



## **SAFE CHILDBIRTH CHECKLIST**

**MOTHER**

Clinical record number	
Name	
Age	
Locality	
Education	
Languages	
Number of pregnancies	
Number of children	

**NEWBORN**

Name	
Date of birth	
Gestational age at birth	
Weight	
Length	
Apgar 1	Apgar 5

**HOSPITAL**

Name	
Locality	
Responsible for the service	
Responsible for the SCC	

**STAGE IN WHICH THE MOTHER ARRIVES (mark an option)**

<input type="checkbox"/> On admission
<input type="checkbox"/> Just before pushing (or caesarean)
<input type="checkbox"/> Soon after birth (within 1 hour)
<input type="checkbox"/> Before discharge

**MOTIVO DE EGRESO**

<b>Mother</b>	<input type="checkbox"/> Referred	<input type="checkbox"/> Discharge	<input type="checkbox"/> Death	<b>Newborn</b>	<input type="checkbox"/> Referred	<input type="checkbox"/> Discharge	<input type="checkbox"/> Death
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# 1. ON ADMISSION

**Did the mother have antenatal control?**

- No, rate the risk
- Yes

Check:

Updated examinations of: group and Rh, blood count, HIV, VDRL / RPR, urine, biochemistry and ultrasound.

**Does the mother need referral?**

- No
- Yes

Indicate the cause and enable the protocol:

- Maternal
- Fetal
- Obstetric

**Has the partogram been opened in the hospital?**

- No
- Yes

Plot, monitor and register:

- Every 30 min: plot HR, contractions, fetal HR
- Every 2 hrs: plot temperature
- Every 4 hrs: plot BP
- Vaginal examination and dilatation according to evaluation and medical indication

**Does the mother need to start treatment with ...?**

**Antibiotics**

- No
- Yes, administered

Indicate the cause:

- Mother's temperature  $\geq 38^{\circ}\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes  $>18$  hrs
- Labor  $>24$  hrs
- Others \_\_\_\_\_

**Antihypertensive treatment?**

- No
- Yes, antihypertensive medication given

Name of the medication \_\_\_\_\_

**Magnesium sulfate?**

- No
- Yes, magnesium sulfate given

Give magnesium sulfate to mother if any of:

- Diastolic BP  $\geq 110$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance
- Epigastric pain (rule out liver hematoma)
- Exception: Renal insufficiency, myocardial injury, heart block, myasthenia gravis

**Does the mother need to start anti-retroviral treatment?**

- No
- Yes, administered

Woman with HIV + and in labor.

Name of the medication \_\_\_\_\_

**Confirm supplies are available to clean hands and wear gloves for each vaginal exam:**

- No
- Yes

**Offered and Encourage birth companion to be present at birth:**

- No
- Yes

**Confirm that mother and/or companion have been informed of the warning signs and they will call for help if needed**

- No
- Yes

Call for help if any of:

- Bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Unable to urinate
- Urge to push

**Is liquid intake allowed during labor?**

- No
- Yes

**Is free position allowed for delivery?**

- No
- Yes

**COMPLETED BY:**

Name

Position:

## 2. Just before pushing (or caesarean) - MOTHER

**Does the mother needs a cesarean section?**

A second opinion is made and indicate the cause:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> 2 previous caesarean sections<br><input type="checkbox"/> transverse situation<br><input type="checkbox"/> twin pregnancy<br><input type="checkbox"/> pelvic presentation<br><input type="checkbox"/> heart disease class III and IV<br><input type="checkbox"/> fetal hydrocephalus<br><input type="checkbox"/> history of uterine surgery<br><input type="checkbox"/> macrosomia<br><input type="checkbox"/> unstable fetal status<br><input type="checkbox"/> HIV | <input type="checkbox"/> fetal malformations active genital herpes<br><input type="checkbox"/> tumor that obstructs the birth canal<br><input type="checkbox"/> premature detachment of placenta normoinserta<br><input type="checkbox"/> Death product greater than 30 SDG in a patient without labor for more than 24 hours.<br><input type="checkbox"/> total placenta previa<br><input type="checkbox"/> abdominal via cerclage |
|---|---|---|

**Does the mother have an indication of instrumental delivery?**

Indicate the cause:

- |   |  |
|---|--|
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> previous cesarean section<br><input type="checkbox"/> expulsive with fetal instability<br><input type="checkbox"/> maternal heart disease<br><input type="checkbox"/> maternal exhaustion<br><input type="checkbox"/> Other _____ |
|---|--|

**Does the mother have an indication for an episiotomy?**

Cause \_\_\_\_\_

- No  
 Yes

**Does the mother need to start treatment with ...?**

**Antibiotics**

Indicate the cause:

- |   |   |
|---|---|
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes, administered | <input type="checkbox"/> Mother's temperature $\geq 38^{\circ}\text{C}$<br><input type="checkbox"/> History of foul-smelling vaginal discharge<br><input type="checkbox"/> Rupture of membranes >18 hrs<br><input type="checkbox"/> Labor >24 hrs<br><input type="checkbox"/> Cesarean section start<br><input type="checkbox"/> Others _____ |
|---|---|

**Antihypertensive treatment?**

Name of the medication \_\_\_\_\_

- No  
 Yes, given

**Magnesium sulfate?**

Give magnesium sulfate to mother if any of:

- |  |   |
|--|---|
| <input type="checkbox"/> No<br><input type="checkbox"/> Yes, given | <input type="checkbox"/> Diastolic BP $\geq 110$ mmHg and 3+ proteinuria<br><input type="checkbox"/> Diastolic BP $\geq 90$ mmHg, 2+ proteinuria, and any: severe headache, visual disturbance<br><input type="checkbox"/> Epigastric pain (rule out liver hematoma)<br><input type="checkbox"/> Exception: Renal insufficiency, myocardial injury, heart block, myasthenia gravis<br><input type="checkbox"/> Others _____ |
|--|---|

**Confirm essential supplies for mother are at bedside and prepare for delivery:**

- Gloves  
 Alcohol-based handrub or soap and clean water  
 Oxytocin 10 units in syringe  
 2 ring forceps

- No  
 Yes

**Assistant identified, informed and ready to help at birth if needed**

Name \_\_\_\_\_

- No  
 Yes

**COMPLETED BY:**

Name \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Just before pushing (or caesarean) - NEWBORN

Confirm essential supplies for newborn are available and prepare:

- No
- Yes

- Clean towel
- Tie or cord clamp
- Sterile blade to cut cord
- O2 source and suction device
- Bag-and-mask
- Sewer equipment

- Laryngoscope
- Adrenalin
- Endotracheal intubation cannulas
- Saline and glucose solution
- Vitamin K
- Ophthalmic prophylaxis

Are there trained staff in neonatal resuscitation?

- No
- Yes

Name \_\_\_\_\_

COMPLETED BY:

Name

Position:

### 3. Soon after birth (within 1 hour) - MOTHER

#### Care for mother immediately after birth

- No
- Yes

- Confirm single baby only (not multiple birth)
- Give oxytocin within 1 minute after birth
- Cord traction control for deliver placenta
- Massage uterus after placenta is delivered

#### Is mother bleeding abnormally?

- No
- Yes, shout for help

Actions in postpartum if there is bleeding  $\geq$  500 mL, or if  $\geq$  250 mL and severe anemia:

- Massage uterus
- Consider more uterotonic
- Start IV fluids
- Activate rapid response team for obstetric emergencies
- Treat cause

#### Does the mother need to start treatment with ...?

##### Antibiotics

- No
- Yes

Cause \_\_\_\_\_

##### Antihypertensive treatment?

- No
- Yes

Name of the medication \_\_\_\_\_

##### Magnesium sulfate?

- No
- Yes, given

Give magnesium sulfate to mother if any of:

- Diastolic BP  $\geq$ 110 mmHg and 3+ proteinuria
- Diastolic BP  $\geq$ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance
- Epigastric pain (rule out liver hematoma)
- Exception: renal insufficiency, myocardial injury, heart block, myasthenia gravis
- Others \_\_\_\_\_

#### Confirm that mother and/or companion have been informed of the warning signs and they will call for help if needed

- No
- Yes

Which of these do they know:

- Bleeding
- Strong abdominal pain
- Strong headache
- Visual alterations
- Respiratory distress
- Difficulty emptying the bladder
- Fever and / or chills

#### COMPLETED BY:

Name \_\_\_\_\_

Position: \_\_\_\_\_





## 4. Before discharge - MOTHER

### Is the bleeding controlled?

- No, treat and delay discharge
- Yes

### Does the mother need to start treatment with ...?

#### Antibiotics

- No
- Yes

#### Indicate cause:

- Temperature  $\geq 38$  °C and: shaking chills, foul-smelling vaginal discharge or undertone or abdominal distention
- Others: \_\_\_\_\_

### Has the mother been offered information about family planning before discharge?

- No: give guidance and counseling
- Yes

### Confirm that mother and/or companion have been informed of the warning signs and they will call for help if needed

- No
- Yes

#### Which of these do they know:

- Bleeding
- Strong abdominal pain
- Strong headache
- Visual alterations
- Respiratory distress
- Difficulty emptying the bladder
- Altered state of consciousness
- Fever and / or chills

### If the mother is HIV +: Do the mother and the newborn have anti-retrovirals for the complete treatment (1 month for the newborn and the mother continued with her follow-up)?

- No
- Yes

### Has the follow-up of mother and newborn been agreed and organized?

- No
- Yes

### COMPLETED BY:

Name

Position:

## 4. Before discharge - NEWBORN

### Does baby need...

#### Antibiotics?

- No
- Yes, treat and delay discharge and gives special care or refer if is needed

#### Indicate cause:

- Antibiotics given to mother
- Respiratory rate >60/min or <30/min
- Chest in-drawing, grunting, or convulsions
- Rupture of membranes >18 hrs
- Chorioamnionitis
- Poor movement on stimulation
- Baby's temperature <35 °C (and not rising after warming) or baby's temperature ≥38 °C
- Other \_\_\_\_\_

### Does the newborn have jaundice?

- No
- Yes: delay discharge

### Is baby feeding well?

- No, train and help
- Yes

#### Indicate cause:

- Mother with HIV+
- Hepatitis B
- Cytomegalovirus
- Other \_\_\_\_\_

### Confirm that mother and/or companion have been informed of the warning signs and they will call for help if needed

- No
- Yes

#### Which of these do they know:

- Fast/difficult breathing
- Fever
- Unusually cold
- Stops feeding well
- Less activity than normal
- Seizures
- Whole body becomes yellow
- Do not urinate or evacuate
- Cyanosis
- Vomiting / rejection intake
- Umbilical cord: flushed, with suppuration or bad smell

### Has newborn been tested for blood group and Rh been?

- No
- Yes

### COMPLETED BY:

Name

Position: