NCC Maintenance Requirements

The standard process for the NCC Professional Development Certification Maintenance Program makes use of a specialty assessment tool and resulting individualized education plan:

- Complete the Continuing Competency Assessment (CCA) that reflects the current knowledge competencies aligned with your certification specialty at the beginning of each new certification maintenance cycle.

- Earn CE as specified by the education plan developed from your CCA. Your education plan outlines the CE needed to maintain your NCC certification. Only CE earned after you have taken your CCA can be used to maintain your certification. It must address the requirements of your educational plan.

NCC believes the individual certified nurse is the best person to determine the specialty code for their CE, as they have the specific content of the CE program.
CONTINUING COMPETENCY ASSESSMENT

The CE requirements for your NCC maintenance will be outlined in your education plan!

Your educational plan is derived from your Continuing Competency Assessment (CCA) and outlines for you the CE needed in each of your core competency areas. Each core area has a code and that code is provided for you as well. *Take the CCA as soon as you can in the beginning of your maintenance cycle.*

The CCA may be taken early, up to 3 months prior to the start of your new maintenance cycle. The start day for earning CE remains at the first day of the new maintenance cycle.

YOU CAN ONLY USE CE EARNED AFTER YOU HAVE TAKEN YOUR CCA FOR MAINTENANCE. ANY CE EARNED BEFORE YOU TOOK THE CCA CANNOT BE USED (EVEN IF IT MEETS YOUR EDUCATION PLAN).

YOUR CE AND NCC MAINTENANCE REQUIREMENTS

All CE must be earned during your current maintenance cycle and after you have taken the CCA.

All CE used for NCC maintenance is defined by the individuals Education Plan.

All CE must be submitted online at [NCCwebsite.org](http://NCCwebsite.org).

All CE must be coded to the applicable core content area. See listing in this brochure.

CE can be entered into the maintenance application any time after the assessment has been taken and on an ongoing basis. All activities will be saved until the application is submitted.

All CE must be accredited by an agency recognized by NCC.

ACCREDITING AGENCIES

Academic credit is accepted as is CME credit. For continuing education credit to be accepted for the purpose of maintenance, the continuing education activity must be accredited by one of the agencies below.

- NCC
- State boards of nursing
- State nursing associations
- Nursing, medical or health care organizations (this would include, for example, such organizations as: AWHONN, NPWH, NANN, ACOG, AMA etc.)
- Colleges or universities
- For profit or not-for-profit continuing education organizations such as Contemporary Forums, Western Schools, Professional Education Consultants, Perifacts etc. provided that programs sponsored by such organizations have been accredited for continuing education.

Most of the for-profit organizations have achieved accreditation for their offering through a state board of nursing or health care organization. Review accreditation details in the registration brochure you received when registering for the particular continuing education activity.
### COMMON CODING QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I went to a conference with topics that reflect many different codes, how do I code them?</td>
<td><strong>You have two options:</strong>&lt;br&gt;You can code to the content area that represents the majority of the content presented.  &lt;br&gt;<strong>OR</strong>&lt;br&gt;You can breakout content per code (You may combine different sessions of the same content code.) and record total hours for each code, listing the same conference for every content code entry.</td>
</tr>
<tr>
<td>I could not list all my CE. I have many more hours but the maintenance application would not let me list them.</td>
<td>Once you meet or the CE requirements designated by your education plan the application will automatically take you to the payment page. There is no need to enter more CE than is required.</td>
</tr>
<tr>
<td>I was a preceptor for new students, can I use this for maintenance and how do I list it on the application. How do I code it?</td>
<td>10 hours of CE can be used for precepting students, in your same certification specialty area and role. (e.g. In order for a WHNP to use the credit they cannot preceptor nurse midwives or residents – only WHNP students.) Orienting new staff is NOT considered as preceptor hours. On the application select the more information link for the preceptorship code 24 and it will give you information on how to list the information. This is also applicable to any of the “other” codes. You can only use these hours for baseline hours and not hours designated in the education plan assigned to a specific competency area. Baseline hours are listed as hours that are assigned to any competency area and appear at the bottom of your plan.</td>
</tr>
<tr>
<td>I have multiple certifications. Can I use the same CE for both. How can I code it for two different certifications.</td>
<td>If the CE is applicable to both areas and was earned in the appropriate time frame for each certification, yes. But you still need to file a separate maintenance application and fee for each certification. Each CE activity will be coded to each application.</td>
</tr>
<tr>
<td>Do I have to submit a “Maintenance Pre-approval”?</td>
<td><strong>Maintenance Pre-Approval is optional and not required.</strong> If you are unsure your continuing education activities will meet your NCC maintenance requirements, you can ask NCC to pre-approve your CE activities. There is a nonrefundable fee for this service. Complete details are in the maintenance section of NCCwebsite.org.</td>
</tr>
</tbody>
</table>
HOW TO READ THE EDUCATION PLAN

- Competency areas where 7.5 specialty index is achieved, **no CE is needed**.
- Competency areas where 7.5 specialty index is not achieved, the hours of CE needed will be listed.
- Every plan has a minimum of 15 CE hours - these are called baseline hours. **Even if a specialty index above 7.5 is achieved in every competency, there is still a CE commitment of 15 hours**. Education plans that need 45 hours, do not have any baseline hours because those hours are assigned to the specific core competencies.
- Every plan is composed of a maximum of 50 and a minimum of 15 CE hours.
- Missed keywords are intended to show what specific topics had knowledge gaps within that competency area. They are broad in scope and you are not required to cover all keywords or topics for your NCC certification maintenance.
- Links to NCC CE modules are offered as a convenience. **Use of NCC CE modules is optional – not required**. NCC CE is provided as a way to provide affordable, easily accessible CE for those who may have limited CE options in their area or practice. Also CE earned for successful completion of any NCC CE modules will automatically be entered and coded into your online maintenance application.
- 5 hours of credit is given for taking the assessment and may be applied to any CE need.
- The total number of hours needed will be listed in each specific core competency.
INP Core Competency Area

Fetal Assessment (Code 1)
* 10 hours
  • Antepartum Assessment
  • Electronic Fetal Monitoring
  • Non-electronic Fetal Monitoring
  • Acid-base Assessment
  • Fetal and Placental Development

Labor and Delivery (Code 2)
* 15 hours
  • Physiology of Labor
  • Labor Management
  • Obstetrical Procedures
  • Pain Management

Pregnancy and Obstetric Complications
(Code 3)
* 10 hours
Pregnancy Complications
  • Maternal Diseases Affecting the Fetus and Newborn
  • Lifestyle and Environmental Pregnancy Risks

Obstetric Complications
  • Labor and Placental Disorders
  • Multiple Gestation
  • Preterm Labor
  • Prolonged Pregnancy

Postpartum (Code 4)
* 5 hours
  • Physiology of the Postpartum Woman
  • Family Adaptation
  • Lactation
  • Complications of the Postpartum Period
  • Discharge Planning and Home Care

Newborn (Code 5)
* 5 hours
  • Adaptation to Extrauterine Life
  • Physical Assessment
  • Pathophysiologic conditions
  • Infant Nutrition
  • Resuscitation and Stabilization

Professional Practice (Code 6)
* 5 hours
Research
  • Definitions
  • Application to Practice

Legal/Ethical Issues
  • Definitions
  • Application to Practice
  • Informed Consent
  • Legal Issues Affecting Inpatient Obstetric Nursing Practice

Patient Safety

Your Education Plan

<table>
<thead>
<tr>
<th>CORE COMPETENCY AREA</th>
<th>HOURS REQUIRED*</th>
<th>HOURS ENTERED</th>
<th>REQUIREMENTS MET</th>
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<td>10.00</td>
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<tr>
<td>Labor and Delivery (Code 2)</td>
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<td>Pregnancy and Obstetric Complications (Code 3)</td>
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<tr>
<td>Postpartum (Code 4)</td>
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<td>Newborn (Code 5)</td>
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<tr>
<td>Professional Practice (Code 6)</td>
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<td>Baseline Hours</td>
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<tr>
<td><strong>Total Hours</strong></td>
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Assessment Summary & Resources

<table>
<thead>
<tr>
<th>CORE COMPETENCY AREA</th>
<th>SPECIALTY INDEX</th>
<th>MISSED KEYWORDS</th>
<th>CE MODULES</th>
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<tbody>
<tr>
<td>Fetal Assessment (Code 1)</td>
<td>7.20</td>
<td>Antepartum Assessment, Acid-base Assessment, Electronic Fetal Monitoring</td>
<td>view available modules</td>
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<tr>
<td>Labor and Delivery (Code 2)</td>
<td>7.50</td>
<td>Physiology of Labor, Induction of Labor</td>
<td>view available modules</td>
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<tr>
<td>Pregnancy and Obstetric Complications (Code 3)</td>
<td>6.28</td>
<td>Placental Disorders, Preterm Labor, Multiple Gestation, Pregnancy Conditions</td>
<td>view available modules</td>
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<td>Postpartum (Code 4)</td>
<td>9.00</td>
<td>Postpartum Complications</td>
<td>view available modules</td>
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<td>Newborn (Code 5)</td>
<td>8.75</td>
<td>Newborn Complications</td>
<td>view available modules</td>
</tr>
<tr>
<td>Professional Practice (Code 6)</td>
<td>10.00</td>
<td>Ethics</td>
<td>view available modules</td>
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*Number of CE hours required if you do not achieve a specialty index of 7.5 or more in the content area.
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<thead>
<tr>
<th>Core Competency Area</th>
<th>Content Topic</th>
<th>Keywords</th>
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<tr>
<td>Fetal Assessment (Code 1)</td>
<td>Fetal Assessment</td>
<td>Acid-base assessment, Acoustic stimulation, Amniocentesis, Amniotic fluid index, Antepartum assessment, Biochemical fetal markers, Biophysical profile, Contraction stress test, Cord blood sampling, Doppler flow studies, Electronic fetal monitoring, Fetal and placental development, Fetal blood sampling, Fetal fibronectin testing, Fetal heart rate pattern interpretation, Fetal heart rate patterns (normal/abnormal), Fetal and placental development, Fetal movement assessment</td>
</tr>
<tr>
<td></td>
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<td>Fetal scalp stimulation, FHR baseline features, FHR changes, Hypotonus, Intermittent auscultation, Maternal serum markers/screening, NICHD categories, NICHD EFM terminology, Non-electronic monitoring, Non-stress testing, Nuchal translucency, Percutaneous blood sampling, Prenatal diagnosis, Prenatal screening tests, Ultrasound, Umbilical cord blood gases, Uterine activity assessment, Uterine tachysystole</td>
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<tr>
<td></td>
<td></td>
<td>Labor management, Labor physiology, Labor positions, Labor progress, Labor support, Leopold maneuvers, Maternal pregnancy physiology, Obstetric triage, Obstetrical procedures, Operative vaginal birth, Oxygen administration, Oxytocin administration, Pain management - complications, Pain management - pharmacologic, Pain relief - nonpharmacologic, Pharmacokinetics, Pharmacology, Physical assessment in labor, abdominal, vaginal, etc., Physiology of labor, Post anesthesia care, Regional anesthesia, Rupture of membranes, Screening physical exam for admission to labor &amp; delivery, Stages of labor, Steroid administration, Suprapubic pressure, Triage, True vs. false labor, Uteroplacental physiology, Vacuum-assisted delivery, Vaginal examination, VBAC, Water intoxication</td>
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<td>Core Competency Area</td>
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<td>Keywords</td>
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<tr>
<td></td>
<td>Obstetric Complications</td>
<td>Maternal risk factors - antepartum, Maternal risk factors affecting the newborn, Meconium stained fluid, Multiple gestation, Obesity complications - antepartum, Obesity complications - intrapartum, Occupational hazards, Oligohydramnios, Placenta previa, Placental disorders, Polyhydramnios, Precipitous delivery, Pregnancy, Pregnancy risks, Premature rupture of membranes, Prematurity, Preterm labor assessment, Preterm labor diagnosis, Preterm labor drugs, Preterm labor management, Prolapsed cord, Prolonged pregnancy, Pulmonary embolism, Resuscitation and stabilization, Rh sensitization, Ruptured membranes (preterm/term), Sepsis in pregnancy, SIRS, Shoulder dystocia, STDs in pregnancy, Stillbirth, Suboxone, Substance abuse, Third trimester bleeding, Thrombocytopenia, Thrombophilias, Thyroid disease, Tocolytic therapy, Trauma in pregnancy, Twin to twin transfusion, Urinary tract infection, Uterine dehiscence, Uterine inversion, Uterine rupture, Vaginal infections, Vasa previa</td>
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<tr>
<td></td>
<td>Lifestyle and Environmental Pregnancy Risks</td>
<td>Maternal risk factors - antepartum, Maternal risk factors affecting the newborn, Meconium stained fluid, Multiple gestation, Obesity complications - antepartum, Obesity complications - intrapartum, Occupational hazards, Oligohydramnios, Placenta previa, Placental disorders, Polyhydramnios, Precipitous delivery, Pregnancy, Pregnancy risks, Premature rupture of membranes, Prematurity, Preterm labor assessment, Preterm labor diagnosis, Preterm labor drugs, Preterm labor management, Prolapsed cord, Prolonged pregnancy, Pulmonary embolism, Resuscitation and stabilization, Rh sensitization, Ruptured membranes (preterm/term), Sepsis in pregnancy, SIRS, Shoulder dystocia, STDs in pregnancy, Stillbirth, Suboxone, Substance abuse, Third trimester bleeding, Thrombocytopenia, Thrombophilias, Thyroid disease, Tocolytic therapy, Trauma in pregnancy, Twin to twin transfusion, Urinary tract infection, Uterine dehiscence, Uterine inversion, Uterine rupture, Vaginal infections, Vasa previa</td>
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<td></td>
<td>Multiple Gestation</td>
<td>Maternal risk factors - antepartum, Maternal risk factors affecting the newborn, Meconium stained fluid, Multiple gestation, Obesity complications - antepartum, Obesity complications - intrapartum, Occupational hazards, Oligohydramnios, Placenta previa, Placental disorders, Polyhydramnios, Precipitous delivery, Pregnancy, Pregnancy risks, Premature rupture of membranes, Prematurity, Preterm labor assessment, Preterm labor diagnosis, Preterm labor drugs, Preterm labor management, Prolapsed cord, Prolonged pregnancy, Pulmonary embolism, Resuscitation and stabilization, Rh sensitization, Ruptured membranes (preterm/term), Sepsis in pregnancy, SIRS, Shoulder dystocia, STDs in pregnancy, Stillbirth, Suboxone, Substance abuse, Third trimester bleeding, Thrombocytopenia, Thrombophilias, Thyroid disease, Tocolytic therapy, Trauma in pregnancy, Twin to twin transfusion, Urinary tract infection, Uterine dehiscence, Uterine inversion, Uterine rupture, Vaginal infections, Vasa previa</td>
</tr>
<tr>
<td></td>
<td>Preterm Labor</td>
<td>Maternal risk factors - antepartum, Maternal risk factors affecting the newborn, Meconium stained fluid, Multiple gestation, Obesity complications - antepartum, Obesity complications - intrapartum, Occupational hazards, Oligohydramnios, Placenta previa, Placental disorders, Polyhydramnios, Precipitous delivery, Pregnancy, Pregnancy risks, Premature rupture of membranes, Prematurity, Preterm labor assessment, Preterm labor diagnosis, Preterm labor drugs, Preterm labor management, Prolapsed cord, Prolonged pregnancy, Pulmonary embolism, Resuscitation and stabilization, Rh sensitization, Ruptured membranes (preterm/term), Sepsis in pregnancy, SIRS, Shoulder dystocia, STDs in pregnancy, Stillbirth, Suboxone, Substance abuse, Third trimester bleeding, Thrombocytopenia, Thrombophilias, Thyroid disease, Tocolytic therapy, Trauma in pregnancy, Twin to twin transfusion, Urinary tract infection, Uterine dehiscence, Uterine inversion, Uterine rupture, Vaginal infections, Vasa previa</td>
</tr>
<tr>
<td></td>
<td>Prolonged Pregnancy</td>
<td>Maternal risk factors - antepartum, Maternal risk factors affecting the newborn, Meconium stained fluid, Multiple gestation, Obesity complications - antepartum, Obesity complications - intrapartum, Occupational hazards, Oligohydramnios, Placenta previa, Placental disorders, Polyhydramnios, Precipitous delivery, Pregnancy, Pregnancy risks, Premature rupture of membranes, Prematurity, Preterm labor assessment, Preterm labor diagnosis, Preterm labor drugs, Preterm labor management, Prolapsed cord, Prolonged pregnancy, Pulmonary embolism, Resuscitation and stabilization, Rh sensitization, Ruptured membranes (preterm/term), Sepsis in pregnancy, SIRS, Shoulder dystocia, STDs in pregnancy, Stillbirth, Suboxone, Substance abuse, Third trimester bleeding, Thrombocytopenia, Thrombophilias, Thyroid disease, Tocolytic therapy, Trauma in pregnancy, Twin to twin transfusion, Urinary tract infection, Uterine dehiscence, Uterine inversion, Uterine rupture, Vaginal infections, Vasa previa</td>
</tr>
<tr>
<td>Core Competency Area</td>
<td>Content Topic</td>
<td>Keywords</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
</tbody>
</table>
| **Postpartum (Code 4)** | **Postpartum**  
| - Physiology of the Postpartum Woman  
| - Family Adaptation  
| - Lactation  
| - Complications of the Postpartum Period  
| - Discharge Planning and Home Care | Birth canal lacerations  
| Breast milk composition  
| Breastfeeding  
| Breastfeeding complications  
| Care of the non-breastfeeding woman  
| Deep vein thrombosis  
| Discharge planning  
| Endometritis  
| Family cultural adaptation  
| Family integration  
| Family psychosocial adaptation  
| Herpes management postpartum  
| Home care  
| Home care - maternal self care  
| Home care - safety issues  
| Home care - routine neonatal care  
| Home care - warning signs  
| Insulin management postpartum  
| Lactation and drug transfer  
| Lactation physiology | Lactation suppression  
| Mastitis  
| Maternal infant attachment  
| Maternal risk factors - postpartum  
| Pain management  
| Perinatal loss  
| Postpartum blues  
| Postpartum care  
| Postpartum depression  
| Postpartum education  
| Postpartum exercises  
| Postpartum hemorrhage  
| Postpartum maternal physiologic changes  
| Postpartum cardiomyopathy  
| Postpartum Infection  
| Postpartum psychosocial adaptation  
| Septic pelvic thrombophlebitis  
| Transition to parenthood  
| Uterine subinvolution  
| Wound infection |
| **Newborn (Code 5)** | **Newborn**  
| - Adaptation to Extrauterine Life  
| - Physical Assessment  
| - Pathophysiologic Conditions  
| - Infant Nutrition  
| - Resuscitation and Stabilization | Adaptation to extrauterine life  
| AIDS and HIV infections  
| Anemia in the newborn  
| Behavioral assessment of the newborn  
| Birth injuries/trauma in the neonate  
| Brachial plexus injuries  
| Cardiovascular disorders in the neonate  
| Down syndrome - neonatal characteristics  
| Down syndrome - risks  
| Drug withdrawal in the infant  
| Gastrointestinal disorders in the neonate  
| Gestational age assessment  
| Glucose regulation in the neonate  
| Hyperbilirubinemia  
| Hypoglycemia in the neonate  
| Infant nutrition  
| Infant of a diabetic mother  
| Infant of drug using mother  
| Infections in the newborn  
| Intrauterine growth restriction effects  
| Jaundice in the neonate | Late preterm infant  
| Meconium aspiration syndrome  
| Neonatal birth injuries  
| Neonatal complications in immediate newborn period  
| Newborn injury  
| —Sudden unexplained postnatal collapse  
| —Falls  
| Neonatal physiologic transition  
| Neurological assessment of the newborn  
| Newborn assessment and care - general  
| Newborn nutrition  
| Newborn screening tests  
| Newborn complications  
| Newborn resuscitation  
| NRP  
| Physical assessment of the newborn  
| Polycythemia in the neonate  
| Respiratory disorders in the neonate  
| Resuscitation and stabilization  
| Rh disease in newborn  
| Sepsis in the neonate  
| SIDS  
| S.T.A.B.L.E.  
| Temperature disturbances in the neonate  
| Thermoregulation in the neonate |
## Coding Outlines and Keywords

### Determining What Content Meets Each Specialty Code

<table>
<thead>
<tr>
<th>Core Competency Area</th>
<th>Content Topic</th>
<th>Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Practice (Code 6)</td>
<td><strong>Research</strong></td>
<td>CE poster sessions (6 posters equal 1 hour)</td>
</tr>
<tr>
<td></td>
<td>• Definitions</td>
<td>Continuing competency</td>
</tr>
<tr>
<td></td>
<td>• Application to Practice</td>
<td>Ethical principles and theories</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evidence based practice</td>
</tr>
<tr>
<td></td>
<td><strong>Legal / Ethical Issues</strong></td>
<td>Incorporation of research into practice</td>
</tr>
<tr>
<td></td>
<td>• Definitions</td>
<td>Informed consent</td>
</tr>
<tr>
<td></td>
<td>• Application to Practice</td>
<td>Interprofessional communications</td>
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<td>• Informed Consent</td>
<td>Legal issues affecting inpatient obstetric nursing practice</td>
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<td>• Legal Issues Affecting</td>
<td>Medication errors</td>
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<td>Inpatient Obstetric Nursing Practice</td>
<td>National practice standards and guidelines</td>
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<td></td>
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INP Core Competency Area

Fetal Assessment (Code 1)  
*10 hours  
- Antepartum Testing  
- Electronic Fetal Monitoring  
- Non-Electronic Fetal Monitoring  
- Acid-base Interpretation

Labor and Birth (Code 2)  
*15 hours  
- Physiology of Labor  
- Assessment and Management of Labor  
- Obstetrical and Perioperative Procedures  
- Pain Management and Coping  
- Labor Complications  
- Induction and Augmentation

Pregnancy and Obstetric Complications (Code 3)  
*10 hours  
- Maternal Complications Affecting the Fetus and Newborn  
- Maternal Psychosocial and Environmental Risks

Obstetric Complications  
- Preterm Labor  
- Multiple Gestation  
- Placental Disorders

Postpartum (Code 4)  
*5 hours  
- Recovery and Postpartum Physiology and Complications  
- Family Dynamics and Discharge Readiness  
- Lactation

Newborn (Code 5)  
*5 hours  
- Adaptation to Extraterine Life  
- Assessment  
- Resuscitation and Stabilization  
- Complications (initial assessment/ nursing interventions)  
- Infant Nutrition

Professional Practice (Code 6)  
*5 hours  
- Quality and Safety  
  - Definitions  
  - Application to Practice  
- Legal/Ethical Issues  
  - Definitions  
  - Application to Practice

Your Education Plan

<table>
<thead>
<tr>
<th>CORE COMPETENCY AREA</th>
<th>HOURS REQUIRED*</th>
<th>HOURS ENTERED</th>
<th>REQUIREMENTS MET</th>
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<td>Baseline Hours</td>
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Assessment Summary & Resources

<table>
<thead>
<tr>
<th>CORE COMPETENCY AREA</th>
<th>SPECIALTY INDEX</th>
<th>MISSED KEYWORDS</th>
<th>CE MODULES</th>
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<td>Placental Disorders, Preterm Labor, Multiple Gestation, Pregnancy Conditions</td>
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<td>Newborn (Code 5)</td>
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*Number of CE hours required if you do not achieve a specialty index of 7.5 or more in the content area.
## Core Competency Area

### Fetal Assessment (Code 1)

#### General Assessment
- Antepartum Testing
- Electronic Fetal Monitoring
- Non-Electronic Fetal Monitoring
- Acid-base Interpretation

#### Keywords
- Acid-base assessment
- Acoustic stimulation
- Amniocentesis
- Amniotic fluid index
- Antepartum assessment
- Biochemical fetal markers
- Biophysical profile
- Contraction stress test
- Cord blood sampling
- Doppler flow studies
- Electronic fetal monitoring
- Fetal and placental development
- Fetal blood sampling
- Fetal fibronectin testing
- Fetal heart rate pattern interpretation
- Fetal heart rate patterns (normal/abnormal)
- Fetal lung maturation studies
- Fetal movement assessment
- Fetal scalp stimulation
- FHR baseline features
- FHR changes
- Gestational age assessment
- Hypotonus
- Intermittent auscultation
- Maternal serum markers/screening
- NICHD categories
- NICHD EFM terminology
- Non-electronic monitoring
- Non-stress testing
- Nuchal translucency
- Percutaneous blood sampling
- Prenatal diagnosis
- Prenatal screening tests
- Ultrasound
- Umbilical cord blood gases
- Uterine activity assessment
- Uterine tachysystole

### Labor and Birth (Code 2)

#### Labor and Birth
- Physiology of Labor
- Assessment and Management of Labor
- Obstetrical and Perioperative Procedures
- Pain Management and Coping
- Labor Complications
- Induction and Augmentation

#### Keywords
- Active management of labor
- Amnioinfusion
- Amniotomy
- Anesthesia during labor
- Augmentation of labor
- Bishop score
- Cervical ripening
- Cesarean birth - indications, complications, patient management
- Childbirth education
- Cultural assessment
- Deep tendon reflex assessment
- Eating and drinking in labor
- Epidural anesthesia
- Epiostomy
- External version
- Failure to progress
- Fluid electrolyte management in labor
- Forceps delivery
- Herpes management in labor and delivery
- Induction of labor
- Induction of labor - complications
- Induction of labor - indications
- Induction of labor - methods
- Induction of labor - nursing management
- Insulin management in labor/delivery
- Intraamniotic infection
- Intrauterine resuscitation
- Labor curves
- Labor dystocia
- Labor management
- Labor physiology
- Labor positions
- Labor progress
- Labor support
- Leopold maneuvers
- Maternal pregnancy physiology
- Obstetric triage
- Obstetrical procedures
- Operative vaginal birth
- Oxygen administration
- Oxytocin administration
- Pain management - complications
- Pain management - pharmacologic
- Pain relief - nonpharmacologic
- Pharmacokinetics
- Pharmacology
- Physical assessment in labor, abdominal, vaginal, etc.
- Physiology of labor
- Post anesthesia care
- Regional anesthesia
- Rupture of membranes
- Screening physical exam for admission to labor & delivery
- Stages of labor
- Steroid administration
- Suprapubic pressure
- Triage
- True vs. false labor
- Uteroplacental physiology
- Vacuum-assisted delivery
- Vaginal examination
- VBAC
- Water intoxication
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| Pregnancy and Obstetric Complications (Code 3) | Pregnancy Complications  
- Maternal Complications Affecting the Fetus and Newborn  
- Maternal Psychosocial and Environmental Risks | Abnormal presentation  
Abruption placenta  
Acute fatty liver disease  
Addictive disorders in pregnancy  
AIDS and HIV infections  
Amniotic fluid embolism  
Amniotic fluid problems  
Anemia  
Anticoagulation therapy  
Antihypertensive therapy  
Appendicitis  
Asthma  
Autoimmune diseases  
Bleeding disorders in pregnancy  
Breech presentation  
Cardiovascular disease affecting pregnancy  
Cardiomyopathy  
Diabetes in pregnancy  
Disease processes affecting mother/fetus/newborn  
Disseminated intravascular coagulation  
Domestic violence in pregnancy  
Dysfunctional labor (prolonged/precipitous)  
Eclampsia  
Environmental hazards to pregnancy  
Gestational diabetes  
Gestational hypertension  
Group B streptococcus infection  
HELLP syndrome  
Hemoglobinopathies  
Hemolytic disease  
History of infertility effects on pregnancy and the neonate  
Hypertension  
Hypertonic labor  
Hypotonic labor  
Infections in pregnancy - viral, bacterial & fungal  
Ketoacidosis  
Labor/placental disorders  
Macrosomia  
Malpresentation  
Maternal risk factors - antepartum  
Maternal risk factors - intrapartum  
Maternal risk factors affecting the newborn  
Meconium stained fluid  
Multiple gestation  
Obesity complications - antepartum  
Obesity complications - intrapartum  
Occupational hazards  
Oligohydramnios  
Placenta previa  
Placental disorders  
Polyhydramnios  
Precipitous delivery  
Preeclampsia  
Premature rupture of membranes  
Prematurity  
Preterm labor assessment  
Preterm labor diagnosis  
Preterm labor drugs  
Preterm labor management  
Prolapsed cord  
Prolonged pregnancy  
Pulmonary embolism  
Resuscitation and stabilization  
Rh sensitization  
Ruptured membranes (preterm/term)  
Sepsis in pregnancy  
SIRS  
Shoulder dystocia  
STIs in pregnancy  
Stillbirth  
Suboxone  
Substance abuse  
Third trimester bleeding  
Thrombocytopenia  
Thrombophilias  
Thyroid disease  
Tocolytic therapy  
Trauma in pregnancy  
Twin to twin transfusion  
Urinary tract infection  
Uterine dehiscence  
Uterine inversion  
Uterine rupture  
Vaginal infections  
Vasa previa |
| Obstetric Complications  
- Preterm Labor  
- Multiple Gestation  
- Placental Disorders | Maternal risk factors - antepartum  
Maternal risk factors - intrapartum  
Maternal risk factors affecting the newborn  
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## DETERMINING WHAT CONTENT MEETS EACH SPECIALTY CODE

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<td>Quality and Safety • Definitions • Application to Practice</td>
<td>CE poster sessions (6 posters equal 1 hour) Continuing competency Ethical principles and theories Evidence based practice Incorporation of research into practice Informed consent Interprofessional communications Legal issues affecting inpatient obstetric nursing practice Medication errors National practice standards and guidelines Patient safety Research Research definitions Staffing issues Systemic errors</td>
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<td>Legal / Ethical Issues • Definitions • Application to Practice</td>
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### NCC “OTHER” CODES

You can only use these hours for baseline hours and not hours designated in the education plan assigned to a specific competency area. Baseline hours are listed as hours that are assigned to any competency area and appear at the bottom of your plan.

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<td>21</td>
<td>NCC Pretest Participant If you participated in the NCC sponsored pretest program</td>
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<tr>
<td>22</td>
<td>NCC Item Writer If you are credentialed by NCC and have participated in the item writing program</td>
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<tr>
<td>23</td>
<td>NCC CE Reviewer or Author If you reviewed or authored an NCC continuing education module</td>
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<tr>
<td>24</td>
<td>Presenter of a CE Course or Preceptor Presenter of educational program can use the same amount of CE earned by the participants. Such CE presentation CANNOT be part of the individual’s job responsibilities. If the activities was presented more than once you can only use the CE hours once. The maximum number of hours that can be earned for preceptorship activity is 10 hours per maintenance cycle. This is limited to preceptoring students in your same certification specialty area. Staff orientation is NOT considered a preceptor activity and cannot be used.</td>
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<td>25</td>
<td>Author of a Book Chapter or Journal Article Rules for Using Publications for Maintenance • The publication date of the article/book/module will determine its applicability for your current certification maintenance. • You are limited to using one article, book authorship or service as an NCC continuing education reviewer or monograph author per certification maintenance cycle. • Articles/books must be related to the certification specialty area. • 5 contact hours will be awarded to those who have written a journal article or a chapter of a book. • 15 contact hours will be awarded to those who are a primary or secondary author of a book.</td>
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