

# Summary Chart

## *Perinatal Nursing Certification Exam Development Guidelines*

STRUCTURAL VARIABLES	
Exam Length and Format	Approximately 165 objective questions (e.g., multiple-choice)
Question Presentation	40-60% independent questions 40-60% case-based questions
Cognitive Ability Levels of Questions	Knowledge 15-25% of questions Application 50-60% of questions Critical thinking 20-30% of questions
Competency Categories	Preconception 5-10% of questions Antepartum 15-25% of questions Intrapartum 30-40% of questions Postpartum 30-40% of questions
CONTEXTUAL VARIABLES	
Culture	Questions measuring awareness, sensitivity, and respect for different cultural values, beliefs, and practices, without introducing stereotypes, are included on the exam.
Health Situation	In the development of the Perinatal Nursing Exam, the client is viewed holistically.
Health Care Environment	It is recognized that perinatal nursing is practised primarily in a variety of settings and for the purposes of the Perinatal Nursing Exam, the health care environment is only specified where it is required for clarity or in order to provide guidance to the candidate.

# The Perinatal Nursing Exam

## List of Competencies

The competencies have been organized according to the following 4 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 and resources (e.g., couple relationship, alternative family relationships, social support, domestic or intimate partner violence);
  - 1.1b health practices (e.g., substance use, physical activity and rest, safe sexual practices, stress management, smoking, alcohol);
  - 1.1c environmental and occupational health hazards (e.g., infectious diseases, toxins, radiation);
  - 1.1d nutrition (e.g., folic acid, vitamin supplementation, herbal teas, herbal supplements, raw fish, Listeria, safe water, alternative diets, cultural and religious practices);
  - 1.1e immunization (e.g., varicella, rubella, influenza); and
  - 1.1f genetic risk (e.g., maternal age, family history, ethnic background).
- 1.2 interprets the woman's health history, including:
  - 1.2a obstetrical and gynecological history (e.g., GTPAL, previous loss or losses, preterm birth, ectopic pregnancy, cone biopsy, laser surgery, fibroids, female circumcision, previous uterine surgeries);
  - 1.2b medical health conditions and their associated therapies (e.g. Type I and Type II diabetes, BMI (body mass index) > or < 19-25, hepatitis B and C, human papilloma virus, herpes simplex virus, HIV/AIDS, cardiovascular disorders, renal disorders, cancer, neurological disorders, thyroid disorder);
  - 1.2c mental health history and associated therapies (e.g., eating disorders, depression, anxiety disorder, psychiatric conditions); and
  - 1.2d physical and mental challenges (e.g., paraplegic, previous cardiovascular accident, fetal alcohol syndrome).

- 1.3 selects appropriate nursing interventions in response to the following sexuality issues:
  - 1.3a family planning (e.g., methods of contraception, fertility counselling); and
  - 1.3b sexual health (e.g., sexually transmitted infections, sexual abuse).

## **Antepartum**

The perinatal nurse:

- 2.1 interprets the woman's and/or family's data obtained during pregnancy related to:
  - 2.1a antenatal history (e.g., GTPAL, pattern of prenatal visits with health-care provider);
  - 2.1b physiological changes (e.g., weight gain, vital signs, lab values, fundal height);
  - 2.1c emotional, social and development issues (e.g., history of depression, body image, developmental tasks of pregnancy, parental role adaptation);
  - 2.1d breast health (e.g., changes in anatomy and physiology, breast surgery, inverted nipples);
  - 2.1e nutritional issues (e.g., pica, weight gain, vitamin and mineral supplementation);
  - 2.1f physical activity (e.g., exercise);
  - 2.1g sexual health (e.g., libido, associated risks, sexual activity);
  - 2.1h culture and ethnicity (e.g., language ability, values and practices, diet); and
  - 2.1i family resources (e.g., support system, financial resources).
- 2.2 selects appropriate nursing interventions when domestic abuse has been identified during pregnancy (e.g., development of a safety plan, providing information on community resources, counselling, support for woman's decisions).
- 2.3 selects appropriate nursing interventions for women experiencing physical discomforts of pregnancy (e.g., backache, nausea, heartburn, constipation).
- 2.4 identifies implications of prenatal testing results (e.g., maternal serum screening, Rh status, group B streptococcus, ultrasound, glucose screening, amniocentesis).
- 2.5 identifies key elements of fetal development (i.e. critical periods of development for each body system, e.g., neural tube closure, eyes becoming unfused).

## PERINATAL NURSING CERTIFICATION

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- 2.6 identifies the implications of results related to fetal health surveillance during antepartum, including:
  - 2.6a fetal movement;
  - 2.6b fetal heart rate (FHR) auscultation;
  - 2.6c biophysical profile; and
  - 2.6d electronic fetal monitoring (e.g., non-stress test).
- 2.7 selects appropriate nursing interventions based on the following maternal conditions during antepartum:
  - 2.7a hyperemesis gravidarum;
  - 2.7b threatened preterm labour (e.g., cervical changes, urinary tract infection, dehydration);
  - 2.7c rupture of membranes (i.e. preterm or premature);
  - 2.7d antepartum hemorrhage (e.g., abruptio placenta, placenta previa, missed abortion, ectopic pregnancy);
  - 2.7e trauma (e.g., falls, motor vehicle collision, physical violence);
  - 2.7f gestational hypertension (e.g., pre-eclampsia);
  - 2.7g anemia and blood dyscrasias (e.g., diet related, idiopathic thrombocytopenic purpura [ITP], thalassemia, sickle cell anemia, clotting factor deficiencies);
  - 2.7h diabetes (e.g., Type I, Type II, gestational);
  - 2.7i infections (e.g., HIV, hepatitis, TORCH [toxoplasmosis, other, rubella, cytomegalovirus, herpes], chlamydia, parvovirus, syphilis);
  - 2.7j multiple gestation;
  - 2.7k mental health conditions (e.g., anxiety, depression, schizophrenia, bipolar affective disorder);
  - 2.7l pre-existing medical conditions (e.g., asthma, epilepsy, paraplegia, cardiovascular disorders, renal disorders, cancer, obesity, hypertension);
  - 2.7m weight gain (e.g., inadequate or excessive); and
  - 2.7n substance use (e.g., alcohol, cannabis, opiates, amphetamines, benzodiazepine, polydrug use, over-the-counter medication, smoking).
- 2.8 assists the woman and her family to adapt to an at-risk pregnancy (e.g., anxiety related to outcome of pregnancy, financial and child care concerns).

- 2.9 selects appropriate nursing interventions when caring for the pregnant adolescent (e.g., development tasks of pregnancy and adolescence, nutrition, body image, living arrangements, social and financial support).
- 2.10 selects appropriate nursing interventions when caring for the woman with advanced maternal age (i.e., over age 35, e.g., role transition, expectations, health risks, anxiety).
- 2.11 selects appropriate nursing interventions to promote informed choice for the woman and her family (e.g., infant feeding choices, antenatal testing, infant circumcision, elective caesarean birth).
- 2.12 selects nursing interventions to promote breastfeeding (e.g., benefits of breastfeeding for the mother and for the infant).
- 2.13 selects appropriate nursing interventions to meet identified learning needs of the woman and her family (e.g., normal variations of pregnancy, manifestations of pregnancy complications, birth planning, transition to parenting).

## Intrapartum

The perinatal nurse:

- 3.1 interprets the following data to establish presenting maternal health status during the intrapartum period:
  - 3.1a antenatal history (e.g., documented prenatal care, expected date of birth, Rh status);
  - 3.1b presence of maternal and/or fetal risk (e.g., group B streptococcus, fetal demise, HIV/AIDS, hepatitis B or C, herpes simplex virus);
  - 3.1c pre-existing medical and/or mental health conditions (e.g., autoimmune diseases, asthma, cardiovascular disorders, depression, anxiety, cancer, blood dyscrasias, obesity, multiple sclerosis);
  - 3.1d physical and mental challenges (e.g., paraplegia, previous cardiovascular accident, fetal alcohol syndrome); and
  - 3.1e health practices (e.g., smoking, substance use, domestic violence).
- 3.2 interprets intrapartum data to determine the status of labour, including:
  - 3.2a Leopold's manoeuvres (e.g., presentation, position, attitude, lie, engagement);
  - 3.2b assessment of contractions (i.e. frequency, duration, intensity, resting tone); and
  - 3.2c vaginal exam (e.g. cervical station, vaginal discharge, status of membranes).
- 3.3 selects appropriate nursing interventions related to the woman's and her family's adaptation to the intrapartum period (e.g., birth planning, labour support).

- 3.4 selects appropriate methods of fetal surveillance during labour (e.g., intermittent auscultation, continuous fetal heart monitoring).
- 3.5 interprets data related to fetal health surveillance, including:
  - 3.5a heart rate patterns (i.e., reassuring and non-reassuring);
  - 3.5b amniotic fluid (e.g., volume, colour, blood, odour);
  - 3.5c fetal activity; and
  - 3.5d fetal scalp sampling.
- 3.6 selects appropriate nursing interventions in the presence of non-reassuring fetal heart rate (FHR) patterns (e.g., discontinuing oxytocin, repositioning, administering oxygen, notifying other health-care providers).
- 3.7 implements appropriate nursing interventions to provide pain management using:
  - 3.7a non-pharmacological measures (e.g., massage, warm or cold compresses, hydrotherapy, relaxation and distraction, position changes, continuous labour support);
  - 3.7b nitrous oxide;
  - 3.7c epidural analgesia (e.g., positioning to prevent injury, bladder management, sensory block, maternal vital signs); and
  - 3.7d narcotic analgesia.
- 3.8 selects appropriate nursing interventions to promote progress of labour (e.g., continuous labour support, position changes, mobility).
- 3.9 selects appropriate pushing techniques in response to maternal cues (e.g., position changes, coaching, breathing).
- 3.10 selects appropriate nursing interventions to minimize perineal trauma (e.g., warm compresses, physiologic pushing, maternal positioning).
- 3.11 selects appropriate nursing interventions to manage the following actual or potential complications during the intrapartum period:
  - 3.11a gestational hypertension (e.g., pre-eclampsia);
  - 3.11b diabetes (e.g., Type I, Type II, gestational);
  - 3.11c preterm labour;
  - 3.11d precipitous birth;

- 3.11e prolonged rupture of membranes (e.g., group B streptococcus, induction or augmentation of labour, infection);
  - 3.11f infections (e.g., communicable diseases, sexually transmitted infections);
  - 3.11g placenta previa (e.g., marginal);
  - 3.11h multiple gestation;
  - 3.11i fetal compromise (e.g., anomalies, intrauterine growth restriction, amniotic fluid abnormalities);
  - 3.11j labour dystocia;
  - 3.11k intrauterine demise;
  - 3.11l gynecological complications (e.g., previous uterine and cervical surgeries, fibroids, female circumcision, cervical sutures);
  - 3.11m history of sexual abuse or intimate partner violence; and
  - 3.11n communication challenges (e.g., language, hearing impairment, visual impairment).
- 3.12 selects appropriate nursing interventions to respond to the following urgent and emergency situations in the intrapartum period:
- 3.12a severe hypertension;
  - 3.12b seizure;
  - 3.12c hemolysis, elevated liver enzymes, low platelets (HELLP) syndrome;
  - 3.12d disseminated intravascular coagulation (DIC);
  - 3.12e hemorrhage (e.g., abruptio placenta, placenta previa);
  - 3.12f malpresentation (e.g., breech, transverse lie);
  - 3.12g prolapsed cord;
  - 3.12h uterine rupture;
  - 3.12i uterine inversion;
  - 3.12j shoulder dystocia; and
  - 3.12k emboli (e.g., amniotic fluid, pulmonary).
- 3.13 selects appropriate nursing interventions for the woman experiencing planned or emergency caesarean birth (e.g., psychological support, breech presentation, labour dystocia).

## PERINATAL NURSING CERTIFICATION

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- 3.14 selects appropriate nursing interventions to promote client safety during induction or augmentation with regard to:
  - 3.14a risk factors (e.g., previous uterine surgery); and
  - 3.14b abnormal contraction patterns (e.g., unco-ordinated contractions, hyperstimulation).
- 3.15 selects appropriate nursing interventions for the woman receiving the following methods of labour induction or augmentation:
  - 3.15a cervical Foley catheter;
  - 3.15b misoprostol (Cytotec) (e.g., fetal demise);
  - 3.15c prostaglandin;
  - 3.15d oxytocin; and
  - 3.15e artificial rupture of membranes.
- 3.16 selects appropriate nursing interventions associated with operative or instrumental vaginal births with regard to:
  - 3.16a vacuum extractions (e.g., appropriate analgesic, bladder management, coaching maternal pushing); and
  - 3.16b forceps (e.g., appropriate analgesic, bladder management, coaching maternal pushing).
- 3.17 identifies the risk factors associated with postpartum hemorrhage (e.g., overdistention of the uterus, prolonged labour, operative or instrumental vaginal birth, retained placental tissue, lacerations).
- 3.18 implements appropriate nursing interventions to manage postpartum hemorrhage (e.g., pharmacological agents, fundal massage).
- 3.19 interprets Apgar scores.
- 3.20 identifies risk factors for potential compromised newborn (e.g., meconium aspiration, non-reassuring fetal heart tracing, infant of a diabetic mother, prematurity).
- 3.21 implements appropriate nursing interventions to promote initial newborn transition (e.g., skin-to-skin contact, drying the baby).
- 3.22 implements nursing interventions to manage the compromised newborn (e.g., neonatal resuscitation program, cord blood gases).
- 3.23 selects appropriate nursing interventions when administering the following medications to the newborn:
  - 3.23a vitamin K;
  - 3.23b erythromycin ointment; and

- 3.23c hepatitis B prophylaxis.
- 3.24 facilitates optimal maternal and family interaction with the newborn (e.g., early skin-to-skin contact, minimizing mother-baby separation).
- 3.25 selects appropriate nursing interventions to facilitate initiation of breastfeeding when mother and baby are able (e.g., skin-to-skin contact, timing within the first hour, latch, position, cultural variations).

### **Postpartum (birth to 3 months)**

The perinatal nurse:

- 4.1 assesses the woman's and family's pregnancy and childbirth history.
- 4.2 selects nursing interventions to promote healthy parenting and family development related to:
  - 4.2a attachment (e.g., skin-to-skin contact);
  - 4.2b caring for mother, family and baby together (e.g., 24-hour mother and baby care); and
  - 4.2c confidence building (e.g., learning opportunities for all family members, encouragement, praise).
- 4.3 identifies key elements of physical assessment of the postpartum woman (e.g., fundus, lochia, perineum, breasts, vital signs).
- 4.4 selects appropriate nursing interventions to manage the following actual or potential maternal conditions during postpartum period:
  - 4.4a pain (e.g., pain scale assessment, substance use, analgesics or anesthetics during childbirth, non-pharmacological and pharmacological interventions);
  - 4.4b hematoma;
  - 4.4c urinary retention;
  - 4.4d fluid balance (e.g., retention, overload, dehydration);
  - 4.4e constipation or hemorrhoids;
  - 4.4f wound management (e.g., perineal trauma, caesarean incision, episiotomy);
  - 4.4g post-epidural/spinal complications (e.g., dural headaches, residual effects);
  - 4.4h uterine atony;
  - 4.4i pre-existing medical or mental health disorders (e.g., diabetes, depression, bipolar disorder);
  - 4.4j physical or mental challenges (e.g., paraplegia, previous cardiovascular accident, fetal alcohol syndrome);

- 4.4k deep vein thrombosis (DVT);
- 4.4l gestational hypertension (e.g., magnesium sulphate, seizures);
- 4.4m postpartum emotional adjustment (e.g., “blues”, depression, psychosis);
- 4.4n anemia;
- 4.4o rubella non-immune;
- 4.4p Rh negative;
- 4.4q infections (e.g., pulmonary infection, uterine infections, mastitis, urinary tract infection); and
- 4.4r substance use (e.g., withdrawal).
- 4.5 selects appropriate nursing interventions to promote maternal self-care (e.g., rest, nutrition, hygiene, activity level, uterine involution, methods of contraception).
- 4.6 selects appropriate nursing interventions to support the family experiencing grief and loss related to:
  - 4.6a admission to intensive care (e.g., mother, newborn);
  - 4.6b birth anomalies (e.g., cleft lip, cardiac problems);
  - 4.6c perinatal loss (e.g., fetal or neonatal demise, child welfare apprehension, adoption); and
  - 4.6d unexpected outcome (e.g., loss of idealized infant, loss of idealized birth).
- 4.7 selects appropriate nursing interventions for the newborn related to:
  - 4.7a physical assessment (e.g., reflexes, vital signs, hydration);
  - 4.7b behavioural states (e.g., active alert, quiet alert, sleeping, drowsy); and
  - 4.7c adaptation to extrauterine life (e.g., patent ductus arteriosus).
- 4.8 selects appropriate nursing interventions to promote thermal stability of the newborn (e.g., skin-to-skin contact, bundling, hats).
- 4.9 selects appropriate nursing interventions based on the following actual or potential newborn complications:
  - 4.9a hypoglycemia (e.g., maternal diabetes);
  - 4.9b hypothermia or hyperthermia (e.g., cold stress);
  - 4.9c hyperbilirubinemia (e.g., pathologic, physiologic);
  - 4.9d abnormal physical assessment (e.g., cephalohematoma, gestational age, imperforate anus, tachycardia, skin lesions, cardiac murmur, tachypnea);

- 4.9e sepsis;
  - 4.9f anemia;
  - 4.9g neonatal abstinence syndrome; and
  - 4.9h intracranial hemorrhage (i.e., after vacuum extraction).
- 4.10 selects appropriate nursing interventions to address newborn care issues related to:
- 4.10a infant hygiene (e.g., bathing, cord care, skin care);
  - 4.10b circumcision;
  - 4.10c newborn screening (e.g., phenylketonurea [PKU], thyroid testing, hearing screening);
  - 4.10d well newborn follow-up care (e.g., immunization, breastfeeding support, growth and development); and
  - 4.10e manifestations of illness (e.g., fever, poor feeding, lethargy, vomiting).
- 4.11 selects appropriate nursing interventions to address newborn safety issues related to:
- 4.11a infant abduction or identification (i.e., in hospital);
  - 4.11b sleep position (e.g., sudden infant death syndrome, prevention of plagiocephaly [“flat head”]);
  - 4.11c equipment and home environment (e.g., second-hand smoke, unattended infant on change table, crib, car seat); and
  - 4.11d coping with crying (e.g., shaken baby syndrome).
- 4.12 demonstrates knowledge of normal infant growth and development, including:
- 4.12a neurological development (e.g., reflexes, motor skills);
  - 4.12b physical development (e.g., growth spurts); and
  - 4.12c social development (e.g., infant states and cues).
- 4.13 selects appropriate nursing interventions for effective breastfeeding, including:
- 4.13a alternative positions (e.g., football hold, cross cradle);
  - 4.13b position, latch, suck, milk transfer (e.g., swallowing);
  - 4.13c infant feeding patterns (e.g., frequency, duration, growth spurts);
  - 4.13d feeding cues (e.g., lip smacking, rooting);

- 4.13e milk expression (e.g., pumping, hand expression);
- 4.13f safe storage of breast milk (e.g., time, container, expiration date); and
- 4.13g adequate infant feeding indicators (e.g., voiding, stools, weight gain).
- 4.14 identifies situations where breastfeeding supplementation is appropriate (e.g., informed parental choice, medically indicated).
- 4.15 identifies appropriate supplementation methods for breastfed baby (e.g., cup, finger feeding).
- 4.16 selects appropriate nursing interventions to deal with common breastfeeding challenges related to the:
  - 4.16a newborn (e.g., sleepy or fussy newborn, prematurity, tongue tie); and
  - 4.16b mother (e.g., sore nipples, engorgement, breast augmentation or reduction, cultural expectations, medications, low milk supply, mastitis, candidiasis, maternal illness).
- 4.17 selects appropriate nursing interventions for the woman and/or family choosing to formula feed (e.g., teaching formula preparation and safe storage, feeding techniques, infant feeding patterns, breast care, holding the infant).
- 4.18 identifies healthy adjustment of the woman and/or family to parenting, including:
  - 4.18a healthy family relationships (e.g., role transition and sexuality);
  - 4.18b knowledge of normal newborn growth and development (e.g., milestones) ;
  - 4.18c sibling adjustment (e.g., attachment, aggression);
  - 4.18d infant-parent interaction (e.g., responsivity, reciprocity, attachment or bonding, reading infant cues);
  - 4.18e positive coping (e.g., self-care, resource identification); and
  - 4.18f social support system and available community resources (e.g., family resource centres, new immigrant services, public health nurses, families).

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Note: **All** references are important but bolded references were chosen by members of the Perinatal Nursing Examination Committee as “key references” for nurses preparing for the perinatal nursing certification examination.

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