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Antenatal History Gestational Dating and Abdominal Examination

Practical 01 / Skills laboratory

Aim

Take an antenatal nursing history, calculate pregnancy dates and practise external examination on a model.

Principle

Reliable menstrual or scan dating and systematic maternal-fetal observations inform antenatal assessment.

Articles and Materials

- Antenatal card, calendar and abdominal model
- Measuring tape and fetal heart training device

Procedure

1. Verify identity, comfort and consent. Ask about the main concern, warning symptoms, previous obstetric outcomes and relevant health and medicine history.
2. Record the first day of the last menstrual period, cycle reliability and available scan dates. State the clinician-approved dating basis.
3. Count elapsed days and divide by seven for gestational weeks and days. For a reliable last menstrual period and a regular 28-day cycle, add 280 days for the estimated due date. Check the clinician-approved date if cycles or dates are uncertain.

Continue with step 4 on the next page.

Procedure Continued

Antenatal History Gestational Dating and Abdominal Examination

4. Record gravidity and parity in the institution’s notation, checking whether previous pregnancies ended at different gestations.
5. Review maternal observations. Prepare privacy and positioning and identify the symphysis and fundus on the trainer before making the assigned measurement.
6. Demonstrate the instructor’s external examination for fundal height, lie and presentation when applicable. Check fetal heart assessment using the approved method.
7. Compare findings with the antenatal card and identify changes needing review. Communicate warning signs promptly.
8. Document dating basis, history, findings, limits, advice and next appointment or referral.

Precautions

- Use external examination and simulated or supervised technique.
- Escalate significant warning symptoms promptly.

Observations and Record

Antenatal History Gestational Dating and Abdominal Examination

Documentation

Item	What to record	Why it matters
Dating	Dates, method, gestation and EDD	Establishes time course
Maternal and fetal	Observations and external findings	Supports assessment
Follow-up	Concern, referral and timing	Maintains care

Worked Example

An uncertain last period conflicts with an earlier authorised scan date. The student flags the conflict and uses the clinician-confirmed date for the record.

Result and Evaluation

Complete a traceable antenatal assessment with correct dating and an agreed review plan.

Viva Questions and Answers

What is gravidity?

The total pregnancies including the current pregnancy.

When is menstrual dating unreliable?

With uncertain dates or irregular cycles, or when the approved early scan changes the dating.

Antenatal Screening Investigations and Health Teaching

Practical 02 / Skills laboratory

Aim

Prepare antenatal tests and provide authorised nutrition, prevention and childbirth information.

Principle

Timely screening, clear consent and follow-up help identify risk and support informed care.

Articles and Materials

- Fictional antenatal records, test cards and urine strips
- Counselling materials and current programme instructions

Procedure

1. Verify identity, gestation, previous results and prescribed tests. Explain the purpose and obtain required consent and privacy, especially for sensitive screening.
2. Check the case's pregnancy test, urine protein and glucose results and the haemoglobin method. Demonstrate approved checks with prepared training material.
3. For a blood or smear station verify correct source, lab request and label. Use a trainer and separate identification, collection and result tracking.
4. Review the documented HIV, hepatitis and other relevant screening pathway and confidential result follow-up. Flag a positive or incomplete record for qualified review.
5. Prepare the patient for ultrasound according to the specific instructions. Document appointment and clinical question and identify who reviews the report.
6. Explain the authorised immunisation, iron and folate, nutrition and childbirth preparation plan. Check understanding using clear examples.
7. Review danger signs and access to help, including an agreed way to attend a follow-up or urgent review.
8. Update the antenatal card with results, education, referral and responsible person.

Precautions

- Maintain confidentiality and use current programme guidance.
- Refer abnormal results through the authorised pathway.

Observations and Record

Antenatal Screening Investigations and Health Teaching

Documentation

Item	What to record	Why it matters
Screening	Test, date, consent and result	Supports continuity
Prevention	Verified advice and programme plan	Guides informed care
Follow-up	Pending results and review	Prevents missed actions

Worked Example

A result is pending and the contact number is shared with other family members. The student confirms a private communication option before completing the record.

Result and Evaluation

Complete a coherent antenatal screening and teaching record with clear review ownership.

Viva Questions and Answers

Why document the test method and date?

They allow reliable interpretation and comparison.

How should sensitive screening results be handled?

Through confidential counselling and authorised clinical follow-up.

Labour Admission Monitoring and Labour Chart

Practical 03 / Skills laboratory

Aim

Prepare labour admission, record a time series and recognise maternal or fetal findings requiring escalation.

Principle

Respectful care and consistent recording of wellbeing and progress support safe decisions throughout labour.

Articles and Materials

- Labour case, birth model and current labour chart
- Maternal vital record, fetal heart or CTG teaching traces

Procedure

1. Confirm identity, gestation, presenting concerns and consent. Ask about contractions, rupture or fluid, bleeding and fetal movements and assess urgency.
2. Review antenatal risk, recent findings and maternal preferences. Record baseline vital signs and the assigned fetal assessment.
3. Verify readiness and review the indicated clinical examination with the supervisor. Practise vaginal examination only on the trainer within the infection-prevention and indication checklist.

Continue with step 4 on the next page.

Procedure Continued

Labour Admission Monitoring and Labour Chart

4. Use the approved partograph or Labour Care Guide. For the WHO Labour Care Guide, chart the active first stage from 5 cm cervical dilatation. Enter contractions, maternal signs, fetal observations and supplied cervical findings at their actual times.
5. Note membranes and fluid, oral intake, pain support and other relevant observations. Compare the trend with the facility's chart and thresholds.
6. Explain comfort options, position or companion choice as appropriate. Escalate a concerning trace, major bleeding, instability or other chart alert promptly.
7. Verify the receiving clinician and agreed reassessment and record any care undertaken with approval.
8. Give a timed handover with maternal, fetal and progress information and update the chart.

Precautions

- Use the current facility chart, consent and examination policy.
- Prioritise abnormal findings over routine chart completion.

Observations and Record

Labour Admission Monitoring and Labour Chart

Documentation

Item	What to record	Why it matters
Admission	Gestation, symptoms and risks	Establishes baseline
Monitoring	Time, maternal and fetal findings	Detects change
Action	Alerts, response and next check	Supports safe decisions

Worked Example

The simulated fetal heart result becomes concerning before the next scheduled chart entry. The student calls the responsible team at once and records the time.

Result and Evaluation

Maintain a readable, accurate labour chart and report significant deviations promptly.

Viva Questions and Answers

Why enter the actual observation time?

Trends and response to actions depend on correct timing.

Who reviews a concerning labour finding?

The responsible maternity team promptly through the local pathway.

Birthing Room Preparation and Supporting Normal Birth

Practical 04 / Skills laboratory

Aim

Prepare the delivery model and demonstrate safe nursing or midwifery support during an uncomplicated birth.

Principle

Readiness checks, respectful communication, asepsis and attention to mother and newborn protect safe transition.

Articles and Materials

- Birth simulator and authorised delivery checklist
- Clean equipment, infant warming and newborn resuscitation setup

Procedure

1. Review the case, role, birth preferences, risk status and consent. Explain care and check a chosen support person and privacy.
2. Prepare the birthing area, clean supplies, sharps disposal and maternal and newborn equipment. Check emergency call route and newborn readiness.
3. Verify the current labour assessment and fetal and maternal observations with the supervisor. Assist comfortable position and pain-support measures and note which preferences should be communicated at handover.

Continue with step 4 on the next page.

Procedure Continued

Birthing Room Preparation and Supporting Normal Birth

4. On the simulator demonstrate the faculty-approved birth-support sequence, preserving asepsis and providing clear, respectful communication.
5. Record time of birth and initial newborn condition. Review authorised cord care and maintain warmth, supporting skin-to-skin when the scenario permits.
6. Assess maternal observations and bleeding and prepare the third-stage and early postpartum checks with the responsible clinician.
7. Reassess comfort, wellbeing and newborn breathing and feeding readiness. Escalate any deviation or instability promptly.
8. Document role, observations, time, interventions, response and handover.

Precautions

- Use authorised trainers and faculty supervision.
- Keep maternal and newborn roles clear when the condition changes.

Observations and Record

Birthing Room Preparation and Supporting Normal Birth

Documentation

Item	What to record	Why it matters
Readiness	Consent, equipment and assigned role	Confirms preparation
Birth	Timing, observations and newborn transition	Supports timely care
Postbirth	Maternal and newborn checks	Detects early problems

Worked Example

The infant model is apnoeic after the initial transition. The team activates newborn resuscitation while another team member maintains maternal observations.

Result and Evaluation

Demonstrate a prepared, respectful normal birth simulation and clear handover of both patients.

Viva Questions and Answers

Why check newborn ventilation equipment before birth?

It avoids delay if the newborn needs support.

What follows documentation of time of birth?

Assessment and monitoring of maternal and newborn condition and appropriate care.

Placenta Examination Third Stage and Early Postpartum Checks

Practical 05 / Skills laboratory

Aim

Assist the supervised third-stage process and assess postpartum bleeding, tone and placental findings on a model.

Principle

Early identification of abnormal bleeding or retained tissue concerns supports timely postpartum response.

Articles and Materials

- Placenta and postpartum trainers, collection drape
- Vital chart, birth record and examination checklist

Procedure

1. Confirm identity and birth time and review the clinician’s third-stage plan, assigned role and relevant observations. Prepare required equipment.
2. Verify the authorised prevention measures and any uterotonic order with qualified staff. Record timing and expected monitoring without independent medication decisions.
3. Assist the trainer sequence as instructed and document placental delivery time and monitored observations.

Continue with step 4 on the next page.

Procedure Continued

Placenta Examination Third Stage and Early Postpartum Checks

4. Examine the model maternal and fetal surfaces, membranes and cord. Describe apparent completeness and report a missing or uncertain portion.
5. Measure cumulative blood loss from the supplied device and assess maternal tone, pulse, pressure, perfusion and comfort as trained.
6. Recognise increasing loss, uterine concern or deterioration and activate the postpartum haemorrhage team pathway promptly.
7. Reassess and document tone, bleeding and response after any intervention. Check the plan for early postpartum observation.
8. Give a concise handover with birth timing, placental findings, measured loss, current observations and clinician actions.

Precautions

- Use the faculty's model workflow.
- Monitor maternal condition alongside measured loss.

Observations and Record

Placenta Examination Third Stage and Early Postpartum Checks

Documentation

Item	What to record	Why it matters
Third stage	Timing and authorised measures	Supports continuity
Placenta	Surfaces, membranes and completeness	Guides review
Postpartum	Loss, tone, vital signs and escalation	Detects haemorrhage

Worked Example

A maternal surface on the trainer appears incomplete with rising blood loss. The learner records findings and requests urgent team assessment.

Result and Evaluation

Complete the model placenta and postpartum record and escalate concerning findings.

Viva Questions and Answers

Why examine the placental surfaces and membranes?

Their appearance may indicate incomplete delivery needing review.

Why track cumulative loss?

The running total reveals ongoing bleeding across intervals.

Newborn Resuscitation at Birth

Practical 06 / Skills laboratory

Aim

Demonstrate neonatal initial stabilisation and effective model ventilation under the current birth algorithm.

Principle

Thermal care and prompt effective ventilation are key to newborn transition when breathing is inadequate.

Articles and Materials

- Newborn manikin, warmer and dry linen
- Bag-mask or T-piece trainer, timing sheet and neonatal algorithm

Procedure

1. Brief the team on gestation, maternal risks and roles. Test warmth, mask size, ventilation equipment, monitoring and backup readiness.
2. At simulated birth assess breathing or crying, tone and gestational context. Give routine warmth and observation for a stable newborn and call for skilled help if support is needed.
3. Demonstrate initial warmth, positioning, drying and stimulation as appropriate to the neonatal algorithm. Clear the airway only when obstruction is suspected.

Continue with step 4 on the next page.

Procedure Continued

Newborn Resuscitation at Birth

4. Demonstrate ventilation within 60 seconds of birth for apnoea, gasping or a persistent heart rate under 100/min after initial steps. Use 30 to 60 inflations per minute in the 2025 AHA model pathway. Check chest movement and heart rate.
5. Correct position, mask seal and equipment according to the trainer checklist when ventilation appears ineffective. Reassess heart rate and visible chest movement.
6. If the heart rate remains under 60/min after at least 30 seconds of ventilation that moves the chest, call for the algorithm's trained compression and advanced support. Reassess heart rate and document timing.
7. After stabilisation maintain monitoring, warmth and safe handover, and explain the situation and follow-up to the caregiver within role.
8. Document initial status, intervention times, response, transfer and who will reassess.

Precautions

- Use a neonatal resuscitation trainer and current algorithm.
- Prioritise effective ventilation and thermal care.

Observations and Record

Newborn Resuscitation at Birth

Documentation

Item	What to record	Why it matters
Initial status	Breathing, tone and time	Chooses pathway
Ventilation	Seal, chest rise and heart rate	Evaluates effectiveness
Follow-up	Response, monitoring and handover	Supports ongoing care

Worked Example

No chest rise appears during the first manikin breaths. The learner adjusts positioning and seal with faculty and observes chest movement and an improving heart rate.

Result and Evaluation

Demonstrate effective ventilation assessment and age-specific escalation on a newborn trainer.

Viva Questions and Answers

Which sign helps confirm effective newborn ventilation?

A rising heart rate, supported by visible chest movement.

Why record times?

They show onset of support and newborn response for review.

Postnatal Maternal Assessment Perineal Care and Breastfeeding Support

Practical 07 / Skills laboratory

Aim

Assess maternal recovery, provide comfort and breastfeeding support and recognise signs requiring review.

Principle

Monitoring bleeding, vital signs, uterine status, wound or perineum and feeding concerns supports postnatal safety.

Articles and Materials

- Postnatal chart, maternal trainer and privacy screen
- Breast model, infant doll and education sheet

Procedure

1. Verify time since delivery, procedure, blood loss, relevant risks and patient preferences. Ask about pain, bleeding, voiding, feeding and wellbeing.
2. Check pulse, pressure, temperature, comfort and observations. Assess bleeding and uterine tone as taught and notify the team for major change.
3. With consent inspect the appropriate perineal or wound model and describe swelling, discomfort, discharge or healing. Demonstrate authorised hygiene and comfort care.

Continue with step 4 on the next page.

Procedure Continued

Postnatal Maternal Assessment Perineal Care and Breastfeeding Support

4. Observe and discuss breast comfort, feeding position, attachment and swallowing on the model. Obtain consent for live observation in a supervised posting.
5. Review bladder and bowel needs, hydration, mobility, mental wellbeing and support. Escalate concerning symptoms promptly.
6. Reassess comfort and bleeding after care and document response. Review planned observations and any clinical or feeding referral.
7. Explain warning signs, hygiene, follow-up and contact route and confirm understanding with teach-back.
8. Record findings, care, education, referral and timing of the next assessment.

Precautions

- Check consent and privacy before intimate care.
- Escalate heavy bleeding, instability or concerning new symptoms.

Observations and Record

Postnatal Maternal Assessment Perineal Care and Breastfeeding Support

Documentation

Item	What to record	Why it matters
Maternal status	Vital signs, bleeding and uterine findings	Detects change
Care	Perineal, wound and feeding support	Addresses recovery needs
Follow-up	Warning signs and reviewed plan	Protects continuity

Worked Example

The patient reports heavy bleeding and feels faint during a model visit. The student activates urgent maternity review and documents timing, findings and action.

Result and Evaluation

Complete a postnatal assessment with supported comfort, education and early escalation if needed.

Viva Questions and Answers

Why assess feeding comfort along with attachment?

Pain or ineffective attachment can reduce milk transfer and continuation.

What is important in a bleeding handover?

Timing, measured loss where available, uterine findings, vital signs and actions.

Newborn Checks Discharge and Postpartum Family Planning

Practical 08 / Supervised communication practice

Aim

Verify newborn readiness and use shared decision-making during maternal discharge and family planning counselling.

Principle

Safe discharge includes feeding, warmth, warning signs and reachable follow-up. Contraception choice depends on preferences and clinical eligibility.

Articles and Materials

- Mother and newborn discharge records
- Method cards, model newborn chart and teach-back form

Procedure

1. Confirm infant and maternal identifiers, delivery details and clinician discharge readiness. Review newborn breathing, weight, temperature, feeding and physical findings.
2. Verify documented vitamin K, vaccination, screening, cord care and planned review. Identify unresolved feeding or bilirubin concerns.
3. Explain newborn warning signs, warmth and feeding, safe follow-up and how to get help. Check the caregiver can repeat the plan.

Continue with step 4 on the next page.

Procedure Continued

Newborn Checks Discharge and Postpartum Family Planning

4. Ask whether the person wants to discuss spacing or contraception. Review preferences, breastfeeding, timing and clinical eligibility with the authorised team.
5. Compare relevant temporary and permanent choices in plain language. Clarify that permanent options require voluntary informed consent.
6. For an interested person explain the appointment or authorised model pathway for a postpartum intrauterine device and the follow-up and warning signs.
7. Verify maternal and newborn review, transport or support needs and any outstanding result and owner.
8. Document agreed choices, teaching, next visits and response to teach-back.

Precautions

- Follow the clinician’s discharge decision.
- Respect privacy and avoid pressure during counselling.

Observations and Record

Newborn Checks Discharge and Postpartum Family Planning

Documentation

Item	What to record	Why it matters
Newborn	Readiness, feeds and checks	Supports safe discharge
Choice	Preferences, eligibility and consent	Supports informed decisions
Follow-up	Appointments, red flags and result owner	Prevents missed care

Worked Example

A parent is unsure about both feeding and a contraception choice. The learner arranges feeding support and records that method discussion will continue at follow-up.

Result and Evaluation

Produce a safe discharge plan and record a voluntary reproductive health discussion.

Viva Questions and Answers

Why schedule newborn follow-up before discharge?

It enables review of feeding, growth and emerging concerns.

What affects postpartum method selection?

Preferences, timing, breastfeeding, clinical eligibility and availability.

Postpartum IUCD Insertion and Removal Model

Practical 09 / Skills laboratory

Aim

Check postpartum contraceptive eligibility and demonstrate assigned insertion and removal skills on a pelvic trainer.

Principle

Voluntary consent, postpartum timing, infection prevention, placement verification and review support safe intrauterine contraception.

Articles and Materials

- Pelvic trainer, training intrauterine device and approved instruments
- Eligibility and consent cards, insertion and removal checklists

Procedure

1. Review whether the woman wants this option and confirm counselling, identity, voluntary consent and preferred support. Give time for questions and a decision.
2. Verify delivery time and route, the authorised postpartum window and case eligibility. Obtain clinician review for suspected infection, ongoing significant bleeding or other contraindications.
3. Explain the chosen model procedure, possible problems and available alternatives. Prepare privacy, a chaperone offer and the required sterile equipment.

Continue with step 4 on the next page.

Procedure Continued

Postpartum IUCD Insertion and Removal Model

4. Check the mock device, expiry, packaging and prepared field. Identify the assigned postplacental or other approved model technique with faculty.
5. Demonstrate model insertion under direct supervision, protecting sterile key parts and showing how the instructor confirms the intended high fundal placement.
6. For removal verify the person’s request, device record and expected string findings. Demonstrate the authorised removal method on the trainer and request specialist review if strings are missing or removal is difficult.
7. Document insertion or removal, type, lot, timing, tolerance and completeness of the model device where checked.
8. Explain expulsion and warning signs and give the agreed follow-up. Check understanding using teach-back and record the review owner.

Precautions

- Practise on the pelvic trainer with faculty.
- Use the current facility eligibility and device instructions.

Observations and Record

Postpartum IUCD Insertion and Removal Model

Documentation

Item	What to record	Why it matters
Eligibility	Choice, timing, consent and review	Establishes readiness
Model care	Device, asepsis, timing and outcome	Supports traceability
Follow-up	Warning signs and care access	Guides review

Worked Example

The trainer case has ongoing significant bleeding after birth. The student pauses the insertion activity and seeks clinical reassessment.

Result and Evaluation

Demonstrate consent and safe model care for insertion and removal with documented follow-up.

Viva Questions and Answers

Why confirm postpartum timing?

It affects eligibility and the authorised insertion approach.

What should happen if strings are not visible for removal?

Refer for authorised assessment and avoid blind attempts.

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