

Candidate's name:	
Country of origin:	Jamaica
Email address:	

Midwifery skills and experience – CV addition

Indicate in relevant box your level of experience:

1	Competent	2	Limited Experience	3	No experience
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Procedures	1	2	3	How many?	Comments
Please indicate your level of competency and provide the number of women in labour you have cared for in the last 12 months	•			>300	I have cared for over 300 women in labour however for the past 2 years I have been on the Antenatal and Postnatal ward and not Delivery suite therefore for the past 12 months I have cared for approximately 50 patients in labour.
Please indicate your level of competency and provide the number of babies delivered in the last 12 months	•			>5	In the last 12 months I have delivered over 5 babies. My competence in this area is very good as I have delivered over 200 babies in my Midwifery career of 3yrs.
Please indicate your level of competency Post-Partum Care - mother	•			>100	
Please indicate your level of competency Post-Partum Care - new born	•			>100	
Please indicate your level of competency Infant Feeding Support- no of women	•			>100	
Please indicate your level of competency Antenatal care- number of women provided an ante natal check	•			>100	
Experience in Obstetric Emergencies in the last 12 months– please provide details of first-hand experience and when you assisted as part of team.in the comments section	•			>5	Recently after reporting for duty I was assigned to the isolation rooms. It was handed over that there are 2 patients isolated one in each room and a patient is to be transferred in from A/E department. When I went to assess my patients I realized that there were 2 patients in one room. The unknown patient complained of pain in the stomach. I immediately obtained past medical history which indicates this patient is severe Pre Eclamptic these includes h/o elevated BP and Proteinuria less than 8hrs ago. I went a head and did my vitals BP was 199/133 when repeated 235/138, temperature, respiration and fetal heart rate normal, U/A showed protein 3+ present. Antiepileptic measures taken these includes patient placed in lying position in bed with rails up, she was informed and advised, reports nil headaches,

				blurred vision, dizziness and already took her antihypertensive medications according to order. Doctor on duty was immediately informed. The necessary actions were then taken urgently which includes MgSo4, consent forms for surgery, preparation for OT
Experience in Shoulder Dystocia– please provide details of first-hand experience and when you assisted as part of team.in the comments section		•	1	While completing my delivery notes at the nurses station I heard a loud shout from delivery room 1 on investigation, the nurse performing delivery reports shoulder dystopia. The doctor was present on unit and quickly took action while I contacted the paediatric team via the operator. With suprapubic pressure given by the doctor while I comfort and encourage the mother nurse performed the delivery successfully. This neonate weighed over 4kg and there was an issue with the shoulder however same was resolved as I saw this patient at postnatal clinic in the community weeks after.
Experience in Post-Partum Haemorrhage– please provide details of first-hand experience and when you assisted as part of team.in the comments section	•		>5	Patient was received from OT, after full assessment uterus boggy, maternity napkins x2 fully soaked and incontinent pad moderately soiled, Patient informed and reassured. Uterus gently massaged until firmly contracted and expressed 2 large clots noted. IVF in progress was 0.9% Normal Saline with 20iu of Oxytocin added drop rate increased and Doctor on duty informed, ordered another 10iu of Oxytocin to be added to one in progress same done. Vitals done and PV loss monitoring continued. On arrival and assessment of patient Doctor on duty administered 800mcg misoprostol PR.
Experience in Neonatal Resuscitation– please provide details of first-hand experience and when you assisted as part of team.in the comments section		•	~3	While assigned to Special Care Nursery as a student a neonate about 3 days old incubated went into distress. I assisted the paediatrician by giving PAP and counting.
Experience in Maternal Resuscitation – please provide details of first-hand experience and when you assisted as part of team.in the comments section		•	1	On returning to work after my weekend off on the evening shift a patient in the Emergency cubicle was in distress. The doctor was giving chest compressions while a nurse was on bagging. I was instructed to take over from my nurse in charge who was on timing. I only have 1 experience on my unit.
Experience in unexpected breech birth please provide details of first-hand		•	1	After performing a delivery at about 2:30am. I accepted a transfer from the Antenatal and Postnatal ward. On receiving and assessing

experience and when you assisted as part of team.in the comments section					my patient, vaginal examination revealed Cervical Os 8cm dilated fully effaced with frank breech presentation, nil Membranes felt. While about to contact Doctor on duty she entered the ward. I informed her of the situation and assisted with the delivery.
Experience in caring for deteriorating patients – please provide details of first-hand experience and when you assisted as part of team.in the comments section	•			>3	Patient was referred to unit from type C hospital with DKA. This patient Rbg had to be monitored hourly, she was on strict input and Output due to diuresis, several iv meds, 2hrly vitals, Insulin and so much. She recovered discharged. Readmitted a few months later to medicine ward with same diagnosis due to noncompliance and died.
Pre-Eclampsia – please provide details of first-hand experience and when you assisted as part of team.in the comments section					Patients who are diagnosed with Pre Eclampsia are placed in a subacute cubicle where they are under close surveillance. They are received on all shifts and assessed for any signs of deterioration these signs include frontal headache, blurred vision, dizziness and epigastric pain. Vital signs including fetal heart rate are done 4 hourly and urine analysis done every morning. Patients are medicated according to physician orders and if there are any abnormalities they are to be informed so the necessary actions are taken according to protocol.
Experience in Perineal Suturing– please provide details of first-hand experience and when you assisted as part of team.in the comments section		•		1	I only have one experience repairing a perineal lacerations same was done under the supervision of a doctor. She instructed me to prepare my area and patient, ensure sterility. I had to find the Apex of the laceration Administer local anaesthesia which was lidocaine, check if patient has pain if not commence suturing from apex (inside to outside).
Venepuncture	•			>300	
Cannulation	•			>20	
Management of Epidural Anaesthesia – please provide details of first-hand experience and when you assisted as part of team.in the comments section			•		
Water Birth			•		
Home Birth	•			3	