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# **INTEGRATED MATERNAL AND NEWBORN CARE BASIC SKILLS COURSE**

## **CLINICAL LOGBOOK WITH LEARNING AND EVALUATION CHECKLISTS**

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- Reference Manual
- Technical Presentations
- Facilitator's Guide
- Participant's Notebook
- Clinical Logbook
- Tools for Monitoring and Evaluation



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## List of Abbreviations

AMTSL	active management of the third stage of labor
ART	antiretroviral therapy
ARV	antiretroviral
BCG	Bacille Calmette-Guérin (vaccine)
CCT	controlled cord traction
HIV	human immunodeficiency virus
HLD	high-level disinfection/disinfected
IM	intramuscular
MOH	Ministry of Health
OI	opportunistic infection
OPV	oral polio vaccine
PMTCT	preventing mother-to-child transmission
PPH	postpartum hemorrhage
RPR	rapid plasma reagin



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## INTRODUCTION

This document will help health workers and training participants to:

- maintain information on cases they see or where they assist in providing care (the clinical experience log).
- record scores they received on pre-, mid-, and post-course questionnaires (Table 1: Knowledge Assessment).
- record scores they received when evaluated on a model or in the clinical areas (Table 2: Skills Assessment).
- learn and practice the necessary skills using the learning checklists for the following:
  - active management of the third stage of labor (AMSTL) and essential newborn care at birth
  - monitoring the woman and the newborn during the first six hours postpartum
  - essential postpartum care for the woman
  - neonatal resuscitation in the delivery room
  - systematic examination of the newborn at peripheral health centers
  - postnatal care of the newborn at peripheral health centers

The evaluation checklists included here can be used to evaluate the skills of participants in training courses and during supervisory visits. These checklists are shorter and the tasks and steps listed are fewer than those in the learning checklists. The evaluation checklists in this document cover six key areas:

- active management of the third stage of labor
- essential newborn care at birth
- monitoring the woman and the newborn during the first six hours postpartum
- essential postpartum care for the woman
- neonatal resuscitation in the delivery room
- history-taking, systematic examination, and postnatal newborn care at peripheral health centers

An additional checklist, for evaluating a facility, will help participants identify and recommend ways to improve maternal and newborn care, not only at the learning site but later to plan and advocate for changes in their own centers.

**CLINICAL EXPERIENCE LOGS**

**Active Management of the Third Stage of Labor (AMTSL)**

Date	Patient identification number	Diagnosis (be as specific as possible)	Procedure or treatment carried out	Maternal outcome	Fetal outcome	A or M*

\*A = Assisted or observed another participant. M= Managed the case.

**Essential Newborn Care at Birth**

Date	Patient identification number	Diagnosis (be as specific as possible)	Procedure or treatment carried out	Maternal outcome	Fetal outcome	A or M*

\*A = Assisted or observed another participant. M= Managed the case.

**Monitoring the Woman and the Newborn during the First Six Hours Postpartum**

Date	Patient identification number	Diagnosis (be as specific as possible)	Procedure or treatment carried out	Maternal outcome	Fetal outcome	A or M*

\*A = Assisted or observed another participant. M= Managed the case.

**Facilitating initiation of breastfeeding (early initiation of breastfeeding and correct positioning when breastfeeding)\***

Date	Patient identification	Diagnosis (be as specific as possible)	Procedure or treatment	Maternal outcome	Fetal outcome	A or



	number	possible)	carried out			M**

\*\*A = Assisted or observed another participant. M= Managed the case.

\*Note that this skill is part of the set of skills needed for care of the newborn at birth but is listed separately to highlight its importance and to ensure that this component has been carried out correctly.

**Essential Postpartum Care for the Woman**

Date	Patient identification number	Diagnosis (be as specific as possible)	Procedure or treatment carried out	Maternal outcome	Fetal outcome	A or M*

\*A = Assisted or observed another participant. M = Managed the case.

**Neonatal Resuscitation in the Delivery Room**

Date	Patient identification number	Diagnosis (be as specific as possible)	Procedure or treatment carried out	Maternal outcome	Fetal outcome	A or M*

\*A = Assisted or observed another participant. M= Managed the case.

### Systematic Examination of a Newborn at Peripheral Health Centers

Date	Patient identification number	Diagnosis (be as specific as possible)	Procedure or treatment carried out	Maternal outcome	Fetal outcome	A or M*

\*A = Assisted or observed another participant. M = Managed the case.

### Postnatal Care of the Newborn at Peripheral Health Centers

Date	Patient identification number	Diagnosis (be as specific as possible)	Procedure or treatment carried out	Maternal outcome	Fetal outcome	A or M*

\*A = Assisted or observed another participant. M = Managed the case.



## KNOWLEDGE ASSESSMENTS

Participants will be evaluated on their knowledge of the components noted below at three points: at the beginning of the training program (pre-course), just after the training sessions and before commencing clinical practice in the facility/hospital (mid-course), and at the end of the clinical practice (post-course). Have your scores entered in Table 1 below at the appropriate time and verified by the facilitator.

**Table 1: Knowledge Assessment**

KNOWLEDGE COMPONENT	Question	Pre-course	Mid-course	Post-course
		Score (Percentage)		
Monitoring during the first six hours after childbirth	1			
Routine care during the third stage of labor	2			
	3			
	4			
Prevention of PPH	5			
Prevention of infection	6			
	7			
Maternal care that may improve maternal and newborn survival	8			
	9			
Care of the newborn at birth	10			
	11			
Resuscitation of the newborn at birth	12			
	13			
Breastfeeding	14			
	15			
Problems in the newborn	16			
	17			
	18			
Low birth weight babies	19			
	20			
Total	20			
Date				
Facilitator's signature				

\*Each question is worth one point.

## SKILLS ASSESSMENTS

Participants will be evaluated on their skill in the components noted below at two points: before the clinical practicum on an anatomic model, and at the end of the practicum in the facility. Have your scores entered in Table 2 below at the appropriate time and verified by the facilitator.

**Table 2: Skills Assessment**

SKILL COMPONENT	On an anatomic model before the clinical practicum			Final observation in the clinical area		
	Date	Percentage	Facilitator's signature	Date	Percentage	Facilitator's signature
AMTSL						
Essential newborn care at birth						
Facilitating initiation of breastfeeding, including early initiation of breastfeeding and correct positioning when breastfeeding*						
Monitoring the woman and newborn during the first six hours postpartum						
Essential postpartum care for the woman						
Neonatal resuscitation in the delivery room						
Systematic examination of the newborn at peripheral health centers						
Postnatal care for the newborn at peripheral health centers						

\*Note that this skill is part of the set of skills needed for care of the newborn at birth but is listed separately to highlight its importance and to ensure that this component has been carried out correctly.



## Learning Checklist for Active Management of the Third Stage of Labor

Training facilitators or learners can use the following learning checklist to gauge progress while learning to perform AMTSL.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** Only AMTSL is included in this learning checklist. This learning checklist should be used with the learning checklists for neonatal resuscitation in the delivery room, essential newborn care at birth, and monitoring the woman and newborn during the first six hours postpartum.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Learning Checklist: AMTSL					
Step/Task	Rating				
Date					
<b>Prepare the woman during the first stage of labor</b>					
1. Assess for all emergency and priority signs immediately and, if present, initiate the designated emergency response procedures and begin appropriate treatment and/or referral.					
2. Explain to the woman and her support person what will be done and encourage questions.					
3. Listen to what the woman and her support person have to say.					
4. Review the woman's chart. For example:					
• prenatal card, partograph					
• HIV status, ARV, and cotrimoxazole prophylaxis as applicable					
• if her medical documents are not complete, gather any information necessary to complete them.					
5. Offer AMTSL to the woman and obtain her permission to apply it.					
6. Explain that the newborn will be placed first on her abdomen and then on her chest, and obtain the woman's permission to					

Learning Checklist: AMTSL					
Step/Task	Rating				
do so.					
7. Help the woman take a bath to ensure cleanliness.					
8. Provide emotional support and reassurance and keep the woman and her family informed throughout birth and during the immediate postpartum period.					
<b>Preparation for childbirth</b>					
1. Check that all needed equipment and instruments for delivery care, essential maternal and newborn care, newborn resuscitation, and adult resuscitation are available, clean, sterile/HLD, and in good working order.					
2. Make sure that the room is warm (at least 25-28 °C/77.0-82.4 °F) and free from drafts from open windows, doors, or fans. Make sure that all of the windows are closed. NOTE: If the temperature of the room is less than optimal, a heater should be available to warm the room or at least the newborn corner. In hot weather, air conditioning or fans should be turned off or adjusted as required in the delivery room.					
3. Make sure that supplies needed to keep the newborn baby warm are prepared (see the learning/practice checklist on resuscitation).					
4. Make sure that all surfaces the woman and baby will come in contact with are clean, warm and dry, and covered with a sterile (preferable) or clean cloth at the time of delivery.					
5. Make sure the room is well-lit.					
6. Provide PMTCT interventions if the woman is infected with HIV. Have the ARV prophylaxis doses available for the mother and baby as necessary.					
7. Prepare a uterotonic drug (oxytocin is the uterotonic drug of choice) as soon as the woman's cervix is completely dilated.					
8. Ask the woman to empty her bladder when the second stage is near (catheterize the woman only if she cannot urinate and her bladder is full).					
<b>Preparation for the second stage of labor</b>					
1. If the woman presents at the facility when she is completely dilated, offer AMTSL to the woman and obtain her permission to apply it. If AMTSL was already offered to the woman, check that she has understood and still gives her permission to apply it.					
2. If the woman presents at the facility when she is completely dilated, explain that the newborn will be placed first on her abdomen and then on her chest, and obtain her permission to					



Learning Checklist: AMTSL					
Step/Task	Rating				
do this. If placing the newborn on the mother's abdomen and chest was already explained, check that the woman understood and still gives her permission.					
3. Ask if the woman would like the person accompanying her to remain in the delivery room.					
4. Do not encourage the woman to push until she has the urge to do so.					
5. Assist the woman to assume the position of her choice (squatting, semi-sitting) and allow her to change position according to what is most comfortable for her.					
6. Provide emotional support.					
7. Wear a clean plastic or rubber apron, rubber boots, face mask, and eye goggles.					
8. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth (or air-dry them).					
9. Use sterile or high-level disinfected (HLD) surgical gloves on both hands.					
10. Place a sterile drape from the delivery pack under the woman's buttocks, another over her abdomen, and use a third drape to receive the baby.					
<b>Assist with the birth of the baby</b>					
<b>Immediate newborn care</b>					
1. When the baby is born, receive him/her in a clean, preferably sterile cloth.					
2. Note the time of birth.					
3. Place the baby on the mother's abdomen.					
4. Thoroughly dry the baby and wipe the eyes.					
5. Remove the wet cloth.					
6. Place the baby in skin-to-skin contact with the mother to maintain warmth, and cover the baby—including the head—with a clean, dry cloth while keeping the face unobstructed.					
7. Assess the baby's breathing while drying the baby (steps 1-6).					
<ul style="list-style-type: none"> <li>If the baby is not crying or breathing well within 30 seconds of birth, <b>call for help</b> and begin resuscitation (see the Learning/Practice Checklist for neonatal resuscitation).</li> </ul>					

Learning Checklist: AMTSL					
Step/Task	Rating				
<ul style="list-style-type: none"> <li>If the baby is breathing normally, continue with immediate care of the newborn.</li> </ul>					
8. If the mother is not able to hold the baby, ask her companion or an assistant to care for the baby. Otherwise, the baby should remain with the mother.					
<b>Administration of a uterotonic drug</b>					
1. Explain to the woman and her support person what will be done and encourage questions. (Ideally this should have been done earlier in the first stage of labor.)					
2. Palpate the uterus to make sure no other baby is present.					
3. If no other baby is present, administer a uterotonic drug (oxytocin 10 IU IM is the uterotonic drug of choice) <b>within one minute of delivery</b> : <ul style="list-style-type: none"> <li>If the health care facility does not have oxytocin, inject ergometrine 0.2 mg IM or Syntometrine 1 mL IM, or administer misoprostol 600 mcg by mouth.</li> </ul>					
<b>Clamp and cut the cord</b>					
1. Wait to clamp and cut the cord until the cord ceases to pulsate or 2-3 minutes after the baby's birth, whichever comes first. NOTE: Refer to national protocols for cord cutting if the woman is infected with HIV. NOTE: Clamp and cut the cord immediately if the baby is not breathing.					
2. Place one clamp 4-5 cm from the baby's abdomen.					
3. Gently squeeze the cord towards the woman's perineum and place a second clamp on the cord approximately 2 cm from the first clamp. Do not milk the cord, especially toward the baby.					
4. Cut the cord using sterile scissors or a sterile blade fixed to the scalpel, covering the site with gauze to prevent blood spurts. Do <b>not</b> use the same scissors used for an episiotomy.					
5. Tie the cord only <b>after</b> the provider performs AMTSL and completes initial care of the mother and baby.					
6. Place the infant directly on the mother's chest, prone, with the newborn's skin touching the mother's skin.					
7. Cover both the mother and infant with a dry, warm cloth or towel, to prevent heat loss, leaving the face exposed.					
8. Cover the baby's head with a cap or cloth.					
<b>Controlled cord traction (CCT)</b>					
1. Move the metal cord clamp close to the woman's perineum to make CCT easier.					



Learning Checklist: AMTSL					
Step/Task	Rating				
2. Keep slight tension on the cord and await a strong uterine contraction (2-3 minutes).					
3. When there is a uterine contraction, apply countertraction to the uterus with the hand above the pubic bone (apply pressure on the uterus in an upward direction, towards the woman's head).					
4. While applying countertraction to the uterus, apply firm, steady traction to the cord, pulling downward on the cord, following the direction of the birth canal.					
5. If the placenta does not descend during 30 to 40 seconds of controlled cord traction and there are no signs of placental separation, stop controlled cord traction.					
6. Gently hold the cord and wait until the uterus is well-contracted again. If necessary, clamp the cord closer to the perineum as it lengthens.					
7. When there is another contraction, repeat steps 1 through 6.					
<b>Delivery of the placenta</b>					
1. As the placenta delivers, hold it in both hands and gently turn it until the membranes are twisted.					
2. Slowly pull to complete the delivery. Move the membranes up and down until they deliver.					
3. Place the placenta in the receptacle provided (for later examination).					
<b>Actions to take if problems are encountered when applying AMTSL</b>					
1. If the <b>membranes tear</b> , gently examine the upper vagina and cervix, wearing high-level disinfected or sterile gloves, and use a sponge forceps to remove any pieces of remaining membrane.					
2. If there is a ruptured cord, ask the woman to squat and deliver the placenta with maternal effort and gravity. If the placenta is still not delivered, consider manual removal of the placenta.					
<b>Uterine massage</b>					
1. Immediately massage the fundus of the uterus through the woman's abdomen until the uterus is contracted (firm).					
2. Check that the uterus is firm after uterine massage is stopped. If the uterus is soft, repeat the massage.					
3. Instruct the woman on how the uterus should feel and how to perform uterine massage.					
<b>Examining the birth canal</b>					
1. Direct a strong light onto the perineum.					

Learning Checklist: AMTSL					
Step/Task	Rating				
2. Gently separate the labia and inspect the lower vagina for lacerations.					
3. Inspect the perineum for lacerations.					
4. Repair lacerations if necessary.					
<b>Examining the placenta</b>					
1. Hold the placenta in the palms of the hands, with the maternal side facing upwards.					
2. Check whether all of the lobules are present and fit together.					
3. Hold the cord with one hand and allow the placenta and membranes to hang down.					
4. Insert the other hand inside the membranes, with fingers spread out.					
5. Inspect the membranes for completeness.					
6. If membranes or placenta are not complete, take immediate action.					
7. Consult the woman about her cultural practices, and then dispose of the placenta according to national protocols.					
<b>Making the woman comfortable</b>					
1. Rinse gloves with soap and water, if needed.					
2. Wash the woman's perineum, buttocks, and back gently and dry her with a clean, soft cloth.					
3. Place a clean cloth or pad on the woman's perineum.					
4. Remove soiled bedding and make the woman comfortable.					
5. Estimate and record blood loss.					
<b>Infection prevention and decontamination</b>					
1. While still wearing gloves:					
• Dispose of gauze swabs and other waste materials in a leak-proof container or plastic bag.					
• Dispose of needles and sharps in a sharps-disposal container.					
• Clean apron with decontamination solution.					
• Remove gloves by turning them inside out.					
• If disposing of gloves, place in a leak-proof container or plastic bag. This is preferable to reusing gloves. If reusing surgical gloves, submerge them in a 0.5% chlorine solution for 10 minutes to decontaminate.					
2. Wash hands thoroughly with soap and water and dry them with a clean, dry towel (or air-dry them).					
<b>Documentation</b>					



Learning Checklist: AMTSL					
Step/Task	Rating				
1. Record relevant details on the woman's record and delivery logbook: <ul style="list-style-type: none"> <li>time the baby is born and other details noted under the care of the baby at birth</li> </ul>					
<ul style="list-style-type: none"> <li>duration of the third stage</li> </ul>					
<ul style="list-style-type: none"> <li>AMTSL details (including name of the provider, route and dosage of uterotonic drug used)</li> </ul>					
<b>Counseling the woman on self-care</b>					
1. Keep the mother and baby together.					
2. Do not transfer the woman and baby out of the delivery room until at least 1 hour after delivery of the placenta. If either the woman or newborn are not stable after 1 hour, keep them in the delivery room until they are both stable.					
3. Facilitate exclusive breastfeeding unless the mother is HIV-positive and makes the informed choice not to breastfeed.					
4. Encourage the woman to eat, drink, and rest.					
5. Ask the woman's companion to watch her and call for help if bleeding or pain increases, if the mother feels dizzy or has severe headaches, visual disturbance, or epigastric distress.					
6. Remind the woman how the uterus should feel and how she can massage it herself.					
7. Encourage the woman to empty her bladder and ensure that she has passed urine.					
8. Counsel the woman on nutrition and hygiene.					
9. Ensure the woman has sanitary napkins or clean material to collect vaginal blood.					
10. Check the woman's HIV status and, if it is not known, then offer counseling for voluntary testing.					
<b>Documentation</b>					
1. Document all relevant findings in the woman's card/partograph/delivery register.					
2. Document all relevant findings in the delivery logbook.					
<b>Provide care for the baby at birth (see relevant learning checklist).</b>					
<b>Monitor the woman and newborn for at least six hours after childbirth (see relevant learning checklist).</b>					

## Learning Checklist for Essential Newborn Care at Birth

Training facilitators or learners can use the following learning checklist to gauge progress while learning to care for the newborn at birth.

<p><b>Directions</b></p> <p>Rate the performance of each step or task using the following rating scale:</p> <p><b>1</b> = Performs the step or task completely and correctly.</p> <p><b>0</b> = Is unable to perform the step or task completely or correctly or the step/task was not observed.</p> <p><b>N/A</b> (not applicable) = Step was not needed.</p>
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**NOTE:** This learning checklist should be used with the checklists for AMTSL, monitoring the woman and newborn during the first six hours postpartum, and neonatal resuscitation in the delivery room.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Learning Checklist: Essential Newborn Care at Birth					
Step/Task	Rating				
Date					
<b>Prepare the woman during the first stage of labor</b>					
1. Explain to the woman and her support person what will be done and encourage questions.					
2. Listen to what the woman and her support person have to say.					
3. Review the woman's chart. For example:					
• prenatal card, partograph					
• HIV status and ARV and cotrimoxazole prophylaxis where applicable					
• if her medical documents are not complete, gather any information necessary to complete them.					
4. In order to prepare the woman, explain that the newborn will be placed first on her abdomen and then on her chest (explain the advantages of skin-to-skin contact) and that breastfeeding will be facilitated in the delivery room within one hour of birth, and obtain her permission to complete these actions.					
5. Advise the woman to take a bath to ensure cleanliness.					
6. Provide emotional support and reassurance and keep the woman and her family informed throughout birth and during the immediate postpartum period.					
<b>Preparation for childbirth</b>					
1. Check that all needed equipment, instruments, and supplies for delivery care, essential newborn care, and newborn resuscitation are available, clean, sterile/HLD, and in good					



Learning Checklist: Essential Newborn Care at Birth					
Step/Task	Rating				
working order (see checklist on resuscitation).					
2. Make sure that the room is warm (25-28 °C/77.0-82.4 °F) and free from drafts from open windows, doors, and fans. Make sure that all of the windows are closed. NOTE: If the temperature of the room is less than optimal, a heater should be available to warm the room or at least the newborn's corner. In hot weather, air conditioning or fans should be turned off or adjusted in the delivery room.					
3. Where a heater is available, place the baby linen and clothes under/near the heater to warm them before delivery.					
4. Make sure that all surfaces the woman and baby will come in contact with are clean and dry and are covered with clean, preferably sterile cloth.					
5. Make sure the room is well-lit.					
6. Provide PMTCT interventions if the woman is infected with HIV, making sure that ARV is available for the baby.					
<b>Preparation if the mother comes during the second stage of labor</b>					
1. If the woman presents at the facility when she is completely dilated, explain that the newborn will be placed first on her abdomen and then on her chest, and obtain her permission to do this. If placing the newborn on the mother's abdomen and chest was already explained, check that the woman understood the advantages and still gives her permission.					
2. Provide emotional support.					
3. Wear a clean plastic or rubber apron, rubber shoes/sandals/slippers, mask, and eye goggles.					
4. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth (or air-dry them).					
5. Wear sterile (preferable) surgical or HLD gloves on both hands.					
<b>Immediate newborn care</b>					
1. When the head is delivered, wipe the eyes with clean, preferably sterile swabs.					
2. When the baby is fully born, receive him/her in a clean, preferably sterile, and dry cloth.					
3. Note the time of birth and the sex of the baby and announce them loudly enough to inform the mother.					
4. Place the baby on the mother's abdomen.					

Learning Checklist: Essential Newborn Care at Birth					
Step/Task	Rating				
5. Wipe the eyes and face and thoroughly dry the baby.					
6. Remove the wet cloth.					
7. Keep the baby in skin-to-skin contact with the mother on her abdomen to maintain warmth, and cover the baby—including the head—with a fresh, clean, preferably sterile, dry cloth while keeping the face uncovered.					
8. Assess the baby's breathing while drying the baby (steps 1-6).					
<ul style="list-style-type: none"> <li>• If the baby is not crying or breathing well within 30 seconds of birth, <b>call for help</b>, clamp and cut the cord soon after drying and begin resuscitation (see practice checklist on neonatal resuscitation).</li> </ul>					
<ul style="list-style-type: none"> <li>• If the baby is breathing normally, continue with the other components of essential newborn care.</li> </ul>					
9. If the mother is not able to hold the baby, ask her companion or an assistant to care for the baby. Otherwise, the baby should remain with the mother.					
<b>Clamp and cut the cord</b>					
1. Wait for 2-3 minutes after birth or until the cord ceases to pulsate, whichever comes first, before clamping and cutting the cord. NOTE: Refer to national MOH protocols for cord cutting if the woman is infected with HIV. NOTE: As noted above, clamp and cut the cord soon after drying the baby if he/she is not breathing.					
2. Place one clamp about 4-5 cm from the baby's abdomen. Place the second clamp 2 cm from the first clamp.					
3. Gently squeeze the cord to facilitate cutting the cord. Do not milk the cord and <b>never towards the baby</b> . Cut the cord using sterile scissors or a sterile blade attached to the scalpel between the 2 sterile clamps, covering the site with gauze to prevent blood spurts. Do <b>not</b> use the same scissors used for an episiotomy and other procedures.					
4. Place the infant directly on the mother's chest, prone, with the newborn's skin touching the mother's skin.					
5. Cover both the mother and infant with a dry, warm cloth or towel to prevent heat loss. Use a blanket if required. Leave the face exposed.					
6. Cover the baby's head with a cap or cloth.					



Learning Checklist: Essential Newborn Care at Birth					
Step/Task	Rating				
<b>Care of the umbilical cord (after implementing AMTSL)</b>					
1. Tie the cord when the mother and baby are stable and after completing AMTSL.					
2. Tie the cord with a ligature or place the disposable cord clamp, if available, 2 fingers (2-3 cm) from the abdomen, making sure the tie is firmly applied with two or three knots. Check for bleeding; if present, retie the cord.					
3. If recommended by the Ministry of Health/health facility, apply an antiseptic on the cord, taking care to apply it on the base of the cord.					
<b>Care of the eyes</b>					
1. Instill eye drops (tetracycline or erythromycin), one drop in each eye. When using an ointment, depress the lower eyelid and place a length/strip of the ointment inside the lid from the inner to the outer edge of the eye. Do the same for the other eye.					
2. Make sure that the tip of the bottle or the tube does not touch the eye of the baby or other objects.					
<b>Identification of the baby</b>					
1. Place an identification band, preferably two—one on the wrist and the other on the ankle of the baby—noting the name of the mother and that of the father (where available), the sex of the baby, and date and time of the delivery.					
<b>Maintain the baby's body temperature/thermal protection</b>					
1. Keep the baby warm, ideally by placing him/her in skin-to-skin contact on the mother's chest, with the body and head covered by a cloth over the mother (if no urgent care is required by the baby). Or, if the baby cannot be placed in skin-to-skin contact in case of a Cesarean section or if the mother is ill, wrap the baby well, including the head. Explain to the mother why the baby is covered.					
2. Check the baby's axillary temperature with a thermometer.					
<b>Administer vitamin K1</b>					
1. Explain to the mother that an injection will be required to prevent hemorrhage in the baby.					
2. Collect all the necessary supplies: disposable syringe (preferably 1 mL) with needle, vitamin K, alcohol, pieces of gauze/cotton, preferably sterile.					

Learning Checklist: Essential Newborn Care at Birth				
Step/Task	Rating			
3. Inject the drug intramuscularly in the antero-lateral part of the thigh: 1 mg for a normal weight baby and 0.5 for a baby weighing less than 1500 grams.				
4. Dispose of the needle and syringe in an appropriate and safe manner (in a container for sharp instruments).				
<b>Commence exclusive breastfeeding</b>				
1. Support the mother in breastfeeding her baby within one hour of birth and before their transfer out of the delivery room.				
<b>Verify that the baby's mouth is latched on well at the breast</b>				
1. The baby's chin is touching or nearly touching the breast.				
2. The mouth is open wide.				
3. All or most of the areola is inside the mouth, especially the lower part, so that the upper part of the areola is more visible than the lower part.				
4. The baby's lips are everted.				
5. The suction is slow and deep, and swallowing is audible.				
<b>Briefly counsel the mother</b>				
1. On the importance of early, exclusive breastfeeding and of colostrum in protecting the baby against infections.				
2. To feed frequently on demand, day and night.				
3. Not to give any liquids (including water) or solids, other than breast milk.				
4. Not to apply anything harmful to the cord, such as ash, mud, clay, or herbal preparations.				
5. To keep the baby warm, if necessary by skin-to-skin contact, and check the temperature by touching the hands, feet, and abdomen to ensure that they are all warm but not too hot.				
6. To call the care provider if there is any problem.				
7. That the baby should not be bathed for at least 6 hours after birth.				
<b>Weigh the baby</b>				
1. Delay taking the weight of the baby until he/she is stable and warm.				
2. Place a clean, ideally sterile, cloth/paper on the pan of the weighing scale.				
3. Make the necessary adjustments to bring the needle/pointer back to "zero."				
4. Place the baby on the cloth/paper. If the cloth is large enough, fold the sides to cover the baby.				
5. Note the weight of the baby when the pan is not moving.				



Learning Checklist: Essential Newborn Care at Birth					
Step/Task	Rating				
6. Record the weight of the baby in the relevant records/registers and inform the mother.					
7. Do not leave the baby unattended on the scale.					
<b>Decontamination, cleaning, and sterilization</b>					
1. Ensure the proper disposal of waste and decontamination of the equipment and supplies that can be reused.					
2. Remove the gloves after having dipped them in the decontamination solution.					
3. Wash hands and air-dry them or wipe them with a clean cloth.					
4. Replace all items after cleaning/sterilization and replenish the disposable/consumable items to be ready for the next delivery.					
<b>Record all the key data/information</b>					
1. Note all the key data/information in partogram/cards/records of the mother and baby/registers, based on the recommendations of the facility authorities.					
<b>Ensure follow-up of the mother and the baby</b>					
1. Do the follow-up of the mother and baby in the postnatal wards as noted in the sessions on examination of the baby and postnatal care.					

## Learning Checklist for Monitoring the Woman and the Newborn during the First Six Hours Postpartum

Training facilitators or learners can use the following learning checklist to gauge progress while learning to monitor the woman and newborn during the first six hours postpartum.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This learning checklist should be used with the learning checklists for AMTSL and essential care for the newborn at birth.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Learning Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum					
Step/Task	Rating				
Date					
<b>Get ready (before each assessment)</b>					
1. Prepare the necessary equipment and the exam area.					
2. Assess for all emergency and priority signs immediately and, if present, initiate the designated emergency response procedures and begin appropriate treatment and/or referral.					
3. Greet the woman respectfully and with kindness.					
4. Explain what you will be doing to the woman and her support person.					
5. Listen to what the woman has to say.					
6. Wash hands thoroughly with soap and water and dry them with a clean, dry towel (or air-dry them).					
7. Put on disposable or HLD gloves.					
8. Ensure the baby is kept warm.					
<b>Monitoring during the first 2 hours after childbirth</b>					
1. Monitor the woman at least every 15 minutes (more often if needed) and record:					
• blood pressure					
• pulse					
• uterine contraction					
• vaginal bleeding					



Learning Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum				
Step/Task	Rating			
2. If any findings are not within normal limits, respond immediately.				
3. Remind the woman how the uterus should feel and how she can massage it herself.				
4. Encourage the woman to empty her bladder as soon as possible after childbirth and ensure that she has done so.				
5. Ask the woman's companion to watch her and call for help if bleeding or pain increases, if the woman feels dizzy or has severe headaches, visual disturbance, or epigastric distress.				
6. Encourage the woman to eat, drink, and rest.				
7. Monitor the baby along with the mother every 15 minutes in the first 2 hours for the following:				
• respiration				
• color				
• temperature: Check the axillary temperature at least once in the 6 hours after birth. At other points of contact, at least touch the baby's hands and feet (and check the axillary temperature if they are cold).				
• the cord for bleeding: Retie the cord if there is oozing of blood.				
8. Refer the baby even in the presence of just one danger sign to a higher referral center, after giving the first dose of antibiotics.				
9. Check breastfeeding at least once during the 6 hours and evaluate attachment at the breast.				
10. Inform the mother to ask for assistance if there are any problems in feeding or any danger signs.				
11. Provide essential care for the woman and newborn and PMTCT interventions, including ARV prophylaxis for the baby where relevant.				
12. Perform a comprehensive exam of the woman and newborn one hour after childbirth or when they are transferred from the delivery room (see the practice checklists for newborn examination and postpartum care for the woman). <b>NOTE:</b> The woman and her newborn should remain in the delivery room for at least one hour after delivery of the placenta and for longer periods as necessary.				
<b>Monitoring during the 3<sup>rd</sup> hour after childbirth</b>				
1. Monitor the woman at least every 30 minutes (more often if				

<b>Learning Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum</b>				
<b>Step/Task</b>	<b>Rating</b>			
needed) and record:				
• blood pressure				
• pulse				
• uterine contraction				
• vaginal bleeding				
2. If any findings are not within normal limits, respond immediately.				
3. Remind the woman how the uterus should feel and how she can massage it herself.				
4. Check to make sure the woman's bladder is not distended.				
5. Remind the woman's companion to watch her and call for help if bleeding or pain increases, if the woman feels dizzy or has severe headaches, visual disturbance, or epigastric discomfort/pain.				
6. Monitor the baby along with the mother every 30 minutes for the following:				
• respiration				
• color				
• temperature: Check the axillary temperature at least once in the 6 hours after birth. At other points of contact, touch the baby's hands and feet (and check the axillary temperature if they are cold).				
• the cord for bleeding: Retie the cord if there is oozing of blood.				
7. Monitor the baby along with the mother every 30 minutes for danger signs:				
• poor sucking/not sucking				
• lethargy/inactivity				
• fever or hypothermia				
• respiratory distress/fast breathing				
• convulsions				
• persistent vomiting/abdominal distension				
8. Refer the baby even in the presence of just one danger sign to a higher referral center, after giving the first dose of antibiotics.				
9. Inform the mother to ask for assistance if there are any problems in feeding or any danger signs.				
<b>Monitoring during the 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> hours after childbirth</b>				
1. Monitor the woman at least every 60 minutes (more often if				



Learning Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum					
Step/Task	Rating				
needed) and record:					
• blood pressure					
• pulse					
• uterine contraction					
• vaginal bleeding					
2. If any findings are not within normal limits, respond immediately.					
3. Remind the woman how the uterus should feel and how she can massage it herself.					
4. Check to make sure the woman's bladder is not distended.					
5. Remind the woman's companion to watch her and call for help if bleeding or pain increases, if the woman feels dizzy or has severe headaches, visual disturbance, or epigastric discomfort/pain.					
6. Monitor the baby along with the mother every 60 minutes for the following:					
• respiration					
• color					
• temperature: Check the axillary temperature at least once in the 6 hours after birth. At other points of contact, touch the baby's hands and feet (and check the axillary temperature if they are cold).					
• the cord for bleeding: Retie the cord if there is oozing of blood.					
7. Monitor the baby along with the mother every 60 minutes for danger signs:					
• poor sucking/not sucking					
• lethargy/inactivity					
• fever or hypothermia					
• respiratory distress/fast breathing					
• convulsions					
• persistent vomiting/abdominal distension					
8. Refer the baby even in the presence of just one danger sign to a higher referral center.					
9. Inform the mother to ask for assistance if there are any					

<b>Learning Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum</b>				
<b>Step/Task</b>	<b>Rating</b>			
problems in feeding or any danger signs.				
10. Perform a systematic comprehensive exam of the woman and newborn at least once within 6 hours after childbirth (see the practice checklists for newborn exam, postnatal care of the baby, and postpartum care for the woman). NOTE: As far as possible, women and newborns should not be discharged from the facility before 12 hours after delivery of the placenta.				
<b>Closing (after each assessment)</b>				
1. Immerse both gloved hands in a 0.5% chlorine solution: • Remove gloves by turning them inside out.				
• If disposing of gloves, place them in a leak-proof container or plastic bag.				
• If reusing surgical gloves, submerge them in a 0.5% chlorine solution for 10 minutes to decontaminate.				
2. Wash hands thoroughly with soap and water and dry with clean, dry cloth (or air-dry them).				
3. Share any findings with the woman.				
4. Ask the woman if she has any further questions or concerns.				
5. Record the relevant details of care for the woman and baby.				



## Learning Checklist for Essential Postpartum Care for the Woman

Training facilitators or learners can use the following practice checklist to gauge progress while learning to perform essential postpartum care for the woman.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the learning checklists for systematic examination of the newborn and essential newborn care at birth.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Learning Checklist: Essential Postpartum Care for the Woman					
Step/Task	Rating				
Date					
<b>Getting ready</b>					
1. Prepare the necessary equipment and the exam area.					
2. Assess for all emergency and priority signs immediately and, if present, initiate the designated emergency response procedures and begin appropriate treatment and/or referral.					
3. Greet the woman respectfully and with kindness.					
4. Make sure that the woman is comfortable.					
5. Ask the woman if she has a support person. If yes, have her support person in the room during the physical examination.					
6. Tell the woman and the support person what is going to be done and encourage questions.					
7. Listen to what the woman has to say.					
8. Ask the woman if she now has or has had danger signs: heavy vaginal bleeding, severe headache/blurred vision, convulsions/loss of consciousness, difficulty breathing, fever, severe abdominal pain, and so forth. If yes, initiate the designated emergency response procedures and begin appropriate treatment and/or referral.					
<b>History (ask/listen/check/record)</b>					
1. Check the woman's record or ask for the following information and record her responses: name, age, parity, number of living children.					

Learning Checklist: Essential Postpartum Care for the Woman				
Step/Task	Rating			
2. Ask the woman how she is feeling and record her responses:				
• breast or breastfeeding problems				
• pain, swelling, or discharge from perineum				
• problems with passing urine				
• fever				
• problems with eating and sleeping				
• other problems				
3. Check the woman's record or ask about her pregnancy and birth and record her responses:				
• place of birth and birth attendant				
• pregnancy complications				
• fever during or after delivery				
• heavy bleeding during or after delivery				
• convulsions during or after delivery				
• condition of the baby at birth				
• infant feeding choice				
4. Check the woman's record or ask about:				
• hemoglobin estimation				
• blood group				
• syphilis screening (RPR test)				
• tetanus toxoid immunization				
• treatment for anemia				
• TB treatment				
5. Check the woman's record or ask about HIV status:				
• If she is HIV-negative, check the date of testing and assess if she needs another HIV test (new risk assessment).				
• If she does not know her HIV status, provide counseling about HIV testing.				
• If she is HIV-positive, check the woman's record or ask about:				
○ ART or ARV prophylaxis				
○ testing of the baby where relevant				
○ OI prophylaxis for herself and her baby				
○ follow-up plans for support				
6. Check the woman's record or ask about:				
• iron-folate				



Learning Checklist: Essential Postpartum Care for the Woman					
Step/Task	Rating				
<ul style="list-style-type: none"> <li>• vitamin A</li> </ul>					
<ul style="list-style-type: none"> <li>• Mebendazole</li> </ul>					
<ul style="list-style-type: none"> <li>• insecticide-treated bednets</li> </ul>					
<ul style="list-style-type: none"> <li>• other medications if any</li> </ul>					
7. Ask the woman how she is feeding her baby and write her response in her record.					
8. Ask the woman about her experience with breastfeeding and if she is having any problems with it.					
9. Ask the woman about birth spacing/family planning and record her responses:					
<ul style="list-style-type: none"> <li>• desire for more children</li> </ul>					
<ul style="list-style-type: none"> <li>• methods used</li> </ul>					
<ul style="list-style-type: none"> <li>• method preference</li> </ul>					
10. Ask the woman about social support and record her responses: main support persons (e.g., husband, mother, mother-in-law), availability of money for food and baby supplies. Record the relevant findings.					
11. Wash hands thoroughly with soap and water and dry with clean, dry cloth (or air-dry them).					
12. Explain each step of the physical examination as you proceed and encourage the woman to ask questions.					
<b>Physical examination (look/feel)</b>					
1. Observe general appearance (pale, tired, worried).					
2. Take the woman's temperature, pulse, and blood pressure and record findings.					
3. Check the woman's conjunctiva, tongue, nailbeds, and palms for pallor.					
4. Help the woman on to the examination table and place a pillow under her head and upper shoulders.					
5. Examine breasts for:					
<ul style="list-style-type: none"> <li>• engorgement</li> </ul>					
<ul style="list-style-type: none"> <li>• cracked/sore nipples</li> </ul>					
<ul style="list-style-type: none"> <li>• infections such as mastitis</li> </ul>					
6. Examine the abdomen to assess:					
<ul style="list-style-type: none"> <li>• the firmness and roundness of the uterus</li> </ul>					

Learning Checklist: Essential Postpartum Care for the Woman					
Step/Task	Rating				
• if there is tenderness (lower abdomen)					
• fullness of the bladder					
7. Examine legs for:					
• localized pain					
• tenderness					
• hot spots					
8. Put high-level disinfected or new examination gloves on both hands.					
9. Examine perineum and genitalia for:					
• tears					
• swelling					
• tenderness					
• pus					
10. Observe lochia to assess color, odor, amount.					
11. Immerse both gloved hands in 0.5% chlorine solution:					
• Remove gloves by turning them inside out.					
• If disposing of gloves, place in a leak-proof container or plastic bag.					
• If reusing surgical gloves, submerge in 0.5% chlorine solution for 10 minutes to decontaminate.					
12. Wash hands thoroughly with soap and water and dry with clean, dry cloth (or air-dry them).					
13. Help the woman off the examination table and offer her a seat.					
14. Record all relevant findings from the physical examination in the maternal records and postnatal/clinic register.					
<b>Screening procedures</b>					
1. Do a hemoglobin test if the woman has clinical signs of anemia, had PPH, or according to national protocols, especially if she is HIV-positive and is on zidovudine.					
2. Do an RPR screening test, if not done during pregnancy.					
3. Provide HIV testing and counseling if the woman's HIV status is not known and she has given informed consent to do so.					
4. Do additional tests if indicated.					
<b>Identify problems/needs</b>					
1. Share findings of the exam with the woman.					
2. Identify needs/problems based on findings of history, physical examination, and screening tests.					



Learning Checklist: Essential Postpartum Care for the Woman				
Step/Task	Rating			
3. Develop a plan of care with the woman.				
4. Ask the woman if she has any additional questions.				
<b>Provide care/take action</b>				
1. Treat based on results of the history, physical examination, or laboratory examination results.				
2. Treat for syphilis based on the RPR results.				
3. Provide HIV care for the woman infected with HIV or refer her for services such as:				
• ARV prophylaxis for mother and baby				
• OI prophylaxis for the mother and baby where appropriate				
4. Dispense medications:				
• iron-folate tablets (three-month supply)				
• Mebendazole (based on need and country/local policy)				
• vitamin A (based on need and country/local policy)				
5. Provide tetanus immunization based on need.				
6. Provide counseling about danger signs in the postpartum period and what to do about them:				
• vaginal bleeding				
• severe/persistent headache or blurred vision				
• foul-smelling vaginal discharge				
• fever				
• severe abdominal pain				
• depression, sleeping problems, talking irrelevantly				
7. Provide counseling about:				
• nutrition and iron supplementation				
• hygiene				
• rest				
• insecticide-treated bednet				
• safer sex and use of condoms				
8. Provide counseling about birth spacing and family planning methods:				
• Explain the benefits of adequate birth spacing interval to the mother, child and the family.				

Learning Checklist: Essential Postpartum Care for the Woman					
Step/Task	Rating				
<ul style="list-style-type: none"> <li>Inform the mother about the recommended birth interval after a live birth</li> </ul>					
<ul style="list-style-type: none"> <li>Explain about the lactational amenorrhea method(LAM).</li> </ul>					
<ul style="list-style-type: none"> <li>Assist the woman to choose an appropriate family planning method if she will not use LAM.</li> </ul>					
<ul style="list-style-type: none"> <li>If the woman is not breastfeeding, explain the return of fertility and the need for an appropriate method of family planning.</li> </ul>					
<ul style="list-style-type: none"> <li>Provide the family planning that she has chosen and provide information about how to use it, explain what side effects she may experience and how to manage them, and provide instructions about follow-up visits.</li> </ul>					
<b>Closing</b>					
1. Ask the woman if she has any further questions or concerns.					
2. Tell the woman when to return for routine postpartum care.					
3. Reassure the woman that she can return at any time she has questions or concerns.					
4. Advise the woman to go to the hospital/health center immediately, day or night, without waiting if she has any danger signs.					
5. Thank the woman for coming.					
6. Record the relevant details of care for the woman.					



## Learning Checklist for Neonatal Resuscitation in the Delivery Room

Training facilitators or learners can use the following practice checklist to gauge progress while learning to perform neonatal resuscitation in the delivery room.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the learning checklists for AMTSL and essential newborn care at birth.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Learning Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
Date					
<b>Prepare equipment and room for resuscitation before each delivery. Check for or have the following ready:</b>					
1. The room temperature is between 25-28 °C.					
2. There are no open windows or a draft.					
3. There is a designated "corner for the newborn" or place for special care such as resuscitation.					
4. There is a functioning heater if available.					
5. The surface of the examination table is clean and has a mattress which is covered with a clean plastic or rubber sheet which, in turn is covered with a clean, preferably sterile, cloth. The mattress must be firm to facilitate resuscitation.					
6. Have 3-5 clean, preferably sterile, absorbent towels/linen to dry and wrap the baby (and a cap/bonnet if available).					
7. Sterile gauzes or pieces of linen are available.					
8. Sterile/high-level disinfected gloves are ready.					
9. The equipment for clearing airways is ready, clean/sterile, and functioning: a De Lee mucus aspirator or suction machine (negative pressure not above 130 mm/cm/H <sub>2</sub> O or 100 mm/Hg) with disposable catheters 8F or 10F.					

Learning Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
10. A self-inflatable resuscitator bag (240-500 ml) with masks #1 and #0 that is clean and functioning.					
11. Check that a good “seal” can be developed between the palm of your hand and the mask when the resuscitator bag is squeezed.					
12. An oxygen source, if there is one, is functioning and has adequate oxygen.					
13. The clinical thermometer is clean and functioning (wash with soap and water and swab with alcohol).					
14. The clock/watch with a second hand is working.					
15. The stethoscope, if available, is clean.					
<b>Steps just before delivery</b>					
1. Wash hands well with soap and water.					
2. Wear sterile gloves (preferable) or high-level disinfected gloves.					
<b>Management in case of thick meconium in the amniotic fluid *</b>					
1. Wipes the eyes and face and asks the mother not to push for a few seconds in order to suction the mouth of the baby.					
2. Suctions the mouth first and then the nose of the baby as soon as the head is at the perineum <b>before</b> the shoulders deliver.					
3. After full delivery, if the baby is not breathing or crying, suctions the mouth and nose <b>before</b> drying and stimulating the baby.					
<b>Immediate management at birth</b>					
1. At birth, receive the baby in a dry, clean, preferably sterile, cloth.					
2. Do <b>not</b> hold the baby upside down.					
3. Observe the time of birth.					
4. Dry the face, including the eyes, the head, and the body of the baby rapidly and carefully with a dry clean/sterile towel immediately after birth.					
5. Put aside the wet linen.					
6. Place the baby on the abdomen of the mother in skin-to-skin contact and cover him/her with a fresh, dry clean/sterile towel.					

\* \*Note: International recommendations no longer support this step. Instead, it is recommended to suction the mouth and nose of the baby who is not crying immediately after birth even **before** drying and stimulation and later if necessary carry out endotracheal suction. As the latter may not be possible in many peripheral centers, some may prefer to suction the mouth and nose before delivery of the shoulders where there is thick meconium in the amniotic fluid as recommended by national/hospital guidelines



Learning Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
7. Observe the baby while performing steps 1 to 6 (within 30 seconds) to verify that he/she is breathing well. <ul style="list-style-type: none"> <li>If the baby breathes normally, announce the time of birth and sex of the baby and proceed with routine essential newborn care (see learning guide/checklist on essential newborn care at birth).</li> </ul>					
<ul style="list-style-type: none"> <li>If the baby does not breathe, start resuscitation.</li> </ul>					
<b>Initial steps of positioning the baby</b>					
1 Clamp and cut the cord .					
2. Take the baby to the “newborn baby corner,” place him/her on the back with the head placed towards you.					
3. Place the head in a neutral position or in slight extension by positioning the head with your hand or by placing a small roll of linen, 2-3 cm thick, under the shoulders.					
4. Make sure that the baby is wrapped well and covered, except for the face and the front of the chest.					
<b>Clear the airways</b>					
1. If the baby does not breathe, position the head slightly in extension to clear the airways.					
2. Using the designated method, suction the mouth first and then the nose.					
3. If using a simple catheter or De Lee aspirator, introduce it no more than 5 cm in the mouth and no more than 3 cm in the nostril.					
4. Perform a gentle suction only at the time of catheter withdrawal.					
<b>Re-examine the baby and provide quick stimulation</b>					
1. If the baby breathes normally, continue with routine basic essential newborn care (see learning guide/checklist on care of the newborn at birth).					
2. If the baby still does not breathe or is only gasping, proceed with brief stimulation by flicking/slapping the soles of the feet (only 2-3 times). Do not repeat this as it is not recommended and may result in your losing valuable time.					
<b>Commence ventilation</b>					
1. If the baby still does not breathe or is only gasping, start ventilation by first ensuring that the neck of the baby is still in slight extension; otherwise make the necessary adjustments as noted above.					

Learning Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
2. Position the mask and check that a good “seal” is established.					
3. Apply the mask on the face of the infant, so that it covers the chin, the mouth, and the nose.					
4. Make sure that a good “seal” is developed between the mask and the face and that there are no air leaks.					
5. Squeeze the ventilation bag two or three times to check the seal and to make sure that the chest rises with each squeeze.					
6. Make sure that the ventilation is commenced within one minute of birth.					
7. If the chest of the baby rises, the ventilation is being administered correctly: continue bagging.					
8. If the chest of the infant does not rise:					
<ul style="list-style-type: none"> <li>• Check again the position of the head and neck and, if needed, correct it.</li> </ul>					
<ul style="list-style-type: none"> <li>• Suction the mouth and nose again to remove additional mucus, blood, or meconium that may continue to obstruct the airways.</li> </ul>					
<ul style="list-style-type: none"> <li>• Readjust the mask to improve the fit.</li> </ul>					
<ul style="list-style-type: none"> <li>• Press the bag with a little more force in order to increase the ventilation pressure.</li> </ul>					
9. Once the mask is well adjusted and the movement of the chest well established, continue to ventilate the baby.					
10. Ventilate about 40 times/minute. (Rhythm: say “1, 2, breath,” squeezing the bag every time you say breath.) The range for ventilation is 40-60 times/minute.					
11. Ventilate the infant for one minute, then stop and quickly check if he/she is breathing spontaneously.					
<ul style="list-style-type: none"> <li>• If the baby breathes normally (30 to 60 times/minute), does not present subcostal/intercostal retractions, and has no grunting, you may stop resuscitation, continue monitoring, and provide routine basic care for the newborn (see learning guide/checklist on care of the newborn at birth).</li> </ul>					
<ul style="list-style-type: none"> <li>• If the baby does not breathe, gasps, or has very feeble slow breathing movements, and if you have a stethoscope, evaluate the heart rate:</li> </ul>					
<ul style="list-style-type: none"> <li>○ If the heart rate is above 100 beats/minute, continue ventilation.</li> </ul>					
<ul style="list-style-type: none"> <li>○ If the heart rate is less than 100 beats/minute, check airways and neck extension, reposition the mask, and resume ventilation.</li> </ul>					



Learning Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
<ul style="list-style-type: none"> <li>If the heart rate cannot be checked, check chest expansion with ventilation.                             <ul style="list-style-type: none"> <li>If the chest expands well, continue ventilation.</li> <li>If expansion is poor or absent, check airways, reposition head, neck, and mask, and continue ventilation.</li> </ul> </li> </ul>					
12. Check periodically (every 1-2 minutes) breathing and color: <ul style="list-style-type: none"> <li>If the <b>baby cries</b> or has spontaneous breathing, stop ventilation and continue to observe breathing for at least 5 minutes. Otherwise, make the adjustments noted above again before recommencing the ventilation.</li> <li>If the baby does not cry or breathe, continue ventilation.</li> </ul>					
13. If the baby is blue around the lips and in the tongue, administer oxygen, if available, until the baby becomes pink.					
14. If the baby does not cry or breathe after 20 minutes, stop resuscitation.					
<b>Conclusion</b>					
1. Discard used disposable equipment.					
2. Make sure that other equipment that can be reused is decontaminated, cleaned, and sterilized as required.					
3. Decontaminate gloves and remove them.					
4. Wash hands with soap and water.					
5. Record all key findings and treatment provided in the partogram/maternal and newborn records and delivery register.					
6. Replenish all disposable items and keep the "baby's corner" ready for the next delivery, including resuscitation.					
<b>Follow-up care: successful resuscitation</b>					
1. Explain to the mother in a way she can understand what was done, the condition of the baby after resuscitation, and the additional care that will be required.					
2. Prevent/treat hypothermia: <ul style="list-style-type: none"> <li>Place the baby on mother's chest skin-to-skin and cover the body and head.</li> <li>Do not separate the baby from the mother unless additional special care is required.</li> <li>If a heater is available and if feasible, direct heat towards the baby and the mother.</li> </ul>					

<b>Learning Checklist: Neonatal Resuscitation in the Delivery Room</b>					
<b>Step/Task</b>	<b>Rating</b>				
3. Examine the baby and count the breaths/minute: <ul style="list-style-type: none"> <li>If the baby is cyanotic (blue) or if he presents a respiratory distress (more than 60, intercostal retractions, grunting), administer oxygen. If signs persist, refer the baby.</li> </ul>					
4. Measure axillary temperature: <ul style="list-style-type: none"> <li>If the baby's temperature is between 36.5-37.5 °C, place him/her in skin-to-skin contact on the mother's chest and encourage her to breastfeed.</li> <li>If the temperature is lower than 36.5 °C, warm him/her up by skin-to-skin contact, a warmer or with additional wrapping. If the temperature is 38° C or higher, remove some of the covering. If there is no change/the baby still remains cold or has fever, refer.</li> </ul>					
5. Help the mother to establish breastfeeding. A resuscitated baby presents a higher risk for hypoglycemia. <ul style="list-style-type: none"> <li>If the baby sucks well, it means he/she is progressing well.</li> <li>If the baby does not suck well or does not suck at all, transfer the baby to an appropriate hospital for further neonatal care.</li> <li>Monitor the baby closely during the next six hours when the mother is monitored: every 15 minutes during the first 2 hours after birth, then every 30 minutes during the 3rd hour after birth, then every hour during the 4th, 5th, and 6th hours after birth. Then evaluate the baby every 3-4 hours during the next 2-3 days, including feeding while at the facility.</li> </ul>					
6. If the resuscitation was difficult or if there are any danger signs, even one, send the baby to the referral center (see session and learning guide on care of the baby with problems/major infections) after stabilization.					
<b>Counsel the mother and family</b>					
1. Discuss the resuscitation in a way they can understand.					
2. Encourage the mother to breastfeed her baby as soon as possible.					
3. Encourage the mother to keep the baby in skin-to-skin contact.					
4. Explain that the baby needs to be monitored carefully for problems.					
5. Counsel the mother on the danger signs.					
6. Ask the mother to call the care provider if she notes any danger sign or has any concern.					
7. Provide routine essential newborn care including vitamin K and eye and cord care (see the learning guide/checklist on care of the newborn at birth).					



Learning Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
8. Record all key information, findings, and treatment in the partogram/mother/baby records/registers.					
<b>Follow-up care: unsuccessful resuscitation</b>					
<b>Counsel the mother and family:</b>					
1. Discuss resuscitation and present status. Answer questions. Let the mother and family talk, and listen sympathetically.					
2. Show the baby to the mother and family. Ask if they want to hold the baby, and give them the opportunity to do so if needed. Provide privacy for the mother and family when they hold the baby.					
3. Explain that the mother will need rest, nourishment, and support at home. Discuss tactfully how this help and support will be provided.					
<b>Care of the breasts of the mother whose baby has died</b>					
1. Since the mother will not breastfeed, she will suffer breast engorgement 3-4 days after delivery. Counsel the mother to:					
• Help support the breast with a band/bra.					
• Apply cold compresses on the breasts to decrease congestion and pain.					
• Not to massage her breasts.					
• Not to expose them to heat/hot compresses.					
• Avoid nipple stimulation.					
• Take 500 mg paracetamol, 3-4 times a day as necessary.					
2. Schedule a follow-up visit 3 days later to monitor the progress of the mother.					
3. Family planning: Discuss options and explain that the woman can conceive soon, but the health of the mother and the next baby will be better if they wait 2-3 years.					
4. Prepare the death certificate and follow MOH protocols to register the death.					

## Learning Checklist for Basic Systematic Examination of the Newborn at Peripheral Health Centers

Training facilitators or learners can use the following learning checklist to gauge progress while learning to perform a systematic examination of the newborn at peripheral health centers.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the learning checklist for postnatal care of the newborn.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Learning Checklist: Basic Systematic Examination of the Newborn at Peripheral Health Centers					
Step/Task	Rating				
Date					
<b>Schedule for the evaluation/examination</b>					
1. In a normal baby perform the evaluation/ examination at the following times:					
• as soon as feasible after birth when the baby is stable and warm.					
• once daily as long as the baby is at the peripheral health center.					
• just before discharge					
• at each postnatal visit					
<b>Preparation for the evaluation</b>					
1. Collect the necessary equipment and supplies.					
2. Ensure the surface where the baby is to be placed is clean, well-lit, and, preferably can be seen by the mother.					
3. Wash hands with soap and water before touching the baby and dry them with a clean towel (or air-dry them).					
4. Make sure the baby remains warm during the examination by one or more of the following steps:					
• Have a heat source.					
• Examine on the mother's lap.					



Learning Checklist: Basic Systematic Examination of the Newborn at Peripheral Health Centers				
Step/Task	Rating			
<ul style="list-style-type: none"> <li>Cover the baby, exposing only the part(s) to be examined.</li> </ul>				
<ul style="list-style-type: none"> <li>Make sure the place/mother's bed is free of drafts.</li> </ul>				
5. Tell the mother what you are going to do.				
6. Encourage the mother to ask questions and listen to her.				
7. If the baby cries or is restless, take advantage of this to check the mouth of the baby for malformations such as cleft palate and for infections such as thrush. Then ask her to breastfeed the baby to quiet him/her. At this time note the quality of sucking and correctness of latching on at the breast (as noted below).				
8. If the baby is quiet, start with counting the respiratory rate.				
9. Ask the mother/family for danger signs:				
<ul style="list-style-type: none"> <li>poor sucking/not sucking</li> </ul>				
<ul style="list-style-type: none"> <li>lethargy/inactivity</li> </ul>				
<ul style="list-style-type: none"> <li>fever or hypothermia</li> </ul>				
<ul style="list-style-type: none"> <li>respiratory distress/fast breathing</li> </ul>				
<ul style="list-style-type: none"> <li>repeated vomiting</li> </ul>				
<ul style="list-style-type: none"> <li>abdominal distention</li> </ul>				
<ul style="list-style-type: none"> <li>convulsions</li> </ul>				
<ul style="list-style-type: none"> <li>redness/swelling surrounding the umbilicus and/or foul smell with or without pus discharge (within the first 2 days, also look for bleeding)</li> </ul>				
10. Ask the mother if she has noted any other problem or if she is concerned about anything else.				
11. Ask/check for information about the mother herself:				
<ul style="list-style-type: none"> <li>if membranes ruptured &gt; 18 hours before delivery</li> </ul>				
<ul style="list-style-type: none"> <li>for obvious maternal infection/fever</li> </ul>				
<ul style="list-style-type: none"> <li>HIV status</li> </ul>				
12. Ask/check records for information about the baby:				
<ul style="list-style-type: none"> <li>birth weight</li> </ul>				
<ul style="list-style-type: none"> <li>whether baby cried/breathed immediately after birth, (if not what was done to make the baby breathe and how long after birth the baby cried/breathed)</li> </ul>				

Learning Checklist: Basic Systematic Examination of the Newborn at Peripheral Health Centers				
Step/Task	Rating			
<ul style="list-style-type: none"> <li>care given at birth (such as eye care, vitamin K1 injection)</li> </ul>				
<ul style="list-style-type: none"> <li>if the baby had any other problem after birth and if yes, what was done for it</li> </ul>				
<ul style="list-style-type: none"> <li>immunizations received</li> </ul>				
<b>Physical examination for danger signs</b>				
1. Evaluate for the danger sign of lethargy or diminished activity:				
<ul style="list-style-type: none"> <li>not as active as usual</li> </ul>				
<ul style="list-style-type: none"> <li>sleeping excessively, difficult to arouse</li> </ul>				
<ul style="list-style-type: none"> <li>moving only when stimulated</li> </ul>				
<ul style="list-style-type: none"> <li>lying limp, "loose-limbed"</li> </ul>				
<ul style="list-style-type: none"> <li>excessively quiet or "too good"</li> </ul>				
<ul style="list-style-type: none"> <li>not waking up for feeds</li> </ul>				
2. Evaluate for the danger sign of respiratory distress:				
<ul style="list-style-type: none"> <li>nasal flaring</li> </ul>				
<ul style="list-style-type: none"> <li>expiratory grunting</li> </ul>				
<ul style="list-style-type: none"> <li>respiratory rate &gt;60/minute (verify again if &gt;60/min)</li> </ul>				
<ul style="list-style-type: none"> <li>severe subcostal retractions</li> </ul>				
3. Evaluate for the danger sign of fever or hypothermia:				
<ul style="list-style-type: none"> <li>Clean the thermometer with cotton impregnated with alcohol.</li> </ul>				
<ul style="list-style-type: none"> <li>Check axillary temperature by placing the thermometer under the axilla for 4 minutes.</li> </ul>				
<ul style="list-style-type: none"> <li>Know/explain that that the normal temperature ranges between 36.5-37.5 °C.</li> </ul>				
<ul style="list-style-type: none"> <li>Know/explain that fever and hypothermia (with temperature outside the normal range) represent danger signs for the baby if the feature cannot be rectified by simple means (such as removing excessive clothing for fever and adding extra clothing/placing in skin-to-skin contact for hypothermia).</li> </ul>				
4. Evaluate for the danger sign abdominal distention				
5. Evaluate for the danger sign of severe umbilical cord infection. Look for signs noted below with/without pus discharge:				



Learning Checklist: Basic Systematic Examination of the Newborn at Peripheral Health Centers					
Step/Task	Rating				
<ul style="list-style-type: none"> <li>redness of surrounding skin</li> </ul>					
<ul style="list-style-type: none"> <li>swelling</li> </ul>					
<ul style="list-style-type: none"> <li>foul smell</li> </ul>					
<ul style="list-style-type: none"> <li>in the first day or two, although it is usually not a 'danger sign needing referral, look for bleeding/oozing of blood. If present, retie the cord.</li> </ul>					
<p>6. Evaluate for the danger sign of jaundice:</p> <ul style="list-style-type: none"> <li>Check for jaundice by pressing gently the tip of the nose with the pulp of the finger, and then release the pressure to observe if the pale area has a yellowish color.</li> </ul>					
<ul style="list-style-type: none"> <li>Know/Explain that in normal weight babies, jaundice appears after 24 hours on the face, but does not spread to palms and soles and disappears within 6-12 days.</li> </ul>					
<ul style="list-style-type: none"> <li>Know/Explain that if jaundice spreads to the palms and soles, the baby needs to be referred to a higher center for further testing and treatment.</li> </ul>					
<ul style="list-style-type: none"> <li>Know/Explain that <b>any</b> jaundice in a low birth weight or a premature infant needs a referral to a higher center for further examination and treatment.</li> </ul>					
<p>7. Evaluate for minor infections:</p> <ul style="list-style-type: none"> <li>Check eyes for redness and/or pus discharge.</li> </ul>					
<ul style="list-style-type: none"> <li>Inspect inside the mouth when the baby cries or yawns to detect the presence of thrush (white patches on the tongue and on the internal sides of the cheeks).</li> </ul>					
<ul style="list-style-type: none"> <li>Inspect the skin to check for sign of infections (pustules, peeling of skin with underlying redness), especially in the skin folds: neck, armpits and the inguinal area, and the back.</li> </ul>					
<b>Evaluate feeding</b>					
<p>1. Check that the mouth is latched well on the breast by noting the following points:</p> <ul style="list-style-type: none"> <li>The chin of the baby touches or nearly touches the breast.</li> </ul>					
<ul style="list-style-type: none"> <li>The mouth of the baby is wide open.</li> </ul>					
<ul style="list-style-type: none"> <li>All or most of the areola is in the mouth of the baby,</li> </ul>					

<b>Learning Checklist: Basic Systematic Examination of the Newborn at Peripheral Health Centers</b>					
<b>Step/Task</b>	<b>Rating</b>				
especially the lower part, so that the areola is more visible above the mouth than below.					
<ul style="list-style-type: none"> <li>The lips of the baby are everted.</li> </ul>					
<ul style="list-style-type: none"> <li>Sucking is slow and deep, and swallowing is audible.</li> </ul>					
<b>Ask again for any other problems or concerns of the mother</b>					
<b>Weigh the baby</b>					
1. Place a clean linen or paper on the pan of the baby weighing scale.					
2. Adjust the scale so that reading is “zero” with the cloth/paper on the scale.					
3. Place the baby on the paper/cloth. If cloth, fold it over the baby to keep him/her.					
4. Note the weight when the scale and basket do not move.					
5. Write the weight of the baby in the mother’s and baby’s records and relevant register.					
<b>Record key information in the partogram/mother and baby card(s) and registers</b>					
<b>Take the opportunity to counsel/inform the mother/family during or at the end of the examination about:</b>					
1. Breastfeeding					
2. Temperature maintenance in the baby					
3. Cord care					
4. Clean practices/prevention of infection					
5. Danger signs and appropriate care seeking					
<b>Conclusion</b>					
1. Review the key findings.					
2. Ask the mother to repeat key points she was counseled on to make sure she understood them.					
3. Ask if the mother/family members have further questions.					
4. Answer questions patiently.					
5. Advise the mother/father to bring the baby back immediately to the facility, day or night, without delay if even <b>one</b> of the danger signs is present.					
6. Make an appointment for the next routine visit.					
7. Thank the mother/father/family member for their visit and their cooperation.					
8. Place the mother in contact with a community health worker/volunteer, if appropriate and if one is available					



<b>Learning Checklist: Basic Systematic Examination of the Newborn at Peripheral Health Centers</b>				
<b>Step/Task</b>	<b>Rating</b>			
near her home.				

## Learning Checklist for Postnatal Care of the Newborn at Peripheral Health Centers

Training facilitators or learners can use the following learning checklist to gauge progress while learning to perform postnatal care of the newborn at peripheral health centers.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**1 N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the learning checklist for systematic examination of the newborn.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Learning Checklist: Postnatal Care of the Newborn at Peripheral Health Centers					
Step/Task	Rating				
Date					
<b>Key points of the postnatal visit</b>					
1. Evaluate for danger signs requiring prompt management.					
2. In case of danger signs (even if only one): verify it, give the first dose of antibiotics, and refer to a specialized center.					
3. Perform the baby's examination (see practice checklist for the systematic examination of the newborn).					
4. Identify problems/individual needs of the newborn based on the mother's history and the baby's physical examination.					
5. Discuss the results with the mother, father, and family.					
6. Design a care plan with the mother, father, and family.					
7. Prescribe treatment for minor infections.					
<b>Provide routine care to the newborn, such as immunization</b>					
1. Give a first dose of OPV, or verify that it was already done, or make an appointment for this purpose.					
2. Give BCG, or verify that it was already done, or make an appointment for this purpose.					
3. Give the first dose of hepatitis B immunization where recommended/feasible, or verify that it was already done, or make an appointment for this purpose.					
<b>Counseling on breastfeeding</b>					
1. Breastfeed the baby frequently, on demand, day and night (about 8-10 times daily).					



<b>Learning Checklist: Postnatal Care of the Newborn at Peripheral Health Centers</b>					
<b>Step/Task</b>	<b>Rating</b>				
2. Do not give the baby additional food or water, bottles, or pacifiers.					
3. If breastfeeding is exclusive, frequent, and on demand, and if periods have not commenced, this may prevent pregnancy during the first six months.					
<b>Counseling on temperature maintenance</b>					
1. Keep the infant warm, with appropriate clothing and a cap/bonnet, taking care not to overheat the body.					
2. Place the newborn in skin-to-skin contact with the mother to maintain temperature if required, even if the birth weight is not low.					
3. Use skin-to-skin contact as long as possible for low birth weight infants.					
4. If the above steps do not warm the baby, it should be considered as a danger sign. Advise the mother to bring the baby back to the health center for follow-up.					
<b>Counseling on cord care</b>					
1. Keep the cord clean and dry.					
2. Do not cover the cord with a dressing band or with the diaper.					
3. At bath time, clean the cord with soap and water and dry it well with a clean towel.					
4. If recommended by the facility authorities/MOH, use the prescribed antiseptic solution on the cord, applying it on the cord, including the base.					
<b>Counseling on cleanliness/hygiene to prevent infections</b>					
1. Wash hands with soap and water before and after handling the baby, especially after changing diapers, after going to the bathroom, and after cleaning the house.					
2. Wash hands with soap and water every time before touching a low birth weigh or preterm baby.					
3. Have a bath daily with soap and water.					
4. Change dirty/wet diaper as soon as possible and wash the baby's perineum with soap and water if needed.					
5. Give the baby a bath with warm water as needed, taking care to clean well the neck folds, armpits, groin, as well as the back. Make sure that the baby does not get cold during bathing.					
6. Sleep with the baby under an insecticide treated mosquito net (in					

Learning Checklist: Postnatal Care of the Newborn at Peripheral Health Centers					
Step/Task	Rating				
endemic areas).					
<b>Counseling about danger signs:</b> Tell the mother/family to seek immediate care even if <b>only one</b> of the danger signs noted below is present.					
1. Poor sucking or not sucking					
2. Lethargy/inactivity					
3. Fever or hypothermia					
4. Respiratory difficulty/fast breathing					
5. Convulsions					
6. Persistent vomiting/abdominal distention					
7. Severe umbilical infection: redness of the surrounding skin, swelling around the umbilicus and/or foul smell, with or without pus discharge					
<b>Conclusion</b>					
1. Note all details pertinent to the baby in the maternal/baby card and in the postnatal/clinic register.					
2. Ask the mother to repeat key points of counseling and verify her level of understanding.					
3. Ask the mother/parents if they have other concerns.					
4. Thank the mother/parents for visiting.					
5. Make an appointment for the next visit.					
6. Recommend to the mother/parents to go immediately to the health center/hospital, day or night <b>without delay</b> if even one of the danger signs is present.					
7. Place the mother in contact with a community health agent if appropriate and if available.					



## **EVALUATION CHECKLISTS**

## Evaluation Checklist for Active Management of the Third Stage of Labor (AMTSL)

Training facilitators should use the following checklist to evaluate the health worker's performance, first on an obstetric model and then on a client.

After training activities are complete, supervisors can use the checklist to evaluate the health worker's skills with a client, when one is available, and on a model or mannequin when a client is not available at the time of the evaluation.

<p><b>Directions</b></p> <p>Rate the performance of each step or task using the following rating scale:</p> <p><b>1</b> = Performs the step or task completely and correctly.</p> <p><b>0</b> = Is unable to perform the step or task completely or correctly or the step/task was not observed.</p> <p><b>N/A</b> (not applicable) = Step was not needed.</p>
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**NOTE:** This checklist covers AMTSL only and should be used with the checklists for essential newborn care at birth, neonatal resuscitation in the delivery room, and for monitoring the woman and baby in the immediate postpartum.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Evaluation Checklist: AMTSL					
Step/Task	Rating				
Evaluated on an anatomic model (M) or with a client (C)					
Date					
<b>Prepare the woman during the first stage of labor (8 points)</b>					
1. Assesses for and manages all emergency and priority signs immediately.					
2. Explains to the woman and her support person what will be done and encourages questions.					
3. Listens to what the woman and her support person have to say.					
4. Reviews the woman's chart.					
5. Obtains her permission to apply AMTSL.					
6. Obtains the woman's permission to place the newborn first on her abdomen and then on her chest.					
7. Helps the woman take a bath.					
8. Provides emotional support and reassurance.					
<b>Points for skill/activity</b>					
<b>Preparation for childbirth (8 points)</b>					
9. Checks that all needed equipment and instruments are ready, available, clean, sterile/HLD, and in good working order.					



Evaluation Checklist: AMTSL					
Step/Task	Rating				
10. Checks that all needed supplies are ready and available.					
11. Makes sure that the room is warm (at least 25-28 °C/ 77.0-82.4 °F) and free from drafts from open windows, doors, or fans.					
12. Makes sure that all surfaces the woman and baby will come in contact with are clean, warm, and dry.					
13. Makes sure the room is well-lit.					
14. Provides PMTCT interventions if the woman is infected with HIV.					
15. Prepares a uterotonic drug (oxytocin is the uterotonic of choice) as soon as the woman's cervix is completely dilated.					
16. Asks the woman to empty her bladder when the second stage is near.					
<b>Points for skill/activity</b>					
<b>Preparation for the second stage of labor (9 points)</b>					
17. Verifies permission to apply AMTSL.					
18. Verifies permission to place the baby first on the mother's abdomen and then on her chest.					
19. Asks if the woman would like the person accompanying her to remain in the delivery room.					
20. Does not encourage the woman to push until she has the urge to do so.					
21. Assists the woman to assume the position of her choice (squatting, semi-sitting) and allows her to change position according to what's most comfortable for her.					
22. Provides emotional support.					
23. Wears a clean plastic or rubber apron, rubber boots, mask, and eye goggles.					
24. Washes hands thoroughly with soap and water and dries them with a clean, dry cloth (or air-dries them).					
25. Wears sterile or high-level disinfected (HLD) surgical gloves on both hands.					
<b>Points for skill/activity</b>					
<b>Assist with the birth of the baby</b>					
<b>Immediate newborn care (3 points)</b>					
26. Thoroughly dries the baby while assessing the baby's breathing.					
27. If the baby is not crying or breathing well at birth, <b>calls for help</b> and					

Evaluation Checklist: AMTSL					
Step/Task	Rating				
begins resuscitation.					
28. If the baby breathes well, places the baby in skin-to-skin contact on the mother's abdomen and covers the baby, including the head, with a clean, dry cloth.					
<b>Points for skill/activity</b>					
<b>Administration of a uterotonic drug (2 points)</b>					
29. Palpates the uterus to make sure no other baby is present.					
30. If no other baby is present, administers a uterotonic drug (oxytocin 10 IU IM is the uterotonic drug of choice) within one minute of delivery. (If the woman has an IV transfusion, an alternative is giving oxytocin 5 IU IV bolus slowly.)					
<b>Points for skill/activity</b>					
<b>Clamp and cut the cord (3 points)</b>					
31. Clamps and cuts the cord approximately 2-3 minutes after the baby's birth or cessations of pulsation, whichever comes first.					
32. Places the baby on the mother's chest in skin-to-skin contact.					
33. Covers the baby, including the head.					
<b>Points for skill/activity</b>					
<b>Controlled cord traction (7 points)</b>					
34. Places the palm of one hand on the lower abdomen, just above the woman's pubic bone, to palpate uterine contractions.					
35. Keeps slight tension on the cord with the other hand and waits for a strong uterine contraction.					
36. Applies gentle but firm traction to the cord during a contraction, while at the same time applying countertraction abdominally.					
37. Waits for the next contraction and repeats the action if the maneuver is not successful after 30-40 seconds of controlled cord traction.					
38. As the placenta delivers, holds it with both hands.					
39. Uses a gentle upward and downward movement or twisting action to deliver the membranes.					
40. Places the placenta in a receptacle provided (e.g., kidney basin).					
<b>Points for skill/activity</b>					
<b>Actions to take if problems are encountered when applying AMTSL (2 points)</b>					
41. If the <b>membranes tear</b> , gently examines the upper vagina and cervix.					



Evaluation Checklist: AMTSL					
Step/Task	Rating				
42. If the cord is ruptured, asks the woman to squat and deliver the placenta.					
<b>Points for skill/activity</b>					
<b>Uterine massage (4 points)</b>					
43. Immediately massages the fundus of the uterus through the woman's abdomen until the uterus is contracted (firm).					
44. Ensures that the uterus does not become relaxed (soft) after stopping uterine massage.					
45. If the uterus becomes soft after massage, repeats uterine massage.					
46. Instructs the woman how to massage her uterus.					
<b>Points for skill/activity</b>					
<b>Immediate postpartum care (9 points)</b>					
47. Inspects and repairs lacerations or tears (if necessary) of the lower vagina and perineum.					
48. Repairs episiotomy (if one was performed).					
49. Examines the maternal surface of the placenta and membranes for completeness and abnormalities.					
50. Disposes of the placenta.					
51. Removes soiled bedding and makes the woman comfortable.					
52. Estimates blood loss.					
53. Assists the woman and baby to begin breastfeeding within the first hour after birth.					
54. Documents all findings.					
55. Documents all care provided.					
<b>Points for skill/activity</b>					
<b>Infection prevention and decontamination (6 points)</b>					
56. Before removing gloves, disposes of gauze swabs and other waste materials in a leak-proof container or plastic bag.					
57. Disposes of needles and sharps in a sharps disposal container.					
58. Cleans apron with decontamination solution.					

Evaluation Checklist: AMTSL					
Step/Task	Rating				
59. Places instruments in a 0.5% chlorine solution.					
60. Decontaminates and disposes of gloves.					
61. Washes hands thoroughly with soap and water and dries them.					
<b>Points for skill/activity</b>					
<b>Counseling the woman on self-care (5 points)</b>					
62. Encourages the woman to eat, drink, and rest.					
63. Asks the woman's companion to watch her and call for help if bleeding or pain increases, if the mother feels dizzy or has a severe headache, visual disturbance, or epigastric discomfort or pain.					
64. Reminds the woman how the uterus should feel and how she can massage it herself.					
65. Encourages the mother to empty her bladder and ensures that she has passed urine.					
66. Counsels the woman on hygiene.					
<b>Points for skill/activity</b>					
<b>A: Total points for the case observed =</b>					
<b>B: Total points that were not applicable (N/A) =</b>					
<b>C: Total possible points for the case observed (66 minus B) =</b>					
<b>Score: A divided by C multiplied by 100 =</b>					
<b>Facilitator or supervisor's signature:</b>					



## Evaluation Checklist for Essential Newborn Care at Birth

Training facilitators should use the following checklist to evaluate the health worker's performance, first on an obstetric model/doll/mannequin and then on a client.

After training activities are complete, supervisors can use the checklist to evaluate the health worker's skills with a client, when one is available, and on a model or mannequin when a client is not available at the time of the evaluation.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the checklists for AMTSL, neonatal resuscitation in the delivery room, and for monitoring the woman and baby in the immediate postpartum.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Evaluation Checklist: Essential Newborn Care at Birth				
Step/Task	Rating			
<b>Evaluated on an anatomic model (M) or with a client/baby (C)</b>				
<b>Date</b>				
<b>Preparing the woman during the first stage of labor (6 points)</b>				
1. Explains to the woman and her support person what will be done and encourages questions.				
2. Listens to what the woman and her support person have to say.				
3. Reviews the woman's chart.				
4. Discusses with the mother and highlights the advantages of the plan to place the baby on her abdomen after delivery and later on her chest in skin-to-skin contact and to initiate breastfeeding in the delivery room.				
5. Encourages the woman to take a bath.				
6. Provides emotional support and reassurance.				
<b>Points for skill/activity</b>				
<b>Preparing the room and equipment for delivery (6 points)</b>				
7. Checks that all needed equipment and instruments are in good				

<b>Evaluation Checklist: Essential Newborn Care at Birth</b>				
<b>Step/Task</b>	<b>Rating</b>			
working order, ready, available, clean/sterile/HLD.				
8. Checks that all needed disposable/consumable supplies/linen are clean, preferably sterile.				
9. Makes sure that the room is warm (25-28 °C/77.0-82.4 °F) and free from drafts from open windows, doors, or from fans/air conditioners.				
10. Makes sure that all surfaces the woman and baby will come in contact with are clean, dry and warm.				
11. Makes sure the room is well-lit.				
12. Prepares for/provides PMTCT interventions if the woman is infected with HIV, making sure that ARV prophylaxis is available for the baby.				
<b>Points for skill/activity</b>				
<b>Preparation if the mother comes during the second stage of labor (4 points)</b>				
13. Provides emotional support.				
14. Wears a clean plastic or rubber apron, rubber shoes, (sandals, slippers), mask, and eye goggles.				
15. Washes hands thoroughly with soap and water and dries them with a clean, dry cloth (or air-dries them).				
16. Wears sterile (preferable) surgical or HLD gloves on both hands.				
<b>Points for skills/activity</b>				
<b>Immediate newborn care (4 points)</b>				
17. Wipes the eyes and face when the head is delivered.				
18. After full delivery of the baby, thoroughly dries the baby while assessing the baby's breathing.				
19. If the baby is not crying or breathing well within 30 seconds of birth, calls for help, clamps and cuts the cord, takes the baby to the table designated for resuscitation, and begins the steps for resuscitation.				
20. If the baby is breathing well, places him/her in skin-to-skin contact on the mother's abdomen and covers the body, including the head, with a fresh, dry cloth.				
<b>Points for skill/activity</b>				
<b>Clamp and cut the cord (6 points)</b>				
21. Clamps the cord approximately 2-3 minutes after the birth or after cessation of cord pulsations, whichever is earlier.				
22. Cuts the cord with sterile scissors or a sterile blade (attached to the scalpel) between the 2 sterile clamps, taking care to cover the site with a sterile gauze while cutting to prevent splashes.				



Evaluation Checklist: Essential Newborn Care at Birth				
Step/Task	Rating			
23. Ties the cord when the mother and baby are stable and AMTSL has been performed.				
24. Ties the cord firmly about 2 fingers (2-3 cm) from the baby's abdomen and cuts the cord 1-2 cm away from the tie.				
25. Checks the cord for bleeding.				
26. If recommended by the MOH, applies alcohol/antiseptic solution on the cord.				
<b>Points for skill/activity</b>				
<b>Care of the eyes (2 points)</b>				
27. Wipes the eyes and gives one drop of tetracycline or erythromycin ophthalmic solution in each eye. When using an ointment, depresses the lower eyelid and inserts a length/strip of the ointment inside the lid from the inner to the outer corner of the eye.				
28. Makes sure that the tip of the dropper or the tube does not touch the eyes of the baby or other objects.				
<b>Points for skill/activity</b>				
<b>Identification of the baby (1 point)</b>				
29. Places at least one identification band on the wrist or the ankle of the baby, with names of the mother and father (where available), date and time of birth, and sex of the baby.				
<b>Points for skill/activity</b>				
<b>Maintain the baby's body temperature/thermal protection (4 points)</b>				
30. Keeps the baby in skin-to-skin contact on the mother's chest. Covers the baby, including the head, with a linen/blanket. If the baby cannot be placed in skin-to-skin contact with the mother (in case of Cesarean section or if the mother is ill), wraps the baby well, including the head, in a clean linen/blanket.				
31. Checks the baby's axillary temperature with a thermometer.				
32. Informs the mother that the baby's weighing will be delayed until the baby is stable and warm.				
33. Informs the mother that the bath will be delayed at least six hours to avoid chilling the baby.				
<b>Points for skill/activity</b>				
<b>Administer vitamin K1 (4 points)</b>				
34. Explains to the mother that an injection of vitamin K1 prevents bleeding in the baby. Explains what is going to be done.				

<b>Evaluation Checklist: Essential Newborn Care at Birth</b>				
<b>Step/Task</b>	<b>Rating</b>			
35. Administers vitamin K: 1 mg to a normal weight baby/0.5 mg to a baby weighing less than 1500 grams.				
36. Gives the injection intramuscularly in the antero-lateral part of the thigh.				
37. Discards the needle and syringe in a secure container for sharp instruments.				
<b>Points for skill/activity</b>				
<b>Commence exclusive breastfeeding (2 points)</b>				
38. Assists the mother in breastfeeding her baby within one hour after birth, before transfer out of the delivery room.				
39. Checks that latching on the breast is appropriate.				
<b>Points for skill/activity</b>				
<b>Brief counseling of the mother before transfer from the delivery room (6 points)</b>				
40. Informs the mother that early, exclusive breastfeeding, including the colostrum, protects the baby against major life-threatening infections.				
41. Advises the mother to breastfeed frequently on demand, day and night.				
42. Specifically advises the mother not to give any other fluids, including water or semi-solids, to the baby.				
43. Advises the mother not to apply any harmful substances on the cord, such as clay, ash, or herbal preparations.				
44. Counsels the mother to keep the baby warm and checks the baby's temperature by touching the hands, feet, and abdomen to make sure that all these parts are warm.				
45. Advises the mother to inform the nurse/midwife if she has any concerns or problems.				
<b>Points for skill/activity</b>				
<b>Weigh the baby (6 points)</b>				
46. Delays taking the weight of the baby until he/she is stable and warm.				
47. Places a clean, ideally sterile, cloth/paper on the pan of the weighing scale.				
48. Adjusts the needle to bring it back to "zero."				
49. Places the naked baby on the cloth/paper.				
50. Notes the weight of the baby when the pan/scale is not moving.				
51. Records the weight of the baby in the partogram/relevant records/registers and informs the mother.				
<b>Points for skill/activity</b>				



Evaluation Checklist: Essential Newborn Care at Birth				
Step/Task	Rating			
<b>Decontamination, cleaning, and sterilization (3 points)</b>				
52. Removes the gloves after having dipped them in the decontamination solution.				
53. Gets equipment ready for subsequent deliveries (including sorting out and discarding waste, decontamination, cleaning, and sterilization of relevant equipment).				
54. Washes hands and air-dries them or wipes them with a clean cloth.				
<b>Points for skill/activity</b>				
<b>Record all the key data/information (1 point)</b>				
55. Writes the key findings in the partogram/neonatal/maternal charts and in the delivery room register.				
<b>Points for skill/activity</b>				
<b>A: Total points for the case observed =</b>				
<b>B: Total points that were not applicable (N/A) =</b>				
<b>C: Total possible points for the case observed (55 minus B) =</b>				
<b>Score: A divided by C multiplied by 100 =</b>				
<b>Facilitator or supervisor's signature:</b>				

## Evaluation Checklist for Monitoring the Woman and the Newborn during the First Six Hours Postpartum

Training facilitators should use the following checklist to evaluate the health worker's performance, first on an obstetric model and then on a client.

After training activities are complete, supervisors can use the checklist to evaluate the health worker's skills with a client, when one is available, and on a model or mannequin when a client is not available at the time of the evaluation.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the checklists for AMTSL, essential newborn care at birth, and neonatal resuscitation.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Evaluation Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum					
Step/Task	Rating				
Evaluated on an anatomic model (M) or with a client/baby (C)					
Date					
<b>Get ready (before each assessment) (8 points)</b>					
1. Prepares the necessary equipment and the exam area.					
2. Assesses and manages all emergency and priority signs immediately.					
3. Greets the woman respectfully and with kindness.					
4. Explains to the woman and the support person what he/she will be doing.					
5. Listens to what the woman has to say.					
6. Washes hands thoroughly with soap and water and dries them on a clean, dry towel (or air-dries them).					
7. Puts on disposable or HLD gloves.					
8. Ensures the baby is kept warm.					
<b>Points for skill/activity</b>					
<b>Monitoring the woman after childbirth (9 points)</b>					
Monitors the woman at the same time as her newborn every 15 minutes in the first 2 hours, every 30 minutes in the 3 <sup>rd</sup> hour, and every hour in the next 3 hours for the following:					



<b>Evaluation Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum</b>					
<b>Step/Task</b>	<b>Rating</b>				
9. Blood pressure					
10. Pulse					
11. Uterine contraction					
12. Vaginal bleeding					
13. If any findings are not within normal limits, responds immediately.					
14. Reminds the woman how the uterus should feel and how she can massage it herself.					
15. Encourages the woman to empty her bladder as soon as possible after childbirth and ensures that she has done so.					
16. Asks the woman's companion to watch her and call for help if bleeding or pain increases, if the woman feels dizzy or has severe headaches, visual disturbance, or epigastric distress.					
17. Encourages the woman to eat, drink, and rest.					
<b>Points for skill/activity</b>					
<b>Monitoring the baby (10 points)</b>					
Monitors the baby along with the mother every 15 minutes in the first 2 hours, every 30 minutes in the 3 <sup>rd</sup> hour, and every hour in the next 3 hours for the following:					
18. Respiration					
19. Color					
20. Temperature: Checks the baby's hands and feet; checks the axillary temperature at least once in the 6 hours.					
21. Rechecks the axillary temperature if the baby's feet are cold.					
22. Checks the cord for bleeding.					
23. Reties the cord if there is bleeding.					
24. Checks for danger signs.					
25. Refers the baby even if one danger sign exists after giving the first doses of antibiotics.					
26. Checks breastfeeding and attachment at the breast at least once during the 6 hours.					
27. Asks the mother to inform the care provider if she notes any problem.					
28. Provides essential care for the mother and baby, including					

<b>Evaluation Checklist: Monitoring the Woman and the Newborn during the First Six Hours Postpartum</b>				
<b>Step/Task</b>	<b>Rating</b>			
PMTCT interventions.				
<b>Points for skill/activity</b>				
<b>Comprehensive examination of the woman and newborn (2 points)</b>				
29. Performs a comprehensive exam of the woman and newborn at least once within six hours after childbirth.				
<b>Points for skill/activity</b>				
<b>Closing (after each assessment) (5 points)</b>				
30. Immerses both gloved hands in a 0.5% chlorine solution:				
<ul style="list-style-type: none"> <li>• Removes gloves by turning them inside out.</li> </ul>				
<ul style="list-style-type: none"> <li>• If disposing of gloves, places them in a leak-proof container or plastic bag.</li> </ul>				
<ul style="list-style-type: none"> <li>• If reusing surgical gloves, submerges them in a 0.5% chlorine solution for 10 minutes to decontaminate before HLD.</li> </ul>				
31. Washes hands thoroughly with soap and water and dries them with clean, dry cloth (or air-dries them).				
32. Shares findings with the woman.				
33. Asks the woman if she has any further questions or concerns.				
34. Records the relevant details of care for the woman and baby.				
<b>Points for skill/activity</b>				
<b>A: Total points for the case observed =</b>				
<b>B: Total points that were not applicable (N/A) =</b>				
<b>C: Total possible points for the case observed (34 minus B) =</b>				
<b>Score: A divided by C multiplied by 100 =</b>				
<b>Facilitator or supervisor's signature:</b>				



## Evaluation Checklist for Essential Postpartum Care for the Woman

Training facilitators should use the following checklist to evaluate the health worker's performance, first on an obstetric model and then on a client.

After training activities are complete, supervisors can use the checklist to evaluate the health worker's skills with a client, when one is available, and on a model or mannequin when a client is not available at the time of the evaluation.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the checklists for newborn examination and essential newborn care at birth.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off! In many places it is not conventional to wear gloves when examining the mother and baby (except for vaginal examination).

Evaluation Checklist: Essential Postpartum Care for the Woman					
Step/Task	Rating				
<b>Evaluated on an anatomic model (M) or with a client/baby (C)</b>					
<b>Date</b>					
<b>Get ready (before each assessment) (8 points)</b>					
1. Prepares the necessary equipment and the exam area.					
2. Assesses for and manages all emergency and priority signs immediately.					
3. Greets the woman respectfully and with kindness.					
4. Makes sure the woman is comfortable.					
5. Asks the woman if she has a support person with her, and, if yes, has the support person in the room during the physical examination.					
6. Explains what will be done to the woman (and her support person) and encourages questions.					
7. Listens to what the woman has to say.					
8. Asks the woman if she now has or has had any danger signs and responds immediately if even one is present.					

Evaluation Checklist: Essential Postpartum Care for the Woman				
Step/Task	Rating			
Points for skill/activity				
<b>History: Ask/listen/check records (12 points)</b>				
9. Asks the woman how she is feeling.				
10. Checks the woman's record or asks about her pregnancy and delivery.				
11. Checks the woman's record or asks about RPR, TT status, treatment for anemia, treatment for TB.				
12. Checks the woman's record or asks about HIV status.				
13. Checks the woman's record or asks about medications being taken.				
14. Asks the woman how she is feeding her baby.				
15. Asks the woman about her experience with breastfeeding and if she is having any problems with it.				
16. Asks the woman about family planning.				
17. Asks the woman about social support.				
18. Records the relevant findings.				
19. Washes hands thoroughly with soap and water and dries them with clean, dry cloth (or air-dries them).				
20. Explains each step of the physical examination and encourages the woman to ask questions.				
<b>Points for skill/activity</b>				
<b>Physical examination: Look/feel (14 points)</b>				
21. Helps the woman on to the examination table and places a pillow under her head and upper shoulders.				
22. Observes general appearance.				
23. Takes the woman's vital signs.				
24. Checks the woman's conjunctiva, tongue, nailbeds, and palms for pallor.				
25. Does a breast exam.				
26. Examines the abdomen to assess involution and tenderness.				
27. Examines legs.				
28. Puts high-level disinfected or new examination gloves on both hands.				
29. Examines perineum and genitalia.				
30. Observes lochia.				
31. Immerses both gloved hands in a 0.5% chlorine solution: <ul style="list-style-type: none"> <li>• Removes gloves by turning them inside out.</li> <li>• If disposing of gloves, places them in a leak-proof container</li> </ul>				



Evaluation Checklist: Essential Postpartum Care for the Woman					
Step/Task	Rating				
or plastic bag. • If reusing surgical gloves, submerges in a 0.5% chlorine solution for 10 minutes to decontaminate.					
32. Washes hands thoroughly with soap and water and dries them with clean, dry cloth (or air-dries them).					
33. Helps the woman off the examination table and offers her a seat.					
34. Records all relevant findings from the physical examination.					
<b>Points for skill/activity</b>					
<b>Screening procedures (4 points)</b>					
35. Does/orders a hemoglobin test if indicated.					
36. Does/orders an RPR screening test if indicated.					
37. Provides HIV testing and counseling if indicated and the woman has given informed consent to do so.					
38. Orders additional tests if indicated.					
<b>Points for skill/activity</b>					
<b>Identify problems/needs (4 points)</b>					
39. Shares findings of the exam with the woman.					
40. Identifies needs/problems based on findings of history, physical examination, and screening tests.					
41. Develops a plan of care with the woman.					
42. Asks the woman if she has any additional questions.					
<b>Points for skill/activity</b>					
<b>Provide care/take action (11 points)</b>					
43. Treats based on results of history, physical examination, or laboratory examination results.					
44. Provides prophylactic prescriptions based on the care plan.					
45. Provides tetanus immunization based on need.					
46. Provides counseling about danger signs in the postpartum period and what to do about them.					
47. Provides counseling on nutrition and iron supplementation.					
48. Provides counseling on hygiene.					
49. Provides counseling on rest.					
50. Provides counseling on using insecticide-treated bednets.					

<b>Evaluation Checklist: Essential Postpartum Care for the Woman</b>				
<b>Step/Task</b>	<b>Rating</b>			
51. Provides counseling on safer sex and use of condoms.				
52. Explains the benefits of adequate birth spacing interval to the mother, child and the family.				
53. Informs the mother about the recommended birth interval after a live birth.				
54. If the woman is breastfeeding, provides counseling on LAM and other methods of family planning.				
55. If the woman is not breastfeeding, provides family planning method of the woman's choice.				
<b>Points for skill/activity</b>				
<b>Closing (6 points)</b>				
56. Asks the woman if she has any further questions or concerns.				
57. Tells the woman when to return for routine postpartum care.				
58. Reassures the woman that she can return at any time she has questions or concerns.				
59. Advises the woman to go to the hospital/health center immediately, day or night, <b>without waiting</b> if she has any danger signs.				
60. Thanks the woman for coming.				
61. Records the relevant details of care for the woman.				
<b>Points for skill/activity</b>				
<b>A: Total points for the case observed =</b>				
<b>B: Total points that were not applicable (N/A) =</b>				
<b>C: Total possible points for the case observed (61 minus B) =</b>				
<b>Score: A divided by C multiplied by 100 =</b>				
<b>Facilitator or supervisor's signature:</b>				



## Evaluation Checklist for Neonatal Resuscitation in the Delivery Room

Training facilitators should use the following checklist to evaluate the health worker's performance, first on a model and then on a client.

After training activities are complete, supervisors can use the checklist to evaluate the health worker's skills with a client, when one is available, and on a model or mannequin when a client is not available at the time of the evaluation.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed./not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the checklists for AMTSL, essential newborn care at birth, and care of the mother postpartum.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Evaluation Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
Evaluated on an anatomic mode (M) or with a client/baby (C)					
Date					
<b>Prepare equipment and room for resuscitation before each delivery at the place reserved for special care of the baby ("newborn baby's corner") (14 points)</b>					
Checks to see if the following are available, working, and sterile/clean:					
1 Wall thermometer to verify the room temperature is between 25 °C-28 °C.					
2 There are no open windows or a draft.					
3 The tabletop is clean.					
4 Has available 3-5 clean, preferably sterile, absorbent towels/linen to dry and wrap the baby (and a cap/bonnet if available) and covers the table.					
5 There is a functioning heater, if available, over the table.					
6 Pieces of gauze/cloth, preferably sterile					
7 Sterile gloves or HLD gloves					
8 Equipment/supplies for clearing the airways					

Evaluation Checklist: Neonatal Resuscitation in the Delivery Room					
Step/Task	Rating				
9 Self-inflating bag for neonatal resuscitation with two facial masks (#1 for normal size babies, #0 for low birth weight babies)					
10 Checks seal between the resuscitator bag and the mask.					
11 Oxygen source (if available); if cylinder(s), checks that they have sufficient oxygen.					
12 Clinical thermometer for recording axillary temperature					
13. Wall clock with a second hand					
14. Stethoscope, if available					
<b>Points for skill/activity</b>					
<b>Steps just before delivery (3 points)</b>					
15. If a heater is available, switches it on and places the linen below/near the heater to get them warmed.					
16. Washes hands well with soap and water.					
17. Wears apron, gown, sterile/HLD gloves masks and goggles, if available.					
<b>Points for skill/activity</b>					
<b>Management in case of thick meconium in the amniotic fluid (3 points)*</b>					
18. Wipes the eyes and face and asks the mother not to push for few seconds in order to suction the mouth of the baby.					
19. Suctions the mouth first and then the nose of the baby as soon as the head is at the perineum, <b>before</b> the shoulders deliver.*					
20. After full delivery, if the baby is not breathing, suctions the mouth and nose <b>before</b> drying and stimulating the baby.					
<b>Points for skill/activity</b>					
<b>Immediate management at birth (5 points)</b>					
21. Once the baby is delivered, receives the baby in a dry, clean, preferably sterile, cloth, and wipes the eyes, face, and whole body.					
22. Places the baby on the abdomen of the mother in skin-to-skin contact and covers him/her with fresh, dry linen.					
23. Observes the baby while performing steps 1 and 2 (within 30 seconds) to verify that he/she is breathing well.					

\*Note: International recommendations no longer support this step. Instead, it is recommended to suction the mouth and nose of the baby who is not crying immediately after birth even **before** drying and stimulation and later if necessary carry out endotracheal suction. As the latter may not be possible in many peripheral centers, some may prefer to suction the mouth and nose before delivery of the shoulders where there is thick meconium in the amniotic fluid as recommended by national/hospital guidelines.



<b>Evaluation Checklist: Neonatal Resuscitation in the Delivery Room</b>					
<b>Step/Task</b>	<b>Rating</b>				
24. If the baby does not breathe, initiates steps for resuscitation.					
25. If the baby breathes normally, begins routine essential newborn care, including announcing the time of birth and the sex of the baby.					
<b>Points for skill/activity</b>					
<b>Begin resuscitation and clearing of the airways (9 points)</b>					
26. Clamps and cuts the cord immediately.					
27. Takes the baby to the “newborn baby corner,” places him/her on the back with the head placed towards the provider.					
28. If a heater is not available, makes sure the baby remains wrapped, except for the face and chest.					
29. Places the head in slight extension by gently pulling the head and neck with the hand or by placing a small roll of towel/linen (2-3 cm) under the shoulders.					
30. Introduces the suction catheter/device, first in the mouth, then in the nostrils.					
31. Introduces the suction catheter sufficiently deep enough to obtain an efficient suction, but does not advance it more than 5 cm in the mouth and 3 cm in the nostrils.					
32. Suctions the airways gently and only while withdrawing the catheter and not at the time of introduction.					
Re-examines the baby for breathing:					
33. If the baby starts breathing, observes the baby for at least 5 minutes and then commences routine essential newborn care, continuing to monitor respiration.					
34. If the baby still does not breathe, prepares for ventilation but may quickly try 2-3 flicks/slaps on the soles of the feet to stimulate breathing. If no response, starts ventilation as noted below.					
<b>Points for skill/activity</b>					
<b>Ventilation with bag and mask; initial steps (6 points)</b>					
35. Before beginning ventilation, verifies that the neck of the baby is in slight extension.					
36. Applies the bag on the face of the infant, so that it covers the nose, mouth, and chin.					
37. Creates a good fit (“seal”) between the mask and the face of the					

<b>Evaluation Checklist: Neonatal Resuscitation in the Delivery Room</b>				
<b>Step/Task</b>	<b>Rating</b>			
infant.				
38. Squeezes the bag 2-3 times and makes sure that the chest rises/expands. If not, readjusts the masks and tries again.				
39. If the baby's chest rises, starts ventilation with the bag.				
40. If the chest of the baby does not rise, suctions airways again, adjusts neck extension, repositions the mask, and resumes ventilation.				
41. Makes sure that the ventilation is commenced within one minute of birth.				
<b>Points for skill/activity</b>				
<b>Ventilation with bag and mask; continued (6 points)</b>				
42. Ventilates the baby 40 times/minute (range 40-60/minute). The rhythm- is 1 – 2 – 'breathe'/squeeze the bag.				
43. Checks periodically (every 1-2 minutes) for spontaneous breathing and for color.				
44. If the baby cries and has spontaneous breathing, stops ventilation and continues to observe the baby's breathing for at least 5 minutes. If the baby continues breathing well, commences essential newborn care under continued monitoring.				
45. If the baby does not cry nor breathe spontaneously, continues ventilation.				
46. If the lips and tongue are blue, administers supplemental oxygen, if available, until the lips turn pink.				
47. If the baby does not breathe spontaneously after 20 minutes of ventilation, stops resuscitation.				
<b>Points for skill/activity</b>				
<b>Steps at the end of resuscitation (6 points)</b>				
48. Discards used disposable equipment in an appropriate manner.				
49. Makes sure that other equipment that can be reused is decontaminated, clean, and sterilized as required.				
50. Decontaminates and removes gloves.				
51. Washes hands with soap and water.				
52. Notes all key findings and treatment provided in the partogram/maternal and newborn records and delivery register.				
53. Replenishes all disposable items and keeps the "baby's corner" ready for the next delivery, including resuscitation.				
<b>Points for skill/activity</b>				
<b>Follow-up care (6 points)</b>				



Evaluation Checklist: Neonatal Resuscitation in the Delivery Room				
Step/Task	Rating			
54. Explains to the mother/family, when appropriate and in a manner they can understand, what has been done and the condition of the baby after resuscitation, as well as the supplemental care needed at the peripheral health center and later at home.				
55. If the condition of the baby improves, keeps him/her warm, in skin-to-skin contact with the mother.				
56. Measures axillary temperature of the baby keeping the thermometer in the axilla for 4 minutes.				
57. Facilitates breastfeeding as soon as the baby is stable and ready to be fed.				
58. After resuscitation, checks breathing and color and for danger signs: every 15 minutes for 2 hours, every 30 minutes in the 3 <sup>rd</sup> hour, every hour during the following 3 hours (same as monitoring for AMTSL), and then every 3-4 hours ( including feeding) for the next 2-3 days while at the facility.				
59. If resuscitation was difficult or if the baby develops even a single danger sign, arranges transfer of the baby with the mother to the referral center after stabilization and giving the first doses of antibiotics.				
<b>Points for skill/activity</b>				
<b>Provides essential newborn care (5 points)</b>				
Provides the following as necessary:				
60. Temperature maintenance/thermal protection				
61. Eye care				
62. Cord care				
63. Records the weight				
64. Facilitates breastfeeding as soon as baby is ready for it				
65. Vitamin K1 (1 mg for normal baby and 0.5 mg for a baby weighing less than 1500 grams)				
<b>Points for skill/activity</b>				
<b>Counsels the mother and family (5 points)</b>				
Counsels the mother/family about the following:				
66. To continue breastfeeding on demand, day and night				
67. To keep the baby warm				
68. To wash hands and maintain good hygiene				

<b>Evaluation Checklist: Neonatal Resuscitation in the Delivery Room</b>					
<b>Step/Task</b>	<b>Rating</b>				
69. To maintain clean cord care					
70. To call the health worker if there are any problems/danger signs					
<b>Points for skill/activity</b>					
<b>A: Total points for the case observed =</b>					
<b>B: Total points that were not applicable =</b>					
<b>C: Total possible points for the case observed (70 minus B) =</b>					
<b>Score: A divided by C multiplied by 100 =</b>					
<b>Facilitator or supervisor's signature:</b>					



## Evaluation Checklist for History Taking, Basic Systematic Examination, and Postnatal Newborn Care at Peripheral Health Centers

Training facilitators should use the following checklist to evaluate the health worker's performance, first on a model and then on a client.

After training activities are complete, supervisors can use the checklist to evaluate the health worker's skills with a client, when one is available, and on a model or mannequin when a client is not available at the time of the evaluation.

### Directions

Rate the performance of each step or task using the following rating scale:

**1** = Performs the step or task completely and correctly.

**0** = Is unable to perform the step or task completely or correctly or the step/task was not observed.

**N/A** (not applicable) = Step was not needed.

**NOTE:** This checklist should be used with the checklists for newborn examination and essential newborn care at birth.

**NOTE:** Wash hands and wear gloves every time you come in contact with the woman and newborn. Don't forget to wash your hands after taking your gloves off!

Evaluation Checklist: History Taking, Basic Systematic Examination and Postnatal Newborn Care at Peripheral Health Centers					
Step/Task	Rating				
Evaluated on an anatomic model (M) or with a client/baby (C)					
Date					
<b>Preparation for the evaluation (6 points)</b>					
1. Prepares the necessary equipment and supplies.					
2. Washes hands with soap and water and dries them with a clean towel (or air-dries them).					
3. Tells the mother what is going to be done and encourages questions.					
4. Listens to the mother.					
5. If the baby is quiet, starts with counting the respiratory rate.					
6. If the baby cries or is restless, asks the mother to breastfeed and takes advantage of this to observe how					

<b>Evaluation Checklist: History Taking, Basic Systematic Examination and Postnatal Newborn Care at Peripheral Health Centers</b>					
<b>Step/Task</b>	<b>Rating</b>				
well the baby latches on to the breast.					
<b>Points for skill/activity</b>					
<b>History taking for danger signs: Asks/listens/checks record (8 points)</b>					
Asks the mother/family if the baby has any of the following danger signs:					
7. Poor sucking/not sucking					
8. Lethargy/inactivity					
9. Fever or hypothermia					
10. Respiratory distress/fast breathing					
11. Convulsions					
12. Persistent vomiting or green-colored vomitus/abdominal distention					
13. Redness/swelling surrounding the umbilicus and/or foul smell with or without pus discharge.					
14. Asks about the presence of any other problems.					
<b>Points for skill/activity</b>					
<b>History taking for other features: Asks/listens/checks record (8 points)</b>					
Checks mother's chart and asks about:					
15. Risk factors for infection					
16. Duration of the pregnancy (to note if it was full term or preterm )					
17. Time of first cry after birth, if baby needed resuscitation, and what was done					
18. Birth weight					
19. Eye care given at birth					
20. Cord care given at birth					
21. Administration of vitamin K1					
22. Administration of immunizations and which ones					
<b>Points for skill/activity</b>					
<b>Prevention of hypothermia during the exam (2 points)</b>					
23. Checks that the place/mother's bed is free from drafts.					
24. If a heat source is not available, covers the baby, exposing only the part to be examined.					
<b>Points for skill/activity</b>					
<b>Physical exam for danger signs: Looks/feels (5 points)</b>					
25. Checks for the danger sign of lethargy or diminished					



<b>Evaluation Checklist: History Taking, Basic Systematic Examination and Postnatal Newborn Care at Peripheral Health Centers</b>					
<b>Step/Task</b>	<b>Rating</b>				
activity.					
26. Checks for the danger sign of respiratory distress, counting the respiratory rate, recounting if the rate is abnormal, and looking for subcostal retractions.					
27. Checks for the danger sign of fever or hypothermia: cleans the thermometer with cotton and alcohol and takes the temperature with the thermometer placed under the axilla for 3-4 minutes.					
28. Checks for the danger sign of abdominal distention.					
29. Checks for the danger sign of severe umbilical cord infection by lifting the cord to check the base or, if the cord has fallen off, by opening the folds to check depth of the umbilicus.					
<b>Points for skill/activity</b>					
<b>Physical examination for jaundice (2 points)</b>					
30. Gently with the pulp of the finger, presses the tip of the nose, releases the pressure, and observes the pale area for yellow color.					
31. Checks if the palms and soles are yellow.					
<b>Points for skill/activity</b>					
<b>Physical examination for minor infections (3 points)</b>					
32. Checks if the eyes are red and for pus discharge.					
33. Examines the tongue, mouth, and inner parts of cheeks for thrush.					
34. Examines for skin infection. Checks skin folds at the neck, the armpits, groin, and the back.					
<b>Points for activity/skill</b>					
<b>Checks feeding at any appropriate time during the exam (1 point)</b>					
35. Observes if the baby latches well to the breast.					
<b>Points for skill/activity</b>					
<b>Weighs the baby (5 points)</b>					
36. Places a clean linen or paper on the pan of the baby weighing scale.					
37. Adjusts the scale so that reading is "zero" with the cloth/paper on the scale.					

<b>Evaluation Checklist: History Taking, Basic Systematic Examination and Postnatal Newborn Care at Peripheral Health Centers</b>					
<b>Step/Task</b>	<b>Rating</b>				
38. Places the baby on the paper/cloth.					
39. Notes the weight when the scale and basket do not move.					
40. Writes the weight of the baby in the mother's and baby's records.					
<b>Points for skill/activity</b>					
<b>Tasks after the physical examination (6 points)</b>					
41. Washes hands with soap and water and dries them with a clean towel (or air-dries them).					
42. Discusses findings and plan of care with the mother/family, asks if they have questions, and listens attentively.					
43. Notes all pertinent details of the physical examination in the mother's/baby's chart/register.					
44. In the presence of even one danger sign, gives the first dose of antibiotics and refers to an appropriate higher center without carrying out any unnecessary steps/activities.					
45. Prescribes treatment for minor infections.					
46. Checks if the baby has received immunizations (BCG, OPV, hepatitis B based on MOH recommendations), gives the dose(s) if missed earlier, or gives appointments for the same.					
<b>Points for skill/activity</b>					
<b>Provides/arranges for counseling of the mother/family (5 points)</b>					
Counsels the mother/family about the following:					
47. Exclusive breastfeeding on demand					
48. Maintaining the baby's temperature					
49. Cord care					
50. General hygiene/prevention of infection					
51. The need for the mother to sleep with the baby under an insecticide-treated mosquito net.					
<b>Points for skill/activity</b>					
<b>Advises mother/family to seek care even if only one of the danger signs noted below is present (7 points)</b>					
52. Poor sucking/not sucking					
53. Lethargy/inactivity					
54. Fever or hypothermia (cold body)					



<b>Evaluation Checklist: History Taking, Basic Systematic Examination and Postnatal Newborn Care at Peripheral Health Centers</b>					
<b>Step/Task</b>	<b>Rating</b>				
55. Respiratory difficulty/fast breathing					
56. Convulsions					
57. Persistent vomiting or green-colored vomitus/abdominal distension					
58. Severe umbilical infection: extending redness and swelling around the cord/foul smell, with or without pus					
<b>Points for skill/activity</b>					
<b>Conclusion (5 points)</b>					
59. Asks mother/parents if they have any concerns and questions.					
60. Thanks the mother/family for their visit.					
61. Makes an appointment for the next visit.					
62. Places the mother/family in contact (if appropriate and available) with a competent community health worker or volunteer.					
63. Recommends to the mother/parents to bring the baby immediately to the hospital/health center, day or night, without delay, if even one of the danger signs is present.					
<b>Points for skill/activity</b>					
<b>A: Total points for the case observed =</b>					
<b>B: Total points that were not applicable (N/A) =</b>					
<b>C: Total possible points for the case observed (63 minus B) =</b>					
<b>Score: A divided by C multiplied by 100 =</b>					
<b>Facilitator or supervisor's signature:</b>					

## Checklist for Evaluating a Facility

Discuss your answers to these questions with your facilitator when you are in a facility for your practical training.

<b>I. Related to the places where newborns are cared for immediately after birth, such as the delivery room and postnatal room or ward:</b>	
Briefly describe the place	
List the strong points	
List the challenges or features that need to be improved	
Suggestions for improvement  1. Short-term changes with existing resources          2. Long-term changes needing additional resources	
<b>II. Related to cleanliness and strategies/actions to prevent infection in the delivery room and postnatal ward:</b>	



<p>List strong points you have noted</p>	
<p>List challenges</p>	
<p>Suggest improvements</p> <ol style="list-style-type: none"> <li>1. Short-term changes with existing resources</li>   <li>2. Long-term changes needing additional resources</li> </ol>	
<p><b>III. With regards to the equipment and supplies for the care of the newborn in the delivery room, including those for resuscitation:</b></p>	
<p>List the strong points</p>	

