

1 FIRST PRESENTATION OF THE MOTHER (TRIAGE)		
Date: _____	Time: _____	Collected by: _____
Name: _____	DOB/Age: _____	File #: _____
Gravidity: _____	Parity: _____	Phone number: _____
Last normal menstrual period (LNMP): _____ Gestational age (GA) by LNMP: _____ GA by fundal height with tape measure, cm: _____ Gestational age by ultrasound: _____ <i>Record all that apply.</i>		
		<i>If <37 weeks (preterm), admit or refer.</i>
Does patient have a history of preterm delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<i>If yes, risk of preterm delivery is elevated.</i>
Does the mother need to be admitted for: <input type="checkbox"/> High blood pressure <input type="checkbox"/> High temperature/signs of active infection <input type="checkbox"/> Heavy vaginal bleeding <input type="checkbox"/> High or low fetal heart rate <input type="checkbox"/> Preterm labor or rupture of membranes <input type="checkbox"/> Active Labor <input type="checkbox"/> Rupture of membranes <input type="checkbox"/> Other, specify: _____		<i>Assess for indication that mother should be admitted or referred:</i> <ul style="list-style-type: none"> <i>If systolic blood pressure >140 or diastolic blood pressure >90, admit or refer. Start management of pre-eclampsia.</i> <i>If $\geq 38^{\circ}\text{C}$ or $> 37.5^{\circ}\text{C}$ axillary with signs of infection, admit or refer.</i> <i>If FHR >160 or <110, admit or refer. Further monitor.</i> <i>If preterm, initiate appropriate care or refer.</i> <i>If dilation more than 4 cm, admit or refer.</i>
Mother's status? <input type="checkbox"/> Admitted <input type="checkbox"/> Referred. Specify referral location: _____ <input type="checkbox"/> Sent home		<i>If unable to manage, refer.</i>

2 ON ADMISSION TO MATERNITY			
Date: _____		Time: _____	Collected by: _____
Name: _____		DOB/Age: _____	File#: _____ Phone #: _____
FOR MOTHERS <34 WEEKS (IF NOT, SKIP TO NEXT SECTION)			
Does mother need antenatal corticosteroids? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give antenatal corticosteroids per national protocol (if no evidence of maternal infection and delivery is imminent within 24 hours to seven days).</i>	
Does mother need tocolytics (medication to stop uterine contractions)? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Consider tocolytics (e.g. nifedipene) if giving steroids.</i>	
Does mother need antibiotics? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give antibiotics:</i> <ul style="list-style-type: none"> PPROM 28-34 weeks temperature > 38°C or > 37.5°C axillary foul-smelling vaginal discharge 	
Does mother need magnesium sulfate for fetal neuroprotection? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Consider magnesium sulfate for fetal neuroprotection if imminent preterm birth delivery between 28-32 weeks of gestation.</i>	
ALL MOTHERS (all gestational age)			
Does mother need antibiotics? <input type="checkbox"/> Yes, given <input type="checkbox"/> Yes, already given for preterm indication <input type="checkbox"/> No		<i>Give antibiotics if any of the following:</i> <ul style="list-style-type: none"> temperature > 38°C or > 37.5°C axillary foul-smelling vaginal discharge rupture of membranes > 12 hours 	
Does mother need anti-malarials? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give anti-malarials if mother has temp >38°C or > 37.5°C axillary and:</i> <ul style="list-style-type: none"> positive malaria smear meets other diagnostic criteria for malaria 	
Does mother need antiretroviral medicine? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give if mother is HIV+ and in labor. If on ARVs, remind mother to take her medicine.</i>	
Does mother need magnesium sulfate for pre-eclampsia? <input type="checkbox"/> Yes, given <input type="checkbox"/> Yes, already given for fetal neuroprotection <input type="checkbox"/> No		<i>Give if any of:</i> <ul style="list-style-type: none"> diastolic blood pressure \geq 110 mmHg and 3+ proteinuria diastolic blood pressure \geq 90 mmHg, 2+ proteinuria AND if any: severe headache, visual disturbance, or epigastric pain 	
Does mother need Anti- hypertensive treatment? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give if systolic blood pressure \geq 160 mmHg.</i>	
Does mother have significant bleeding? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, follow clinical guidelines for management. Prepare for obstetric hemorrhage and neonatal compromise. Consider referral if unable to manage appropriately.</i>	

SAFE CHILDBIRTH CHECKLIST AND CASE SHEET

Unique identifier : _____

<p>Does mother have a known significant disease? (<i>tick all that apply</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> None known <input type="checkbox"/> Severe anemia <input type="checkbox"/> Chronic hypertension <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Other condition, specify: : _____ 	<p><i>If yes, ensure appropriate treatment.</i></p>
<p>Does fetus have any concerning features? (<i>tick all that apply</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Stillbirth <input type="checkbox"/> Malposition (breech, etc.) <input type="checkbox"/> Fetal HR > 160 or <110 <input type="checkbox"/> Multiple pregnancy <input type="checkbox"/> Meconium stained fluid <input type="checkbox"/> Suspicion for intrauterine growth restriction <input type="checkbox"/> Fetal anomaly <input type="checkbox"/> Other condition, specify: _____ 	<p><i>If yes, prepare for birth with additional staff assistance for delivery.</i></p>
<p>Does mother need referral?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, organized and contacted <input type="checkbox"/> No <p>Reason for referral: _____</p> <p>Referral location: _____</p> <p>If referral is not possible, note reason here: _____</p>	
<p><input type="checkbox"/> Confirm supplies available to clean hands and wear gloves for each vaginal exam.</p>	
<p><input type="checkbox"/> Birth companion encouraged to be present at birth.</p>	
<p><input type="checkbox"/> Counsel mother or companion to call for help if needed.</p>	<p><i>Call for help if:</i></p> <ul style="list-style-type: none"> • <i>Bleeding</i> • <i>severe abdominal pain</i> • <i>severe headache</i> • <i>visual disturbance</i> • <i>urge to push or difficulty emptying bladder</i>
<p><input type="checkbox"/> Confirm that mother has a plan for post-partum contraception. Does she want a Long Acting reversible Contraceptive (LARC) method or sterilization immediately post-partum?</p>	<p><i>If yes, determine if an implant or intrauterine device (IUD) is available or confirm plan for sterilization. Prepare for immediate post-partum insertion of the appropriate method or postpartum sterilization.</i></p>

3 JUST BEFORE PUSHING OR BEFORE CAESAREAN		
Date: _____	Time: _____	Collected by: _____
<input type="checkbox"/> Assistant identified and informed to be ready to help at birth if needed.	<i>Assistance needed if any of the following:</i> <ul style="list-style-type: none"> • Preterm birth • FHR > 160 or < 110 • Meconium present • Other anticipated problem for mother or infant 	
Does mother need antibiotics? <input type="checkbox"/> Yes, given <input type="checkbox"/> No	<i>Give antibiotics:</i> <ul style="list-style-type: none"> • PPROM 28-34 weeks • rupture of membranes after 34weeks > 12 hours • Temperature > 38°C or > 37.5°C axillary • Foul-smelling vaginal discharge • Planned C-section 	
Does mother need magnesium sulfate? <input type="checkbox"/> Yes, for pre-eclampsia, given <input type="checkbox"/> Yes, for fetal neuroprotection, given <input type="checkbox"/> No	<i>Give if:</i> <ul style="list-style-type: none"> • diastolic blood pressure \geq 110 mmHg and 3+ proteinuria • diastolic blood pressure \geq 90 mmHg, 2+ proteinuria AND if any: severe headache, visual disturbance, or epigastric pain <i>OR for fetal neuroprotection if imminent delivery 28-32 weeks</i>	
Does mother need anti-hypertensive treatment? <input type="checkbox"/> Yes, given <input type="checkbox"/> No	<i>Give if systolic blood pressure \geq 160 mmHg</i>	
<input type="checkbox"/> Confirm essential supplies at bedside for mother <i>Tick box if all are available. Circle any of the following that are missing:</i> <ul style="list-style-type: none"> • Gloves • Soap and clean water or alcohol-based handrub • Oxytocin 10 units in a syringe • Other uterotonic, if oxytocin not available 	<i>Prepare to care for mother immediately after birth:</i> <ol style="list-style-type: none"> 1. Exclude 2nd baby 2. Give oxytocin within 1 minute, or other uterotonic if oxytocin not available 3. Deliver placenta safely according to AMTSL 4. Check uterine tone after placenta is delivered 5. Confirm uterus is contracted 	
<input type="checkbox"/> Confirm essential supplies at bedside for baby <i>Tick box if all are available. Circle any of the following that are missing:</i> <ul style="list-style-type: none"> • Clean towel • Sterile blade to cut cord • Suction device • Bag and mask 	<i>Prepare to care for baby immediately after birth:</i> <ol style="list-style-type: none"> 1. Dry and stimulate baby and keep warm 2. If not breathing: stimulate and clear airway 3. If still not breathing: <ul style="list-style-type: none"> - cut cord - begin positive pressure ventilation with bag and mask - shout for help 	
<input type="checkbox"/> Confirm ready to initiate Kangaroo Care if preterm		

4 SOON AFTER BIRTH - WITHIN ONE HOUR			
Date: _____		Time: _____	Collected by: _____
Delivery mode: <ul style="list-style-type: none"> <input type="checkbox"/> Vaginal delivery <input type="checkbox"/> Operative vaginal delivery <input type="checkbox"/> Caesarean 		Labor mode: <ul style="list-style-type: none"> <input type="checkbox"/> Induced <input type="checkbox"/> Spontaneous 	
Multiple gestation? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify information for each baby.</i>	Infant date/time of birth: _____	Infant weight at birth: _____	Infant gender: <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Alive <input type="checkbox"/> Fresh stillbirth <input type="checkbox"/> Macerated stillbirth <input type="checkbox"/> Early neonatal death		<i>If infant dies, offer emotional support services to mother.</i>	
Is mother bleeding too much? <input type="checkbox"/> Yes, shout for help <input type="checkbox"/> No		<i>If bleeding abnormally:</i> <ul style="list-style-type: none"> • Massage uterus after placenta is delivered • Consider additional uterotonic • Start intravenous line • Look for lacerations, examine placenta, and keep mother warm • Treat cause • Take blood for grouping and cross match 	
Does baby have any concerning features? <i>(check all that apply)</i> <input type="checkbox"/> No <input type="checkbox"/> Fetal anomaly <input type="checkbox"/> Size <2500g <input type="checkbox"/> Signs of infection		<input type="checkbox"/> Signs of respiratory distress <input type="checkbox"/> Signs of anemia <input type="checkbox"/> Signs of birth asphyxia <input type="checkbox"/> Other condition, specify: _____	
Does mother need antibiotics? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give antibiotics if any of the following:</i> <ul style="list-style-type: none"> • Placental manually removed • Mother's temperature > 38°C or > 37.5°C axillary AND chills or foul-smelling vaginal discharge • 3rd degree tear • Assisted delivery • C-section • PROM<12 hours/PPROM 28-34weeks 	
Does mother need magnesium sulfate for pre-eclampsia? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give if any of:</i> <ul style="list-style-type: none"> • diastolic blood pressure ≥ 110 mmHg and 3+ proteinuria • diastolic blood pressure ≥ 90 mmHg, 2+ proteinuria AND if any: severe headache, visual disturbance, or epigastric pain 	
Does mother need anti-hypertensive treatment? <input type="checkbox"/> Yes, given <input type="checkbox"/> No		<i>Give if systolic blood pressure ≥ 160 mmHg</i>	
Does baby need referral? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for referral: _____ Referral location: _____ If referral is not possible, note reason here: _____		<i>If yes, follow your facility's protocol for referral.</i>	

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<p>Gestational age: _____ If indicated: _____ <input type="checkbox"/> GA by LNMP _____ GA by Ballard _____ <input type="checkbox"/> Weight _____gms</p>	<p><i>If below 37 weeks, initiate preterm care (i.e., resuscitation with PPV, Kangaroo Care, referral) if needed.</i></p> <p><i>If baby <2500 gms OR <37 weeks, do Ballard exam to confirm gestational age</i></p>	
<p>Does baby need: <i>(tick all that apply)</i></p> <p><input type="checkbox"/> Special care and monitoring <input type="checkbox"/> Antiretrovirals <input type="checkbox"/> Antibiotics</p>	<p><i>Arrange special care and monitoring if:</i></p> <ul style="list-style-type: none"> • <i>born more than 1 month early</i> • <i>has birth weight <2500 grams</i> • <i>needs antibiotics</i> • <i>required resuscitation</i> • <i>baby has danger sign</i> <p><i>Give antiretrovirals if mother is HIV+.</i></p>	<p><i>Give antibiotics if:</i></p> <ul style="list-style-type: none"> • <i>antibiotics were given to mother</i> • <i>baby has signs of breathing too fast (>60 breaths min) or too slow (<30 breaths min)</i> • <i>Chest in-drawing, grunting or convulsions</i> • <i>No movement on stimulation</i> • <i>Baby's temperature is too cold (< 35°C and not rising after warming) or too hot (> 38°C)</i>
<p>Breastfeeding and skin-to-skin initiated?</p> <p><input type="checkbox"/> Yes, immediately or within one hour after birth <input type="checkbox"/> Yes, more than one hour after birth <input type="checkbox"/> No</p>	<p><i>Consider supplemental feeding if baby unable to breastfeed.</i></p>	
<p>Does baby need Kangaroo care?</p> <p><input type="checkbox"/> Yes, initiated immediately or within one hour after birth <input type="checkbox"/> Yes, initiated more than one hour after birth <input type="checkbox"/> No</p>	<p><i>Consider for preterm or low birth weight baby.</i></p>	
<p><input type="checkbox"/> Counsel mother or companion to call for help if danger signs are present.</p>	<p><i>Mother has any of the following:</i></p> <ul style="list-style-type: none"> • <i>bleeding</i> • <i>severe abdominal pain</i> • <i>severe headache</i> • <i>visual disturbance</i> • <i>breathing difficulty</i> • <i>fever chills</i> • <i>difficulty emptying bladder</i> • <i>convulsions</i> 	<p><i>Baby has any of the following:</i></p> <ul style="list-style-type: none"> • <i>fast or difficulty breathing</i> • <i>fever</i> • <i>unusually cold</i> • <i>stops feeding well</i> • <i>less activity than normal</i> • <i>whole body becomes yellow</i> • <i>convulsions</i>
<p>Does mother want Long Acting reversible Contraceptive (LARC) method or sterilization immediately post-partum?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Confirm that mother has a plan for post-partum contraception. If mother wants LARC, determine if an implant or intrauterine device (IUD) is available. Prepare for immediate post-partum insertion of the appropriate method. If wants sterilization, confirm plan and availability of this service.</i></p>	

5 BEFORE DISCHARGE				
Date: _____	Time: _____	Collected by: _____		
Infant disposition/status at discharge? <input type="checkbox"/> Alive, discharged home <input type="checkbox"/> Stillbirth <input type="checkbox"/> Early neonatal death <input type="checkbox"/> Referred to another facility : _____		<p><i>If infant dies, offer emotional support services to mother.</i></p> <p><i>If multiple gestation, specify for each baby.</i></p>		
Does mother have concerning features? <input type="checkbox"/> Bleeding too much <input type="checkbox"/> Needs antibiotics <input type="checkbox"/> Elevated blood pressure (>140/90) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None		<p><i>If pulse >110 beats/minute and systolic blood pressure <90mmHg.</i></p> <ul style="list-style-type: none"> • Start IV • Keep mother warm • Consider blood transfusion • Treat cause <p><i>Give antibiotics to mother if any of the following:</i></p> <ul style="list-style-type: none"> • Mother's temperature > 38°C or > 37.5°C axillary • Foul-smelling vaginal discharge • Chills <p><i>IF YES to any, treat and delay discharge</i></p>		
Does baby have concerning features? <input type="checkbox"/> Needs antibiotics <input type="checkbox"/> Not feeding well <input type="checkbox"/> Needs Kangaroo Care <input type="checkbox"/> None		<p><i>Give antibiotics to baby if any of the following:</i></p> <ul style="list-style-type: none"> • baby has signs of breathing too fast (>60 breaths/min) or too slow (<30 breaths/min) • Chest in-drawing, grunting or convulsions • No movement on stimulation • Baby's temperature is too cold (< 35°C and not rising after warming) or too hot (> 38°C) • Stopped breastfeeding well • Umbilical redness extending to skin or draining pus <p><i>If baby feeding well, emphasize exclusive breastfeeding. If not, reconsider discharge plan and consider supplemental feeding.</i></p> <p><i>Consider Kangaroo Care for preterm or low birth weight baby and recommend close follow up or delay discharge</i></p>		
Family planning options discussed and offered to mother? <input type="checkbox"/> Yes, implant given <input type="checkbox"/> Yes, IUD given <input type="checkbox"/> Yes, Depo given <input type="checkbox"/> Yes, pills given <input type="checkbox"/> Yes, sterilization done <input type="checkbox"/> Not discussed <input type="checkbox"/> Discussed but not offered prior to discharge <input type="checkbox"/> Discussed and offered, but mother declined		<ul style="list-style-type: none"> • <i>If implant or IUD desired, place now and make follow-up plan.</i> • <i>If Depo desired, give injection now and discuss follow-up schedule.</i> • <i>If pills desired, give now and discuss follow-up plan.</i> 		
<input type="checkbox"/> Arrange follow-up for mother and baby and counsel mother and companion to call for help after discharge if danger signs appear after discharge:		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>Mother has any of the following danger signs:</i></p> <ul style="list-style-type: none"> • Bleeding • severe abdominal pain • severe headache • visual disturbance • breathing difficulty • fever chills • difficulty emptying bladder • convulsions </td> <td style="width: 50%; vertical-align: top;"> <p><i>Baby has any of the following danger signs:</i></p> <ul style="list-style-type: none"> • fast or difficulty breathing • fever • unusually cold • stops feeding well • less activity than normal • whole body becomes yellow • convulsions </td> </tr> </table>	<p><i>Mother has any of the following danger signs:</i></p> <ul style="list-style-type: none"> • Bleeding • severe abdominal pain • severe headache • visual disturbance • breathing difficulty • fever chills • difficulty emptying bladder • convulsions 	<p><i>Baby has any of the following danger signs:</i></p> <ul style="list-style-type: none"> • fast or difficulty breathing • fever • unusually cold • stops feeding well • less activity than normal • whole body becomes yellow • convulsions
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