

LABOR AND DELIVERY OBSERVATION CHECKLIST

Validating indicators of the quality of maternal health care

OBSERVER: BEFORE BEGINNING OBSERVATION, INTRODUCE YOURSELF AND OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN 'EXPERT' TO BE CONSULTED DURING THE SESSION.

#	Question	Response codes	SKIP TO
SECTION 1: COVER SHEET INFORMATION			
101.	OBSERVER NAME	_____	
102.	OBSERVER CODE	_ _ _ _	
103.	FACILITY Name	_____	
104.	FACILITY CODE	_ _ _ _	
105.	CLIENT ID	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
106.	DATE OF OBSERVATION	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ D D M M Y Y	
107.	TIME OF DAY DELIVERY CONDUCTED	DAY..... 1 NIGHT..... 2	
108.	OUTCOME OF OBSERVATION COMPLETE AT END OF OBSERVATION	COMPLETED 1 PARTIALLY COMPLETED 2 REFUSED 3 OTHER..... 8	END END END END
109.	LANGUAGE(S) USED [BETWEEN PROVIDER AND CLIENT] TO CONDUCT OBSERVATION	ENGLISH 1 SPANISH / KISWAHILI..... 2 LOCAL LANGUAGE..... 3 (SPECIFY) _____	

#	Question	Response codes	SKIP TO
110.	TIME OBSERVATION BEGINS: (USE THE 24-HOUR CLOCK)	HOURS __ __ MINUTES __ __	

#	Question/Task	Response codes	SKIP TO
SECTION 2: OBSERVATION OF INITIAL CLIENT ASSESSMENT			
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
200.	WAS THIS SECTION OBSERVED	YES1 NO.....2	300
201.	Record age of woman	__ __	
202.	Record parity of the woman <u>prior</u> to this delivery	__ __	
203.	Was woman referred from another facility?	YES1 NO.....2 DK.....8	
204.	Time of admission to labor ward (use 24 hour clock)	HOURS __ __ MINUTES __ __	
205.	Encourages the woman to have a support person present throughout labor and birth	YES1 NO.....2 DK.....8	
206.	Checks woman's HIV status (checks chart or asks woman)?	YES1 NO.....2 DK.....8	
207.	Offers woman HIV test	YES1 NO.....2 DK.....8	
208.	Gives woman HIV test	YES1 NO.....2 DK.....8	

#	Question/Task	Response codes	SKIP TO
209.	Washes his/her hands with soap and water or uses antiseptic before any initial examination	YES1 NO.....2 DK.....8	
210.	Explains procedures to woman (support person) before proceeding	YES1 NO.....2 DK.....8	
211.	Takes temperature	YES1 NO.....2 DK.....8	
212.	Takes pulse	YES1 NO.....2 DK.....8	
213.	Takes blood pressure	YES1 NO.....2 DK.....8	
214.	Takes urine sample to test for presence of protein	YES1 NO.....2 DK.....8	
215.	Abdominal examination - Checks fetal heart rates with fetoscope/doppler/ultrasound	YES1 NO.....2 DK.....8	
216.	Performs vaginal examination	YES1 NO.....2 DK.....8	
217.	Wears high-level disinfected or sterile gloves for vaginal examination	YES1 NO.....2 DK.....8	

#	Question/Task	Response codes	SKIP TO
SECTION 3: OBSERVATION OF 1st STAGE OF LABOUR			
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
300.	WAS THIS SECTION OBSERVED	YES1 NO.....2	400
301.	Induces labor with uterotonic	YES1 NO.....2 DK.....8	303 303
302.	Route of administration of uterotonic	IV.....1 IM.....2	
303.	Augments labor with uterotonic	YES1 NO.....2 DK.....8	305 305
304.	Route of administration of uterotonic	IV.....1 IM.....2	
305.	Performs artificial rupture of the membranes	YES1 NO.....2 DK.....8	
306.	At least once, encourages/assists the woman to ambulate during labor	YES1 NO.....2 DK.....8	
307.	At least once, encourages/assists the woman to assume different positions during labor	YES1 NO.....2 DK.....8	
308.	At least once, encourages/assists the woman to drink liquids or eat	YES1 NO.....2 DK.....8	
309.	Encourages the woman to have a support person present throughout labor and birth	YES1 NO.....2 DK.....8	

#	Question/Task	Response codes	SKIP TO
310.	A support person is present at some point during labor	YES1 NO.....2 DK.....8	
311.	Washes his/her hands with soap and water or uses antiseptic before examination of the woman	YES1 NO.....2 DK.....8	
312.	Wears high-level disinfected or sterile gloves	YES1 NO.....2 DK.....8	
313.	Who was the main provider(s) who assisted with the woman's labor? LIST ALL PROVIDERS	DOCTOR (OBGYN).....1 MEDICAL RESIDENT2 MEDICAL INTERN.....3 NURSE.....4 MIDWIFE.....5 CLINICAL OFFICER6 SUPPORT STAFF/AIDE.....7 OTHER8 (SPECIFY) _____	
314.	Did other provider(s) assist with the woman's labor? LIST ALL PROVIDERS	DOCTOR (OBGYN)1 MEDICAL RESIDENT2 MEDICAL INTERN.....3 NURSE.....4 MIDWIFE.....5 CLINICAL OFFICER6 SUPPORT STAFF/AIDE.....7 OTHER8 (SPECIFY) _____	
315.	How many providers in total assisted with the woman's labor?	__ __	

#	Question/Task	Response codes	SKIP TO
SECTION 4: CONTINUOUS OBSERVATION OF SECOND & THIRD STAGE OF LABOR			
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
400.	WAS THIS SECTION OBSERVED	YES1 NO.....2	500
401.	Was an episiotomy done?	YES1 NO.....2 DK.....8	
402.	OBSERVER: Note time of the delivery of the baby (use 24 hour clock)	HOURS __ __ MINUTES __ __	
403.	Second baby present	YES (twin)1 NO (singleton)2	
404.	Birthweight (in grams); enter 9999 if not available	__ __ __ __	
405.	Uterotonic administered	YES1 NO.....2 DK.....8	411 411
406.	OBSERVER: Note time uterotonic given (use 24 hour clock)	HOURS __ __ MINUTES __ __	

#	Question/Task	Response codes	SKIP TO
407.	Timing of administration of uterotonic: a. at delivery of the anterior shoulder b. within 1 minute of delivery of baby c. within 3 minutes of delivery of baby d. more than 3 minutes of delivery of baby AND BEFORE delivery of the placenta e. more than 3 minutes of delivery of baby AND AFTER delivery of the placenta	ANT SHLDR 1 1 MIN AFTER DELIVERY 2 3 MINS AFTER DELIVERY 3 +3 BEFORE PLACENTA..... 4 +3 AFTER PLACENTA..... 5 DK..... 8	
408.	Which uterotonic given: a. Oxytocin b. Ergometrine c. Syntometrine d. Prostaglandins	OXYTOCIN..... 1 ERGOMETRINE 2 SYNTOMETRINE..... 3 PROSTAGLANDIN..... 4 DK..... 8	
409.	Dose of uterotonic given and type of units of medication (e.g. IU, mg) (IF NECESSARY, ASK/CHECK AFTERWARDS)	D) DOSE __ __ U) UNITS IU 1 mg..... 2 ml..... 3 mcg..... 4	
410.	Route uterotonic given	IM..... 1 IV push (bolus)..... 2 IV drip 3 IV drip plus IM..... 4 Oral 5 Vaginal 6 Sublingual 7 Rectal 8	
411.	OBSERVER: Note time the cord was clamped (use 24-hour clock)	HOURS __ __ MINUTES __ __	

#	Question/Task	Response codes	SKIP TO
412.	Applies traction to cord while applying suprapubic counter traction	YES1 NO.....2 DK.....8	
413.	Performs uterine massage immediately following delivery	YES1 NO.....2 DK.....8	
414.	Assesses completeness of the placenta and membranes	YES1 NO.....2 DK.....8	
415.	Assesses for perineal and vaginal lacerations	YES1 NO.....2 DK.....8	
416.	Did more than one health worker assist with the birth?	YES1 NO.....2	
417.	Who was the main provider(s) who assisted with the delivery? LIST ALL PROVIDERS	DOCTOR (OBGYN)1 MEDICAL RESIDENT2 MEDICAL INTERN.....3 NURSE.....4 MIDWIFE.....5 CLINICAL OFFICER6 SUPPORT STAFF/AIDE.....7 OTHER8 (SPECIFY) _____	
418.	Did other provider(s) assist with the delivery? LIST ALL PROVIDERS	DOCTOR (OBGYN)1 MEDICAL RESIDENT2 MEDICAL INTERN.....3 NURSE.....4 MIDWIFE.....5 CLINICAL OFFICER6 SUPPORT STAFF/AIDE.....7 OTHER8 (SPECIFY) _____	

#	Question/Task	Response codes	SKIP TO
419.	How many providers in total assisted with the woman's delivery?	__ __	
420.	What was the position of the mother at birth?	ON BACK1 (LITHOTOMY) UPRIGHT HALF-SITTING.....2 LEFT LATERAL.....3 ON HANDS AND KNEES4 SQUATTING5 OTHER8 (SPECIFY) _____	

#	Question/Task	Response codes	SKIP TO
SECTION 5: OBSERVATION OF IMMEDIATE NEWBORN, POSTNATAL AND POSTPARTUM CARE			
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
500.	WAS THIS SECTION OBSERVED	YES1 NO.....2	600
501.	A support person (companion) for mother is present during the birth	YES1 NO.....2 DK.....8	
502.	Immediately dries baby with towel /cloth	YES1 NO.....2 DK.....8	
503.	Is the baby breathing /crying?	YES1 NO.....2	514
504.	Baby given to mother immediately, within a few minutes, after birth?	YES1 NO.....2 DK.....8	
505.	Places newborn on the mother's abdomen "skin to skin"	YES1 NO.....2 DK.....8	507
506.	Covers baby with dry towel	YES1 NO.....2 DK.....8	
507.	If not placed skin to skin, wraps baby in dry towel	YES1 NO.....2 DK.....8	
508.	Ties or clamps cord when pulsations stop or by 2-3 minutes after birth (not immediately after birth)	YES1 NO.....2 DK.....8	

#	Question/Task	Response codes	SKIP TO
509.	Cuts cord, using clean blade or clean scissors	YES1 NO.....2 DK.....8	
510.	Breastfeeding initiated within the first hour after birth	YES1 NO.....2 DK.....8	
511.	Was anything besides breastmilk given to the baby to drink within the first hour after birth?	YES1 NO.....2 DK.....8	
512.	Baby bathed within the first hour after birth	YES1 NO.....2 DK.....8	
513.	Baby kept skin to skin with mother for first hour after birth	YES1 NO.....2 DK.....8	
514.	Takes mother's vital signs 15 minutes after birth	YES1 NO.....2 DK.....8	
515.	Palpates uterus 15 minutes after delivery of placenta	YES1 NO.....2 DK.....8	
516.	In first physical examination after delivery – <i>during or after the 4th stage of labor</i> – did health provider look for or ask about bleeding?	YES1 NO.....2 DK.....8	
517.	In first physical examination after delivery – <i>during or after the 4th stage of labor</i> – did health provider examine the perineum?	YES1 NO.....2 DK.....8	
518.	In first physical examination after delivery – <i>during or after the 4th stage of labor</i> – did health provider take the woman's temperature?	YES1 NO.....2 DK.....8	

#	Question/Task	Response codes	SKIP TO
519.	In first physical examination after delivery – <i>during or after the 4th stage of labor</i> – did health provider take the woman’s blood pressure?	YES1 NO.....2 DK.....8	
520.	In first physical examination after delivery – <i>during or after the 4th stage of labor</i> – did health provider check for involution?	YES1 NO.....2 DK.....8	
521.	Time of first physical examination of the mother after delivery (use 24 hour clock)	HOURS __ __ MINUTES __ __	
522.	Time of admission to post-labor ward (use 24 hour clock)	HOURS __ __ MINUTES __ __	

#	Question/Task	Response codes	SKIP TO
SECTION 6: REVIEW OF L&D OBSERVATION			
IF NECESSARY, CHECK MEDICAL RECORDS/ ASK PROVIDER AFTER OBSERVATION			
600.	Did the provider complete maternity register/birth log	YES.....1 NO.....2 DK.....8	
601.	Did the provider use a partograph	YES.....1 NO.....2 DK.....8	603
602.	Partograph not used because woman arrived in second stage of labor	YES.....1 NO.....2 DK.....8	
603.	OBSERVER: did you see provider fill out partograph after delivery (with information that should be entered during labor)	YES.....1 NO.....2 DK.....8	
604.	Record the condition/outcome for the mother a. Goes to recuperation ward b. Referred to specialist in same facility c. Goes to surgery in same facility d. Referred to other facility e. Death of mother	RECUP WARD1 REFER, SAME FACILITY.....2 SURGERY.....3 REFER, OTHER FACILITY.....4 DEATH.....5	
605.	Record the condition/outcome for the baby a. Goes to normal nursery b. Referred to specialist in same facility c. Referred to other facility d. Goes to ward with mother e. Newborn death f. Fresh stillbirth g. Macerated stillbirth	NURSERY.....1 REFER, SAME FACILITY.....2 REFER, OTHER FACILITY.....3 WARD WITH MOTHER4 NEWBORN DEATH.....5 FRESH STILLBIRTH6 MACERATED STILLBIRTH7	

#	Question/Task	Response codes	SKIP TO
606.	Record the type of delivery	VAGINAL1 ASSISTED, FORCEPS2 ASSISTED, VENTOUSE3 CESAREAN4 DK.....8	611 611 611 611
607.	Was cesarean operation performed before woman went into labor or after labor had already started?	BEFORE LABOR STARTED1 AFTER LABOR STARTED2 DON'T KNOW.....8	
608.	What was the indication for the cesarean operation?	Excessive bleeding1 Obstructed labor2 Prolonged labor.....3 Uterine rupture4 Malpresentation5 Fetal distress6 OTHER7 (SPECIFY) _____ No medical reason.....8 Don't know9	
609.	When was the decision for the cesarean taken?	BEFORE LABOR STARTED1 AFTER LABOR STARTED2 DON'T KNOW.....8	
610.	Who decided cesarean would be done?	DOCTOR/PROVIDER1 WOMAN2 DON'T KNOW.....8	

#	Question/Task	Response codes	SKIP TO
611.	Record if mother had any of the following complications: a. Preeclampsia/Elampsia b. Hemorrhage c. Obstructed labor d. Prolonged labor e. Uterine rupture f. Puerperal infection	PE/E.....1 HEMORRHAGE2 OBSTRUCTED LABOR.....3 PROLONGED LABOR4 UTERINE RUPTURE5 SEPSIS6 OTHER7 (SPECIFY) _____ NO COMPLICATIONS8 DK9	
612.	At what stage of labor and delivery did the complication occur?	BEFORE DELIVERY1 AT DELIVERY2 POST PARTUM.....3 DK8	
613.	Were any blood products given to the women due to excessive blood loss during labor, delivery or immediate postpartum?	YES.....1 NO2 DK8	
614.	Did the woman ask for any pain relief medication during labor, delivery or immediate postpartum?	YES.....1 NO2 DK8	
615.	Was the woman given any pain relief medication during labor, delivery or immediate postpartum?	YES.....1 NO2 DK8	
616.	Was the woman given any antibiotics during labor, delivery or immediate postpartum?	YES.....1 NO2 DK8	
617.	Time L&D observation ended (use 24-hour clock)	HOURS __ __ MINUTES __ __	

