Exam Blueprint and Specialty Competencies

Introduction – Blueprint for the Perinatal Nursing Certification Exam

The primary function of the Blueprint for the CNA Perinatal Nursing Certification Exam is to describe how the exam is to be developed. Specifically, this blueprint provides explicit instructions and guidelines on how the competencies are to be expressed within the exam in order for accurate decisions to be made on the candidates’ competence in perinatal nursing.

The blueprint has two major components: (1) the content area to be measured and (2) the explicit guidelines on how this content is to be measured. The content area consists of the list of competencies (i.e., the competencies expected of fully competent practising perinatal nurses with at least two years of experience), and the guidelines are expressed as structural and contextual variables. The blueprint also includes a summary chart that summarizes the exam guidelines.

Description of Domain

The Perinatal Nursing Certification Exam is a criterion-referenced exam. A fundamental component of a criterion-referenced approach to testing is the comprehensive description of the content area being measured. In the case of the Perinatal Nursing Certification Exam, the content consists of the competencies of a fully competent practising nurse with at least two years of experience.

This section describes the competencies, how they have been grouped and how they are to be sampled for creating an exam.

Developing the List of Competencies

A working group of nine highly experienced perinatal nurses from various regions in Canada created the current list of competencies during a five-day meeting. These competencies were reviewed by a group of five perinatal nurses in Eastern Canada and a subsequent group of five perinatal nurses from Western Canada. The final list of competencies was approved by the Perinatal Nursing Certification Exam Committee.

1. Criterion-referenced exam: An exam that measures a candidate’s command of a specified content or skills domain or list of instructional objectives. Scores are interpreted in comparison to a predetermined performance standard or as a mastery of defined domain (e.g., percentage correct and mastery scores), independently of the results obtained by other candidates (Brown, 1983).
Assumptions

In developing the list of competencies for perinatal nursing, the following assumptions were made.

Fundamentals of Perinatal Nursing

• The five domains of nursing (practice, education, research, leadership and environment of care) are integrated throughout perinatal nursing (AWHONN, 2009).

• Perinatal nursing includes practice throughout the childbearing continuum (from preconception to 3 months after birth).

• Perinatal nursing practice includes therapeutic care, health surveillance, health promotion and prevention, shared decision-making, collaboration and bereavement support.

• The focus of perinatal care is to promote the safety and well-being of the woman, her family and the fetus/newborn.

• The perinatal nurse nurtures a therapeutic relationship with the woman and family.

• The perinatal nurse works in an interprofessional and collaborative environment.

Health

• Childbearing is a dynamic and transformational biological, psychological, social and spiritual process.

• Health during the childbearing continuum is influenced by the woman’s health practices, health status, resources, experiences and perceptions.

• The woman’s and family’s health is defined within the context of their value system which is influenced by ethnicity, socio-economic status and spiritual beliefs.

Family

• The family is defined by the woman and includes those people who are significant to her.

• The relationship between the woman, her family and the health-care provider is based on mutual respect and trust.

• The perinatal nurse, in partnership with the woman, her family and other health-care professionals, assesses, develops and implements a plan of care, evaluates outcomes and adjusts the care plan to meet the woman’s/family’s needs.
The Perinatal Nurse

Accountability and Responsibility

• The perinatal nurse is a registered nurse who practises in accordance with:
  – Professional registration/licensure;
  – Professional practice standards; and
  – *Code of Ethics* (Canadian Nurses Association, 2008).

• The perinatal nurse complies with legislative statutes within her/his jurisdiction including but not limited to confidentiality, privacy and consent.

• The perinatal nurse works within a defined scope of practice within the individual practice setting.

• The perinatal nurse has an independent and interdependent role delineated through shared practices, clinical practice guidelines, policies, protocols and procedures.

• The perinatal nurse recognizes individual learning needs and obtains professional development opportunities to improve practice.

• The perinatal nurse assists and supports colleagues in professional development through role modelling and sharing of knowledge and expertise.

• The perinatal nurse takes the initiative to clarify and address issues, explore options, facilitate change and create new possibilities for improving care.

• The perinatal nurse maintains skills and competencies related to developments in technology and informatics infrastructure.

• The perinatal nurse documents accurately and in a timely manner.

Knowledge and Skills

• The perinatal nurse uses current evidence-based research and best practices when applying clinical knowledge.

• The perinatal nurse, in partnership with the woman, her family and other health-care professionals, assesses, develops and implements a plan of care, evaluates outcomes and adjusts the care plan to meet the woman’s/family’s needs.

• The perinatal nurse communicates and documents according to provincial and territorial standards and institutional policies.

• The perinatal nurse takes a leadership role in interprofessional collaboration aimed at promoting the health of women and their families throughout the childbearing continuum.

• The perinatal nurse promotes maternal and newborn family-centred care.
• The perinatal nurse individualizes the plan of care and interventions with the woman, fetus/newborn and family respecting her health, socio-economic status and culture.

• The perinatal nurse advocates for and facilitates active participation of the woman and her family in decision-making and planning throughout the childbearing continuum.

• The perinatal nurse collaborates with and utilizes the most appropriate hospital and community resources in the planning and implementation of care.

• The perinatal nurse utilizes a variety of teaching strategies consistent with the principles of adult learning when providing information to the woman/family.

• The perinatal nurse promotes and participates in research within the specialty area.

• The perinatal nurse maintains professional competence through ongoing education, research and skill development.

**Attitudes and Values**

• The perinatal nurse provides physical and emotional support for women, newborns and families.

• The perinatal nurse advocates for women, newborns and families.

• The perinatal nurse honours childbearing as a unique and life-altering experience and respects the diversity of meanings attached to these experiences.

• The perinatal nurse respects the diversity of women and families by individualizing care.

• The perinatal nurse incorporates ethical principles within ethically challenging situations.

**Competency Categories**

The competencies are classified under a four-category classification scheme. Some of the competencies lend themselves to one or more of the categories; therefore, these four categories should be viewed simply as an organizing framework. Also, it should be recognized that the competency statements vary in scope, with some representing global behaviours and others more discrete and specific nursing behaviours.

**Percentage of Competencies in Each Group**

The following table presents the number and the percentage of competencies in each category.
Table 1: Percentage of Competencies in Each Group

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of competencies</th>
<th>Percentage of the total number of competencies</th>
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</thead>
<tbody>
<tr>
<td>Preconception</td>
<td>11</td>
<td>6.4%</td>
</tr>
<tr>
<td>Antepartum</td>
<td>37</td>
<td>21.4%</td>
</tr>
<tr>
<td>Intrapartum</td>
<td>60</td>
<td>34.7%</td>
</tr>
<tr>
<td>Postpartum</td>
<td>65</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

**Competency Sampling**

Using the grouping and guidelines, the Perinatal Nursing Certification Exam will consist of approximately 165 questions; the categories have been given the following weights in the total exam.

Table 2: Competency Sampling

<table>
<thead>
<tr>
<th>Categories</th>
<th>Approximate weights in the total examination</th>
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</thead>
<tbody>
<tr>
<td>Preconception</td>
<td>5-10%</td>
</tr>
<tr>
<td>Antepartum</td>
<td>15-25%</td>
</tr>
<tr>
<td>Intrapartum</td>
<td>30-40%</td>
</tr>
<tr>
<td>Postpartum</td>
<td>30-40%</td>
</tr>
</tbody>
</table>

**Technical Specifications**

In addition to the specifications related to the competencies, other variables are considered during the development of the Perinatal Nursing Certification Exam. This section presents the guidelines for two types of variables: structural and contextual.

**Structural variables:** Structural variables include those characteristics that determine the general appearance and design of the exam. They define the length of the exam, the format and presentation of the exam questions (e.g., multiple-choice) and any special functions of exam questions (e.g., independent questions).

**Contextual variables:** Contextual variables specify the nursing contexts in which the exam questions will be set (e.g., patient culture, patient health situation or health-care environment).
**Structural Variables**

**Exam Length:** The exam consists of approximately 165 multiple-choice questions.

**Question Presentation:** The multiple-choice questions are presented in one of two formats: case-based or independent. Case-based questions are a set of approximately four questions associated with a brief health-care scenario (i.e., a description of the patient’s health-care situation). Independent questions stand alone. In the Perinatal Nursing Certification Exam, 55 to 65 per cent of the questions are presented as independent questions and 35 to 40 per cent are presented within cases.

**Taxonomy for Questions:** To ensure that competencies are measured at different levels of cognitive ability, each question on the Perinatal Nursing Certification Exam is aimed at one of three levels: knowledge/comprehension, application or critical thinking.²

1. **Knowledge/Comprehension**
   This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts and principles, and interpreting data (e.g., knowing the effects of certain drugs or interpreting data appearing on a patient’s record).

2. **Application**
   This level refers to the ability to apply knowledge and learning to new or practical situation. It includes applying rules, methods, principles and theories while providing care to patients (e.g., applying nursing principles to the care of patients).

3. **Critical Thinking**
   The third level of the taxonomy deals with higher-level thinking processes. It includes the abilities to judge the relevance of data, to deal with abstraction and to solve problems (e.g., identifying priorities of care or evaluating the effectiveness of interventions). The perinatal nurse with at least two years of experience should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments about the needs of patients.

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² These levels are adapted from the taxonomy of cognitive abilities developed in Bloom, 1956.
The following table presents the distribution of questions for each level of cognitive ability.

**Table 3: Distribution of Questions for Each Level of Cognitive Ability**

<table>
<thead>
<tr>
<th>Cognitive Ability level</th>
<th>Percentage of items on the Perinatal Nursing Certification Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/Comprehension</td>
<td>15-20%</td>
</tr>
<tr>
<td>Application</td>
<td>45-55%</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>30-40%</td>
</tr>
</tbody>
</table>

**Contextual Variables**

**Patient Culture**: The perinatal nursing exam is designed to include questions representing the variety of cultural backgrounds encountered while providing perinatal nursing care in Canada. Although the exam does not test candidates’ knowledge of specific values, beliefs and practices linked to individual cultures, it is intended to measure awareness, sensitivity and respect for diverse cultural values, beliefs and practices. Cultural issues are integrated within the exam without introducing cultural stereotypes.

**Patient Health Situation**: In the development of the Perinatal Nursing Certification Exam, the patient is viewed holistically.

**Health-Care Environment**: It is recognized that perinatal nursing is practised in a variety of settings. For the purposes of the perinatal nursing exam, the health-care environment is specified only where it is required for clarity or in order to provide guidance to the candidate.

**Conclusions**

The Blueprint for the Perinatal Nursing Certification Exam is the product of a collaborative effort between CNA, ASI, AWHONN and a number of perinatal nurses across Canada. Their work has resulted in a compilation of the competencies required of practising perinatal nurses and has helped determine how those competencies will be measured on the Perinatal Nursing Certification Exam. A summary of these guidelines can be found in the summary chart: Perinatal Nursing Certification Exam Development Guidelines.

It is recognized that perinatal nursing practice will continue to evolve. As this occurs, the blueprint may require revision so that it accurately reflects current practices. CNA will ensure that such revision takes place in a timely manner and will communicate any changes in updated editions of this document.
# Summary Chart

## Perinatal Nursing Certification Exam Development Guidelines

<table>
<thead>
<tr>
<th><strong>STRUCTURAL VARIABLES</strong></th>
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</thead>
<tbody>
<tr>
<td>Exam Length and Format</td>
<td>approximately 165 multiple-choice questions</td>
</tr>
</tbody>
</table>
| Question Presentation     | 55-65% independent questions  
35-40% case-based questions |
| Cognitive Ability Levels of Questions | Knowledge  
Application  
Critical thinking | 15-20% of questions  
45-55% of questions  
30-40% of questions |
| Competency Categories     | Preconception  
Antepartum  
Intrapartum  
Postpartum | 5-10% of questions  
15-25% of questions  
30-40% of questions  
30-40% of questions |

<table>
<thead>
<tr>
<th><strong>CONTEXTUAL VARIABLES</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Culture</td>
<td>Questions measuring awareness, sensitivity, and respect for different cultural values, beliefs, and practices, without introducing stereotypes, are included on the exam.</td>
</tr>
<tr>
<td>Health Situation</td>
<td>In the development of the Perinatal Nursing Certification Exam, the woman and family viewed holistically.</td>
</tr>
<tr>
<td>Health-Care Environment</td>
<td>It is recognized that perinatal nursing is practised in a variety of settings and for the purposes of the Perinatal Nursing Certification Exam, the health-care environment is only specified where it is required for clarity or in order to provide guidance to the candidate.</td>
</tr>
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</table>
The Perinatal Nursing Certification Exam

List of Competencies

The competencies have been organized according to the following four categories: Preconception, Antepartum, Intrapartum and Postpartum.

Preconception

The perinatal nurse:

1.1 selects appropriate nursing interventions for the woman’s and/or family’s health before pregnancy in regard to:

1.1a social history (e.g., partner/significant other, social supports);

1.1b lifestyle (e.g., nutrition, supplements, physical activity, sexual health, smoking, alcohol/substance use);

1.1c immunization; and

1.1d environmental and occupational health hazards/exposures.

1.2 interprets the woman’s health history, including:

1.2a obstetrical and gynecological history;

1.2b medical history and associated therapies (e.g., diabetes, hypertension, obesity, thyroid disorders, infectious diseases/disorders); and

1.2c mental health history and associated therapies (e.g., depression, eating disorders, anxiety).

1.3 demonstrates knowledge of:

1.3a infertility (e.g., causes, types of assisted reproductive technologies, social/psychological impact, ethical issues); and

1.3b genetic risk (e.g., maternal age, family history, ethnic background).

1.4 selects appropriate nursing interventions in response to the following:

1.4a history of sexual abuse and/or intimate partner violence; and

1.4b history of perinatal loss.
Antepartum

The perinatal nurse:

2.1 interprets the following data to establish maternal health status during the antepartum period including:

2.1a obstetrical and gynecological history;
2.1b medical and mental health history;
2.1c physiological changes (e.g., breast changes, weight gain);
2.1d emotional, social and developmental issues (e.g., body image, developmental tasks of pregnancy, grief and loss);
2.1e nutrition (e.g., pre-pregnancy BMI, supplements);
2.1f physical activity;
2.1g sexual health;
2.1h culture and ethnicity; and
2.1i social support and resources.

2.2 advocates for pregnant women’s safety by:

2.2a screening for intimate partner violence and/or abuse; and
2.2b selecting appropriate nursing interventions when intimate partner violence and/or abuse has been identified.

2.3 provides education to the woman and her family regarding:

2.3a common discomforts of pregnancy; and
2.3b warning signs of complications in pregnancy.

2.4 identifies indications for and implications of prenatal testing (e.g., ultrasounds, glucose tolerance testing, genetic tests).

2.5 identifies the implications of results related to fetal health surveillance during antepartum, including:

2.5a fetal movement;
2.5b fetal heart rate auscultation;
2.5c biophysical profile; and
2.5d electronic fetal monitoring (e.g., non-stress test).
2.6 selects appropriate nursing interventions based on the following maternal conditions during antepartum:

2.6a hyperemesis gravidarum;
2.6b threatened preterm labour;
2.6c rupture of membranes (i.e. preterm or premature);
2.6d antepartum hemorrhage (e.g., abruptio placenta, placenta previa, spontaneous abortion);
2.6e physical trauma;
2.6f hypertensive disorders of pregnancy;
2.6g anemia and blood dyscrasias (e.g., diet related, idiopathic thrombocytopenic purpura [ITP], thalassemia, sickle cell anemia, thrombophilias);
2.6h diabetes (e.g., diabetes in pregnancy, type 1, type 2);
2.6i infections (e.g., sexually transmitted infections, group B streptococcus, TORCH, parvovirus, periodontal disease, influenza);
2.6j multiple gestation;
2.6k mental health conditions (e.g., depression, eating disorders, anxiety);
2.6l pre-existing medical conditions (e.g., asthma, obesity, epilepsy, cardiovascular disorders, renal disorders, cancer); and
2.6m substance use (e.g., smoking, alcohol, prescription and non-prescription drugs, street drugs).

2.7 assists the woman and her family to adapt to an at-risk pregnancy (e.g., anxiety related to outcome of pregnancy and social, financial and child care concerns).

2.8 selects appropriate nursing interventions when caring for the pregnant adolescent (e.g., developmental tasks of pregnancy and adolescence, health risk, nutrition, body image, social support).

2.9 selects appropriate nursing interventions when caring for the woman with advanced maternal age (e.g., health risks).

2.10 selects appropriate nursing intervention when caring for a woman with an unplanned pregnancy (e.g., social/emotional support, community resources, pregnancy choices).

2.11 selects appropriate nursing interventions to promote informed choice for the woman and her family (e.g., infant feeding, antenatal testing, immunization, circumcision, elective cesarean birth, VBAC).

2.12 selects nursing interventions to promote breastfeeding (e.g., benefits of breastfeeding, risks of formula-feeding, knowledge of baby friendly initiative [BFI]).
Intrapartum

The perinatal nurse:

3.1 interprets data to establish presenting maternal health status during the intrapartum period including:
   3.1a antenatal history;
   3.1b obstetrical history;
   3.1c medical history (e.g., asthma, obesity, thrombophilia, infectious diseases, cardiovascular disease, cancer);
   3.1d mental health history (e.g., depression, anxiety, post-traumatic stress disorder [PTSD]);
   3.1e social history (e.g., substance use, smoking, violence, financial resources, family support); and
   3.1f communication challenges (e.g., language, hearing or visual impairment).

3.2 interprets intrapartum data to determine the status of labour, including:
   3.2a Leopold’s manoeuvres;
   3.2b assessment of contractions; and
   3.2c vaginal exam.

3.3 selects appropriate method(s) of fetal surveillance during labour.

3.4 interprets data related to fetal well-being including:
   3.4a fetal heart rate patterns;
   3.4b amniotic fluid; and
   3.4c fetal scalp sampling.

3.5 selects appropriate nursing interventions in the presence of atypical or abnormal fetal heart rate (FHR) patterns.

3.6 selects appropriate nursing interventions related to the woman’s and her family’s adaptation to the events of labour (e.g., birth plan, labour support).

3.7 selects appropriate nursing interventions to promote progress of all stages labour.

3.8 implements appropriate nursing interventions to provide pain management using:
   3.8a non-pharmacological measures;
   3.8b nitrous oxide;
   3.8c narcotic analgesia; and
   3.8d epidural analgesia.
3.9 selects appropriate nursing interventions to manage the following actual or potential complications during the intrapartum period:

3.9a labour dystocia;
3.9b hypertensive disorders of pregnancy;
3.9c diabetes;
3.9d preterm labour;
3.9e precipitous birth;
3.9f prolonged rupture of membranes;
3.9g infections (e.g., group B streptococcus, herpes, HIV);
3.9h multiple gestation;
3.9i fetal compromise (e.g., anomalies, intrauterine growth restriction, amniotic fluid abnormalities);
3.9j fetal loss;
3.9k gynecological complications (e.g., previous uterine and cervical surgeries, fibroids, female circumcision, cervical sutures); and
3.9l history of sexual abuse and/or violence.

3.10 selects appropriate nursing interventions to respond to the following urgent and emergency situations in the intrapartum period:

3.10a abnormal electronic fetal heart rate patterns;
3.10b complications of hypertensive disorders of pregnancy;
3.10c hemorrhage;
3.10d shoulder dystocia;
3.10e malpresentation;
3.10f uterine rupture;
3.10g cord complications; and
3.10h thromboembolic event.

3.11 selects appropriate nursing interventions for the woman experiencing planned or emergency cesarean birth (e.g., physical, emotional and psychological).

3.12 identifies indications for and risk factors associated with induction of labour.
3.13 selects appropriate nursing interventions for the woman receiving the following methods of labour induction or augmentation:

3.13a prostaglandin;
3.13b Foley catheter;
3.13c artificial rupture of membranes;
3.13d oxytocin; and
3.13e misoprostol.

3.14 selects appropriate nursing interventions for instrumental births using vacuum and/or forceps.

3.15 identifies the risk factors for postpartum hemorrhage.

3.16 implements appropriate nursing interventions to manage postpartum hemorrhage.

3.17 identifies risk factors for the potentially compromised newborn.

3.18 implements nursing interventions to manage the compromised newborn (e.g., neonatal resuscitation [NRP]).

3.19 assigns and interprets the Apgar score.

3.20 implements appropriate nursing interventions to promote newborn transition to extrauterine life.

3.21 selects appropriate nursing interventions when administering the following medications to the newborn:

3.21a vitamin K;
3.21b erythromycin ointment; and
3.21c prophylaxis based on maternal conditions (e.g., hepatitis, HIV).

3.22 facilitates maternal and family interaction with the newborn.

3.23 facilitates early skin-to-skin contact.

3.24 selects appropriate nursing interventions to facilitate initiation of breastfeeding.
Postpartum (birth to 3 months)

The perinatal nurse:

4.1 interprets data to establish maternal health status during the postpartum period including:
   4.1a pre-existing medical and mental health conditions (e.g., diabetes, obesity, depression);
   4.1b pregnancy and childbirth history (e.g., historical and current); and
   4.1c social history (e.g., substance use, smoking, violence, financial resources, family support).

4.2 selects nursing interventions to promote healthy parenting and family development related to:
   4.2a promoting attachment;
   4.2b identifying learning opportunities (e.g., mother and baby care);
   4.2c evaluating learning outcomes (e.g., mother/self care and baby care); and
   4.2d preparing for transition to home.

4.3 identifies key elements of maternal physical assessment.

4.4 identifies key elements of maternal psychosocial assessment.

4.5 selects appropriate nursing interventions to manage the following actual or potential maternal conditions during postpartum period:
   4.5a pain;
   4.5b fluid balance (e.g., fluid overload, dehydration, edema);
   4.5c bladder disorders (e.g., urinary retention, incontinence);
   4.5d constipation or hemorrhoids;
   4.5e skin integrity (e.g., perineum, cesarean incision, hematoma);
   4.5f postpartum mood disorders;
   4.5g anemia;
   4.5h rubella non-immune;
   4.5i Rh negative;
   4.5j infections (e.g., wound, uterine, breast and urinary tract infections);
   4.5k substance use (e.g., withdrawal, methadone); and
   4.5l mobility challenges.
4.6 selects appropriate nursing interventions to respond to the following urgent and emergency situations in the postpartum period:

4.6a post-epidural/spinal complications;
4.6b hemorrhage (e.g., disseminated intravascular coagulation [DIC]);
4.6c thromboembolic events (e.g., pulmonary embolism, deep vein thrombosis [DVT]);
4.6d hypertensive disorders of pregnancy (e.g., seizures, HELLP);
4.6e systemic sepsis;
4.6f retained placenta tissue; and
4.6g postpartum psychosis.

4.7 selects appropriate nursing interventions to promote maternal self-care (e.g., physical and emotional).

4.8 selects appropriate nursing interventions to support the family experiencing grief and loss related to:

4.8a admission to intensive care (e.g., mother, newborn);
4.8b newborn anomalies (e.g., cleft lip, cardiac condition, chromosomal abnormalities);
4.8c perinatal loss (e.g., fetal or neonatal demise, apprehension, adoption); and
4.8d unexpected outcome (e.g., birth trauma, loss of idealized infant, loss of idealized birth experience).

4.9 selects appropriate nursing interventions for the newborn related to:

4.9a physical assessment; and
4.9b behavioural states.

4.10 selects appropriate nursing interventions to promote thermal stability of the newborn.

4.11 selects appropriate nursing interventions based on the following actual or potential newborn complications:

4.11a hypoglycemia;
4.11b hypothermia or hyperthermia;
4.11c hyperbilirubinemia;
4.11d abnormal physical assessment (e.g., birth trauma, cardiac irregularities, tachypnea, subgaleal hemorrhage);
4.11e infections (e.g., pneumonia, sepsis);
4.11f anemia;
4.11g abnormal state related to maternal drug use (e.g., neonatal abstinence syndrome);

4.11h manifestations of illness (e.g., lethargy, poor feeding, vomiting, temperature instability); and

4.11i pain or stress (e.g., procedural, birth trauma, withdrawal).

4.12 selects appropriate nursing interventions to address newborn care issues related to:

4.12a infant hygiene (e.g., bathing, skin care, cord care);

4.12b universal newborn screening; and

4.12c infant hearing screening.

4.13 selects appropriate nursing interventions to address newborn safety issues in the hospital and/or at home related to:

4.13a infant security (e.g., unattended infant);

4.13b sleep safety;

4.13c environment (e.g., second-hand smoke, room temperature);

4.13d equipment (e.g., car seat, crib); and

4.13e understanding infant behaviours (e.g., coping with crying, prevention of shaken baby syndrome).

4.14 demonstrates knowledge of normal infant growth and development including:

4.14a physical;

4.14b neurological; and

4.14c social.

4.15 selects appropriate nursing interventions for effective breastfeeding (e.g., cues, latch, feeding assessment, feeding patterns, adequate intake).

4.16 selects appropriate nursing interventions to support exclusive breastfeeding (e.g., hand expression, skin-to-skin contact).

4.17 identifies medical indications and appropriate methods for supplementation of breastfed infants.

4.18 selects appropriate nursing interventions to deal with common breastfeeding challenges related to the:

4.18a newborn (e.g., sleepy or fussy, prematurity, tongue tie, candidiasis); and

4.18b mother (e.g., sore nipples, engorgement, breast surgery, mastitis, candidiasis).
4.19 selects appropriate nursing interventions related to milk expression (e.g., techniques, indications, handling and storage).

4.20 selects appropriate nursing interventions for the woman and/or family choosing to formula feed (e.g., preparation, safe storage, amount and frequency, promoting attachment).

4.21 selects nursing interventions to support the woman and her partner in the transition to parenthood (e.g., accessing community resources, social supports, normalizing postpartum experience).

4.22 instructs family on follow-up care following transition to home (e.g., immunization, postpartum checkup).