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Cover Page

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|---------------------|---|--|--|
| Q1: Facility ID | Q2: Facility Name | Q5: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Person in charge refused interview | <input type="checkbox"/> Partially completed <input type="checkbox"/> Person in charge is out |
| Q3: Observer number | Q4: Today's date (DD/MM/YYYY) ____/____/____ | | |

THIS SURVEY IS TO BE FILLED BY OBSERVING WOMEN AND THEIR BABIES IN THE LABOR WARD AND IN THE DELIVERY WARD. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE PATIENT AND HER BABY ONLY. IF YOU OBSERVE ACTIVITIES FOR MANY PATIENTS AT THE SAME TIME, YOU NEED A NEW FOLIO FOR EACH PATIENT. ALSO BE SURE TO RECORD THE ID NUMBER OF EVERY STAFF MEMBER WHO WORKS WITH THE PATIENT FOR THE WHOLE TIME YOU ARE OBSERVING THEM, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. IF THERE ARE MORE THAN FIVE HEALTH WORKERS, USE ADDITIONAL COVER SHEETS. YOU CAN OBSERVE PATIENTS AT ANY STAGE OF DELIVERY AND RECORD THE INFORMATION FOR THAT STAGE, BUT YOU MUST OBTAIN CONSENT FROM EVERY PATIENT. IF YOU OBSERVE ACTIVITIES BEFORE YOU HAVE A CHANCE TO OBTAIN CONSENT FROM THE PATIENT, YOU MUST DESTROY THE FOLIO IF THEY REFUSE CONSENT.

CHECK THE STAFF ROSTER FOR EACH HEALTH WORKER YOU OBSERVE AND SEE IF THEY ARE RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN THEIR SIGNATURE. IF YES, REMIND THEM USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form? ☐ Yes → go to Q6a ☐ No → go to Q7a

Q6a: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8a ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8a ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| | | |
|----------------------------|---|---|
| Q8a Staff Roster ID number | Q9a Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Q10a: Health Worker Category Code (see below for codes) |
| | | |

Q5b: Has the health worker previously signed a consent form? ☐ Yes → go to Q6b ☐ No → go to Q7b

Q6b: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8b ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7b: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8b ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| | | |
|----------------------------|---|---|
| Q8b Staff Roster ID number | Q9b Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Q10b: Health Worker Category Code (see below for codes) |
| | | |

Q5c: Has the health worker previously signed a consent form? ☐ Yes → go to Q6c ☐ No → go to Q7c

Q6c: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8c ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7c: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8c ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| | | |
|----------------------------|---|---|
| Q8c Staff Roster ID number | Q9c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Q10c: Health Worker Category Code (see below for codes) |
| | | |

| Health Worker Category Codes | | | | |
|-------------------------------------|-----------------------|---|----------------------------|---------------------------------|
| 1. MD-Obstetrician/ Gynecologist | 2. MD-Neonatologist | 3. MD-Surgeon | 4. MD- Family Physician | 5. MD - Pediatrician |
| 6. Physician's Assistant | 7. Nurse midwife | 8. Bachelor and Science of Nursing Nurse | 9. Diploma Nurse | 10. Nurse with Associate Degree |
| 11. Licensed Practical Nurse | 12. Certified midwife | 13. Midwife | 14. Nurse aide | 96. Other, please specify: |
| | | | | |

Q5d: Has the health worker previously signed a consent form? ☐ Yes → go to Q6d ☐ No → go to Q7d

Q6d: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7d: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| Q8d Staff Roster ID number | Q9d Gender | Q10e: Health Worker Category Code (see below for codes) |
|----------------------------|---|---|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Q5e: Has the health worker previously signed a consent form? ☐ Yes → go to Q6e ☐ No → go to Q7e

Q6e: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7e: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

| Q8e Staff Roster ID number | Q9e Gender | Q10d: Health Worker Category Code (see below for codes) |
|----------------------------|---|---|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

READ ORAL CONSENT SCRIPT TO CLIENT. IF CLIENT IS INCAPACITATED, NEXT OF KIN OR FAMILY FRIEND ACCOMPANYING CLIENT MAY GIVE CONSENT. CONSENT FOR CLIENT CANNOT BE GIVEN BY HEALTH WORKER OR FACILITY IN-CHARGE. CLIENT OR PROXY CONSENT MUST BE OBTAINED PRIOR TO START OF OBSERVATION.

We are doing a research here that is evaluating a project, which will take place in this hospital. As part of our research we would like to observe what is happening in the hospital. We would like your permission for us to be here while the health workers are treating you and observe their activities. We will not take your name, and anything we observe will be kept private, we will not tell anybody about your personal information. The health workers will do their normal work, and our being here should not change one thing so our research should not harm you. We are not health workers so we are not here to provide any care, but to observe. If you decide at any time that you do not want us to be here, we will leave.

Q50: ASK CLIENT: Could you confirm that you are at least 18 years of age, have had all your questions answered and have voluntarily given ~~Do we~~ have your permission for us to stay here and observe while you are receiving services today?

☐ Yes, consent is given → go to Q51 ☐ No, consent is not given → observation of this client must END; if available, approach another eligible patient for participation.

| | | | | | | | | | | |
|--|---|---|---|---|--------------------------|---|---------------------------|---|---------------------|---|
| Q51: Who gave consent? | Client 1 Next of kin/family friend 2 | | | | | | | | | |
| Q52: Patient ID Record Number | <i>Write patient unique identifier here and in box at top right of cover first page (marked "ID #") to help identify this client's case. Please mark the patient's unique identifier on each page where you observe the patient.</i> ID# _____ | | | | | | | | | |
| Q53: Client initials (OR SOME WAY TO IDENTIFY THE CLIENT ANONYMOUSLY IF YOU DON'T HAVE THE PATIENT ID NUMBER YET) | | | | | | | | | | |
| Q54: Record time the observation started (HH:MM) | __ : __ AM/PM | | | | | | | | | |
| Q55: Record the date and time the mother gave birth (MM/DD/YY HH:MM) | __/__/__ __:__ AM/PM | | | | | | | | | |
| Q56: Client is coming from: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Labor/postpartum ward</td> <td style="width: 10%; text-align: center;">1</td> <td rowspan="4" style="width: 50%;"></td> </tr> <tr> <td>Other health facility</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANC ward at this facility</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Home/someplace else</td> <td style="text-align: center;">4</td> </tr> </table> | Labor/postpartum ward | 1 | | Other health facility | 2 | ANC ward at this facility | 3 | Home/someplace else | 4 |
| Labor/postpartum ward | 1 | | | | | | | | | |
| Other health facility | 2 | | | | | | | | | |
| ANC ward at this facility | 3 | | | | | | | | | |
| Home/someplace else | 4 | | | | | | | | | |
| Q57: Is this client a new client who is being admitted for treatment of postpartum hemorrhage or pre-eclampsia/ eclampsia rather than routine labor? | <input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO SECTION 0 TO BEGIN THE OBSERVATION | | | | | | | | | |
| Q58: Client is admitted for: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Postpartum hemorrhage</td> <td style="width: 10%; text-align: center;">1</td> <td rowspan="2" style="width: 50%; vertical-align: top;"> → GO TO SECTION 7 FOR POSTPARTUM HEMORRHAGE → GO TO SECTION 8 FOR PRE-ECLAMPSIA /ECLAMPSIA </td> </tr> <tr> <td>Pre-eclampsia/ Eclampsia</td> <td style="text-align: center;">2</td> </tr> </table> | Postpartum hemorrhage | 1 | → GO TO SECTION 7 FOR POSTPARTUM HEMORRHAGE → GO TO SECTION 8 FOR PRE-ECLAMPSIA /ECLAMPSIA | Pre-eclampsia/ Eclampsia | 2 | | | | |
| Postpartum hemorrhage | 1 | → GO TO SECTION 7 FOR POSTPARTUM HEMORRHAGE → GO TO SECTION 8 FOR PRE-ECLAMPSIA /ECLAMPSIA | | | | | | | | |
| Pre-eclampsia/ Eclampsia | 2 | | | | | | | | | |

| Section 0: Specification of the observation | | | | |
|---|-----|----|----|------------|
| Question | Yes | No | DK | Go to |
| Q001: Are you observing a Caesarean section in the operating theater | 1 | 0 | | Yes → Q212 |
| PLEASE ANSWER Q100 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TOP RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. | | | | |
| 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) | | | | |

| Section 1: Initial Client Assessment | | | | |
|---|------------------------------------|--|-------------------------|-----------------|
| PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION | | | | |
| Question | Yes | No | DK | Go to |
| Q100: Was this section observed? | 1 | 0 | | No → Q200 |
| PLEASE ANSWER Q100 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TOP RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. | | | | |
| 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) | | | | |
| INTRODUCTION AND HISTORY TAKING | | | | |
| Q101: Respectfully greets the pregnant woman | 1 | 0 | 8 | |
| Q101b: Introduces him/herself and the medical personnel present | 1 | 0 | 8 | |
| Q102: Encourages the women to have a support person present during labor and birth | 1 | 0 | 8 | |
| Q103: Asks women (and support person) if she has any questions | 1 | 0 | 8 | |
| Q104: Checks client card OR asks client her age, length of pregnancy, and parity | 1 | 0 | 8 | |
| Q105: <i>OBSERVER: RECORD IF THE FOLLOWING EXPERIENCES FOR THE CURRENT PREGNANCY ARE EITHER ASKED ABOUT BY THE HEALTH WORKER, OR MENTIONED SPONTANEOUSLY BY THE PATIENT. ALSO RECORD IF THE FOLLOWING WERE INDEED EXPERIENCED BY THE PATIENT DURING THE CURRENT PREGNANCY. CIRCLE "1" IF YES.</i> | Health worker asks about: | Patient volunteers information about: | Patient experienced: | |
| 01) Vaginal bleeding | 1 | 1 | 1 | |
| 02) Fever | 1 | 1 | 1 | |
| 03) Severe headaches and/or blurred vision | 1 | 1 | 1 | |
| 04) Swollen face or hands | 1 | 1 | 1 | |
| 05) Convulsions or loss of consciousness | 1 | 1 | 1 | |
| 06) Severe difficulty breathing | 1 | 1 | 1 | |
| 07) Persistent cough for 2 weeks or longer | 1 | 1 | 1 | |
| 08) Severe abdominal pain | 1 | 1 | 1 | |
| 09) Foul smelling discharge | 1 | 1 | 1 | |
| 10) Frequent or painful urination | 1 | 1 | 1 | |
| 11) Whether the client has felt a decrease or stop in fetal movement | 1 | 1 | 1 | |
| 12) Contractions | 1 | 1 | 1 | |
| 13) How long ago the contractions started | 1 | 1 | 1 | |
| 14) Rupture of membrane (Water breaking) | 1 | 1 | 1 | |
| 15) How long ago the rupture of membrane happened | 1 | 1 | 1 | |
| 16) If there are any other problems the client is concerned about | 1 | 1 | 1 | |
| | Number of hours | | DK | |
| Q105b: <i>OBSERVER: IF CONTRACTIONS WERE EXPERIENCED, RECORD HOW LONG AGO CONTRACTIONS STARTED IN HOURS</i> | | | | |
| Q105c: <i>OBSERVER: IF RUPTURE OF MEMBRANE WAS EXPERIENCED, RECORD HOW LONG AGO THE RUPTURE OF MEMBRANE HAPPENED IN HOURS</i> | | | | |
| | Yes | No | DK | Go to |
| Q106: Checks woman's HIV status (checks card or asks woman) | 1 | 0 | 8 | |
| Q107: Offers woman HIV test | 1 | 0 | 8 | |
| Q108: Is woman HIV positive? (<i>observer: listen and record answer; circle Don't Know if status is unknown or is not discussed</i>) | 1 | 0 | 8 | No/DK → Q110 |
| Q109: Asks about or counsels on the following topics for HIV positive mothers: | | | | |
| 01) Asks if client is currently taking ARVs | 1 | 0 | 8 | No/DK → Q109_02 |
| 01a) Asks client when she took last dose of ARVs | 1 | 0 | 8 | |
| 02) Explains why the mother should take ARVs | 1 | 0 | 8 | |
| 03) Explains when and how the mother should take ARVs | 1 | 0 | 8 | |
| 04) Administers ARVs to mother | 1 | 0 | 8 | |
| 05) Explains why the newborn should take ARVs | 1 | 0 | 8 | |
| 06) Explains when and how newborn should take ARVs | 1 | 0 | 8 | |
| Q110: Client has any previous pregnancies? (<i>observer: listen and record answer</i>) | 1 | 0 | 8 | No/DK → |

| Question | Yes | No | DK | Go to |
|---|---------------|----|----|--------------|
| Q111: Asks about following complications during previous pregnancies: | | | | |
| 01) Heavy bleeding during or after delivery | 1 | 0 | 8 | |
| 02) Anemia | 1 | 0 | 8 | |
| 03) High blood pressure | 1 | 0 | 8 | |
| 04) Convulsions | 1 | 0 | 8 | |
| 05) Multiple pregnancies (twins or above) | 1 | 0 | 8 | |
| 06) Prolonged labour | 1 | 0 | 8 | |
| 07) C-section | 1 | 0 | 8 | |
| 08) Assisted delivery (forceps, vacuum/ventouse) | 1 | 0 | 8 | |
| 09) Prior neonatal death (death of baby less than 1 month old) | 1 | 0 | 8 | |
| 10) Prior stillbirth (baby born dead that does not breathe or cry) | 1 | 0 | 8 | |
| 11) Prior abortion/miscarriage (loss of pregnancy) | 1 | 0 | 8 | |
| EXAMINATION | | | | |
| Q112: Washes his/her hands with soap and water or uses disinfectant before any initial examination | 1 | 0 | 8 | |
| Q113: Explains procedures to woman (support person) before proceeding | 1 | 0 | 8 | |
| Q114: Takes temperature | 1 | 0 | 8 | |
| Q114b: <i>OBSERVER, IS THE PATIENT'S TEMPERATURE HIGHER THAN 38°C?</i> | 1 | 0 | 8 | |
| Q115: Takes pulse | 1 | 0 | 8 | |
| Q116: Takes blood pressure | 1 | 0 | 8 | No/DK → Q117 |
| 01) Take client's blood pressure in sitting or lateral position | 1 | 0 | 8 | |
| 02) Take blood pressure with arm at heart level | 1 | 0 | 8 | |
| Q117: Asks/notes amount of urine output | 1 | 0 | 8 | |
| Q118: Sends urine to laboratory to test for presence of protein | 1 | 0 | 8 | |
| Q119: Performs general examination (e.g. for anemia, edema) | 1 | 0 | 8 | |
| Q120: Performs the following steps for abdominal examination: | | | | |
| 01) Checks fundal height with measuring tape | 1 | 0 | 8 | |
| 02) Checks fetal presentation by palpation of abdomen | 1 | 0 | 8 | |
| 03) Checks fetal heart rate with fetoscope/doppler/ultrasound | 1 | 0 | 8 | |
| Q121: Performs vaginal examination before patient is in labor | 1 | 0 | 8 | |
| Q122: Number of vaginal examinations (<i>observer: to the best of your ability, update the answer to this question during intermittent observation of preparation before labor</i>) | | | | |
| Q131: Wears high-level disinfected or sterile gloves for vaginal examination | 1 | 0 | 8 | |
| Q132: Informs pregnant woman of findings | 1 | 0 | 8 | |
| Q133: Was the patient treated respectfully throughout the examination? | 1 | 0 | 8 | |
| Q134: Was the patient able to have a private conversation with the caregiver? | 1 | 0 | 8 | |
| Q134: Was the patient given physical privacy through a separate room or the use of a curtain? | 1 | 0 | 8 | |
| END OF SECTION 1 - PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): | __ : __ AM/PM | | | |

| Section 2: Intermittent Observation of First Stage of Labor | | | | |
|---|-------------|----|----|---------------|
| PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION | | | | |
| Question | Yes | No | DK | Go to |
| Q200: Was this section observed? | 1 | 0 | | No → Q300 |
| <i>PLEASE ANSWER Q200 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TOP RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.</i> | | | | |
| <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> | | | | |
| PROGRESS OF LABOR | | | | |
| Q201: At least once, explains what will happen in labor to woman (support person) | 1 | 0 | 8 | |
| Q202: At least once, encourages woman to consume fluids/food during labor | 1 | 0 | 8 | |
| Q203: At least once, encourages/assists woman to ambulate and assume different positions during labor | 1 | 0 | 8 | |
| Q204: Observer: Is a support person present at some point during labor? | 1 | 0 | 8 | |
| Q205: Drapes woman (one drape under buttocks, one over abdomen) | 1 | 0 | 8 | |
| Q205b: Checks fetal heart rate with fetoscope/doppler/ultrasound | 1 | 0 | 8 | |
| 1) Foetal heart rate is checked for 60 seconds after contraction | 1 | 0 | 8 | |
| 2) Foetal heart rate is checked at least every 30 minutes in the first stage of labor (<i>observer: to the best of your ability, observe continuously and update your answer as needed</i>) | 1 | 0 | 8 | |
| Q206: Partogram written on more than three times | 1 | 0 | | No → Q209 |
| Q206: Partograph referred to monitor and manage labor | 1 | 0 | | No → Q209 |
| Q207: Action line on partograph reached | 1 | 0 | 8 | No/DK → Q209 |
| Q208: Record time action line was reached (HH:MM) | | | | |
| Q209: Was any <u>definitive</u> action taken? | 1 | 0 | 8 | No/DK → Q212 |
| Q210: Record time action was taken (HH:MM) | | | | |
| Q211: What definitive action was taken: | Code | | | |
| Consult with specialist | 1 | | | |
| Refer to other facility for specialist | 2 | | | |
| Prepare for assisted delivery | 3 | | | |
| Prepare for c-section | 4 | | | |
| Other (specify _____) | 6 | | | |
| FOR ENUMERATOR IN OPERATING THEATER OBSERVING A CAESAREAN SECTION, PLEASE START THE DIRECT OBSERVATION FROM HERE. IF SECTION NOT OBSERVED, SKIP TO SECTION 4. | | | | |
| EXAMINATION & PROCEDURES | | | | |
| Question | Yes | No | DK | Go to |
| Q212: Washes his/her hands with soap and water or uses antiseptic prior to any examination of woman | 1 | 0 | 8 | |
| Q213: Wears high-level disinfected or sterile surgical gloves | 1 | 0 | 8 | |
| Q214: Puts on clean protective clothing in preparation for birth (goggles, gown or apron) | 1 | 0 | 8 | |
| Q215: Explains procedures to patient and/or support person before proceeding | 1 | 0 | 8 | |
| Q216: Performs vaginal examination when patient is in labor | 1 | 0 | 8 | |
| Q216b: Number of vaginal examinations (<i>observer: to the best of your ability, update the answer to this question during intermittent observation of first stage of labor</i>) | | | | |
| Q217: Augments labor with uterotonic (oxytocin/ misoprostol/ syntometrine/ ergometrine) | 1 | 0 | 8 | No/DK → Q219 |
| Q218: Oxytocin administered intravenously (IV) | 1 | 0 | 8 | |
| Q219: Performs artificial rupture of membrane | 1 | 0 | 8 | |
| Q220: Administers antibiotics | 1 | 0 | 8 | No/DK → Q222b |
| Q221: Why were antibiotics administered? | Code | | | |
| Treatment for chorioamnionitis | 1 | | | |
| Management of pre-labor rupture of membranes | 2 | | | |
| Preparation for C-section | 3 | | | |
| Routine/prophylactic | 4 | | | |
| Don't know | 8 | | | |

Labor & Delivery Observation Checklist

| | | | | |
|---|-----------------|-----------|-----------|--|
| Q222: Which antibiotic was administered? (CIRCLE ALL THAT APPLY) | Code | | | |
| Penicillin | A | | | |
| Ampicillin | B | | | |
| Gentamicin | C | | | |
| Metronidazole | D | | | |
| Cephalosporin | E | | | |
| Other (specify: _____) | X | | | |
| Don't know | Z | | | |
| Q222b: Has the woman completed the first stage of labor? | 1 | 0 | 8 | No → Q200: Check answers to this section again every 15-30 min until first stage of labor is complete. |
| Q222c: Was the patient treated respectfully throughout the procedure? | 1 | 0 | 8 | |
| PREPARATION FOR DELIVERY | | | | |
| CHECK TO SEE IF THE FOLLOWING EQUIPMENT AND SUPPLIES ARE LAID OUT IN PREPARATION FOR DELIVERY. IF SOME SUPPLIES ARE IN A BIRTH KIT, LOOK/ASK TO DETERMINE WHICH ITEMS ARE INCLUDED. | | | | |
| Question | Yes | No | DK | Go to |
| Q223: Prepares uterotonic to use for Active Management of Third Stage Labor (AMTSL) | 1 | 0 | 8 | No/DK → Q225 |
| Q224: Which uterotonic prepared: | Code | | | |
| Oxytocin | 1 | | | |
| Ergometrine | 2 | | | |
| Syntometrine | 3 | | | |
| Misoprostol | 4 | | | |
| Other (specify: _____) | 5 | | | |
| Question: Prepares the following for delivery: | Yes | No | DK | Go to |
| Q225: Timer (clock or watch with seconds hand) | 1 | 0 | 8 | |
| Q226: Self-inflating ventilation bag (250 or 500 mL) i.e. Ambubag | 1 | 0 | 8 | |
| Q227: Newborn face mask size 0 | 1 | 0 | 8 | |
| Q228: Newborn face mask size 1 | 1 | 0 | 8 | |
| Q228b: Oxygen cylinder / tank | 1 | 0 | 8 | |
| Q228c: Oxygen concentrator | 1 | 0 | 8 | |
| Q229: Suction bulb | 1 | 0 | 8 | |
| Q230: Catheter | 1 | 0 | 8 | |
| Q231: Suction machine | 1 | 0 | 8 | |
| Q232: At least two cloths/blankets (one to dry; one to cover) | 1 | 0 | 8 | |
| Q233: Cap/hat for the newborn | 1 | 0 | 8 | |
| Q234: Disposable cord ties or clamps | 1 | 0 | 8 | |
| Q235: Sterile scissors or blade | 1 | 0 | 8 | |
| END OF SECTION 2 - PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): | ___ : ___ AM/PM | | | |

Section 3: Continuous Observation of Second & Third Stage of Labor

PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION

| Question | Yes | No | DK | Go to |
|----------------------------------|-----|----|----|-----------|
| Q300: Was this section observed? | 1 | 0 | | No → Q400 |

PLEASE ANSWER Q300 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TOP RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.

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):

PREPARATION FOR DELIVERY

| | | | |
|---|---|---|---|
| Q301: Washes his/her hands with soap and water or uses antiseptic before any examination of woman (observer: circle yes if done previously and no contamination) | 1 | 0 | 8 |
| Q302: Wears high-level disinfected or sterile surgical gloves (yes if no contamination) | 1 | 0 | 8 |
| Q303: Puts on clean protective clothing in preparation for birth (goggles, gown or apron) (yes if no contamination) | 1 | 0 | 8 |
| Q302b: Checks fetal heart rate with fetoscope/doppler/ultrasound | 1 | 0 | 8 |
| 1) Foetal heart rate is checked for 60 seconds at least after every second contraction | 1 | 0 | 8 |
| 2) Foetal heart rate is checked at least every 5 minutes during active second stage of labor, i.e. pushing (observer: to the best of your ability, observe continuously and update your answer as needed) | 1 | 0 | 8 |
| Q304: Performs episiotomy | 1 | 0 | |

OBSERVER: WRITE HERE ANY INFORMATION THAT INDICATES NON-STANDARD DELIVERY. FOR EXAMPLE: PRESENTATION OF BABY IS CEPHALIC (HEAD FIRST); C-SECTION PERFORMED; DELAY; VACUUM OR FORCEPS USED; ETC.

DELIVERY & UTEROTONIC

| | | | |
|---|--------------|----|-----------|
| Q306: As baby's head is delivered, supports perineum | 1 | 0 | 8 |
| | Time (HH:MM) | | DK |
| Q307: OBSERVER: RECORD TIME OF DELIVERY (HH:MM) | | | |
| | Yes | No | DK |
| Q308: Checks for another baby prior to giving the uterotonic | 1 | 0 | 8 |
| Q309: Second baby present? | 1 | 0 | No → Q310 |
| Q309b: Checks fetal heart rate with fetoscope/doppler/ultrasound | 1 | 0 | 8 |
| 3) Foetal heart rate is checked for 60 seconds at least after every second contraction | 1 | 0 | 8 |
| 4) Foetal heart rate is checked at least every 5 minutes during active second stage of labor, i.e. pushing (observer: to the best of your ability, observe continuously and update your answer as needed) | 1 | 0 | 8 |
| Q309c: As baby's head is delivered, supports perineum | 1 | 0 | 8 |
| | Time (HH:MM) | | DK |
| Q309e: OBSERVER: RECORD TIME OF DELIVERY (HH:MM) | | | |

OBSERVER: WRITE HERE ANY INFORMATION THAT INDICATES NON-STANDARD DELIVERY. FOR EXAMPLE: PRESENTATION OF BABY IS CEPHALIC (HEAD FIRST); C-SECTION PERFORMED; DELAY; VACUUM OR FORCEPS USED; ETC.

| | | | | |
|--|--------------|----|----|-----------|
| | Yes | No | DK | Go to |
| Q310: Administers uterotonic? | 1 | 0 | | No → Q318 |
| | Time (HH:MM) | | DK | |
| Q311: OBSERVER: RECORD TIME UTEROTONIC GIVEN (HH:MM) | | | | |
| Q312: Timing of administration of uterotonic | Code | | | |
| At delivery of anterior shoulder | 1 | | | |
| Within 1 min of delivery of baby | 2 | | | |
| Within 3 min of delivery of baby | 3 | | | |
| More than 3 min after delivery of baby | 4 | | | |
| Q313: Which uterotonic given: | | | | |
| Oxytocin | 1 | | | |

OBSTETRICS
Labor & Delivery Observation Checklist

ID #

| | | | | |
|---|---------------------|-----------------|-----------|---------------|
| | Ergometrine | 2 | | |
| | Syntometrine | 3 | | |
| | Misoprostol | 4 | | |
| Other (specify: _____) | | 5 | | |
| Q314: <i>OBSERVER: RECORD DOSE OF UTEROTONIC GIVEN (IF NECESSARY, ASK AFTERWARDS)</i> | | | | |
| Q314b: <i>OBSERVER: RECORD UNIT OF UTEROTONIC GIVEN (IF NECESSARY, ASK AFTERWARDS)</i> | | | | |
| | IU | 1 | | |
| | mg | 2 | | |
| | mL | 3 | | |
| | mcg | 4 | | |
| Q316: Route uterotonic given: | | | | |
| | IM | 1 | | |
| | IV | 2 | | |
| | Oral | 3 | | |
| | Other | 4 | | |
| Question | Yes | No | DK | |
| Q318: Ties or clamps cord immediately after birth | 1 | 0 | 8 | No/DK → Q318d |
| Q318b: Cuts cord with clean blade or clean scissors | 1 | 0 | 8 | |
| | Time (HH:MM) | | DK | |
| Q318c: <i>OBSERVER: RECORD TIME THE CORD WAS CLAMPED AND CUT (HH:MM)</i> | | | | |
| Question | Yes | No | DK | |
| Q318d: Applies suprapubic counter traction | 1 | 0 | 8 | |
| Q318e: Applies traction to the cord | 1 | 0 | 8 | |
| Q318f: <i>OBSERVER: WERE THE TRACTION TO THE CORD AND SUPRAPUBIC COUNTER TRACTION APPLIED SIMULTANEOUSLY?</i> | 1 | 0 | 8 | |
| Q318g: <i>OBSERVER: IS THE PLACENTA DELIVERED?</i> | 1 | 0 | 8 | |
| Q319: Performs uterine massage immediately following the delivery of the placenta | 1 | 0 | 8 | |
| Q320: <i>OBSERVER: WAS UTEROTONIC GIVEN EARLIER? (CHECK Q310)</i> | 1 | 0 | 8 | No → Q321 |
| Q320b: Was placenta delivered before administration of uterotonic? | 1 | 0 | 8 | |
| Q321: Assesses completeness of the placenta and membranes | 1 | 0 | 8 | |
| Q321b: <i>OBSERVER: IS THE PLACENTA COMPLETE?</i> | 1 | 0 | 8 | Yes → Q322 |
| Q321c: Performs manual evacuation of placenta | 1 | 0 | 8 | |
| Q322: Assesses for perineal and vaginal lacerations | 1 | 0 | 8 | |
| Q323: <i>OBSERVER: DID MORE THAN ONE HEALTH WORKER ASSIST WITH THE BIRTH?</i> | 1 | 0 | | |
| Q324: <i>OBSERVER: DID THE MOTHER GIVE BIRTH IN LITHOTOMY POSITION (ON HER BACK)?</i> | 1 | 0 | | |
| Q325: <i>OBSERVER: IS A SUPPORT PERSON (COMPANION) FOR THE MOTHER PRESENT AT BIRTH?</i> | 1 | 0 | | |
| Q326: Was the patient treated respectfully throughout the procedure? | 1 | 0 | 8 | |
| Q327: Was the patient given physical privacy through a separate room or the use of a curtain? | 1 | 0 | 8 | |
| END OF SECTION 3 - PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): | | ___ : ___ AM/PM | | |

Section 4: Immediate Newborn and Postpartum Care

PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION

| Question | Yes | No | Go to |
|---|---------------------|-----------|----------------|
| Q400: Was this section observed? | 1 | 0 | No → Q601 |
| PLEASE ANSWER Q400 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TOP RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION. | | | |
| 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): | | | |
| IMMEDIATE CARE | Yes | No | DK |
| Q401: Immediately dries baby with towel | 1 | 0 | 8 |
| Q402: Discards the wet towel | 1 | 0 | 8 |
| Q403: Is the baby breathing or crying? | 1 | 0 | No → Q500 |
| OBSERVER: IF BABY IS NOT BREATHING OR CRYING → GO TO RESUSCITATION SECTION (SECTION 5) | | | |
| Q404: Places baby on mother's abdomen "skin to skin" | 1 | 0 | 8 No → Q406 |
| 1) Immediately after birth | 1 | 0 | 8 |
| 2) Later than 2-3 minutes after birth | 1 | 0 | 8 |
| Q405: Covers baby with dry towel | 1 | 0 | 8 Yes → Q407 |
| Q406: Wraps baby in dry towel | 1 | 0 | 8 |
| Q407: Places warm cap on baby's head | 1 | 0 | 8 |
| Q408: OBSERVER: WAS THE CORD CLAMPED IMMEDIATELY AFTER BIRTH? (CHECK Q318) | 1 | 0 | 8 Yes → Q409 |
| Q408b: Ties or clamps cord: | Code | | |
| When pulsations stop | 1 | | |
| By 2-3 minutes after birth | 2 | | |
| Later | 3 | | |
| Question | Yes | No | DK |
| Q408c: Cuts cord with clean blade or clean scissors | 1 | 0 | 8 |
| | Time (HH:MM) | | DK |
| Q408d: OBSERVER: RECORD TIME THE CORD WAS CLAMPED AND CUT (HH:MM) | | | |
| Question | Yes | No | DK |
| Q408e: Applies traction to the cord | 1 | 0 | 8 |
| Q409: Observer: Is a support person (companion) for mother present? | 1 | 0 | 8 |
| HEALTH CHECK | | | |
| Q410: Checks baby's temperature 15 minutes after birth | 1 | 0 | 8 |
| Q410b: Checks baby's temperature 30 minutes after birth | 1 | 0 | 8 |
| Q411: Checks baby's skin color 15 minutes after birth | 1 | 0 | 8 |
| Q411b: Checks baby's pulse 15 minutes after birth | 1 | 0 | 8 |
| Q412: Takes mother's vital signs 15 minutes after birth | 1 | 0 | 8 |
| Q412b: OBSERVER: WAS THE PLACENTA DELIVERED IMMEDIATELY AFTER BIRTH? (CHECK Q318g) | 1 | 0 | 8 Yes → Q413 |
| Q412c: Amoxicillin or Erythromycin administered intravenously (IV) 30 minutes after birth | 1 | 0 | 8 |
| Q412d: Metronidazole administered intravenously (IV) 30 minutes after birth | 1 | 0 | 8 |
| Q413: Palpates uterus 15 minutes after delivery of placenta | 1 | 0 | 8 |
| FIRST HOUR AFTER BIRTH | | | |
| Q414: Mother and newborn kept in same room after delivery (rooming-in) | 1 | 0 | 8 |
| Q415: Baby bathed within the first hour after birth | 1 | 0 | 8 |
| Q416: Baby kept skin to skin with mother for the first hour after birth | 1 | 0 | 8 |
| Q416b: Baby kept wrapped in dry towel with mother for the first hour after birth | 1 | 0 | 8 |
| Q417: Breastfeeding initiated within the first hour after birth | 1 | 0 | 8 |
| Q418: Provides tetracycline eye ointment prophylaxis | 1 | 0 | 8 |
| Q419: Administers Vitamin K to newborn | 1 | 0 | 8 |
| Q420: Is the mother HIV positive? (observer: listen and record answer; circle Don't Know if status is unknown or is not discussed) | 1 | 0 | 8 No/DK → Q422 |
| Q421: Administers ARVs to newborn | 1 | 0 | 8 |
| Q422: Administers antibiotics to mother postpartum | 1 | 0 | 8 No/DK → Q425 |
| Q423: Why were antibiotics administered? | Code | | |
| Treatment for chorioamnionitis | 1 | | |
| Routine/prophylactic | 2 | | |
| Third stage/postpartum procedure | 3 | | |
| No valid reason for administering antibiotics | 4 | | |
| Don't know | 8 | | |
| Q424: Which antibiotic was administered? (CIRCLE ALL THAT APPLY) | | | |
| Penicillin | A | | |
| Ampicillin | B | | |

Labor & Delivery Observation Checklist

| | | | | |
|--|---------------------|-----------|-----------|--------------|
| Gentamicin | C | | | |
| Metronidazole | D | | | |
| Cephalosporin | E | | | |
| Other | X | | | |
| Don't know | Z | | | |
| TWO HOURS AFTER BIRTH | Yes | No | DK | Go to |
| Q424b: Checks baby's temperature 2 hours after birth | 1 | 0 | 8 | |
| Q424c: Baby bathed two hours after birth or later | 1 | 0 | 8 | |
| OVERALL IMMEDIATE CARE | | | | |
| Q414d: Was the patient treated respectfully throughout the procedure? | | | | |
| Q424e: Was the patient given physical privacy through a separate room or the use of a curtain? | | | | |
| Q424f: Was the patient informed of procedures? | | | | |
| CLEAN-UP AFTER BIRTH | | | | |
| <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> | | | | |
| Question | Yes | No | DK | Go to |
| Q425: Disposes of all sharps in a puncture-proof container immediately after use | 1 | 0 | 8 | |
| Q426: Decontaminates all reusable instruments in 0.5% chlorine solution | 1 | 0 | 8 | |
| Q427: Sterilizes or uses high-level disinfection for all reusable instruments | 1 | 0 | 8 | |
| Q428: Disposes of all contaminated waste in leak-proof containers | 1 | 0 | 8 | |
| Q429: Removes apron and wipe with chlorine solution | 1 | 0 | 8 | |
| Q430: Washes his/her hands with soap and water or uses antiseptic | 1 | 0 | 8 | |
| Q431: Was the patient treated respectfully throughout the procedure? | 1 | 0 | 8 | |
| Q431b: Was the patient given physical privacy through a separate room or the use of a curtain? | 1 | 0 | 8 | |
| CLEAN-UP AFTER NEWBORN RESUSCITATION | | | | |
| Q432: Was there a newborn resuscitation? (<i>observer: check answer to Q500</i>) | 1 | 0 | | No → Q500 |
| Q433: Disposes of disposable suction catheters and mucus extractors in a leak-proof container or plastic bag | 1 | 0 | 8 | |
| Q434: Takes the bag and mask apart and inspects for cracks and tears | 1 | 0 | 8 | |
| Q435: Decontaminates the bag and mask in 0.5% chlorine solution | 1 | 0 | 8 | |
| Q436: Sterilizes or uses high-level disinfection for bag, valve and mask | 1 | 0 | 8 | |
| Q437: Decontaminates reusable suction devices in 0.5% chlorine solution | 1 | 0 | 8 | |
| Q438: Sterilizes or uses high-level disinfection for reusable suction devices | 1 | 0 | 8 | |
| Q439: Washes his/her hands with soap and water or uses antiseptic | 1 | 0 | 8 | |
| | Time (HH:MM) | | DK | |
| Q440: <i>OBSERVER: RECORD TIME THE LABOR AND DELIVERY OBSERVATION ENDED (HH:MM)</i> | | | | |
| REMEMBER TO THANK CLIENT AND PROVIDER FOR THEIR PARTICIPATION IN THE STUDY | | | | |
| END OF SECTION 4 – PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): | ____ : ____ AM/PM | | | |
| GO TO SECTION 6 | | | | |

| Section 5: Newborn Resuscitation | | | | |
|--|--------------|----|----|----------|
| PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION | | | | |
| Question | Yes | No | DK | Go to |
| Q500: Was this section observed? | 1 | 0 | | No→Q600 |
| <i>PLEASE ANSWER Q500 BEFORE PROCEEDING: WAS THIS SECTION OBSERVED? IF SECTION OBSERVED, RECORD PATIENT ID IN TOP RIGHT BOX. IF SECTION NOT OBSERVED, SKIP TO NEXT SECTION.</i> | | | | |
| Q501: <i>OBSERVER: RECORD TIME RESUSCITATION STARTED (HH:MM)</i> | Time (HH:MM) | | DK | |
| <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> | | | | |
| Question | Yes | No | DK | Go to |
| Q502: Clears the airway by suctioning the mouth first and then the nose | 1 | 0 | 8 | |
| Q503: Stimulates baby with back rubbing | 1 | 0 | 8 | |
| Q504: <i>OBSERVER: DOES NEWBORN START TO BREATHE OR CRY SPONTANEOUSLY?</i> | 1 | 0 | | Yes→Q531 |
| Q505: Calls for help | 1 | 0 | 8 | |
| Q506: Ties or clamps cord immediately | 1 | 0 | 8 | |
| Q507: Cuts cord with clean blade or clean scissors | 1 | 0 | 8 | |
| Q508: Places the newborn on his/her back on a clean, warm surface or towel | 1 | 0 | 8 | |
| Q509: Places the head in a slightly extended position to open the airway | 1 | 0 | 8 | |
| Q510: Tells the woman (and her support person) what is going to be done | 1 | 0 | 8 | |
| Q511: Listens woman and provides support and reassurance | 1 | 0 | 8 | |
| Q512: Checks mouth, back of throat and nose for secretions, and clears if necessary (with suction) | 1 | 0 | 8 | |
| Q513: Places the correct-sized mask on the newborn's face so that it covers the chin, mouth and nose (but not eyes) | 1 | 0 | 8 | |
| Q514: Checks the seal by ventilating two times and observing the rise of the chest | 1 | 0 | 8 | |
| Q514b: Administers oxygen at high flow rate | 1 | 0 | 8 | |
| Q515: <i>OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?</i> | 1 | 0 | | Yes→Q524 |
| Q516: Checks the position of the newborn's head to make sure that the neck is in a slightly extended position (not blocking the airway) | 1 | 0 | 8 | |
| Q517: Checks mouth, back of throat and nose for secretions, and clears if necessary | 1 | 0 | 8 | |
| Q518: Checks the seal by ventilating two times and observing the rise of the chest | 1 | 0 | 8 | |
| Q518b: Administers oxygen at high flow rate | 1 | 0 | 8 | |
| Q519 <i>OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?</i> | 1 | 0 | | Yes→Q524 |
| Q520: Checks the position of the newborn's head again to make sure that the neck is in slightly extended position | 1 | 0 | 8 | |
| Q521: Repeats suction of mouth and nose to clear secretions, if necessary | 1 | 0 | 8 | |
| Q522: Checks the seal by ventilating two times and observing the rise of the chest | 1 | 0 | 8 | |
| Q522b: Administers oxygen at high flow rate | 1 | 0 | 8 | |
| Q523: <i>OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?</i> | 1 | 0 | | Yes→Q524 |
| IMPORTANT - OBSERVER: IF NEWBORN'S CHEST IS NOT RISING AFTER TWO ATTEMPTS TO READJUST, CALL FOR SUPERVISOR TO INTERVENE. | | | | |
| Q524: Ventilates at a rate of 30 to 50 breaths/minute | 1 | 0 | 8 | |
| Q525: Observes baby's tongue and lips for central cyanosis after 1 minute of ventilation | 1 | 0 | 8 | |
| Q525b: Conducts assessment of newborn breathing after 1 minute of ventilation | 1 | 0 | 8 | No→Q527 |
| Q526: Condition of newborn at assessment | Code | | | |
| Respiration rate 30-50 breaths/minute and no chest indrawing | 1 | | | |
| Respiration rate <30 breaths/minute with severe indrawing | 2 | | | |
| No spontaneous breathing | 3 | | | |
| | Yes | No | DK | Go to |
| Q527: Continues ventilation or administration of oxygen | 1 | 0 | 8 | |
| Q528: Observes baby's tongue and lips for central cyanosis 15 minutes after start of ventilation | 1 | 0 | 8 | |
| Q528b: Conducts assessment of newborn breathing 15 minutes after start of ventilation | 1 | 0 | 8 | No→Q530 |
| Q529: Condition of newborn at assessment | Code | | | |
| Respiration rate 30-50 breaths/minute and no chest indrawing | 1 | | | |
| Respiration rate <30 breaths/minute with severe indrawing | 2 | | | |
| No spontaneous breathing | 3 | | | |
| | Yes | No | DK | Go to |
| Q530: Continues ventilation | 1 | 0 | 8 | |
| Q531: <i>OBSERVER: RECORD THE OUTCOME OF THE RESUSCITATION</i> | Code | | | |
| Baby was resuscitated | 1 | | | |
| Baby died | 2 | | | |
| Q531b: <i>OBSERVER: RECORD TIME THAT RESUSCITATION ACTIONS ENDED (OR TIME OF DEATH IF BABY DIED) (HH:MM)</i> | | | | |

Labor & Delivery Observation Checklist

| Questions | Yes | No | DK | Go to |
|---|-------------------|----|----|-------|
| Q532: Conducts assessment of newborn breathing every 15 minutes during the hour following the beginning of resuscitation | 1 | 0 | 8 | |
| Q532b: Observes baby's tongue and lips for central cyanosis every 15 minutes during the hour following the beginning of resuscitation | 1 | 0 | 8 | |
| Q533: Arranges transfer to special care either in facility or to outside facility | 1 | 0 | 8 | |
| Q534: Explains to the mother (and her support person if available) what happened | 1 | 0 | 8 | |
| Q535: Listens to mother and responds attentively to her questions and concerns | 1 | 0 | 8 | |
| Q536: <i>OBSERVER: IF BABY DIED, WAS THE MOTHER GIVEN COUNSELING</i> | 1 | 0 | 8 | |
| Q537: <i>OBSERVER: WAS THE SITUATION CHAOTIC OR CALM?</i> | 1 | 0 | 8 | |
| Q538: <i>OBSERVER: WERE THERE ANY MAJOR DELAYS IN NEEDED TREATMENTS?</i> | 1 | 0 | 8 | |
| Q539: <i>OBSERVER: WERE NECESSARY EQUIPMENT, SUPPLIES, MEDICATIONS AVAILABLE?</i> | 1 | 0 | 8 | |
| Q540: <i>OBSERVER: DID YOU CALL FOR HELP OR INTERVENE DURING THE RESUSCITATION TO SAVE THE LIFE OF THE NEWBORN?</i> | 1 | 0 | | |
| END OF SECTION 5 – PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): | ____ : ____ AM/PM | | | |
| → RETURN TO SECTION 4: IF BABY ALIVE, GO TO Q404. IF BABY DEAD, GO TO Q408b. | | | | |

Section 6: Outcome & Review of Documentation

PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION

Question

Code

COMPLETE THIS SECTION FOR ALL CLIENTS

CONDITION OF MOTHER & NEWBORN AT END OF OBSERVATION

RECORD THE STATUS OF MOTHER AND NEWBORN AT THE END OF FIRST HOUR AFTER BIRTH.

Q601: Record outcome for the mother

- | | |
|---------------------------------------|---|
| Goes to post-delivery ward | 1 |
| Referred to specialist, same facility | 2 |
| Goes to surgery, same facility | 3 |
| Referred, other facility | 4 |
| Discharged | 5 |
| Death of mother | 6 |
| Don't know | 8 |

Q602: Record outcome for the newborn or fetus

- | | |
|---------------------------------------|---|
| Goes to normal nursery | 1 |
| Referred to specialist, same facility | 2 |
| Referred, other facility | 3 |
| Goes to ward with mother | 4 |
| Newborn death | 5 |
| Fresh stillbirth | 6 |
| Macerated stillbirth | 7 |
| Discharged with mother | 9 |
| Don't know | 8 |

POTENTIALLY HARMFUL PRACTICES

Q603: *OBSERVER: DID YOU SEE ANY OF THE FOLLOWING HARMFUL OR INAPPROPRIATE PRACTICES BY HEALTH WORKERS THAT ARE NEVER INDICATED? (CIRCLE ALL THAT APPLY)*

- | | |
|--|---|
| Use of enema | A |
| Pubic shaving | B |
| Woman routinely forced to push during second stage of labor | C |
| Apply fundal pressure to hasten delivery of baby or placenta | D |
| Lavage of uterus after delivery | E |
| Minor tears stitched when not bleeding | F |
| Episiotomy / tears not repaired with local anesthesia | G |
| Vagina swabbed with antiseptics after delivery | H |
| Disinfectant put on the perineum after delivery | I |
| Bladder catheterization performed postpartum | J |
| Cervix checked after delivery | K |
| Slap newborn | L |
| Hold newborn upside down | M |
| Milking the newborn's chest | N |
| Excessive stretching of the perineum | O |
| Shout, insult or threaten the woman during labor or after | P |
| Slap, hit or pinch the woman during labor or after | Q |
| Other (please specify) | R |
| None of the above | Y |

Q604: *OBSERVER: DID YOU SEE ANY OF THE FOLLOWING PRACTICES DONE WITHOUT AN APPROPRIATE INDICATION? (CIRCLE ALL THAT APPLY)*

- | | |
|--|---|
| Manual exploration of the uterus after delivery | A |
| Use of episiotomy | B |
| Aspiration of newborn mouth and nose as soon as head is born (neonatal suctioning) | C |
| Routine catheterization of esophagus | D |
| Restrict food and fluids in labor | E |
| Other (please specify) | F |
| None of the above | Y |

REVIEW PARTOGRAPH AND/OR CHART FOR COMPLETENESS

Question

Yes

No

DK

Go to

Q605: Was there a newborn resuscitation? (*observer: check answer to Q500*)

1

0

No → Q611

OBSERVER: EXAMINE CHART TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION:

Q606: Condition of the newborn at birth

1

0

8

Q607: Procedures necessary to initiate breathing

1

0

8

Q608: Time from birth to initiation of spontaneous breathing or time of death if unsuccessful

1

0

8

Q609: Any clinical observations during resuscitation, including baby vital signs

1

0

8

Q610: Final outcome of resuscitation measures

1

0

8

Labor & Delivery Observation Checklist

OBSERVER: EXAMINE PARTOGRAPH IF AVAILABLE

| | | | |
|--|---|---|-----------|
| Q611: Partograph used (during or after labor) | 1 | 0 | No → Q630 |
| Q612: Standard Liberian partograph at 4cm dilatation used | 1 | 0 | 8 |
| Q613: Initiated use of partograph at the appropriate time according to partograph used (New WHO partograph starts at 4 cm; old version starts at 3 cm) | 1 | 0 | 8 |

OBSERVER: DID THE MOTHER COME FULLY DILATED?

1 0 8

OBSERVER: EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION WHILE THE WOMAN WAS IN ACTIVE LABOR:

| | | | |
|---|---|---|---|
| Q614: Fetal heart rate plotted at least every half hour | 1 | 0 | 8 |
| Q615: Cervical dilatation plotted at least every four hours | 1 | 0 | 8 |
| Q616: Descent of head plotted at least every four hours | 1 | 0 | 8 |
| Q617: Frequency and duration of contractions plotted at least every half hour | 1 | 0 | 8 |
| Q618: Maternal pulse plotted at least every half hour | 1 | 0 | 8 |
| Q619: BP recorded at least every four hours | 1 | 0 | 8 |
| Q620: Temperature recorded at least every two hours | 1 | 0 | 8 |
| Q621: OBSERVER: DID YOU SEE PROVIDER FILL OUT PARTOGRAPH AFTER DELIVERY WITH INFORMATION THAT SHOULD BE ENTERED DURING LABOR? | 1 | 0 | 8 |

OBSERVER: EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION ABOUT THE DELIVERY

| | | | |
|-----------------------|---|---|---|
| Q622: Birth time | 1 | 0 | 8 |
| Q623: Delivery method | 1 | 0 | 8 |
| Q624: Birthweight | 1 | 0 | 8 |

DATA EXTRACTION FROM PARTOGRAPH AND/OR CHART

| | | | | |
|--|---------------------|---|-----------|--------------|
| Q625: Was action line on partograph reached? | 1 | 0 | 8 | No/DK → Q630 |
| | Time (HH:MM) | | DK | |

Q626: OBSERVER: RECORD TIME ACTION LINE WAS REACHED (HH:MM; ENTER 99:99 IF UNKNOWN)

| | | | | |
|---|---------------------|---|-----------|--------------|
| Q627: If action line reached on partograph, was any <u>definitive</u> action taken? | 1 | 0 | 8 | No/DK → Q630 |
| | Time (HH:MM) | | DK | |

Q628: OBSERVER: RECORD TIME ACTION WAS TAKEN (HH:MM; ENTER 99:99 IF UNKNOWN)

Q629: What definitive action was taken:

Code

| | |
|--|---|
| Consult with specialist | 1 |
| Refer to other facility for specialist | 2 |
| Prepare for assisted delivery | 3 |
| Prepare for c-section | 4 |
| Other (specify _____) | 6 |

FOR THE FOLLOWING QUESTIONS: EXAMINE PARTOGRAPH AND/OR CHART TO DETERMINE THE FOLLOWING INFORMATION. IF THE INFORMATION IS NOT IN THE CHART OR PARTOGRAPH, BUT THE OBSERVER KNOWS THE INFORMATION OR PREVIOUSLY RECORDED THE INFORMATION IN ANOTHER SECTION, HE OR SHE SHOULD FILL IN THEIR OWN ANSWER. IF THE INFORMATION IN THE CHART OR PARTOGRAPH DIFFER FROM OBSERVER'S INFORMATION, USE OBSERVER'S INFORMATION.

Q630: Record age of woman

Q631: Record the gravidity of the woman

Q632: Record the parity of the woman prior to this delivery

Q633: Time of admission to labor ward (HH:MM - enter 99:99 if unknown)

Q634: Centimeters dilated upon admission to labor ward (enter 99 if unknown)

Q635: Time membranes ruptured (HH:MM - enter 99:99 if unknown)

Q636: How did the membranes rupture?

Code

| | |
|-------------|---|
| Spontaneous | 1 |
| Artificial | 2 |
| Don't know | 8 |

Q637: Type of delivery

| | |
|-------------------------|---|
| Spontaneous vaginal | 1 |
| Assisted (instrumented) | 2 |
| Caesarean | 3 |
| Don't know | 8 |

Q638: Time of birth (HH:MM - enter 99:99 if unknown)

Q639: Birthweight in grams (enter 9999 if unknown)

Q640: Record gestational age at birth in weeks (observer: enter 99 if unknown)

OBSTETRICS

Labor & Delivery Observation Checklist

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| Question | Yes | No | DK | Go to |
|--|-------------|-----------|-----------|--------------|
| Q641: Was she diagnosed with severe Preeclampsia/eclampsia? | 1 | 0 | 8 | No→ Q643 |
| Q642: Was baby delivered within 24 hours of Preeclampsia/eclampsia diagnosis? | 1 | 0 | 8 | |
| Q643: Did the mother have blood loss more than 500mL? | 1 | 0 | 8 | No→ Q645 |
| Q644: Was she diagnosed with postpartum hemorrhage? | 1 | 0 | 8 | |
| Q645: Did the mother develop a fever of 38° C or higher during labor? | 1 | 0 | 8 | No→ Q647 |
| Q646: Was she diagnosed with chorioamnionitis during labor? | 1 | 0 | 8 | |
| Q647: Were antibiotics administered to mother at any time? | 1 | 0 | 8 | No/DK → Q651 |
| Q648: When were antibiotics administered? (CIRCLE ALL THAT APPLY) | Code | | | |
| 1st stage | A | | | |
| 2nd stage | B | | | |
| 3rd stage | C | | | |
| Postpartum | D | | | |
| Q649: Why were antibiotics administered? (CIRCLE ALL THAT APPLY) | | | | |
| Treatment for chorioamnionitis | A | | | |
| After prelabor rupture of membranes | B | | | |
| Preparation for C-section | C | | | |
| Routine/prophylactic | D | | | |
| Third stage/postpartum procedure | E | | | |
| Don't know | Z | | | |
| Q650: Which antibiotic was administered? (CIRCLE ALL THAT APPLY) | | | | |
| Penicillin | A | | | |
| Ampicillin | B | | | |
| Gentamicin | C | | | |
| Metronidazole | D | | | |
| Cephalosporin | E | | | |
| Other | X | | | |
| Don't know | Z | | | |
| Question | Yes | No | DK | Go to |
| Q651: Is mother HIV positive? (observer: circle Don't Know if status is unknown or was not discussed) | 1 | 0 | 8 | No/DK → Q654 |
| Q652: Was newborn given ARV(s)? | 1 | 0 | 8 | No/DK → Q654 |
| Q653: Record type of ARV(s) given to newborn | Code | | | |
| NVP | 1 | | | |
| AZT | 2 | | | |
| 3TC | 3 | | | |
| Don't know | 8 | | | |
| END OF SECTION 6 - MAKE SURE THAT Q100, Q200, Q300, Q400, AND IF APPLICABLE Q500, Q700, Q800 ARE ANSWERED BEFORE MOVING ON TO NEXT CLIENT. | | | | |
| PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): | | | | |
| ___ : __ AM/PM | | | | |

Section 7: Postpartum Hemorrhage

PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION

| Question | Yes | No | Go to |
|--|--------------|----|---------|
| Q700: Was this section observed? | 1 | 0 | No→Q800 |
| CHECK THAT CLIENT CONSENT HAS BEEN FILLED IN ON COVER PAGE. IF NOT, COMPLETE COVER PAGE INCLUDING BEFORE STARTING PPH OBSERVATION | | | |
| Q701: OBSERVER: CONFIRM THAT CONSENT WAS RECEIVED FROM CLIENT (OR PROXY IF SHE IS INCAPACITATED). | 1 | 0 | No→Q9 |
| 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). IF TIME OF EVENT IS UNKNOWN, ENTER 99:99. IF DOSE OF MEDICATION IS UNKNOWN, ENTER 99. | | | |
| Q702: Records time complication started | 1 | 0 | |
| | Time (HH:MM) | DK | |
| Q702b: OBSERVER: RECORD TIME COMPLICATION STARTED (HH:MM) | | 8 | |
| IMMEDIATE CARE | | | |
| Q703: Monitors bleeding | 1 | 0 | No→Q705 |
| Q704: OBSERVER: HOW MUCH BLEEDING WAS THERE? | Code | | |
| Small (less than 250 cc) | 1 | | |
| Moderate (between 250 and 499 cc) | 2 | | |
| Large (more than 500cc) | 3 | | |
| Q705: Performs uterine massage | 1 | 0 | No→Q707 |
| Q706: Records time massage was performed | 1 | 0 | |
| | Time (HH:MM) | DK | |
| Q706b: OBSERVER: RECORD TIME MASSAGE WAS PERFORMED (HH:MM) | | | |
| Q707: Gives oxytocin | 1 | 0 | No→Q711 |
| Q708: OBSERVER: RECORD DOSE (in IU) | | | |
| Q709: Is route of administration intravenous (IV)? | 1 | 0 | |
| Q710: Time oxytocin given | | | |
| Q711: Other uterotonic given | 1 | 0 | No→Q714 |
| Q712: Which other uterotonic was given: | Code | | |
| Ergometrine | 1 | | |
| Syntometrine | 2 | | |
| Misoprostol | 3 | | |
| Other (please specify) | 4 | | |
| Q713: Time other uterotonic given | | | |
| Question | Yes | No | Go to |
| Q714: Performs abdominal exam | 1 | 0 | No→Q716 |
| Q715: Time exam performed | | | |
| Q716: Examines the vagina and perineum for lacerations | 1 | 0 | No→Q718 |
| Q717: Time exam performed | | | |
| Q718: Examines the placenta for completeness | 1 | 0 | No→Q720 |
| Q719: Time exam performed | | | |
| Q720: Starts IV fluids | 1 | 0 | No→Q722 |
| Q721: Time IV fluids started | | | |
| Q721b: Overall, records time actions are taken | 1 | 0 | |
| FOLLOW UP CARE | | | |
| Q722: Performs uterine exploration | 1 | 0 | No→Q724 |
| Q723: Time procedure performed | | | |
| Q724: Performs uterine mechanical evacuation (vacuum suction) | 1 | 0 | No→Q726 |
| Q725: Time procedure performed | | | |
| Q726: Performs manual removal of the placenta | 1 | 0 | No→Q728 |
| Q727: Time procedure performed | | | |
| Q728: Performs bimanual compression of the uterus | 1 | 0 | No→Q730 |
| Q729: Time procedure performed | | | |

OBSTETRICS

Labor & Delivery Observation Checklist

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| | | | |
|---|-------------|-----------|--------------|
| Q730: Performs aortic compression | 1 | 0 | No→Q732 |
| Q731: Time procedure performed | | | |
| Q732: Uses balloon tamponade | 1 | 0 | No→Q734 |
| Q733: Time procedure performed | | | |
| Q734: Uses uterine sutures/B-lynch | 1 | 0 | No→Q736 |
| Q735: Time procedure performed | | | |
| Q736: Performs cardiac resuscitation | 1 | 0 | No→Q738 |
| Q737: Time procedure performed | | | |
| Q738: Sends to surgery for hysterectomy | 1 | 0 | No→Q740 |
| Q739: Time sent to surgery performed | | | |
| Q740: Performs clotting studies | 1 | 0 | No→Q742 |
| Q741: Time procedure performed | | | |
| Q742: Checks haemoglobin/haematocrit | 1 | 0 | No→Q744 |
| Q743: Time procedure performed | | | |
| Q744: Types and crossmatches woman for blood | 1 | 0 | No→Q746 |
| Q745: Time procedure performed | | | |
| Q746: Gives blood products | 1 | 0 | No→Q749 |
| Q747: Record number of units | | | |
| Q748: Time blood given | | | |
| Q749: Gives antibiotics | 1 | 0 | No→Q752 |
| Q750: Which antibiotic was administered? (CIRCLE ALL THAT APPLY) | Code | | |
| Penicillin | A | | |
| Ampicillin | B | | |
| Gentamicin | C | | |
| Metronidazole | D | | |
| Cephalosporin | E | | |
| Other | X | | |
| Don't Know | Z | | |
| Q751: Time antibiotics given | | | |
| Question | Yes | No | Go to |
| Q752: Gives additional dose of oxytocin | 1 | 0 | No→Q756 |
| Q753: Record dose (in IU) | | | |
| Q754: Is route of administration intravenous (IV)? | 1 | 0 | |
| Q755: Time oxytocin given | | | |
| Q756: Gives additional dose of other uterotonic | 1 | 0 | No→Q759 |
| Q757: Which other uterotonic was given: | Code | | |
| Ergometrine | 1 | | |
| Syntometrine | 2 | | |
| Misoprostol | 3 | | |
| Q758: Time other uterotonic given | | | |
| Q758b: Overall, records time actions are taken | 1 | 0 | |
| Question | Yes | No | Go to |
| Q759: Is the woman's condition stable? | 1 | 0 | Yes→Q760 |
| IF THE WOMAN'S CONDITION IS NOT STABLE, CONTINUE OBSERVING UNTIL SHE IS STABLE OR FOR AT LEAST 1 HOUR AFTER THE INITIAL EVENT (IF POSSIBLE). CHECK ANSWERS TO Q722-Q759 AS OBSERVATION CONTINUES. | | | |
| Q760: End time of observation | | | |
| CASE DETAILS | | | |
| Q761: What is the woman's diagnosis (CIRCLE ALL THAT APPLY) | Code | | |
| Atonic uterus | A | | |
| Laceration | B | | |
| Incomplete expulsion of placenta | C | | |
| Placenta attached | D | | |
| Coagulopathy | E | | |

Labor & Delivery Observation Checklist

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| | |
| Q762: At what stage of labor and delivery did the complication occur: | |
| At delivery | 1 |
| Postpartum (before discharge) | 2 |
| After discharge | 3 |
| END OF SECTION 7 – PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): | __ __ : __ __ AM/PM |
| → RETURN TO APPROPRIATE SECTION TO CONTINUE OBSERVATION | |

| Section 8: Severe Pre-eclampsia and Eclampsia | | | |
|---|-------------|-----------|-------------------|
| PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION | | | |
| Question | Yes | No | Go to |
| Q800: Was this section observed? | 1 | 0 | No→end of section |
| <i>CHECK THAT Q9 CLIENT CONSENT HAS BEEN FILLED IN. IF Q9 IS BLANK, COMPLETE COVER PAGE INCLUDING Q9 BEFORE STARTING PE/E OBSERVATION</i> | | | |
| Q801: Confirm that consent was received from client (or her proxy if she is incapacitated). | 1 | 0 | No→Q1 |
| Q802: Record the time complication started | | | |
| <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). IF TIME OF EVENT IS UNKNOWN, ENTER 99:99. IF DOSE OF MEDICATION IS UNKNOWN, ENTER 99.</i> | | | |
| IMMEDIATE CARE | | | |
| Q803: Blood pressure taken | 1 | 0 | No→Q807 |
| Q804: Record blood pressure: systolic | 1 | 0 | |
| Q805: Record blood pressure: diastolic | 1 | 0 | |
| Q806: Time blood pressure taken | | | |
| Q807: Urine sent to lab to check presence of protein | 1 | 0 | No→Q810 |
| Q808: Result of test for protein is positive | 1 | 0 | |
| Q809: Time urine checked | | | |
| Q810: Were IV fluids started? | 1 | 0 | No→Q812 |
| Q811: Time IV fluids given | | | |
| Q812: Magnesium sulfate given <u>intramuscular (IM)</u> ? | 1 | 0 | No→Q815 |
| Q813: Record dose in grams | | | |
| Q814: Time magnesium sulfate given IM | | | |
| Q815: Magnesium sulfate given <u>intravenously (IV)</u> ? | 1 | 0 | No→Q818 |
| Q816: Record dose in mL | | | |
| Q817: Time magnesium sulfate given IV | | | |
| Q818: Diazepam given | 1 | 0 | No→Q822 |
| Q819: Record dose in mg | | | |
| Q820: Diazepam given intravenously (IV)? | 1 | 0 | |
| Q821: Time diazepam given | | | |
| Q822: Antihypertensive given | 1 | 0 | No→Q827 |
| Q823: Which antihypertensive was given: | Code | | |
| Hydralazine/ Apresoline | 1 | | |
| Nifedipine | 2 | | |
| Labetalol | 3 | | |
| Methyldopa/ Aldomet | 4 | | |
| Other (specify _____) | 6 | | |
| Q824: Record dose in mg | | | |
| Q825: Route of administration | | | |
| Intramuscular (IM) | 1 | | |
| Intravenous (IV) | 2 | | |
| Oral/sublingual | 3 | | |
| Q826: Time antihypertensive given | | | |
| Question | Yes | No | Go to |
| Q826b: Overall, records time actions are taken | 1 | 0 | |
| FOLLOW UP CARE | | | |
| Q827: Urinary catheter placed | 1 | 0 | No→Q829 |
| Q828: Time catheter placed | | | |

Labor & Delivery Observation Checklist

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|--|-----------------|-----------|---|
| Q829: Labor induced or augmented (including artificial rupture of membranes) | 1 | 0 | No→Q831 |
| Q830: Time labor induced or augmented | | | |
| Q831: Sent to surgery for c-section | 1 | 0 | No→Q833 |
| Q832: Time sent for surgery | | | |
| Q833: Gives additional dose of magnesium sulfate | 1 | 0 | No→Q837 |
| Q834: Record dose in grams | | | |
| Q835: Magnesium sulfate given intramuscular (IM)? | 1 | 0 | |
| Q836: Time magnesium sulfate given | | | |
| Q837: Gives additional dose of other medication | 1 | 0 | No→Q842 |
| Q838: Which medication(s) was the client given (CIRCLE ALL THAT APPLY) | Code | | |
| Diazepam | A | | Yes -> Q839 No -> Q842 |
| Hydralazine/ Apresoline | B | | Yes→Q842 (if No to Diazepam) |
| Nifedipine | C | | Yes→Q842 (if No to Diazepam) |
| Labetalol | D | | Yes→Q842 (if No to Diazepam) |
| Methyldopa/ Aldomet | E | | Yes→Q842 (if No to Diazepam) |
| Other (specify _____) | X | | Yes→Q842 (if No to Diazepam) |
| Q839: Record dose in mg for diazepam | | | |
| Question | Yes | No | Go to |
| Q840: Diazepam given intravenously (IV)? | 1 | 0 | |
| Q841: Time diazepam given | | | |
| Q842: Calcium gluconate given | 1 | 0 | No→Q844 |
| Q843: Time calcium gluconate given | | | |
| Q843b: Overall, records time actions are taken | 1 | 0 | |
| MONITORING | | | |
| Q844: How many times in the first hour of observation was blood pressure taken | Code | | |
| Blood pressure not taken during first hour | 0 | | |
| Once | 1 | | |
| Twice | 2 | | |
| Three times | 3 | | |
| Four times | 4 | | |
| Five or more | 5 | | |
| Q845: How many times in the first hour of observation were reflexes checked | | | |
| Reflexes not checked during first hour | 0 | | |
| Once | 1 | | |
| Twice | 2 | | |
| Three times | 3 | | |
| Four times | 4 | | |
| Five or more | 5 | | |
| Q846: How many times in the first hour of observation were respirations checked | | | |
| Respirations not checked during first hour | 0 | | |
| Once | 1 | | |
| Twice | 2 | | |
| Three times | 3 | | |
| Four times | 4 | | |
| Five or more | 5 | | |
| Question | Yes | No | Go to |
| Q847: Is the woman's condition stable? | 1 | 0 | |
| IF THE WOMAN'S CONDITION IS NOT STABLE, CONTINUE OBSERVING UNTIL SHE IS STABLE OR FOR AT LEAST 1 HOUR AFTER THE INITIAL EVENT (IF POSSIBLE). CHECK ANSWERS TO Q826-Q846 AS OBSERVATION CONTINUES AND UPDATE YOUR ANSWERS ON THE FORM ACCORDINGLY. | | | |
| Q848: End time of observation | __ : __ AM / PM | | |
| CASE DETAILS | | | |
| Q849: What is the woman's diagnosis | Code | | |
| Eclampsia | 1 | | |
| Severe pre-eclampsia | 2 | | |

Labor & Delivery Observation Checklist

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|--|-------------------------------|
| Other (specify _____) | 6 |
| Question | Yes No Go to |
| Q850: Was the woman ever unconscious | 1 0 |
| Q851: Did the woman experience convulsions | 1 0 |
| Q852: At what stage of labor and delivery did the complication occur: | Code |
| Before labor (including admissions from ANC) | 1 |
| During labor | 2 |
| At delivery | 3 |
| Postpartum (before discharge) | 4 |
| After discharge | 5 |
| END OF SECTION 8 - PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM): : AM/PM | |
| - IF CLIENT IS IN LABOR OR HAS ALREADY DELIVERED, PLEASE RETURN TO APPROPRIATE SECTION TO CONTINUE OBSERVATION. | |
| - IF CLIENT HAS NOT DELIVERED AND IS NOT IN LABOR, MAKE SURE THAT YOU HAVE ANSWERED Q100, Q200, Q300, Q400, Q600 (QUESTIONS Q601-Q604 ONLY) AND IF APPLICABLE, Q500, Q700 BEFORE MOVING ON TO NEXT CLIENT. | |