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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 |

⃝ 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: