most (73%) did not provide well-woman care beyond the child-bearing years (Question 20).



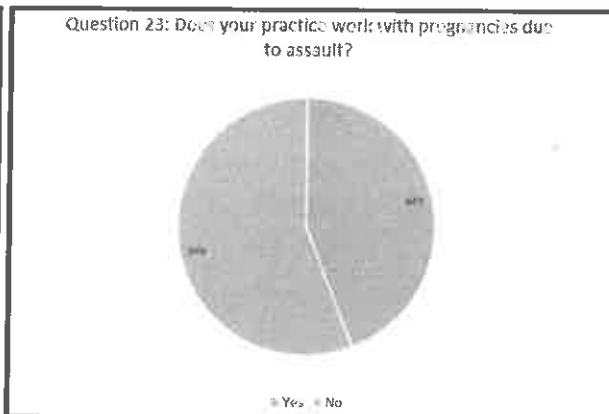
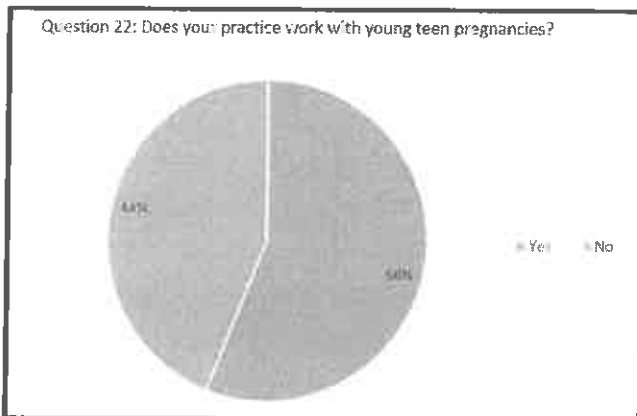
Activity

Almost all respondents (98%) had attended a birth in the last three years at the time of the survey (Question 21).



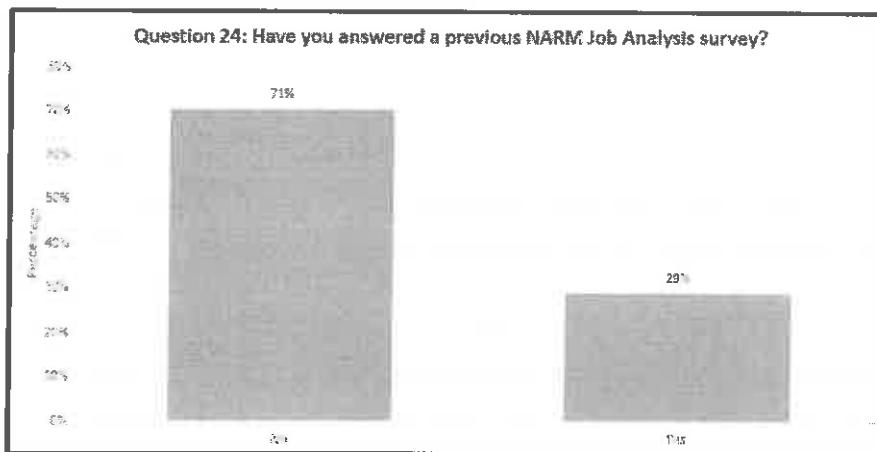
Social Issues

Slightly more than half (56%) of respondents' practices have worked with young teen pregnancies (Question 22), while slightly less than half (44%) of respondent's practices have worked with pregnancies due to assault (Question 23).



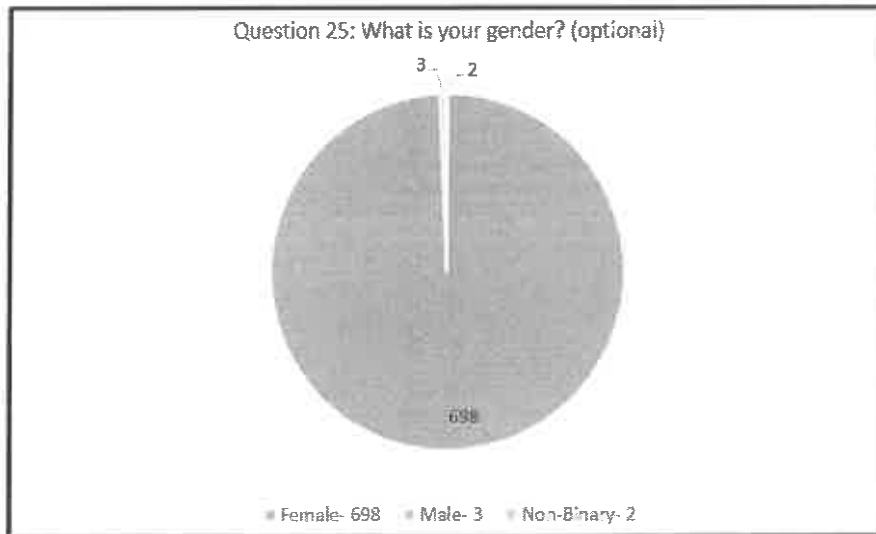
Previous Participation

For most respondents (71%), this was the first NARM Job Analysis survey they had participated in (Question 24).

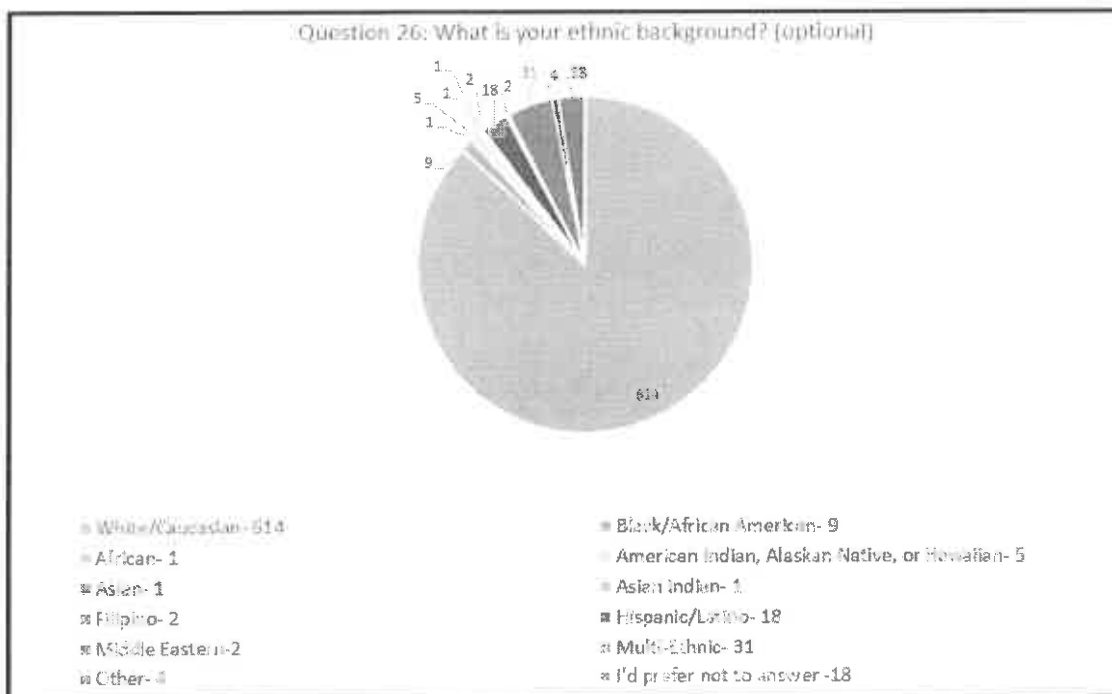


Gender and Ethnicity

Almost all (698 out of 706, nearly 99%) of survey respondents identified themselves as female, while 3 identified themselves as male and 2 identified themselves as non-binary (Question 25).



In addition, 614 of the 706 respondents (approximately 87%) identified themselves as white or Caucasian (Question 26). Of the remaining 13%, 31 respondents identified themselves as multi-ethnic, and 18 respondents identified themselves as Hispanic and/or Latino. This was an optional question, so 18 respondents declined to identify their ethnicity.



Appendix A

Job Analysis Committee Members

Lisa Clark, BS
Huntsville, Alabama

Debbie Pulley, CPM
Lilburn, Georgia

Kelly Jenkins, CPM, LM
Bluemont, Virginia

Karen S. Webster, CPM
Elkton, Maryland

Shanna Mastrangelo, CPM, LM, EMT
Shepherdstown, West Virginia

May Anne Zielinski, CPM
Chantilly, Virginia

Carol Nelson, CPM, LM
Summertown, Tennessee

Elizabeth Reiner, CPM, LM
Myersville, Maryland

Claudia Booker, CPM
Washington, District of Columbia

Miriam Khalsa, CPM, LM, EMT
Comptche, California

Alexa Richardson, CPM
Baltimore, Maryland

Ida Darragh, CPM, LM
Little Rock, Arkansas

Rebecca Banks, CPM, LM
Sterling, Virginia

Kim Pekin, CPM
Winchester, Virginia

Shannon Anton, CPM, LM
Bristol, Vermont

Appendix B

Dear \${m://FirstName}:

The North American Registry of Midwives (NARM) in collaboration with the Inteleos Psychometric Services is in the process of updating the contents of the NARM Written Examination through a national job analysis survey among the 1000+ Certified Professional Midwives (CPMs). The job analysis would identify the essential competencies necessary for safe and competent practice of midwifery. The survey was created by the NARM Board of Directors and a group of subject matter experts. We invite you to participate in the survey. This survey is critically important to the mission of NARM. It helps us to remain sensitive to advances and changes in your profession so the NARM Written Examination remains current and valid. **Please complete the survey by no later than October 9th, 2016.**

We recommend that you use a computer (a desktop or laptop) rather than a smartphone in responding to the survey. To complete the survey, please click the link provided at the end of this email. You will be sent to the survey, which is taken through your internet browser. Please review the instructions on the first page explaining how the survey works before continuing to the survey questions.

If you are interrupted while taking the survey, you may return to complete it at a later time. The survey automatically saves your data every time you advance to a new page. You may return to the survey as many times as you want. If you have questions or problems, please email our vendor at survey@inteleos.org with the subject "NARM Job Analysis Survey." Please include your full name in your correspondence.

Thank you in advance for helping NARM to remain on the cutting edge of your profession.

Follow this link to the Survey:

[\\${!://SurveyLink?d=Take the survey}](#)

Sincerely,

Ida Darragh, LM, CPM

Executive Director

North American Registry of Midwives

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Appendix C

NEW Exam Content Outline for the NARM Written Examination recommended by the NARM Job Analysis Committee and approved by the NARM Board of Directors.

Summary of the new exam content outline, as approved by the NARM Job Analysis Committee:

Domain #	Domain Name	# Tasks	% Distribution
1	Professional Issues, Knowledge, and Skills	24	4%
2	General Healthcare Skills	79	10%
3	Maternal Health Assessment	46	7%
4	Prenatal Care	134	23%
5	Labor, Birth and Immediate Postpartum	261	40%
6	Postpartum	60	10%
7	Well-Baby Care (up to six weeks)	46	6%
	Total	650	100%

Detailed new exam content outline, in order of appearance on the survey:

Applies understanding of social determinants of health such as income, literacy, education, sanitation, housing, environmental hazards, food security, and common threats to health in the local community.
Applies understanding of direct and indirect causes of maternal and neonatal mortality and morbidity in the local community.
Understands principles of research, evidence-based practice, critical interpretation of professional literature, and interpretation of vital statistics and research findings.
Provides information on national and local health services such as health and social services, WIC, breastfeeding, substance abuse, mental health, and bereavement.
Educates about resources for health care and social services during civil emergencies.
Educates regarding legal and regulatory framework governing reproductive health for women, including laws, policies, protocols, and professional guidelines.
Applies understanding of human rights and their effects on the health of individuals on situations such as female genital cutting, cultural effect of religious beliefs, gender roles and human sexuality, and domestic partner violence.
Facilitates mother's decision of where to give birth by discussing items such as advantages and risks of different birth sites, requirements of the birth site, and how to prepare and equip the birth site.
Provides interactive support and counseling and/or referral for the possibility of less-than-optimal pregnancy and birth outcomes.
Is responsible and accountable for clinical decisions and actions.
Acts in accordance with professional ethics, values, and human rights.
Acts consistently in accordance with standards of practice.
Maintains/updates knowledge and skills.
Behaves in a courteous, non-judgmental, non-discriminatory, and culturally appropriate manner with all clients.
Is respectful of individuals and of their culture and customs.
Maintains confidentiality of all information shared by the client and communicates essential information to other healthcare providers or family members only with permission and with compelling need including:
protected Health Information (PHI) and personal information
records retention issues such as storage, disposal, accessibility
responsible use of social media
privacy and security of financial information

ISSUES, KNOWLEDGE, AND SKILLS- Continued
Applies shared decision making with clients and supports them in making decisions including need for referral or transfer of care.
Shares and explains protocols of practice including regulatory requirements and client's right to refuse testing or intervention.
Uses appropriate communication and listening skills with clients and support team.
Accurately and completely records all relevant information in the client's chart and explains results to client.
Is able to comply with all local requirements for reporting births and deaths.
SKILLS (10%)
Demonstrates the application of the following Universal Precautions: , and disposal of medical waste.
handwashing, gloving and ungloving, sterile technique
cleaning and sterilizing instruments, work surfaces, and equipment
cleaning and/or disposing of medical waste
Educates on the benefits and contraindications of alternative healthcare practices such as herbs, hydrotherapy, chiropractic, homeopathic, and acupuncture.
Understands the benefits and risks and recommends the appropriate use of vitamin and mineral supplements such as prenatal multi-vitamins, Vitamin C, Vitamin E, Folate, B-complex, B-6, B-12, iron, calcium, magnesium, probiotics, and Vitamin D.
Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents:
local anesthetic for suturing
medical oxygen
Methergine® (methylergonovine maleate)
prescriptive ophthalmic ointment
Pitocin® for postpartum hemorrhage
RhoGam®
vitamin K (oral or IM)
antibiotics for Group B Strep
IV fluids
Cytotec (misoprostol)
epinephrine
Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFI, fetal wellbeing and growth, position, placental position, and determination of multiples.
Demonstrates knowledge of benefits/risks of biophysical profile including counseling and referral.
Demonstrates knowledge of how and when to use instruments and equipment, including:
Amnihook® or Amnicot®
bag and mask resuscitator
bulb syringe
Delee® tube-mouth suction device
hemostats
lancets
nitrazine paper
scissors (all kinds)
suturing equipment
Straight, in and out catheter
vacutainer /blood collection tube
gestational wheel or calendar
newborn and adult scale
thermometer
urinalysis strips

Skills - Continued
cord clamps
doppler
fetoscope
stethoscope
vaginal speculum
blood pressure cuff
oxygen tank, flow meter, cannula, and face mask
pulse oximeter
laryngeal mask airway (LMA)
Demonstrate proper use of injection equipment including syringe, single and multi-dose vial/ampules, and sharps container.
Obtains or refers for urine culture.
Obtains or refers for vaginal culture
Obtains or refers for blood screening tests.
Evaluates laboratory and medical records with appropriate education and counseling of client including:
hematocrit/hemoglobin
blood sugar (glucose)
HIV
Hepatitis B
Hepatitis C
Rubella
Syphilis (VDRL or RPR)
Group B Strep
gonorrhea culture
Complete Blood Count
Blood type and Rh factor
Rh antibodies
chlamydia
PAP test
vitamin D
thyroid panel
HbA1C
genetic screening
blood albumin
complete metabolic panel
progesterone
HCG
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
personal history including changes in health or behavior, and client's evaluation of their health and nutrition
Increased risk for less-than-optimal outcomes due to allostatic stress from racism and resource scarcity.
potential exposure to environmental toxins

medical conditions
surgical history
reproductive history, including
menstrual history
gynecologic history
sexual history
childbearing history
contraceptive practice
history of sexually transmitted infections
History of behavioral risk factors for sexually transmitted infections
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
mother's medical history:
genetics
alcohol use
drug use
tobacco use
allergies (environmental and medical)
history of vasovagal response or fainting
Foreign travel history
Vaccination history/status
biologic father's medical history:
genetics
alcohol use
drug use
tobacco use
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
thyroid by palpation
lymph glands of neck, chest, and under arms
breasts
Evaluates mother's knowledge of self-breast examination techniques, and instructs if needed.
torso, extremities for bruising, abrasions, moles, and unusual growths
baseline reflexes
heart and lungs
abdomen by palpation and observation for scars

N/TH ASSESSMENT/ Continued	
Kidney pain (CVAT)	
deep tendon reflexes of the knee	
condition of the vulva, vagina, cervix, perineum, and anus	
vascular system (edema, varicosities, thrombophlebitis)	
Prenatal care (23%)	
Provides appropriate prenatal care and educates the family of significance.	
Understands and educates about the anatomy and physiology of pregnancy and birth.	
Provide education for parents in providing preparation for siblings at birth and adjustment to the new baby.	
Understands normal and abnormal changes during pregnancy.	
Assess results of routine prenatal exams including ongoing assessment of:	
maternal psycho-social and emotional health and well-being; signs of abuse	
social support system	
vaginal discharge including signs and symptoms of infection	
maternal health by tracking variations and changes in:	
blood pressure	
weight	
color of mucus membranes	
general reflexes	
elimination/urination patterns	
sleep patterns	
energy levels	
nutritional patterns, pica	
hemoglobin/hematocrit	
glucose levels	
breast conditions/implications for breastfeeding	
Assess urine for:	
appearance: color, density, odor, and clarity	
protein	
glucose	
ketones	
Ph	
leukocytes	
nitrites	
blood	
specific gravity	
Estimates due date based on standard methods.	
Assessment of fetal growth and wellbeing including:	
fetal heart rate/tones auscultated with feta scope or Doppler	
correlation of weeks gestation to fundal height	
fetal activity and responsiveness to stimulation	
Fetal palpation for:	
fetal weight	
fetal size	

FETAL CARE - Continued
fetal lie
degree of fetal head flexion
clonus
vital signs
respiratory assessment
edema
Provides prenatal education, counseling, and recommendations for:
nutritional and non-allopathic dietary supplement support
normal body changes in pregnancy
exercise and movement
weight gain in pregnancy
common complaints of pregnancy:
sleep difficulties
nausea/vomiting
fatigue
inflammation of sciatic nerve
breast tenderness
skin itchiness
vaginal yeast infection
bacterial vaginosis
symptoms of anemia
indigestion/heartburn
constipation
hemorrhoids
carpal tunnel syndrome
round ligament pain
headache
leg cramps
backache
varicose veins
sexual changes
emotional changes
fluid retention/swelling, edema
vision changes
Recognizes and responds to potential prenatal complications/variations by identifying, assessing, recommending treatment, or referring for:
antepartum bleeding (first, second, or third trimester)
pregnancy induced hypertension
preeclampsia
gestational diabetes
urinary tract infection
fetus small for gestational age
fetus large for gestational age
intrauterine growth retardation

Continued
thrombophlebitis
oligohydramnios
polyhydramnios
breech presentation
identifying breech presentation
turning breech presentation with
alternative positions (tilt board, exercises, etc.)
referral for external version
non-allopathic methods (moxibustion, homeopathic)
management strategies for unexpected breech delivery
multiple gestation
identifying multiple gestation
management strategies for unexpected multiple births
occiput posterior position
identification
prevention
techniques to encourage rotation
vaginal birth after cesarean (VBAC)
identifying previous cesarean through history and physical examination
indications/contraindications for out of hospital births
Identify risk factors for uterine rupture such as type of uterine suturing method, uterine incision (classical or low transverse), uterine scar thickness, interdelivery interval, number of previous cesareans, previous vaginal births, and implantation site of the placenta.
management strategies for VBAC
Recognizes signs and symptoms of uterine rupture and knows emergency treatment.
Preventing Pre-Term Birth:
Risk Assessment for pre-term birth:
smoking
vaginal infections; urinary tract infection
periodontal health
prior pre-term birth
Review other factors that may contribute to pre-term birth such as stress and emotional health.
Educate and counsel a mother who requests early induction of labor.
Educate for signs of pre-term labor.
Identify and respond to pre-term labor with:
referral
consults for pre-term labor
treat pre-term labor with standard measures
Assess and evaluate a post-date pregnancy by monitoring/assessing:
fetal movement, growth, and heart tone variability
estimated due date calculations
previous birth patterns
amniotic fluid volume
maternal tracking of fetal movement
Consult or refer for:

ESSENTIAL SKILLS - CONTINUED
ultrasound
non-stress test
biophysical profile
Standard measures for treating a post-date pregnancy
Cholestasis
Conditions from previous pregnancies, such as diastasis, prolapse, cyctocele, rectocele
Identifying and referring for:
tubal, molar, or 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 infection
encourage increased fluid intake
support nutritional/non-allopathic treatment
stimulate labor
consult for prolonged rupture of membranes
review Group B Strep status and inform of options
Consult and refer for premature rupture of membranes in a PRE-TERM pregnancy.
Establishes and follows emergency contingency plans for mother/baby.
Educates on options for hospital transport including augmentation, pharmacological pain relief, and/or instrument assisted delivery.
Cesarean birth:
knows local options for cesarean birth
educates on procedures for cesarean birth
provides support before, during, and after (as permitted) the cesarean process
follow-up for cesarean birth including:
physical healing
emotional healing
breastfeeding and infant care challenges after cesarean birth
Understands and supports the normal physiological process of labor and birth.
Understands the relationship of maternal and fetal anatomy in relation to labor and birth.
Facilitates maternal relaxation and provides comfort measures throughout labor.
Communicates in a calming voice, using kind and encouraging words.
Applies knowledge of emotional and psychological aspects of labor to provide support.
Applies knowledge of physical support in labor such as counter pressure, position changes, massage, and water.
Waterbirth:
educates on benefits and risks
equipping the birth site for a water birth
Discuss specific management of complications during waterbirth

LEARN AND IMMEDIATE POSTPARTUM- Continued
Recognizes and counsels on signs of early labor and appropriate activities.
Assesses maternal and infant status based on:
vital signs
food and fluid intake
status of membranes
uterine contractions such as frequency, duration, and intensity
fetal heart tones
fetal lie, presentation, position, and descent
cervical effacement and dilation
Assesses and supports normal progress of labor.
Recognizes and responds appropriately to conditions that slow or stall labor such as:
anterior/swollen lip
posterior or asynclitic fetal position
pendulous belly inhibiting descent
maternal exhaustion
maternal fears and emotions
abnormal labor patterns
deep transverse arrest
obstructed labor
Advises on non-allopathic remedies for slow or stalled labor such as nipple stimulation, herbs, positions, and movement.
Recognizes, prevents, or treats maternal dehydration.
Recognizes and responds to labor and birth complications such as:
abnormal fetal heart tones and patterns
cord prolapse
Recognizes and responds to variations in presentations such as:
breech
Understands mechanism of descent and rotation for complete, frank, or footling breech presentation.
cord management strategies specific to breech deliveries
techniques for release of nuchal arms with breech
Practice techniques for maintaining head flexion
nuchal hand/arm
apply counter pressure to hand or arm and perineum
sweep arm out
nuchal cord
loop finger under cord, sliding over head or shoulder
clamp and cut cord
press baby's head into perineum and somersault the baby out
prepare for possible resuscitation
face and brow
mechanism of delivery for face or brow presentation
determine position of chin
management strategies for face or brow presentation
prepare for resuscitation or treatment of bruising/swelling/eye injury

multiple birth and delivery
identifies multiple gestation
consults or transports according to plan
prepares for attention to more than one
shoulder dystocia
apply gentle traction while encouraging pushing
reposition the mother to:
hands and knees (Gaskin maneuver)
exaggerated lithotomy (McRobert's position)
end of bed
squat
reposition shoulders to oblique diameter
Shift pelvic angle with lunge or runner's pose
extract posterior arm
flex shoulders of newborn, then corkscrew
apply supra-pubic pressure
sweep arm across newborn's face
fracture baby's clavicle
indications for performing an episiotomy
management of meconium stained fluids:
recognize and assess degree of meconium
follow standard resuscitation procedures for meconium
management of maternal exhaustion:
hydration and nutrition
rest/bath/removal of distractions
monitor maternal and fetal vital signs including urine ketones
evaluate for consultation or referral
Recognize/consult/transport for signs of:
uterine rupture
uterine inversion
amniotic fluid embolism
stillbirth
Evaluate and support during second stage:
recognizes and assess progress in second stage
supports maternal instincts in pushing techniques and positions
recommends/suggests pushing techniques and positions when needed
monitors vital signs; understands normal and abnormal changes
facilitates supportive environment and family involvement
prepares necessary equipment for immediate access
uses appropriate hand techniques for perineal support and birth of baby
Assess condition and provide immediate care of newborn.
Understands, recognizes, and supports normal newborn adjustment at birth.
Keep mother and baby warm and together for initial assessment.

LABOR, BIRTH AND IMMEDIATE POSTPARTUM: Continued
Determine APGAR score at one minute, five minutes, and if needed, at ten minutes.
Monitor respiratory and cardiac function by assessing:
symmetry of chest
sound and rate of heart tones and respirations
nasal flaring
grunting
chest retractions
circumoral cyanosis
central cyanosis
Stimulate newborn respiration according to AAP/NRP recommendations.
Encourage parental touch and speech while keeping baby warm.
Respond to need for newborn resuscitation according to AAP/NRP recommendations.
Recognize and consult or transport for apparent birth defects.
Recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or transports.
Provides appropriate care of the umbilical cord.
Clamps and cuts cord after pulsing stops.
Evaluates the cord, including number of vessels.
Collects cord blood sample if needed.
Assesses gestational age.
Assesses for central nervous system disorder.
Recognizes and responds to normal third stage including physiological and active management strategies.
Determines signs of placental separation such as:
separation gush
contractions
lengthening of cord
urge to push
rise in fundus
Facilitates delivery of the placenta by:
breast feeding/nipple stimulation
changing maternal position
perform guarded cord traction
emptying the bladder
administering non-allopathic treatments
encouraging maternal awareness
manual removal
transport for removal
Assess condition of placenta and membranes, and recognize normal and abnormal characteristics.
Estimate and monitor ongoing blood loss.
Responds to a trickle bleed by:
assess origin
assess fundal height and uterine size
fundal massage
assess vital signs

THE POSTPARTUM- Continued
empty bladder
breastfeeding or nipple stimulation
express clots
non-allopathic treatments
Responds to postpartum hemorrhage with:
fundal massage
external bimanual compression
internal bimanual compression
manual removal of clots
administer medications
non-allopathic treatments
increasing maternal focus and participation
administer or refer for IV fluids
consult and/or transfer; activate emergency back up plan
treat for hypovolemic shock according to standard recommendations or protocols
perform external aortic compression
Assess general condition of mother:
Assess for bladder distension:
encourage urination
perform catheterization if needed
Assess condition of vagina, cervix, and perineum for:
cystocele
rectocele
hematoma
hemorrhoids
bruising
prolapsed cervix or uterus
tears, lacerations
assess blood color and volume; identify source
apply direct pressure on tear
clamp vessel; if identified
suture 1 st or 2 nd degree or labial tears
administer local anesthetic
performs suturing according to standard procedures and protocols
provides alternative repair methods (non-suturing)
Provides instructions on care and treatment of perineum.
Monitors maternal vital signs after birth.
Promote timely food and drink
Facilitates breastfeeding by assisting and teaching about:
colostrum
positions for mother and baby
skin to skin contact
latching on

OBSTETRICS AND IMMEDIATE POSTPARTUM: Continued	
	maternal hydration and nutrition
	maternal rest
	feeding patterns
	maternal comfort measures for engorgement
	letdown reflex
	milk expression
	normal newborn urine and stool output
	Perform a newborn exam by assessing for normal and abnormal.
	The head for:
	size/circumference
	molding
	hematoma
	caput
	suture lines
	fontanel
	The eyes for:
	jaundice
	pupil condition
	tracking
	spacing
	clarity
	hemorrhage
	discharge
	red eye reflex
	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
	tongue and lip tie
	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 or discharge
measurement (chest circumference)
heart sounds (rate and irregularities)
ascultate the lungs, front and back, for:
breath sounds
equal bilateral expansion
The abdomen for:
enlarged organs
masses
hernias
bowel sounds
rigidity
The groin for:
femoral pulses
swollen glands
The genitalia for:
appearance
position of urethral opening
testicles for:
descent
rugae
herniation
The 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 legs
equal length
foot/ankle abnormality
The feet for:
abnormalities
digits: number, webbing

I. POSTPARTUM: Continued.
creases
The arms for symmetry in:
structure
movement
The hands for:
digits: number, webbing
palm creases
length of nails
The backside of the baby for:
temperature
symmetry of hips, range of motion
condition of the spine:
dimpling
holes
straightness
flexion of extremities and muscle tone
reflexes:
sucking
moro
babinski
plantar/palmar
stepping
grasping
rooting
blinking
Skin condition for:
color
lesions
birthmarks
milium
vernix
lanugo
peeling
rashes
bruising
mongolian spots
length of baby
weight of baby
Perform a newborn exam by assessing for normal and abnormal characteristics
Assess for central nervous system disorder
Assess gestational age of the baby
Administer eye prophylaxis with informed consent of parents
Administer Vitamin K with informed consent of parents

Childbirth and Immediate Postpartum-Continued
Review Group B Strep status and signs or symptoms.
Do you use a pulse oximeter for:
maternal assessment
newborn assessment
Assess gestational age of the baby.
Administer eye prophylaxis with informed consent of parents.
Administer Vitamin K with informed consent of parents.
Review Group B Strep status and signs or symptoms.
Physical and emotional changes following childbirth, including normal process of involution.
Assesses and evaluates normal or abnormal conditions of mother and baby at:
day one to day two
day three to day four
one to two weeks
three to four weeks
five to six weeks
Assesses and provides counseling and education for:
postpartum subjective history
lochia vs. abnormal bleeding
return of menses
vital signs, digestion, elimination patterns
muscle prolapse of vagina and rectum (cystocele, rectocele)
condition and strength of pelvic floor
condition of uterus (size and involution), ovaries, and cervix
condition of vulva, vagina, perineum, and anus
facilitates psycho-social adjustment
Screens, recognizes, and responds to mild postpartum depression.
Counsels for appropriate support from family and friends.
Increases home or phone visits as needed.
Screens, recognizes, and responds to increased severity of postpartum depression or psychosis; initiates emergency intervention.
Counsels client and family on resources for depression; increases follow-up.
Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for:
uterine infection
urinary tract infection
infection of vaginal tear or incision
last postpartum bleeding/hemorrhage
thrombophlebitis
separation of abdominal muscles
separation of symphysis pubis
postpartum preeclampsia
Consult or refer for jaundice in the first 24 hours after birth.
Provide direction for care of circumcised penis.
Provide direction for care of intact (uncircumcised) penis.

Postpartum: Continued
Provide breastfeeding care and counseling.
Educates regarding adverse factors affecting breastfeeding or breastmilk including:
environmental
biological
occupational
pharmacological
Evaluating conditions of breasts and nipples including:
Treat sore nipples
Evaluate baby's sucking method, position of lips and tongue including:
exposure to air
alternate nursing positions
apply topical agents
apply expressed breastmilk
Flange of lips
Latch on
Tongue tie
Sucking
Swallowing
Treat thrush on nipples by:
dry nipples after nursing
non-allopathic remedies
allopathic treatments
Treat mastitis by:
providing immune 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 infection
teach mother to empty breasts at each feeding
provide or teach gentle massage of sore spots
Consult or refer to breastfeeding support groups, lactation counselor, or other healthcare providers.
Provides contraceptive and family planning education, counseling, and referrals.
Provides opportunity for verbal and written feedback from client.
Newborn Care
Instructs the family on newborn care including:
principles of newborn adaptation to extrauterine life including physiologic changes in pulmonary and cardiac systems
basic needs of newborn including breathing, warmth, nutrition, and bonding
normal/abnormal newborn activity, responses, vital signs, appearance, and behavior
normal growth and development of the newborn and infant
Assess the current health and appearance of baby including:

WELL-BABY CARE- Continued
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, quality, and color
appearance of skin
condition of cord
Understands, respects, and counsels on traditional or cultural practices related to the newborn.
Advises mother in care of:
diaper rash
cradle cap
heat rash
colic
cord care
Recognizes signs/symptoms and differential diagnosis of:
infections
cardio-respiratory abnormalities
glucose disorders
birth defects
failure to thrive
newborn hemorrhagic disease (early and late onset)
polycythemia
non-accidental injuries
dehydration
Evaluate, counsel, and monitor for physiological jaundice after 24 hours:
Encourage mother to breastfeed every two hours.
Expose front and back of newborn to sunlight through window glass.
Assess and monitor newborn lethargy and hydration.
Consult or refer for additional screening and/or treatment.
Provide information for referral for continued well-baby care.
Educate about options for pediatrician or family practitioner.
Educate about health care providers for immunizations or non-immunizations.
Perform or refer for newborn metabolic screening.
Perform or refer for newborn hearing screening.
Perform or refer for pulse oximetry newborn screening for critical congenital heart disease (CCHD).
Educate about referral for integrative/complimentary/alternative practitioners
Support and educate parents during grieving process for loss of pregnancy, stillbirth, congenital birth defects, or neonatal death.
Support and educate parents of newborns transferred to hospital or with special needs.
Support integration of baby into family.

Appendix D

Below are the 20 tasks considered not critical by survey respondents and removed from the task list by the Job Analysis Committee, in the order of appearance on the survey:

PROFESSIONAL ISSUES, KNOWLEDGE, AND SKILLS
Maintain/update knowledge of state requirements regarding mandatory reporting (STI's, infectious disease, child abuse)
Performs and understands administrative and business functions such as third party billing, OSHA/Workplace safety and insurance, employer responsibilities, business entity formation, and tax filing.
GENERAL HEALTHCARE SKILLS
Demonstrates knowledge of how and when to use instruments and equipment, including:
Indwelling catheter
MATERNAL HEALTH ASSESSMENT
Obtain and maintain records of health, reproductive and family medical history, and possible implications to current pregnancy, including:
Provides care to families who have conceived through assisted reproductive technologies (ART) such as in vitro fertilization, assisted insemination, donor egg, and donor sperm.
Provides care for a client who plans to relinquish their baby for adoption or who carries a surrogate pregnancy.
Perform a physical examination, including assessment of:
HEENT (Head, Eyes, Ears, Nose, and Throat), including:
eyes, pupils, whites, and conjunctiva
mouth, teeth, mucus membrane, and tongue
hair and scalp
breasts:
Performs breast examination.
musco-skeletal system including spine straightness and symmetry and posture
cervix by speculum exam
size of uterus and ovaries by bimanual exam
internal pelvic landmarks
PRENATAL CARE
Referral for those at risk for pre-term birth for:
ultrasound for cervical length
Fetal fibronectin (fFN) test
cerclage
hormonal testing
Methylene Tetrahydrofolate Reductase (MTHFR) testing
NEWBORN EXAM (TOD TO SIX WEEKS)
Perform a newborn exam by assessing for normal and abnormal.
The hands for:
finger taper
NEWBORN EXAM (TOD TO SIX WEEKS)
Recognizes signs/symptoms and differential diagnosis of:
congenital syphilis

Appendix E

The complete task list after committee review, ordered by domain and criticality, highest to lowest.

Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
Professional Issues, Knowledge, and Skills	4.27	4.20	12.05		
1_11 - Act in accordance with professional ethics, values, and human rights.	4.94	4.80	15.15	+	Yes
1_10 - Take responsibility and accountability for clinical decisions and actions.	4.87	4.75	14.88	+	Yes
1_15 - Behave in a courteous, non-judgmental, non-discriminatory, and culturally a...	4.92	4.70	14.73	+	Yes
1+_1 - Apply shared decision making with clients and support them in making decisi...	4.77	4.69	14.54	+	Yes
1_16 - Stay respectful of individuals and of their culture and customs.	4.86	4.66	14.51	+	Yes
1+_3 - Use appropriate communication and listening skills with clients and support...	4.87	4.65	14.49	+	Yes
1_13 - Maintain/update knowledge and skills.	4.64	4.64	14.19	+	Yes
1+_2 - Share and explain protocols of practice including regulatory requirements a...	4.77	4.54	13.89	+	Yes
1+_4 - Accurately and completely record all relevant information in the client's c...	4.76	4.52	13.84	+	Yes
1_12 - Act consistently in accordance with standards of practice.	4.77	4.43	13.51	+	Yes
1P_1 - Protected Health Information (PHI) and personal information.	4.80	4.38	13.29	+	Yes
1+_5 - Comply with all local requirements for reporting births and deaths.	4.83	4.32	13.07	+	Yes
1P_4 - Privacy and security of financial information.	4.73	4.33	13.03	+	Yes
1_8 - Facilitate mother's decision of where to give birth by discussing items suc...	4.63	4.33	12.97	+	Yes
1_3 - Understand principles of research, evidence-based practice, critical interp...	4.33	4.17	12.02	+	Yes
1P_3 - Responsible use of social media.	4.39	4.20	11.90	+	Yes
1_9 - Provide interactive support and counseling and/or referral for the possibil...	3.54	4.31	11.74	+	Yes
1P_2 - Records retention issues such as storage, disposal, accessibility.	4.44	4.06	11.64	+	Yes
1_1 - Apply understanding of social determinants of health such as income, litera...	4.06	3.91	10.72	+	Yes
1_2 - Apply understanding of direct and indirect causes of maternal and neonatal...	3.76	3.92	10.42	+	Yes
1_4 - Provide information on national and local health services such as health an...	3.70	3.87	10.18	+	Yes
1_14 - Maintain/update knowledge of state requirements regarding mandatory reporti...	3.6	3.7	9.5	±	No
1_7 - Apply understanding of human rights and their effects on the health of indi...	3.3	3.8	9.4	±	Yes
1+_6 - Perform and understand administrative and business functions such as third...	3.7	3.6	9.0	±	No
1_6 - Educate regarding legal and regulatory framework governing reproductive hea...	3.2	3.2	7.2	±	Yes
1_5 - Educate about resources for health care and social services during civil em...	1.92	2.78	3.58		Yes
Healthcare Skills	3.58	3.86	9.84		
2A_2 - Cleaning and sterilizing instruments, work surfaces, and equipment	4.86	4.80	15.03	+	Yes
2A_1 - Handwashing, gloving and ungloving, sterile technique	4.89	4.73	14.80	+	Yes
2G_21 - Blood pressure cuff	4.95	4.69	14.69	+	Yes
2K_10 - Blood type and Rh factor	4.85	4.68	14.50	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
2G_19 - Stethoscope	4.87	4.57	14.13	+	Yes

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2G_17 - Doppler	4.79	4.55	13.99	+	Yes
2K_1 - Hematocrit/hemoglobin	4.82	4.50	13.82	+	Yes
2K_11 - Rh antibodies	4.57	4.59	13.80	+	Yes
2A_3 - Cleaning and/or disposing of medical waste	4.68	4.46	13.51	+	Yes
2+_3 - Obtain or refer for blood screening tests.	4.53	4.42	13.15	+	Yes
2K_9 - Complete Blood Count	4.70	4.36	13.09	+	Yes
2G_14 - Thermometer	4.63	4.25	12.65	+	Yes
2G_13 - Newborn and adult scale	4.88	4.17	12.57	+	Yes
2+_1 - Demonstrate proper use of injection equipment including syringe, single and...	3.87	4.39	12.32	+	Yes
2G_16 - Cord clamps	4.67	4.15	12.28	+	Yes
2K_6 - Syphilis (VDRL or RPR)	4.45	4.22	12.15	+	Yes
2C_12 - Iron	4.58	4.13	12.12	+	Yes
2K_4 - Hepatitis B	4.38	4.21	12.09	+	Yes
2D_5 - Pitocin® for postpartum hemorrhage	3.21	4.48	11.90	+	Yes
2G_2 - Bag and mask resuscitator	2.43	4.69	11.89	+	Yes
2B_2 - Educate on the benefits and contraindications of alternative healthcare pra...	4.63	4.05	11.82	+	Yes
2G_12 - Gestational wheel or calendar	4.64	4.03	11.76	+	Yes
2K_2 - Blood sugar (glucose)	4.28	4.12	11.72	+	Yes
2G_18 - Fetoscope	4.14	4.14	11.71	+	Yes
2C_7 - Folate	4.45	4.06	11.69	+	Yes
2G_8 - Scissors (all kinds)	4.44	4.06	11.67	+	Yes
2K_3 - HIV	3.80	4.22	11.47	+	Yes
2D_6 - RhoGam®	3.09	4.40	11.33	+	Yes
2K_5 - Rubella	4.48	3.97	11.21	+	Yes
2G_15 - Urinalysis strips	4.54	3.89	11.14	+	Yes
2+_1 - Demonstrate knowledge of benefits/risks of ultrasounds for indications such...	4.32	3.96	11.10	+	Yes
2C_8 - Probiotics	4.49	3.82	10.80	+	Yes
2G_9 - Suturing equipment	3.03	4.23	10.79	+	Yes
2C_2 - Prenatal multivitamins	4.66	3.77	10.79	+	Yes
2K_7 - Group B Strep	4.29	3.89	10.77	+	Yes
2G_5 - Hemostats	4.06	3.87	10.55	+	Yes
2G_22 - Oxygen tank, flow meter, cannula, and face mask	2.73	4.23	10.50	+	Yes
2+_2 - Obtain or refer for urine culture.	3.44	4.00	10.35	+	Yes
2G_11 - Vacutainer /blood collection tube	3.90	3.89	10.34	+	Yes
2D_1 - Local anesthetic for suturing	3.25	4.05	10.29	+	Yes
2C_14 - Magnesium	4.32	3.73	10.24	+	Yes
2+_2 - Demonstrate knowledge of benefits/risks of biophysical profile including co...	3.51	3.91	10.10	+	Yes
2C_13 - Calcium	4.2	3.7	10.0	±	Yes
2K_12 - Chlamydia	3.4	4.0	9.9	±	Yes
2+_4 - Obtain or refer for vaginal culture.	3.3	3.9	9.9	±	Yes
2K_8 - Gonorrhea culture	3.4	4.0	9.9	±	Yes

Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
2C_5 - Vitamin D	4.2	3.7	9.9	±	Yes

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2G_6 - Lancets	4.0	3.7	9.8	±	Yes
2D_7 - Vitamin K (oral or IM)	3.7	3.7	9.4	±	Yes
2D_2 - Medical oxygen	2.7	3.9	9.1	±	Yes
2G_23 - Pulse oximeter	3.4	3.7	8.8	±	Yes
2C_4 - Vitamin C	4.0	3.4	8.7	±	Yes
2C_9 - B-complex	3.8	3.4	8.6	±	Yes
2K_15 - Thyroid panel	3.0	3.7	8.5	±	Yes
2K_13 - PAP test	3.2	3.6	8.4	±	Yes
2K_20 - Hepatitis C	2.9	3.7	8.3	±	Yes
2C_11 - B-12	3.7	3.4	8.2	±	Yes
2K_19 - Complete metabolic panel	2.7	3.7	8.2	±	Yes
2G_10 - Straight, in and out catheter	2.3	3.8	8.1	±	Yes
2G_20 - Vaginal speculum	3.0	3.5	8.0	±	Yes
2D_10 - Cytotec (misoprostol)	2.3	3.8	7.9	±	Yes
2C_10 - B-6	3.6	3.3	7.8	±	Yes
2K_16 - HbA1C	2.8	3.4	7.4	±	Yes
2D_3 - Methergine® (methylergonovine maleate)	2.2	3.7	7.4	±	Yes
2K_14 - Vitamin D	2.9	3.4	7.3	±	Yes
2K_22 - HCG	2.6	3.4	7.2	±	Yes
2D_9 - IV fluids	2.3	3.6	7.0	±	Yes
2G_4 - Delee® tube-mouth suction device	2.1	3.5	7.0	±	Yes
2C_6 - Vitamin E	3.3	3.1	6.7	±	Yes
2G_7 - Nitrazine paper	2.6	3.2	6.7	±	Yes
2K_18 - Blood albumin	2.3	3.3	6.4	±	Yes
2K_21 - Progesterone	2.3	3.3	6.3	±	Yes
2K_17 - Genetic screening	2.49	3.18	5.97	±	Yes
2D_4 - Prescriptive ophthalmic ointment	2.73	2.99	5.81	±	Yes
2D_8 - Antibiotics for Group B Strep	2.41	3.29	5.78	±	Yes
2G_3 - Bulb syringe	2.33	2.81	5.07	±	Yes
2G_1 - Amnihook® or Amnicot®	2.26	2.87	4.99	±	Yes
2D_11 - Epinephrine	1.38	3.38	2.31	±	Yes
2G_24 - Laryngeal mask airway (LMA)	1.27	3.06	2.21	±	Yes
2G_25 - Indwelling catheter	1.22	2.15	1.26	±	No
Maternal Health Assessment	3.98	3.73	9.90		
3A7_9 - Rh type and plan of care if negative	4.91	4.68	14.58	+	Yes
3A_5 - Medical conditions	4.86	4.59	14.20	+	Yes
3A7_4 - Childbearing history	4.95	4.48	13.87	+	Yes
3B_3 - Vital signs	4.90	4.45	13.71	+	Yes
3A_10 - Mental health	4.70	4.39	13.25	+	Yes
3A7_6 - History of sexually transmitted infections	4.82	4.34	13.13	+	Yes
3A12_3 - Drug use	4.72	4.36	13.12	+	Yes
3A12_5 - Allergies (environmental and medical)	4.80	4.33	13.10	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
3A_11 - Personal history including changes in health or behavior, and client's eval...	4.88	4.30	13.06	+	Yes

3A_6 - Surgical history	4.85	4.30	13.04	+	Yes
3A_9 - History of abuse	4.70	4.31	12.93	+	Yes
3A12_4 - Tobacco use	4.76	4.28	12.87	+	Yes
3A7_2 - Gynecologic history	4.88	4.23	12.78	+	Yes
3A12_2 - Alcohol use	4.73	4.26	12.74	+	Yes
3A_8 - Psychosocial history	4.75	4.22	12.61	+	Yes
3A7_1 - Menstrual history	4.89	4.12	12.37	+	Yes
3A7_8 - History of risk of exposure to blood borne pathogens	4.36	4.24	12.22	+	Yes
3A7_7 - History of behavioral risk factors for sexually transmitted infections	4.40	4.15	11.90	+	Yes
3A_1 - Personal information/demographics	4.91	3.95	11.69	+	Yes
3A7_3 - Sexual history	4.56	3.94	11.33	+	Yes
3A_7 - Family medical history	4.82	3.87	11.28	+	Yes
3A_4 - Potential exposure to environmental toxins	3.99	4.02	11.03	+	Yes
3A_2 - Personal history including religion, occupation, education, marital status...	4.85	3.76	10.88	+	Yes
3B_16 - Vascular system (edema, varicosities, thrombophlebitis)	4.27	3.90	10.86	+	Yes
3A7_5 - Contraceptive practice	4.75	3.77	10.82	+	Yes
3B_1 - General appearance/skin condition	4.58	3.66	10.25	+	Yes
3B_2 - Baseline weight and height	4.74	3.60	10.19	+	Yes
3A12_1 - Genetics	4.1	3.7	9.9	±	Yes
3A_3 - Increased risk for less-than-optimal outcomes due to allostatic stress from...	3.5	3.9	9.9	±	Yes
3B6_2 - An evaluation of the mother's knowledge of self breast examination techniqu...	3.9	3.7	9.9	±	Yes
3B_8 - Abdomen by palpation and observation for scars	4.2	3.6	9.8	±	Yes
3B_7 - Heart and lungs	3.9	3.7	9.8	±	Yes
3A13_4 - Tobacco use	4.1	3.7	9.7	±	Yes
3A13_3 - Drug use	3.9	3.7	9.5	±	Yes
3B_9 - Kidney pain (CVAT)	3.5	3.8	9.5	±	Yes
3A13_1 - Genetics	4.0	3.6	9.4	±	Yes
3A13_2 - Alcohol use	3.9	3.6	9.2	±	Yes
3A12_6 - History of vasovagal response or fainting	3.6	3.5	8.6	±	Yes
3B4_3 - Thyroid by palpation	3.3	3.3	7.6	±	Yes
3B_4 - Lymph glands of neck, chest, and under arms	3.5	3.2	7.5	±	Yes
3A12_7 - Foreign travel history	3.3	3.3	7.5	±	Yes
3B_6 - Baseline reflexes	3.4	3.2	7.4	±	Yes
3B_14 - Condition of the vulva, vagina, cervix, perineum, and anus	3.2	3.3	7.4	±	Yes
3B_10 - Deep tendon reflexes of the knee	3.2	3.2	7.2	±	Yes
3B_5 - Torso, extremities for bruising, abrasions, moles, and unusual growths	3.4	3.1	7.2	±	Yes
3A12_8 - Vaccination history/status	3.3	3.1	7.0	±	Yes
3B6_1 - A physical breast examination	2.9	3.2	6.9	±	No
3B_15 - Musculoskeletal system including spine straightness and symmetry and postur...	3.2	3.0	6.5	±	No
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
3A+ _1 - Provide care to families who have conceived through assisted reproductive t...	2.4	3.4	6.5	±	No
3B4_2 - Eyes, pupils, whites, and conjunctiva	3.1	2.9	6.1	±	No

3B4_4 - Mouth, teeth, mucus membrane, and tongue	2.87	2.86	5.57		No
3A+_2 - Provide care for a client who plans to relinquish their baby for adoption o...	1.76	3.71	5.43		No
3B_13 - Size of uterus and ovaries by bimanual exam	2.65	2.83	5.24		No
3B_12 - Cervix by speculum exam	2.58	2.81	5.06		No
3B_11 - Internal pelvic landmarks	2.56	2.72	4.81		No
3B4_1 - Hair and scalp	2.64	2.58	4.48		No
Prenatal Care	3.79	4.11	11.00		
4A5_1 - Fetal heart rate/tones auscultated with fetoscope or Doppler	4.97	4.72	14.83	+	Yes
4A3C_1 - Blood pressure	4.96	4.68	14.65	+	Yes
4C22_4 - Monitor vital signs for infection	4.71	4.61	14.49	+	Yes
4_3 - Understand normal and abnormal changes during pregnancy.	4.93	4.60	14.34	+	Yes
4A5_3 - Fetal activity and responsiveness to stimulation	4.84	4.63	14.34	+	Yes
4C22_1 - Monitor fetal heart tones and movement	4.63	4.59	14.32	+	Yes
4C22_2 - Minimize internal vaginal examinations	4.73	4.56	14.28	+	Yes
4A3_5 - Vital signs	4.91	4.57	14.17	+	Yes
4_1 - Provide appropriate prenatal care and educate the family of significance.	4.95	4.55	14.14	+	Yes
4C18_1 - Fetal movement, growth, and heart tone variability	4.58	4.62	14.07	+	Yes
4C22_3 - Reinforce appropriate hygiene techniques	4.70	4.47	13.92	+	Yes
4A6_3 - Fetal lie	4.93	4.50	13.92	+	Yes
4C18_5 - Maternal tracking of fetal movement	4.50	4.53	13.61	+	Yes
4C16_2 - Educate for signs of pre-term labor.	4.37	4.55	13.53	+	Yes
4C22_5 - Encourage increased fluid intake	4.64	4.33	13.28	+	Yes
4_2 - Understand and educate about the anatomy and physiology of pregnancy and bi...	4.84	4.36	13.28	+	Yes
4A3C_9 - Hemoglobin/hematocrit	4.57	4.42	13.26	+	Yes
4A5_2 - Correlation of weeks gestation to fundal height	4.95	4.32	13.21	+	Yes
4C14_3 - Identify risk factors for uterine rupture such as type of uterine suturing...	3.80	4.63	13.08	+	Yes
4A3C_8 - Nutritional patterns, pica	4.68	4.33	12.97	+	Yes
4C14_2 - Indications/contraindications for out of hospital births.	3.93	4.55	12.95	+	Yes
4A3_1 - Maternal psycho-social and emotional health and well being; signs of abuse	4.40	4.37	12.88	+	Yes
4C14_1 - Identify previous cesarean through history and physical examination.	3.98	4.50	12.87	+	Yes
4C22_9 - Review Group B Strep status and inform of options	4.42	4.29	12.86	+	Yes
4C_1 - Antepartum bleeding (first, second, or third trimester)	3.33	4.65	12.85	+	Yes
4C18_2 - Estimated due date calculations	4.56	4.31	12.82	+	Yes
4_5 - Identify premature rupture of membranes.	3.62	4.56	12.82	+	Yes
4C25d_3 - Breastfeeding and infant care challenges after Cesarean birth	4.05	4.37	12.75	+	Yes
4C_2 - Pregnancy induced hypertension	3.13	4.70	12.73	+	Yes
4C11_1 - Identifying breech presentation	3.51	4.56	12.72	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
4B_1 - Nutritional and non-allopathic dietary supplement support	4.77	4.23	12.69	+	Yes
4C25d_2 - Emotional healing	4.03	4.35	12.66	+	Yes
4C22_6 - Support nutritional/non-allopathic treatment	4.53	4.20	12.63	+	Yes

4B5_9 - Symptoms of anemia	4.14	4.37	12.60	+	Yes
4C_3 - Preeclampsia	2.86	4.82	12.59	+	Yes
4C14_4 - Management strategies for VBAC.	3.75	4.52	12.56	+	Yes
4_7 - Consult and refer for premature rupture of membranes in a PRE-TERM pregnanc...	2.94	4.77	12.46	+	Yes
4C16a_2 - Vaginal infections; urinary tract infection	4.04	4.35	12.42	+	Yes
4_4 - Practice the standard measures for treating a post-date pregnancy.	4.25	4.29	12.40	+	Yes
4B_3 - Exercise and movement	4.77	4.15	12.37	+	Yes
4C18_3 - Previous birth patterns	4.55	4.20	12.37	+	Yes
4C25d_1 - Physical healing	3.92	4.29	12.30	+	Yes
4A3_3 - Estimated due date based on standard methods.	4.84	4.12	12.30	+	Yes
4A3_2 - Vaginal discharge including signs and symptoms of infection.	4.27	4.24	12.22	+	Yes
4C18_4 - Amniotic fluid volume	4.30	4.24	12.22	+	Yes
4C_5 - Urinary tract infection	3.34	4.48	12.22	+	Yes
4C24_1 - Options for hospital transport including augmentation, pharmacological pain...	3.79	4.27	12.17	+	Yes
4A3D_2 - Protein	4.57	4.13	12.11	+	Yes
4A3_8 - Social support system	4.44	4.14	12.02	+	Yes
4A3_7 - Edema	4.70	4.04	11.84	+	Yes
4B_2 - Normal body changes in pregnancy	4.79	4.01	11.83	+	Yes
4C16a_5 - Review other factors that may contribute to pre-term birth such as stress a...	4.02	4.21	11.82	+	Yes
4C16a_4 - Prior pre-term birth	3.72	4.28	11.78	+	Yes
4C_11 - Standard measures for treating a post-date pregnancy	3.69	4.28	11.76	+	Yes
4C17_1 - Referral	3.07	4.54	11.73	+	Yes
4B5_2 - Nausea/vomiting	4.50	4.04	11.68	+	Yes
4C14_5 - Recognize signs and symptoms of uterine rupture and knowing emergency treat...	3.02	4.89	11.58	+	Yes
4B5_15 - Headache	4.02	4.14	11.58	+	Yes
4B5_21 - Fluid retention/swelling, edema	4.13	4.11	11.56	+	Yes
4C25_3 - Support before, during, and after (as permitted) the cesarean process	3.53	4.16	11.41	+	Yes
4C20_3 - Placenta previa	2.45	4.79	11.38	+	Yes
4C13_3 - Techniques to encourage rotation	4.20	4.04	11.35	+	Yes
4C_4 - Gestational diabetes	2.95	4.44	11.31	+	Yes
4A3D_3 - Glucose	4.55	3.93	11.30	+	Yes
4A3C_10 - Glucose levels	4.06	4.06	11.27	+	Yes
4A3C_7 - Energy levels	4.56	3.92	11.24	+	Yes
4C16a_1 - Smoking	3.55	4.27	11.23	+	Yes
4C11_2 - Management strategies for unexpected breech delivery	2.73	4.66	11.20	+	Yes
4B5_20 - Emotional changes	4.20	3.98	11.12	+	Yes
4A3C_11 - Breast conditions/implications for breastfeeding	4.06	4.01	11.12	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
4A6_2 - Fetal size	4.52	3.90	11.12	+	Yes
4C13_2 - Prevention	4.20	3.96	11.02	+	Yes
4C17_2 - Consults for pre-term labor	2.92	4.45	11.02	+	Yes
4B5_3 - Fatigue	4.52	3.87	10.99	+	Yes

4C_6 - Fetus small for gestational age	2.82	4.38	10.97	+	Yes
4C12_1 - Identifying multiple gestation	2.67	4.54	10.96	+	Yes
4C13_1 - Identification	3.97	4.00	10.94	+	Yes
4C_7 - Intrauterine growth retardation	2.58	4.61	10.86	+	Yes
4_8 - Provide education for parents in providing preparation for siblings at birth...	4.38	3.86	10.84	+	Yes
4B5_7 - Vaginal yeast infection	3.74	4.03	10.83	+	Yes
4A3C_6 - Sleep patterns	4.44	3.85	10.83	+	Yes
4B5_1 - Sleep difficulties	4.46	3.81	10.70	+	Yes
4C_10 - Polyhydramnios	2.67	4.38	10.68	+	Yes
4C18f_3 - Biophysical profile	3.67	4.03	10.68	+	Yes
4C22_8 - Consult for prolonged rupture of membranes	3.45	3.97	10.61	+	Yes
4A3C_5 - Elimination/urination patterns	4.28	3.82	10.58	+	Yes
4C_9 - Oligohydramnios	2.60	4.45	10.57	+	Yes
4B5_8 - Bacterial vaginosis	3.27	4.08	10.54	+	Yes
4C11_3 - Turning breech presentation with alternative positions (tilt board, exercis...	3.25	4.08	10.48	+	Yes
4B5_22 - Vision changes	3.44	4.05	10.48	+	Yes
4C22_7 - Stimulate labor	3.76	3.86	10.47	+	Yes
4C17_3 - Treat pre-term labor with standard measures	2.86	4.41	10.47	+	Yes
4C18f_2 - Non-stress test	3.62	4.00	10.46	+	Yes
4C_14 - Conditions from previous pregnancies, such as diastasis, prolapse, cyctocel...	3.10	4.16	10.38	+	Yes
4C_12 - Fetus large for gestational age	2.96	4.14	10.26	+	Yes
4C20_1 - Tubal, molar, or ectopic pregnancy	2.25	4.75	10.15	+	Yes
4A3D_8 - Blood	4.15	3.73	10.11	+	Yes
4B5_18 - Varicose veins	3.75	3.83	10.07	+	Yes
4C25_1 - Local options for cesarean birth	3.24	3.91	10.06	+	Yes
4A3D_7 - Nitrites	4.18	3.70	10.02	+	Yes
4A3D_4 - Ketones	4.10	3.71	10.01	+	Yes
4B5_11 - Constipation	4.1	3.7	10.0	±	Yes
4C20_2 - Placental abruption	2.2	4.8	10.0	±	Yes
4B5_17 - Backache	4.2	3.7	10.0	±	Yes
4B5_10 - Indigestion/heartburn	4.3	3.6	9.7	±	Yes
4B5_16 - Leg cramps	4.0	3.7	9.7	±	Yes
4C18f_1 - Ultrasound	3.6	3.8	9.7	±	Yes
4A3C_2 - Weight	4.5	3.5	9.6	±	Yes
4B5_6 - Skin itchiness	3.6	3.7	9.6	±	Yes
4C_13 - Cholestasis	2.4	4.4	9.6	±	Yes
4A6_1 - Fetal weight	4.1	3.6	9.6	±	Yes
4A3D_1 - Appearance: color, density, odor, and clarity	4.2	3.6	9.6	±	Yes

Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
4A3D_6 - Leukocytes	4.2	3.6	9.5	±	Yes
4A3_6 - Respiratory assessment	3.5	3.7	9.5	±	Yes
4B5_12 - Hemorrhoids	4.0	3.6	9.5	±	Yes
4B5_4 - Inflammation of sciatic nerve	3.9	3.6	9.4	±	Yes
4B5_14 - Round ligament pain	4.2	3.5	9.4	±	Yes

4C_8 - Thrombophlebitis	2.4	4.6	9.3	±	Yes
4B_4 - Weight gain in pregnancy	4.3	3.5	9.3	±	Yes
4A6_4 - Degree of fetal head flexion	3.8	3.6	9.2	±	Yes
4C16a_3 - Periodontal health	3.2	3.8	9.2	±	Yes
4A3_4 - Clonus	2.9	3.8	8.9	±	Yes
4C16_1 - Educate and counsel a mother who requests early induction of labor.	2.6	4.0	8.8	±	Yes
4B5_19 - Sexual changes	3.6	3.5	8.6	±	Yes
4C25_2 - Procedures for cesarean birth	2.9	3.7	8.5	±	Yes
4C11_4 - Turning breech presentation with referral for external version	2.6	3.8	8.5	±	Yes
4C11_5 - Turning breech presentation with non-allopathic methods (moxibustion, homeo...	2.9	3.7	8.5	±	Yes
4B5_5 - Breast tenderness	3.8	3.3	8.2	±	Yes
4C12_2 - Management strategies for unexpected multiple births	2.2	4.5	7.9	±	Yes
4A3D_9 - Specific gravity	3.8	3.2	7.7	±	Yes
4A3D_5 - pH	3.9	3.1	7.5	±	Yes
4B5_13 - Carpal tunnel syndrome	3.1	3.3	7.4	±	Yes
4A3C_4 - General reflexes	3.0	3.3	7.3	±	Yes
4A3C_3 - Color of mucus membranes	3.2	3.2	7.0	±	Yes
4C16d_1 - Ultrasound for cervical length	2.4	3.3	6.1	±	No
4C16d_4 - Hormonal testing	2.12	3.34	5.53		No
4C16d_2 - Fetal fibronectin (fFN) test	1.78	3.22	4.34		No
4C16d_5 - Methylene Tetrahydrofolate Reductase (MTHFR) testing	1.78	3.18	4.08		No
4C16d_3 - Cerclage	1.49	3.33	3.01		No
Labor and Birth	3.73	3.84	11.34		
5_16 - Estimate and monitor ongoing blood loss.	4.79	4.69	15.21	+	Yes
5F_5 - Fetal heart tones	4.77	4.63	14.97	+	Yes
5M3_17 - Sound and rate of heart tones and respirations	4.50	4.33	14.80	+	Yes
5_1 - Understand and support the normal physiological process of labor and birth.	4.83	4.57	14.78	+	Yes
5W8_163 - Heart sounds (rate and irregularities)	4.44	4.20	14.70	+	Yes
5W8_157 - Auscultate the lungs, front and back, for breath sounds	4.43	4.19	14.64	+	Yes
5M_12 - Understand, recognize, and support normal newborn adjustment at birth.	4.53	4.25	14.51	+	Yes
5_14 - Recognize and respond to normal third stage including physiological and act...	4.73	4.48	14.32	+	Yes
5F_1 - Vital signs	4.71	4.48	14.29	+	Yes
5_4 - Assess and support normal progress of labor.	4.82	4.45	14.28	+	Yes
5W18_254 - Condition of the spine for holes	4.42	4.10	14.22	+	Yes
5_2 - Understand the relationship of maternal and fetal anatomy in relation to la...	4.79	4.44	14.21	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
5M_13 - Keep mother and baby warm and together for initial assessment.	4.54	4.17	14.15	+	Yes
5U_60 - Monitor maternal vital signs after birth	4.35	4.11	14.01	+	Yes
5L_10 - Prepare necessary equipment for immediate access	4.48	4.15	13.98	+	Yes
5L_8 - Monitor vital signs; understand normal and abnormal changes	4.39	4.17	13.97	+	Yes
5_15 - Assess condition of placenta and membranes, and recognize normal and abnorm...	4.81	4.37	13.93	+	Yes

5V_85 - Normal newborn urine and stool output	4.45	4.06	13.90	+	Yes
5M3_20 - Chest retractions	3.93	4.28	13.87	+	Yes
5W5_152 - Flaring nostrils	4.33	4.04	13.86	+	Yes
5T1_43 - Assessing vital signs	4.12	4.22	13.86	+	Yes
5W20_262 - Sucking	4.44	4.01	13.85	+	Yes
5V_78 - Latching on	4.44	4.05	13.83	+	Yes
5W8_164 - Ascultate the lungs, front and back, for equal bilateral expansion	4.26	4.07	13.82	+	Yes
5V_77 - Skin to skin contact	4.46	4.02	13.76	+	Yes
5W12_243 - Patency	4.27	4.04	13.73	+	Yes
5T1_40 - Assessing origin	3.95	4.22	13.68	+	Yes
5M3_19 - Grunting	3.97	4.21	13.68	+	Yes
5W4_146 - Appearance and feel of palate	4.39	3.98	13.65	+	Yes
5M_17 - Respond to need for newborn resuscitation according to AAP/NRP recommendati...	3.23	4.39	13.57	+	Yes
5U2_67 - Tears, lacerations	4.25	4.04	13.57	+	Yes
5M3_22 - Central cyanosis	3.81	4.36	13.55	+	Yes
5V_79 - Maternal hydration and nutrition	4.43	3.98	13.54	+	Yes
5T1_41 - Assessing fundal height and uterine size	4.11	4.14	13.54	+	Yes
5K_1 - Abnormal fetal heart tones and patterns	3.00	4.63	13.54	+	Yes
5T2_48 - Fundal massage	4.04	4.16	13.53	+	Yes
5M3_18 - Nasal flaring	3.99	4.18	13.52	+	Yes
5_6 - Recognize, prevent, or treat maternal dehydration.	4.29	4.40	13.51	+	Yes
5W20_268 - Rooting	4.43	3.94	13.51	+	Yes
5W9_230 - Masses	4.32	3.98	13.51	+	Yes
5C_2 - Communicate in a calming voice, using kind and encouraging words.	4.79	4.27	13.50	+	Yes
5W21_270 - Color	4.44	3.93	13.48	+	Yes
5W4_149 - Lip cleft	4.32	3.97	13.44	+	Yes
5C_3 - Apply knowledge of emotional and psychological aspects of labor to provide...	4.75	4.26	13.40	+	Yes
5W18_253 - Condition of the spine for dimpling	4.43	3.91	13.37	+	Yes
5U2g_68 - Assess blood color and volume; identify source	4.14	4.03	13.33	+	Yes
5_3 - Recognize and counsel on signs of early labor and appropriate activities.	4.67	4.26	13.33	+	Yes
5W9_229 - Enlarged organs	4.22	3.98	13.31	+	Yes
5V_80 - Maternal rest	4.43	3.93	13.29	+	Yes
5L_5 - Recognize and assess progress in second stage	4.37	4.01	13.26	+	Yes
5L_6 - Support maternal instincts in pushing techniques and positions	4.47	3.98	13.24	+	Yes
5M_15 - Stimulate newborn respiration according to AAP/NRP recommendations.	3.69	4.17	13.21	+	Yes

Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
5M_16 - Encourage parental touch and speech while keeping baby warm.	4.40	3.99	13.19	+	Yes
5N_23 - Provide appropriate care of the umbilical cord.	4.52	3.96	13.19	+	Yes
5M3_16 - Symmetry of chest	4.24	4.03	13.17	+	Yes
5U_61 - Promote timely food and drink	4.46	3.89	13.17	+	Yes
5K5_1 - Hydration and nutrition	4.08	4.26	13.15	+	Yes
5C_1 - Facilitate maternal relaxation and provide comfort measures throughout labo...	4.69	4.20	13.12	+	Yes

5W5_151 - Patency	4.22	3.91	13.11	+	Yes
5C_4 - Apply knowledge of physical support in labor such as counter pressure, posi...	4.69	4.20	13.10	+	Yes
5V_75 - Colostrum	4.40	3.89	13.10	+	Yes
5W4_147 - Lip and mouth color	4.33	3.86	13.07	+	Yes
5W20_263 - Moro	4.42	3.84	13.05	+	Yes
5W9_233 - Rigidity	4.22	3.90	13.05	+	Yes
5T1_42 - Fundal massage	4.02	4.06	13.02	+	Yes
5V_76 - Positions for mother and baby	4.40	3.86	12.94	+	Yes
5U_48 - Assess for bladder distension by encouraging urination	4.15	3.92	12.94	+	Yes
5N_25 - Evaluate the cord, including number of vessels.	4.53	3.89	12.93	+	Yes
5V_81 - Feeding patterns	4.41	3.85	12.92	+	Yes
5U_59 - Provide instructions on care and treatment of perineum	4.42	3.84	12.91	+	Yes
5W20_264 - Babinski	4.42	3.80	12.89	+	Yes
5F_6 - Fetal lie, presentation, position, and descent	4.52	4.19	12.86	+	Yes
5W18_255 - Condition of the spine for straightness	4.42	3.79	12.85	+	Yes
5W20_265 - Plantar/palmar	4.41	3.80	12.84	+	Yes
5W4_150 - Signs of dehydration	4.04	3.91	12.83	+	Yes
5W9_232 - Bowel sounds	4.18	3.85	12.83	+	Yes
5W18_258 - Symmetry of hips, range of motion	4.41	3.79	12.83	+	Yes
5T2_52 - Administering medications	3.33	4.24	12.82	+	Yes
5F_2 - Food and fluid intake	4.66	4.13	12.81	+	Yes
5W1_94 - Hematoma	4.30	3.81	12.78	+	Yes
5M3_21 - Circumoral cyanosis	3.89	4.06	12.74	+	Yes
5W20_267 - Grasping	4.39	3.78	12.74	+	Yes
5W2_98 - Jaundice	4.17	3.84	12.74	+	Yes
5Q1_27 - Separation gush	4.44	3.87	12.73	+	Yes
5K3c_4 - Prepare for possible resuscitation	3.46	4.33	12.70	+	Yes
5F_4 - Uterine contractions such as frequency, duration, and intensity	4.65	4.11	12.69	+	Yes
5W9_231 - Hernias	4.27	3.80	12.68	+	Yes
5W11_237 - Position of urethral opening	4.32	3.78	12.67	+	Yes
5W4_151 - Tongue and lip tie	4.26	3.79	12.66	+	Yes
5W4_148 - Tongue	4.36	3.76	12.64	+	Yes
5W+_244 - Assess the weight of baby	4.46	3.74	12.64	+	Yes
5N_24 - Clamp and cut cord after pulsing stops.	4.45	3.84	12.63	+	Yes
5W21_271 - Lesions	4.40	3.74	12.58	+	Yes

Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
5F_3 - Status of membranes	4.58	4.09	12.56	+	Yes
5T1_46 - Expressing clots	3.61	4.05	12.56	+	Yes
5W+_246 - Assess flexion of extremities and muscle tone	4.36	3.74	12.54	+	Yes
5W1_97 - Fontanel	4.41	3.72	12.50	+	Yes
5W23_249 - Review Group B Strep status and signs or symptoms	3.85	3.86	12.48	+	Yes
5W+_243 - Abduct hips for dislocation	4.37	3.72	12.45	+	Yes
5W12_244 - Meconium	4.40	3.70	12.45	+	Yes

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5W3_105 - Positioning	4.40	3.71	12.45	+	Yes
5W21_278 - Bruising	4.42	3.68	12.35	+	Yes
5Q1_28 - Contractions	4.41	3.79	12.33	+	Yes
5V_82 - Maternal comfort measures for engorgement	4.22	3.76	12.33	+	Yes
5W8_159 - Symmetry	4.34	3.70	12.32	+	Yes
5W23_243 - Assess for central nervous system disorder	3.87	3.86	12.31	+	Yes
5W15_248 - Abnormalities	4.37	3.68	12.31	+	Yes
5L_9 - Facilitate supportive environment and family involvement	4.34	3.80	12.29	+	Yes
5T1_44 - Empty bladder	3.77	3.93	12.24	+	Yes
5W16_252 - Movement	4.34	3.68	12.24	+	Yes
5K4_2 - Follow standard resuscitation procedures for meconium	3.44	4.23	12.23	+	Yes
5U2g4_73 - Perform suturing according to standard procedures and protocols	3.80	3.90	12.21	+	Yes
5W11_236 - Appearance	4.43	3.64	12.18	+	Yes
5W7_157 - Integrity	4.29	3.68	12.18	+	Yes
5M_14 - Determine APGAR score at one minute, five minutes, and if needed, at ten mi...	4.49	3.73	12.17	+	Yes
5K3f_2 - Reposition the mother to hands and knees (Gaskin Maneuver)	3.35	4.20	12.11	+	Yes
5W16_251 - Structure	4.32	3.64	11.99	+	Yes
5_5 - Advise on non-allopathic remedies for slow or stalled labor such as nipple...	4.16	4.05	11.97	+	Yes
5U2_66 - Prolapsed cervix or uterus	3.33	4.01	11.93	+	Yes
5W1_92 - Size/circumference	4.44	3.58	11.93	+	Yes
5W15_249 - Digits: number, webbing	4.39	3.60	11.93	+	Yes
5K5_2 - Rest/bath/removal of distractions	3.96	3.99	11.88	+	Yes
5W14_247 - Foot/ankle abnormality	4.27	3.62	11.88	+	Yes
5W14_246 - Equal length	4.30	3.61	11.85	+	Yes
5T1_45 - Breastfeeding or nipple stimulation	3.94	3.79	11.85	+	Yes
5U2g4_72 - Administer local anesthetic	3.78	3.83	11.83	+	Yes
5K4_1 - Recognize and assess degree of meconium	3.47	4.09	11.82	+	Yes
5W17_253 - Digits: number, webbing	4.39	3.57	11.81	+	Yes
5W1_96 - Suture lines	4.37	3.57	11.80	+	Yes
5W11_238 - Testicles for descent	4.42	3.56	11.79	+	Yes
5W7_158 - Symmetry	4.21	3.60	11.72	+	Yes
5H_4 - Maternal exhaustion	3.12	4.18	11.71	+	Yes
5K5_3 - Monitor maternal and fetal vital signs including urine ketones	3.64	4.04	11.71	+	Yes
5W21_277 - Rashes	4.39	3.54	11.71	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
5L_7 - Recommend/suggest pushing techniques and positions when needed	3.96	3.75	11.69	+	Yes
5U2_63 - Hematoma	3.52	3.83	11.68	+	Yes
5W14_245 - Symmetry of creases in the back of legs	4.21	3.57	11.62	+	Yes
5W17_255 - Palm creases	4.26	3.55	11.58	+	Yes
5W10_234 - Femoral pulses	3.93	3.64	11.58	+	Yes
5W11_240 - Testicles for herniation	4.11	3.60	11.54	+	Yes
5D_3 - Discuss specific management of complications during waterbirth	4.05	3.98	11.53	+	Yes

5W2_101 - Spacing	4.11	3.57	11.49	+	Yes
5W20_266 - Stepping	4.02	3.58	11.47	+	Yes
5H_5 - Maternal fears and emotions	3.52	3.99	11.45	+	Yes
5T2_56 - A consult and/or transfer; activating emergency back up plan	2.29	4.28	11.35	+	Yes
5Q1_29 - Lengthening of cord	4.20	3.61	11.34	+	Yes
5L_11 - Use appropriate hand techniques for perineal support and birth of baby	4.10	3.63	11.33	+	Yes
5W1_95 - Caput	4.31	3.47	11.29	+	Yes
5W2_104 - Discharge	4.08	3.52	11.27	+	Yes
5T2_54 - Increasing maternal focus and participation	3.62	3.75	11.26	+	Yes
5D_1 - Educate on benefits and risks	4.36	3.83	11.26	+	Yes
5Q1_31 - Rise in fundus	3.65	3.73	11.23	+	Yes
5T2_57 - Treating for hypovolemic shock according to standard recommendations or pro...	2.34	4.37	11.15	+	Yes
5W15_250 - Creases	4.39	3.42	11.15	+	Yes
5W1_93 - Molding	4.41	3.41	11.13	+	Yes
5K5_4 - Evaluate for consultation or referral	3.17	4.01	11.10	+	Yes
5Q1_30 - Urge to push	4.04	3.59	11.08	+	Yes
5T2_49 - External bimanual compression	2.68	4.10	11.07	+	Yes
5H_6 - Abnormal labor patterns	3.19	3.97	11.05	+	Yes
5W20_269 - Blinking	3.82	3.54	11.01	+	Yes
5W2_103 - Hemorrhage	4.12	3.45	11.00	+	Yes
5W6_156 - Unusual range of motion	3.78	3.55	10.99	+	Yes
5W3_107 - Patency	3.88	3.54	10.92	+	Yes
5R_32 - Breast feeding/nipple stimulation	3.64	3.66	10.91	+	Yes
5V_83 - Letdown reflex	4.07	3.48	10.89	+	Yes
5H_2 - Posterior or asynclitic fetal position	3.27	3.92	10.88	+	Yes
5K3f_3 - Reposition the mother to exaggerated lithotomy (McRobert's Position)	2.98	4.02	10.86	+	Yes
5W8_162 - Measurement (chest circumference)	4.32	3.36	10.82	+	Yes
5W+_245 - Assess the length of baby	4.44	3.32	10.78	+	Yes
5W2_99 - Pupil condition	3.74	3.49	10.74	+	Yes
5M_19 - Recognize signs and symptoms of Meconium Aspiration Syndrome and consult or...	2.30	4.38	10.67	+	Yes
5W2_102 - Clarity	3.89	3.44	10.67	+	Yes
5U2g_71 - Suture 1st degree, 2nd degree, or labial tears	3.09	3.71	10.66	+	Yes
5W11_239 - Testicles for rugae	4.31	3.32	10.63	+	Yes
5W11_234 - Vagina for patency	3.82	3.47	10.62	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
5W23_246 - Assess gestational age of the baby	4.15	3.36	10.61	+	Yes
5V_84 - Milk expression	3.88	3.46	10.59	+	Yes
5K3f_12 - Shift pelvic angle with lunge or runner's pose	2.96	4.00	10.57	+	Yes
5W11_235 - Maturity of clitoris and labia	4.25	3.31	10.54	+	Yes
5M_18 - Recognize and consult or transport for apparent birth defects.	2.32	4.28	10.52	+	Yes
5R_37 - Encouraging maternal awareness	3.67	3.55	10.49	+	Yes
5W10_235 - Swollen glands	3.73	3.45	10.48	+	Yes
5W3_106 - Response to sound	3.71	3.44	10.45	+	Yes

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5H_8 - Obstructed labor	2.36	4.28	10.45	+	Yes
5N_26 - Collect cord blood sample if needed.	3.24	3.65	10.41	+	Yes
5K3f_7 - Extract posterior arm	2.77	4.06	10.39	+	Yes
5W3_108 - Cartilage	4.20	3.29	10.37	+	Yes
5W6_153 - Enlarged glands, thyroid, and lymph	3.65	3.45	10.36	+	Yes
5K3a_1 - Understand mechanism of descent and rotation for complete, frank, or footli...	2.57	4.37	10.31	+	Yes
5U2g_69 - Apply direct pressure on tear	3.15	3.60	10.24	+	Yes
5K3f_6 - Reposition shoulders to oblique diameter	2.74	4.01	10.19	+	Yes
5T2_51 - Manual removal of clots	2.37	4.05	10.18	+	Yes
5W8_160 - Nipples	4.34	3.20	10.12	+	Yes
5R_34 - Performing guarded cord traction	3.37	3.54	10.12	+	Yes
5F_7 - Cervical effacement and dilation	3.82	3.68	10.08	+	Yes
5W6_155 - Soft tissue swelling	3.51	3.41	10.05	+	Yes
5H_1 - Anterior/swollen lip	3.21	3.73	10.04	+	Yes
5T2_53 - Non-allopathic treatments	3.2	3.5	10.0	±	Yes
5W2_100 - Tracking	3.6	3.3	9.9	±	Yes
5D_2 - Equip the birth site for a water birth	4.2	3.5	9.9	±	Yes
5R_33 - Changing maternal position	3.4	3.5	9.9	±	Yes
5W21_272 - Birthmarks	4.4	3.1	9.9	±	Yes
5U_49 - Assess for bladder distension by performing catheterization if needed	2.3	3.7	9.8	±	Yes
5K3c_3 - Press baby's head into perineum and somersault the baby out	2.9	3.8	9.8	±	Yes
5U2_61 - Cystocele	3.2	3.5	9.8	±	Yes
5T1_47 - Non-allopathic treatments	3.3	3.5	9.7	±	Yes
5H_7 - Deep transverse arrest	2.3	4.2	9.7	±	Yes
5W21_276 - Peeling	4.4	3.1	9.7	±	Yes
5T2_55 - Administering or referring for IV fluids	2.4	3.9	9.7	±	Yes
5W8_161 - Breast enlargement or discharge	4.3	3.1	9.7	±	Yes
5U2_65 - Bruising	3.8	3.3	9.7	±	Yes
5W18_257 - Temperature	3.4	3.3	9.7	±	Yes
5U2_62 - Rectocele	3.2	3.5	9.7	±	Yes
5U2_64 - Hemorrhoids	3.7	3.3	9.7	±	Yes
5K3e_1 - Identify multiple gestation	2.3	4.2	9.6	±	Yes
5W17_254 - Finger taper	3.7	3.2	9.5	±	No
5K3f_8 - Flex shoulders of newborn. then corkscrew	2.6	4.0	9.5	±	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
5K3e_2 - Consult or transport according to plan	2.5	4.2	9.5	±	Yes
5R_35 - Emptying the bladder	2.8	3.5	9.4	±	Yes
5W21_274 - Vernix	4.4	3.0	9.4	±	Yes
5H_3 - Pendulous belly inhibiting descent	2.8	3.7	9.4	±	Yes
5K3a_4 - Practice techniques for maintaining head flexion	2.3	4.3	9.4	±	Yes
5W21_275 - Lanugo	4.4	3.0	9.3	±	Yes
5K3d_1 - Understand mechanism of delivery for face or brow presentation	2.5	4.1	9.3	±	Yes
5W23_245 - Administer Vitamin K with informed consent of parents	3.2	3.3	9.3	±	Yes

5K3f_1 - Apply gentle traction while encouraging pushing	2.7	3.7	9.3	±	Yes
5K3f_9 - Apply supra-pubic pressure	2.5	3.8	9.2	±	Yes
5K3d_4 - Prepare for resuscitation or treatment of bruising/swelling/eye injury	2.4	4.2	9.2	±	Yes
5W21_279 - Mongolian spots	4.4	3.0	9.1	±	Yes
5W24_246 - Use a pulse for newborn assessment.	3.1	3.4	9.1	±	Yes
5K3a_2 - Practice cord management strategies specific to breech deliveries	2.2	4.3	9.0	±	Yes
5K3a_3 - Practice techniques for release of nuchal arms with breech	2.2	4.3	9.0	±	Yes
5U2g4_74 - Provide alternative repair methods (non-suturing)	3.0	3.3	9.0	±	Yes
5K3c_1 - Loop finger under cord, sliding over head or shoulder	3.0	3.5	8.9	±	Yes
5K3b_1 - Apply counter pressure to hand or arm and perineum	2.8	3.6	8.8	±	Yes
5W21_273 - Milia	4.3	2.9	8.8	±	Yes
5R_39 - Transporting for removal	1.7	4.2	8.8	±	Yes
5K3f_10 - Sweep arm across newborn's face	2.4	3.9	8.7	±	Yes
5T2_50 - Internal bimanual compression	1.8	4.1	8.6	±	Yes
5W6_154 - Trachea placement	2.9	3.4	8.6	±	Yes
5W17_256 - Length of nails	4.0	2.9	8.5	±	Yes
5K3e_3 - Prepare for attention to more than one	2.3	4.3	8.3	±	Yes
5R_36 - Administering non-allopathic treatments	2.8	3.3	8.3	±	Yes
5K3b_2 - Sweep arm out	2.6	3.6	8.3	±	Yes
5U2g_70 - Clamp vessel; if identified	2.1	3.8	8.1	±	Yes
5K3d_3 - Practice management strategies for face or brow presentation	2.1	3.9	8.0	±	Yes
5K3d_2 - Determine position of chin	2.2	4.0	7.8	±	Yes
5R_38 - Manual removal	1.6	4.1	7.8	±	Yes
5K_2 - Cord prolapse	1.8	4.7	7.8	±	Yes
5K3f_5 - Squat	2.4	3.4	7.7	±	Yes
5K_3 - Indications for performing an episiotomy	1.9	3.9	7.4	±	Yes
5K6_4 - Stillbirth	1.8	4.5	7.0	±	Yes
5K3f_4 - Reposition the mother to end of bed	2.2	3.3	6.9	±	Yes
5W2_105 - Red eye reflex	2.6	3.0	6.7	±	Yes
5W23_244 - Administer eye prophylaxis with informed consent of parents	2.6	2.8	6.6	±	Yes
5K6_1 - Uterine rupture	1.60	4.66	5.22		Yes
5K3c_2 - Clamp and cut cord	1.61	3.41	4.56		Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
5W24_243 - Use a pulse oximeter for maternal assessment.	1.81	2.54	4.23		Yes
5K6_2 - Uterine inversion	1.49	4.60	4.05		Yes
5K6_3 - Amniotic fluid embolism	1.39	4.64	2.90		Yes
5T2_58 - Performing external aortic compression	1.17	3.93	2.59		Yes
5K3f_11 - Fracture baby's clavicle	1.24	3.61	2.22		Yes
Postpartum	3.60	3.76	11.63		
6A1_255 - Day one to day two	4.39	4.14	14.47	+	Yes
6_252 - Provide breastfeeding care and counseling.	4.36	4.04	14.01	+	Yes
6F2b_291 - Latch on	4.28	3.96	13.64	+	Yes

6F2b_293 - Sucking	4.25	3.96	13.60	+	Yes
6F2b_294 - Swallowing	4.23	3.95	13.54	+	Yes
6A2_261 - Lochia vs. abnormal bleeding	4.30	3.95	13.53	+	Yes
6F4_298 - Assessing for signs and symptoms of infection	3.99	3.97	13.33	+	Yes
6F4_297 - Encouraging adequate rest/relaxation	4.07	3.89	13.05	+	Yes
6F2b_287 - Flange of lips	4.19	3.86	13.03	+	Yes
6F2_286 - Treating sore nipples	4.11	3.85	12.93	+	Yes
6A2i_269 - Screen, recognize, and respond to mild postpartum depression.	3.82	3.94	12.93	+	Yes
6A2i_268 - Facilitating psycho-social adjustment.	4.06	3.87	12.90	+	Yes
6A1_257 - One to two weeks	4.27	3.79	12.76	+	Yes
6F2b_288 - Alternate nursing positions	4.23	3.78	12.74	+	Yes
6F2b_292 - Tongue tie	3.90	3.85	12.66	+	Yes
6A2i_270 - Mild postpartum depression: Counsel for appropriate support from family and...	3.51	3.92	12.48	+	Yes
6A2_263 - Vital signs, digestion, elimination patterns	4.26	3.72	12.44	+	Yes
6F4_291 - Providing immune support with nutrition/hydration	3.87	3.78	12.34	+	Yes
6B_275 - Urinary tract infection	3.17	3.98	12.31	+	Yes
6A1_256 - Day three to day four	3.89	3.77	12.27	+	Yes
6A2i_271 - Mild postpartum depression: Increase home or phone visits as needed.	3.39	3.89	12.24	+	Yes
6F4_294 - Encouraging multiple nursing positions	3.97	3.73	12.22	+	Yes
6A1_259 - Five to six weeks	4.26	3.61	11.97	+	Yes
6A2_260 - Postpartum subjective history	4.09	3.65	11.95	+	Yes
6F4_299 - Teaching mother to empty breasts at each feeding	3.87	3.66	11.86	+	Yes
6F4_300 - Providing or teaching gentle massage of sore spots	3.88	3.65	11.81	+	Yes
6F2_287 - Exposure to air	4.03	3.60	11.75	+	Yes
6A2_267 - Condition of vulva, vagina, perineum, and anus	3.91	3.65	11.73	+	Yes
6F1_285 - Pharmacological	3.53	3.72	11.63	+	Yes
6F4_301 - Consulting or referring to breastfeeding support groups, lactation counselor...	3.52	3.71	11.63	+	Yes
6F4_296 - Applying warmth, soaking in tub or by shower	3.85	3.61	11.59	+	Yes
6F3_292 - Non-allopathic remedies	3.65	3.67	11.59	+	Yes
6B_274 - Uterine infection	2.63	4.19	11.56	+	Yes
6F4_292 - Providing immune support with non-allopathic remedies	3.73	3.63	11.54	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
6_254 - Provide opportunity for verbal and written feedback from client.	3.88	3.61	11.48	+	Yes
6A2i_272 - Screen, recognize, and respond to increased severity of postpartum depressi...	2.55	4.20	11.47	+	Yes
6B_277 - Late postpartum bleeding/hemorrhage	2.55	4.18	11.40	+	Yes
6A2_266 - Condition of uterus (size and involution), ovaries, and cervix	3.86	3.58	11.38	+	Yes
6F2b_290 - Apply expressed breastmilk	3.94	3.54	11.38	+	Yes
6A2i_273 - Severe postpartum depression: Counsel client and family on resources for de...	2.49	4.23	11.32	+	Yes
6F3_291 - Drying nipples after nursing	3.58	3.57	11.05	+	Yes
6_251 - Provide direction for care of intact (uncircumcised) penis.	3.81	3.52	11.05	+	Yes
6_253 - Provide contraceptive and family planning education, counseling, and referr...	3.89	3.50	11.03	+	Yes

6F1_283 - Biological	3.53	3.58	10.99	+	Yes
6A2_265 - Condition and strength of pelvic floor	3.65	3.55	10.98	+	Yes
6F1_284 - Occupational	3.50	3.57	10.93	+	Yes
6F1_282 - Environmental	3.50	3.56	10.83	+	Yes
6A2_264 - Muscle prolapse of vagina and rectum (cystocele, rectocele)	3.25	3.64	10.83	+	Yes
6F4_295 - Applying herbal/non-allopathic compresses	3.58	3.47	10.62	+	Yes
6B_279 - Separation of abdominal muscles (diastasis recti)	3.33	3.51	10.42	+	Yes
6F2b_289 - Apply topical agents	3.64	3.40	10.41	+	Yes
6A2_262 - Return of menses	4.01	3.32	10.37	+	Yes
6B_276 - Infection of vaginal tear or incision	2.50	4.05	10.07	+	Yes
6_249 - Consult or refer for jaundice in the first 24 hours after birth.	2.2	4.1	9.9	±	Yes
6F3_293 - Allopathic treatments	2.7	3.4	9.3	±	Yes
6A1_258 - Three to four weeks	3.4	3.2	9.2	±	Yes
6B_278 - Thrombophlebitis	2.3	4.2	9.1	±	Yes
6B_280 - Separation of symphysis pubis	2.5	3.7	8.9	±	Yes
6B_281 - Postpartum preeclampsia	2.2	4.2	8.8	±	Yes
6_250 - Provide direction for care of circumcised penis.	2.4	3.3	8.4	±	Yes
Well Baby	3.56	3.78	11.36		
7B_310 - Heart rate, rhythm, and regularity	4.32	4.05	14.10	+	Yes
7B_311 - Respirations	4.33	4.03	14.03	+	Yes
7F_339 - Assessing and monitoring newborn for lethargy and hydration.	4.13	4.06	13.92	+	Yes
7B_312 - Appropriate weight gain	4.36	3.98	13.84	+	Yes
7A_307 - Normal/abnormal newborn activity, responses, vital signs, appearance, and b...	4.33	3.99	13.80	+	Yes
7A_306 - Basic needs of newborn including breathing, warmth, nutrition, and bonding	4.34	3.98	13.79	+	Yes
7B_319 - Urination and stool for frequency, quality, and color	4.38	3.92	13.57	+	Yes
7B_316 - Level of alertness	4.35	3.90	13.46	+	Yes
7B_318 - Feeding patterns	4.38	3.87	13.34	+	Yes
7F_337 - Encouraging mother to breastfeed every two hours.	4.14	3.88	13.15	+	Yes
7B_309 - Temperature	4.15	3.84	12.94	+	Yes
7B_321 - Condition of cord	4.35	3.78	12.91	+	Yes
Domain/Task	Frequency	Importance	Criticality	Recommendation (Data)	Keep?
7B_320 - Appearance of skin	4.36	3.76	12.86	+	Yes
7_304 - Support integration of baby into family.	4.13	3.82	12.83	+	Yes
7B_315 - Neuro-muscular response	4.11	3.82	12.77	+	Yes
7A_308 - Normal growth and development of the newborn and infant	4.21	3.77	12.67	+	Yes
7G_343 - Perform or refer for newborn metabolic screening.	4.17	3.76	12.54	+	Yes
7B_317 - Wake/sleep cycles	4.33	3.69	12.49	+	Yes
7E_327 - Infections	2.81	4.14	12.27	+	Yes
7_291 - Understand, respect, and counsel on traditional or cultural practices relat...	3.91	3.75	12.24	+	Yes
7D_326 - Cord care	4.15	3.62	11.98	+	Yes
7_292 - Provide information for referral for continued well-baby care.	4.04	3.65	11.96	+	Yes
7E_328 - Cardio-respiratory abnormalities	2.65	4.19	11.85	+	Yes

7F_338 - Exposing front and back of newborn to sunlight through window glass.	3.93	3.63	11.79	+	Yes
7A_305 - Principles of newborn adaptation to extrauterine life including physiologic...	3.92	3.61	11.62	+	Yes
7_302 - Support and educate parents during grieving process for loss of pregnancy,...	2.56	4.01	11.57	+	Yes
7E_336 - Dehydration	2.62	4.13	11.47	+	Yes
7_303 - Support and educate parents of newborns transferred to hospital or with spe...	2.69	3.93	11.34	+	Yes
7F_340 - Consulting or referring for additional screening and/or treatment.	2.90	3.83	11.29	+	Yes
7G_341 - Educate about options for pediatrician or family practitioner.	4.00	3.48	11.15	+	Yes
7E_331 - Failure to thrive	2.51	4.16	11.14	+	Yes
7E_330 - Birth defects	2.48	4.08	10.91	+	Yes
7G_342 - Educate about health care providers for immunizations or non-immunizations...	3.80	3.40	10.64	+	Yes
7G_344 - Perform or refer for newborn hearing screening.	3.79	3.39	10.46	+	Yes
7B_314 - Measurement of circumference of head	3.70	3.36	10.29	+	Yes
7D_325 - Colic	3.27	3.44	10.15	+	Yes
7E_329 - Glucose disorders	2.40	4.04	10.00	+	Yes
7G_346 - Educate about referral for integrative/complimentary/alternative practition...	3.6	3.3	9.9	±	Yes
7G_345 - Perform or refer for pulse oximetry newborn screening for critical congenit...	3.3	3.5	9.8	±	Yes
7B_313 - Length	3.7	3.2	9.7	±	Yes
7D_322 - Diaper rash	3.5	3.3	9.6	±	Yes
7D_324 - Heat rash	3.3	3.1	8.7	±	Yes
7D_323 - Cradle cap	3.2	2.9	7.9	±	Yes
7E_332 - Newborn hemorrhagic disease (early and late onset)	2.0	4.2	6.9	±	Yes
7E_333 - Polycythemia	2.0	4.0	6.8	±	Yes
7E_334 - Non-accidental injuries	1.9	4.1	6.4	±	Yes
7E_335 - Congenital syphilis	1.67	4.12	4.74		No

Morton, Colanthia D. (DHP)

From: Harp, William L. (DHP)
Sent: Tuesday, March 07, 2017 11:30 AM
To: Morton, Colanthia D. (DHP)
Cc: Barbara Allison-Bryan
Subject: FW: Ultrasounds
Attachments: 2016-Job-Analysis.pdf

For the Executive Committee

From: Kim Pekin, CPM [mailto:kimpekin@gmail.com]
Sent: Tuesday, March 07, 2017 10:51 AM
To: Harp, William L. (DHP)
Subject: Re: Ultrasounds

Sorry about that! OK, here you go. Appendix C (starts on page 18) is where you'll see the new exam content outline. Pages 19 (General Healthcare Skills) and 25 (Maternal Health Assessment) show ultrasounds and lab tests considered to be critical tasks for CPMs. This Appendix C is the section that considered to be the core knowledge, skills and abilities of CPMs, and these items are the items that appear on the NARM Exam. I hope this is helpful!

Thanks,

Kim Pekin, CPM

Clinical Director & Founder, Premier Birth Center

Office 540.709.1737 | Mobile 240.422.3889 | Fax 866.611.3615 kim@premierbirth.com | www.premierbirth.com | 125 Premier Place, Winchester, VA 22602

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On Tue, Mar 7, 2017 at 10:37 AM, Harp, William L. (DHP) <William.Harp@dhp.virginia.gov> wrote:

Kim:

My message was ambiguous and could indicate that you gave it to me in electronic form.

Now that I know it is OK to distribute, I should rephrase my question to "can you send it to me in electronic form?"

Thanks,

000057

WLH

From: Kim Pekin, CPM [mailto:kimpekin@gmail.com]
Sent: Tuesday, March 07, 2017 10:34 AM

To: Harp, William L. (DHP)
Subject: Re: Ultrasounds

Yes, it is OK for distribution. That's the final version of the Job Analysis.

Thanks!

Kim Pekin, CPM
Clinical Director & Founder, Premier Birth Center

Office [540.709.1737](tel:540.709.1737) | Mobile [240.422.3889](tel:240.422.3889) | Fax [866.611.3615](tel:866.611.3615) | kim@premierbirth.com | www.premierbirth.com | 125 Premier Place, Winchester, VA 22602

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On Tue, Mar 7, 2017 at 10:30 AM, Harp, William L. (DHP) <William.Harp@dhp.virginia.gov> wrote:

Kim:

Is the NARM document that you gave to me in electronic form, and is it OK for distribution?

Thought I should ask.

000058

Thanks,

WLH

From: Kim Pekin, CPM [mailto:kimpekin@gmail.com]
Sent: Monday, March 06, 2017 11:20 PM
To: Harp, William L. (DHP)
Subject: Re: Ultrasounds

Sounds good. I look forward to the meeting. Thank you for responding to let me know.

Blessings,

Kim Pekin, CPM
Clinical Director & Founder, Premier Birth Center

Office [540.709.1737](tel:540.709.1737) | Mobile [240.422.3889](tel:240.422.3889) | Fax [866.611.3615](tel:866.611.3615) | kim@premierbirth.com | www.premierbirth.com | 125
Premier Place, Winchester, VA 22602

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On Mon, Mar 6, 2017 at 10:41 AM, Harp, William L. (DHP) <William.Harp@dhp.virginia.gov> wrote:

Kim:

I cannot personally do this.

At the Feb Advisory, I think we decided to have the discussion of the NARM document at the April 7th Executive Committee.

000059

That would be an opportune time to discuss any concerns, like the one in your e-mail.

That sound OK to you?

Thanks,

WLH

From: Kim Pekin, CPM [mailto:kimpekin@gmail.com]
Sent: Tuesday, February 28, 2017 12:50 PM
To: Harp, William L. (DHP)
Subject: Ultrasounds

Hi Dr. Harp:

I hope you are doing well and enjoying this glorious weather today! I know I'm about to head out and do home visits, and I'm looking forward to all of the sunshine and fresh air this afternoon!

I was wondering if you would be able to help me, or if this is something that would need to wait until the next advisory board meeting. I am encountering difficulty in ordering ultrasounds from Inova facilities lately. I don't know why it is suddenly so difficult, but they've dug their heels in and want me to direct them to documentation in our law or regs that authorizes us to order ultrasounds. The person I've been working with to straighten this out is this gentleman:

Clint Bowman, Systems Analyst Senior

Central Verification Office

Phone: 703 289-8648

Fax: 703 289-8650

Email: Clint.Bowman@Inova.org

000060

He sent me this message:

"I am working with the AVP of Credentialing on getting this resolved and have provided the information you supplied regarding CPMs. I appreciate your patience and the information you have supplied us. We were hoping the regulations currently with VDHP included specifics on the ultrasound or lab issue or that a scope of practice document existed for CPMs like the Physician Assistants have. I believe reviewing the regulations to specify the ordering of lab and ultrasound will help. I will meet with the Credentialing AVP this week and will give her an update. If you have any additional documents from VDHP like a scope of practice for CPMs that would be great."

I had already pointed him to this in the law:

18VAC85-130-81. Disclosures on health risks.

A. Upon initiation of care, a midwife shall review the client's medical history in order to identify pre-existing conditions or indicators that require disclosure of risk for home birth. **The midwife shall offer standard tests and screenings for evaluating risks** and shall document client response to such recommendations. The midwife shall also continually assess the pregnant woman and baby in order to recognize conditions that may arise during the course of care that require disclosure of risk for birth outside of a hospital or birthing center.

Ultrasounds would be "standard tests and screenings for evaluating risks." The word "ultrasound" is not explicitly stated as being within our scope, but I don't see how it isn't clear from this statement.

Here's what the Virginia Code has to say about it:

§ 54.1-2957.9. Regulation of the practice of midwifery.

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority and the possession and administration of controlled substances shall be prohibited,

I sent him other documentation from our law, as well, like the part about independent practice. I also sent him the [2016 NARM Job Analysis](#), but I didn't pull out the parts of that regarding ultrasound. I'm sending them to you here:

Under General Healthcare Skills:

- Demonstrates knowledge of benefits/risks of ultrasounds for indications such as pregnancy dating, anatomy scan, AFI, fetal wellbeing and growth, position, placental position, and determination of multiples.
- Demonstrates knowledge of benefits/risks of biophysical profile including counseling and referral.

Under Prenatal Care:

- Consult or refer for:
 - ultrasound
 - biophysical profile

000061

I was wondering if it would be possible for you to send a letter to Inova (or just a blanket letter to whom it may concern) that acknowledges that the Virginia Code states that our regulations are required to be consistent with the current NARM Job Analysis, and that the ordering of ultrasounds is within our scope, as defined by that document? Can you help with this?

Thanks in advance for your help!

Kim Pekin, CPM

Clinical Director & Founder, Premier Birth Center

Office [540.709.1737](tel:540.709.1737) | Mobile [240.422.3889](tel:240.422.3889) | Fax [866.611.3615](tel:866.611.3615) kim@premierbirth.com | www.premierbirth.com | 125 Premier Place, Winchester, VA 22602

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000062

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 29. Medicine and Other Healing Arts

§ 54.1-2957.9. Regulation of the practice of midwifery.

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority and the possession and administration of controlled substances shall be prohibited, (iii) ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for consultation and referral to a physician and evidence-based information on health risks associated with birth of a child outside of a hospital or birthing center, as defined in § 54.1-2957.03, including risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional.

License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.

2005, cc. 719, 917; 2009, c. 646; 2016, c. 495.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

000063