

# Modified WHO Safe Childbirth Checklist

PILOT STUDY – DE SOYSA MATERNITY HOSPITAL

Serial No.....

Ward.....

BHT No.....

Name.....

Age .....

POG .....

Parity .....

## Antenatal Care- Modified WHO Safe Childbirth Checklist

### On Admission to Ward

1. Does mother need referral?	<input type="checkbox"/> Yes, organized <input type="checkbox"/> No	If yes mention here:-
2. Does mother need to start: <ul style="list-style-type: none"> <li>• Antibiotics?</li>         <li>• Magnesium sulphate and/or antihypertensive treatment?</li> </ul>	<input type="checkbox"/> Yes, given <input type="checkbox"/> No  <input type="checkbox"/> Yes, magnesium sulphate given   <input type="checkbox"/> Yes, antihypertensive given   <input type="checkbox"/> No	Ask for allergies before administration of any medication. Give antibiotics to mother if any: <ul style="list-style-type: none"> <li>• Mother's temperature &gt;38°C</li> <li>• History of foul-smelling vaginal discharge</li> <li>• Rupture of membranes &gt;18hrs</li> </ul> Give magnesium sulphate to mother if any of: <ul style="list-style-type: none"> <li>• Clonus</li> <li>• Severe headache</li> <li>• Visual disturbances and dizziness</li> </ul> Give antihypertensive medication to mother if: <ul style="list-style-type: none"> <li>• Systolic BP &gt;160mmHg</li> <li>• Diastolic BP &gt;110 mmHg</li> <li>• Mean arterial pressure &gt;= 125mmHg</li> </ul> Aim to maintain BP at around 130-140/90-100 mmHg
3. Does she need antenatal corticosteroids?	<input type="checkbox"/> Yes, given <input type="checkbox"/> No	Start antenatal corticosteroids Preterm birth, gestation age between 24-34 weeks <ul style="list-style-type: none"> <li>• Mothers with PPRM</li> <li>• Mothers with hypertension</li> <li>• Mothers with diabetes</li> <li>• Mothers with foetal growth restriction</li> </ul>
4. Has the mother informed about a birth companion?	<input type="checkbox"/> Yes. Informed <input type="checkbox"/> No	If yes, is labour companion informed? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has she informed about PPIUD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is consent form signed:- <input type="checkbox"/> Yes <input type="checkbox"/> No

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## Intrapartum Care

### On Admission to Labour room

6. Partogram started?	<input type="checkbox"/> Yes <input type="checkbox"/> No, will start when >4cm	Start plotting when cervix $\geq$ 4cm, and cervix should dilate $\geq$ 1cm/hr
7. Does mother need antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, mention the indication:-

### Just before Pushing (or Caesarean section)

8. Does mother need: <ul style="list-style-type: none"> <li>• Antibiotics?</li> <li>• Magnesium sulphate and antihypertensive treatment?</li> </ul>	<input type="checkbox"/> Yes, given <input type="checkbox"/> No  <input type="checkbox"/> Yes, magnesium sulphate given  <input type="checkbox"/> Yes, antihypertensive given  <input type="checkbox"/> No	Ask for allergies before administration of any medication. Give antibiotics to mother if any: <ul style="list-style-type: none"> <li>• Mother's temperature <math>&gt;38^{\circ}\text{C}</math></li> <li>• History of foul-smelling vaginal discharge</li> <li>• Rupture of membranes <math>&gt;18\text{hrs}</math></li> <li>• Caesarean section</li> </ul> Please refer page 1
9. Confirm essential supplies are at bedside and prepare for delivery	<input type="checkbox"/> For mother: <ul style="list-style-type: none"> <li>• Gloves</li> <li>• Alcohol based hand rub or soap and clean water</li> <li>• Delivery set</li> <li>• Oxytocin 5 Units in Syringe</li> </ul> <input type="checkbox"/> For baby: <ul style="list-style-type: none"> <li>• Clean towel</li> <li>• Sterile blade/scissors to cut cord</li> <li>• Switch on warmer</li> <li>• Bag-and-mask checked for function</li> </ul>	Prepare to care for mother immediately after birth: <ol style="list-style-type: none"> <li>1. Confirm single foetus only</li> <li>2. Give oxytocin immediately after the birth of the baby</li> <li>3. Controlled cord traction to deliver placenta</li> <li>4. Uterus massage after placenta is delivered</li> </ol> Prepare to care for baby immediately after birth: <ol style="list-style-type: none"> <li>1. Dry baby and keep warm</li> <li>2. If not breathing: stimulate and clear airway</li> <li>3. If still not breathing             <ul style="list-style-type: none"> <li>- Cut cord</li> <li>- Ventilate with bag-and-mask</li> <li>- Shout for help</li> </ul> </li> </ol>
10. PHO informed if necessary	<input type="checkbox"/> Yes, informed <input type="checkbox"/> No	PHO should present before delivery in following circumstances <ol style="list-style-type: none"> <li>1. Instrumental delivery</li> <li>2. Meconium stained liquor</li> <li>3. Twin delivery</li> <li>4. Caesarean</li> <li>5. Diagnosed with congenital anomalies (Diaphragmatic hernia, Heart diseases)</li> <li>6. Delivery at POA <math>&lt;34</math> Weeks</li> </ol>

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### Intrapartum Care

#### Soon after birth (within 1 hour)

11. Continuous monitoring of maternal status: <ul style="list-style-type: none"> <li>MEOWS chart commenced</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Inform House Officer if mother has any of: <ol style="list-style-type: none"> <li>Continuing fresh bleeding</li> <li>Elevation of the level of the fundus</li> <li>Increase of pulse rate above 100 or by 30 beats per minutes</li> <li>Drop in systolic blood pressure below 100 or by 30mmHg</li> <li>Blood loss of &gt;1000ml</li> <li>Deterioration of the patient out of proportion to the overt blood loss</li> </ol>
12. Does mother need: <ul style="list-style-type: none"> <li>Antibiotics?</li>        <li>Magnesium sulphate and antihypertensive treatment?</li> </ul>	<input type="checkbox"/> Yes, given  <input type="checkbox"/> No   <input type="checkbox"/> Yes, magnesium sulphate given   <input type="checkbox"/> Yes, antihypertensive given  <input type="checkbox"/> No	Ask for allergies before administration of any medication. Give antibiotics to mother if placenta manually removed or if Mother's temperature >38°C and if any: <ul style="list-style-type: none"> <li>Chills</li> <li>History of foul-smelling vaginal discharge</li> </ul> If the mother has a third or fourth degree of perineal tear give antibiotics to prevent infection      Please refer page 1
13. Continuous monitoring of newborn status: <ul style="list-style-type: none"> <li>Neonatal Assessment</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inform House Officer if new born has any of: <ol style="list-style-type: none"> <li>Respiratory rate &gt;60/min with retractions</li> <li>Chest in-drawing, grunting, or Apnoea</li> <li>Difficulty in arousal, coma</li> <li>Baby temperature &lt;35.5°C (and not rising after warming) or baby's temperature &gt;37.50°C</li> <li>Central cyanosis</li> <li>Shock (cold periphery, CRT&gt;3sec, rapid thready pulse)</li> </ol>
14. Does baby need: <ul style="list-style-type: none"> <li>Referral</li>     <li>Antibiotics</li> </ul>	<input type="checkbox"/> Yes, organized <input type="checkbox"/> No   <input type="checkbox"/> Yes, given <input type="checkbox"/> No	If yes mention the indication:-       If yes mention the indication:-
15. Started breastfeeding and skin-to-skin contact (If baby and mother well)	<input type="checkbox"/> Yes, arranged <input type="checkbox"/> No	

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## Postnatal Care

### Before Discharge

16. Confirm stay in ward for 24 hours after delivery <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Does mother need antibiotics?	<input type="checkbox"/> Yes, given and delayed discharge <input type="checkbox"/> No	Ask for allergies before administration of any medication. Give antibiotics to mother if any: <ul style="list-style-type: none"> <li>• Mother's temperature &gt;38°C</li> <li>• History of foul-smelling vaginal discharge</li> </ul>
18. Is mother's blood pressure normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No, treated and delayed discharge	} Please refer page 1
19. Is mother bleeding abnormally?	<input type="checkbox"/> Yes, treated and delayed discharge <input type="checkbox"/> No	
20. vaginal examination done and checked for missed swabs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Does the baby need antibiotics?	<input type="checkbox"/> Yes, given antibiotics, special care given and delayed discharge <input type="checkbox"/> No	Inform House Officer if new born has any of: <ol style="list-style-type: none"> <li>1. Respiratory rate &gt;60/min with retractions</li> <li>2. Chest in-drawing, grunting, or Apnoea</li> <li>3. Heart rate &gt;/=160bpm, low pulse volume, hypotension, shock</li> <li>4. Difficulty in arousal, coma</li> <li>5. Baby temperature &lt;35.5°C (and not rising after warming) or baby's temperature &gt;37.50°C</li> <li>6. Stopped breastfeeding well</li> <li>7. Umbilical redness extending to skin or draining pus</li> </ol>
22. Is baby feeding well?	<input type="checkbox"/> Yes <input type="checkbox"/> No, established good breastfeeding practices and delayed discharge	Cannot discharge if either both of the following not satisfactory <ol style="list-style-type: none"> <li>1. Weight loss &gt;5% on day 1</li> <li>2. Positioning and technique of breast feeding (checked and documented as "satisfactory/not" by qualified trained doctor/ lactation nurse or midwife)</li> </ol>
23. Discuss and offer family planning options to mother	<input type="checkbox"/> Yes, offered and arranged <input type="checkbox"/> No	
24. Arrange follow-up and confirm mother/ companion will seek help if danger signs appear after discharge <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Danger signs

Mother has any

- Bleeding
- Severe abdominal pain or epigastric pain
- Severe headache or visual disturbances
- Breathing difficulty
- Fever or chills
- Difficulty in emptying bladder

Baby has any

- Fast/ difficult breathing
- Fever
- Unusual cold
- Stop feeding well
- Less activity than normal
- Whole body become yellow

Completed by.....

Date .....