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| **Key Points*** Supervisor – Midwife deemed competent in water birth.
* Following completion of initial competency it is recommended that midwives maintain an ongoing record which may also be utilised for reflective practice and performance development review.
* **Documentation**
* Initial requirements and record of competency
* Performance criteria
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⃝ Initial competency (Group 1) ⃝ Previous experience (Group 2)

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| **Competency requirements** | **Date** |
| **Group 1 – initial water birth competency**  |  |
| **Theory** |
| * Read “WA Labour and Birth in Water Clinical Policy and Standard” (WNHN 2017)
* Read “Labour and Birth using Water” consumer brochure (WNHN 2016)
* Attend water birth education session and/or complete the WNHS eLearning package
 |  |
| **Practical –** *to be initialled by supervisors* | **Date** | **Initial** |
| * Observe water birth facilitated by Midwife deemed competent in the procedure
* Observe water birth facilitated Midwife deemed competent in the procedure
 |  |  |
| * Facilitate water birth supervised by Midwife deemed competent in the procedure
* Facilitate water birth supervised by Midwife deemed competent in the procedure
 |  |  |
| * Participate in water birth evacuation procedure
* Date of last annual attendance at manual tasks training session
* Date of last annual assessment of competence in neonatal resuscitation
 |  |  |
| **Group 2 – demonstrated evidence of water birth competency external HSP** | **Date** |
| * Read “WA Labour and Birth in Water Clinical Guidelines” (WNHN 2017)
* Read “Labour and Birth using Water” consumer brochure (WNHN 2016)
* Attend water birth education session and/or complete the WNHS eLearning package
* Competency based on individual assessment and discussion
 |  |
| **Ongoing competency – Annual requirements**  |
| * Participate in water birth evacuation procedure
* Completion of annual mandatory training activities
* Confirmation on annual PDR document
 |

**Recommendation**

⃝ Competency achieved ⃝ Competency NOT achieved – Plan:

Supervisor Name: Date:

Supervisor Signature: