

OBSTETRICS
Labor & Delivery Observation Checklist

Patient ID #

Cover Page

Q1: Facility ID	Q2: Facility Name	Q5: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Health worker refused interview	<input type="checkbox"/> Partially completed <input type="checkbox"/> Health worker 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, MULTIPLE QUALIFICATIONS CAN BE RECORDED)

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, MULTIPLE QUALIFICATIONS CAN BE RECORDED)

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, MULTIPLE QUALIFICATIONS CAN BE RECORDED)

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Health Worker Category Codes (please circle appropriate category: if multiple categories apply, circle multiple answers)				
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. Registered 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, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	<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, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	<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: OBSERVER ASK CLIENT: **Could you confirm that you are at least 18 years of age, have had all your questions answered and have voluntarily given 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	<p><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></p> <p>ID# _____</p>
Q53: Client initials (OR SOME WAY TO IDENTIFY THE CLIENT ANONYMOUSLY IF YOU DON'T HAVE THE PATIENT ID NUMBER YET)	

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Section 0: Specification of the observation				
Question	Yes	No	DK	GO TO
Q001: Are you observing a Cesarean 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)				
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:	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:	Postpartum hemorrhage	1	→ GO TO SECTION 7 FOR POSTPARTUM HEMORRHAGE	
	Pre-eclampsia/ Eclampsia	2	→ GO TO SECTION 8 FOR PRE-ECLAMPSIA /ECLAMPSIA	

Section 1: Initial Client Assessment				
Q100_ID: PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ALL WORKERS OBSERVED IN THIS SECTION	Staff ID: _____			
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: 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.	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	

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	Number of hours	DK	
Q105b: <i>OBSERVER: IF CONTRACTIONS WERE EXPERIENCED, RECORD HOW LONG AGO CONTRACTIONS STARTED <u>IN HOURS</u></i>		8	
Q105c: <i>OBSERVER: IF RUPTURE OF MEMBRANE WAS EXPERIENCED, RECORD HOW LONG AGO THE RUPTURE OF MEMBRANE HAPPENED <u>IN HOURS</u></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 → Q112
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	

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Section 2: Intermittent Observation of First Stage of Labor		PLEASE RECORD BEGINNING TIME ____ : ____ AM/PM			
Q200_ID 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	
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.					
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)					
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 (observer: to the best of your ability, observe continuously and update your answer as needed)	1	0	8		
Q206a: Partogram written on more than three times	1	0		No → Q209	
Q206b: 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)	____ : ____ AM/PM				
Q209: Was any definitive action taken? (WITH OR WITHOUT AID OF PARTOGRAPH)	1	0	8	No/DK → Q300	
Q210: Record time action was taken (HH:MM)	____ : ____ AM/PM				
Q211: What definitive action was taken (CHOOSE ONLY ONE):	Code				
Consult with specialist	1				
Refer to other facility for specialist	2				
Prepare for assisted delivery	3				
	→ Q300				
Prepare for C-section	4				
Augmentation	5				
Other (specify _____)	6				
Do not know	8				
FOR ENUMERATOR IN OPERATING THEATER OBSERVING A CAESAREAN SECTION, PLEASE START THE DIRECT OBSERVATION FROM HERE. IF SECTION NOT OBSERVED, SKIP TO SECTION 3.					
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 (observer: to the best of your ability, update the answer to this question during intermittent observation of first stage of labor)					
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 (CHOOSE ONLY ONE)?	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				

Commented [KL1]: Renumber starting with 205 be should be 206, etc

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Q222: Which antibiotic was administered? (MULTIPLE ANSWERS POSSIBLE)	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 (CHOOSE ONLY ONE):	Code			
Oxytocin	1			
Ergometrine	2			
Syntometrine	3			
Misoprostol	4			
Other (specify: _____)	5			
Do not know	8			
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			

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Section 3: Continuous Observation of Second & Third Stage of Labor		PLEASE RECORD BEGINNING TIME ____ : ____ AM/PM	
Q300_ID: 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	8
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)		
Q307: OBSERVER: RECORD TIME OF DELIVERY (HH:MM)	__ : __ AM/ PM	DK	GO TO
	Yes	No	DK GO TO
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)	__ : __ AM/ PM	DK	
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.			

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	Yes	No	DK	GO TO
Q310: Administers uterotonic?	1	0		No → Q318
Q311: <i>OBSERVER: RECORD TIME UTEROTONIC GIVEN (HH:MM)</i>	__:__:__ AM/PM DK			
Q312: Timing of administration of uterotonic (CHOOSE ONLY ONE)	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			
Do not know	8			
Q313: Which uterotonic given (CHOOSE ONLY ONE):				
Oxytocin	1			
Ergometrine	2			
Syntometrine	3			
Misoprostol	4			
Other (specify: _____)	5			
Do not know	8			
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> (CHOOSE ONLY ONE)				
IU	1			
mg	2			
mL	3			
mcg	4			
Q316: Route uterotonic given (CHOOSE ONLY ONE):				
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	
Q318c: <i>OBSERVER: RECORD TIME THE CORD WAS CLAMPED AND CUT (HH:MM)</i>	__:__:__ AM/PM DK			
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	
Q320b: Was placenta delivered before administration of uterotonic?	1	0	8	No → Q321
Q321: Assesses completeness of the placenta and membranes	1	0	8	
Q321b: <i>OBSERVER: IS THE PLACENTA COMPLETE?</i>	1	0	8	
Q321c: Performs manual evacuation of placenta	1	0	8	Yes → Q322
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			

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Section 4: Immediate Newborn and Postpartum Care				PLEASE RECORD BEGINNING TIME ____ : ____ AM/PM
Q400_ID: 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 (CHOOSE ONLY ONE):	Code			
When pulsations stop	1			
By 2-3 minutes after birth	2			
Later	3			
Do not know	8			
Question	Yes	No	DK	
Q408c: Cuts cord with clean blade or clean scissors	1	0	8	
Q408d: OBSERVER: RECORD TIME THE CORD WAS CLAMPED AND CUT (HH:MM)	__ : __	AM/PM	DK	
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 (CHOOSE ONLY ONE):?	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? (MULTIPLE ANSWERS POSSIBLE)				

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Penicillin	A			
Ampicillin	B			
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?	1	0	8	
Q424e: Was the patient given physical privacy through a separate room or the use of a curtain?	1	0	8	
Q424f: Was the patient informed of procedures?	1	0	8	
CLEAN-UP AFTER BIRTH				
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)				
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? (observer: check answer to Q500)	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		
Q439: Washes his/her hands with soap and water or uses antiseptic	1	0	8	
Q440: OBSERVER: RECORD TIME THE LABOR AND DELIVERY OBSERVATION ENDED (HH:MM)	___	: ___	AM/PM	DK
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):				
GO TO SECTION 6				

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Section 5: Newborn Resuscitation

Q500_ID 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
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.				
Q501: OBSERVER: RECORD TIME RESUSCITATION STARTED (HH:MM)	__ __: __ __ AM/PM		DK	
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):				
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: OBSERVER: DOES NEWBORN START TO BREATHE OR CRY SPONTANEOUSLY?	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: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	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 OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	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: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	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 (CHOOSE ONLY ONE)	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			
Do not know	8			
	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 (CHOOSE ONLY ONE)	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			
Do not know	8			
Q530: Continues ventilation	1	0	8	
Q531: OBSERVER: RECORD THE OUTCOME OF THE RESUSCITATION (CHOOSE ONLY ONE):	Code			
Baby was resuscitated	1			
Baby died	2			
Do not know	8			
Q531b: OBSERVER: RECORD TIME THAT RESUSCITATION ACTIONS ENDED (OR TIME OF DEATH IF BABY DIED)	__ __: __ __ AM/PM		DK	

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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	8	
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.				

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Section 6: Outcome & Review of Documentation

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 (CHOOSE ONLY ONE)				
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 (CHOOSE ONLY ONE)				
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? (MULTIPLE ANSWERS POSSIBLE). IF YOU KNOW WHICH HEALTH WORKER PERFORMED THE PARTICULAR PRACTICE RECORD THAT ID AS WELL. MULTIPLE HEALTH WORKERS POSSIBLE				
Use of enema	A	Health worker ID	Health worker ID	
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? (MULTIPLE ANSWERS POSSIBLE)				
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			
The attitude of the health workers to the patient was (OBSERVER: TRY TO ASSESS THE OVERALL ATTITUDE OF ALL HEALTH WORKERS YOU OBSERVED WITH THIS PATIENT, USING THE CODES LISTED):	All/ most	Some/ few	None	DK
Q605a Respectful	2	1	0	8
Q605b Harsh	2	1	0	8
Q605c Attentive	2	1	0	8

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REVIEW PARTOGRAPH AND/OR CHART FOR COMPLETENESS

<i>OBSERVER: EXAMINE PARTOGRAPH IF AVAILABLE</i>				
PLEASE RECORD THE STAFF ROSTER ID NUMBERS OF ANY WORKERS WHO WERE RESPONSIBLE FOR THE PARTOGRAPH, WHO SIGNED THE PARTOGRAPH OR SHOULD HAVE BEEN RESPONSIBLE FOR THE PARTOGRAPH	Q610_ID1			
	Q610_ID2			
	Q610_ID3			
Question	Yes	No	DK	GO TO
Q611: Partograph used (during or after labor)	1	0	8	No → Q650
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	
<i>OBSERVER: DID THE MOTHER COME FULLY DILATED?</i>	1	0	8	
<i>OBSERVER: EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION WHILE THE WOMAN WAS IN ACTIVE LABOR:</i>				
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: <i>OBSERVER: DID YOU SEE PROVIDER FILL OUT PARTOGRAPH AFTER DELIVERY WITH INFORMATION THAT SHOULD BE ENTERED DURING LABOR?</i>	1	0	8	
<i>OBSERVER: EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION ABOUT THE DELIVERY</i>				
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 → Q650
Q626: <i>OBSERVER: RECORD TIME ACTION LINE WAS REACHED (HH:MM; ENTER 99:99 IF UNKNOWN)</i>	__ : __	AM/PM	DK	
Q627: If action line reached on partograph, was any <u>definitive</u> action taken?	1	0	8	No/DK → Q650
Q628: <i>OBSERVER: RECORD TIME ACTION WAS TAKEN (HH:MM; ENTER 99:99 IF UNKNOWN)</i>	__ : __	AM/PM	DK	
Q629: What definitive action was taken (CHOOSE ONLY ONE):	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			
Do not know	8			
Q629a: Was there a newborn resuscitation? (<i>observer: check answer to Q500</i>)	1	0		No → Q650
<i>OBSERVER: EXAMINE CHART TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION:</i>				
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	

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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 <u>prior to this delivery</u>	
Q633: Time of admission to labor ward (HH:MM - enter 99:99 if unknown)	__ __ : __ __ AM/PM DK
Q634: Centimeters dilated upon admission to labor ward (enter 99 if unknown)	
Q635: Time membranes ruptured (HH:MM - enter 99:99 if unknown)	__ __ : __ __ AM/PM DK
Q636: How did the membranes rupture? (CHOOSE ONLY ONE):	Code
Spontaneous	1
Artificial	2
Don't know	8
Q637: Type of delivery (CHOOSE ONLY ONE):	
Spontaneous vaginal	1
Assisted (instrumented)	2
Caesarean	3
Don't know	8
Q638: Time of birth (HH:MM - enter 99:99 if unknown)	__ __ : __ __ AM/PM DK
Q639: Birthweight in grams (enter 9999 if unknown)	
Q640: Record gestational age at birth in weeks (observer: enter 99 if unknown)	
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? (MULTIPLE ANSWERS POSSIBLE)	Code
1st stage	A
2nd stage	B
3rd stage	C
Postpartum	D
Q649: Why were antibiotics administered? (MULTIPLE ANSWERS POSSIBLE)	
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? (MULTIPLE ANSWERS POSSIBLE)	
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 (CHOOSE ONLY ONE):	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	

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Section 7: Postpartum Hemorrhage

Q700_ID 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	
Q702b: OBSERVER: RECORD TIME COMPLICATION STARTED (HH:MM)	__ : __	AM/PM	DK
IMMEDIATE CARE			
Q703: Monitors bleeding	1	0	No→Q705
Q704: OBSERVER: HOW MUCH BLEEDING WAS THERE? (CHOOSE ONLY ONE)	Code		
Small (less than 250 cc)	1		
Moderate (between 250 and 499 cc)	2		
Large (more than 500cc)	3		
Do not know	8		
Q705: Performs uterine massage	1	0	No→Q707
Q706: Records time massage was performed	1	0	
	Time (HH:MM)		
Q706b: OBSERVER: RECORD TIME MASSAGE WAS PERFORMED (HH:MM)	__ : __	AM/PM	DK
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 (HH:MM)	__ : __	AM/PM	DK
Q711: Other uterotonic given	1	0	No→Q714
Q712: Which other uterotonic was given:			
Ergometrine	1		
Syntometrine	2		
Misoprostol	3		
Other (please specify)	4		
Do not know	8		
Q713: Time other uterotonic given (HH:MM)	__ : __	AM/PM	DK
Q714: Performs abdominal exam	1	0	No→Q716
Q715: Time exam performed (HH:MM)	__ : __	AM/PM	DK
Q716: Examines the vagina and perineum for lacerations	1	0	No→Q718
Q717: Time exam performed (HH:MM)	__ : __	AM/PM	DK
Q718: Examines the placenta for completeness	1	0	No→Q720
Q719: Time exam performed (HH:MM)	__ : __	AM/PM	DK
Q720: Starts IV fluids	1	0	No→Q722
Q721: Time IV fluids started (HH:MM)	__ : __	AM/PM	DK
Q721b: Overall, records time actions are taken	1	0	
FOLLOW UP CARE			
Q722: Performs uterine exploration	1	0	No→Q724
Q723: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q724: Performs uterine mechanical evacuation (vacuum suction)	1	0	No→Q726
Q725: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q726: Performs manual removal of the placenta	1	0	No→Q728
Q727: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q728: Performs bimanual compression of the uterus	1	0	No→Q730
Q729: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q730: Performs aortic compression	1	0	No→Q732
Q731: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q732: Uses balloon tamponade	1	0	
Q733: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q734: Uses uterine sutures/B-lynch	1	0	No→Q736
Q735: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q736: Performs cardiac resuscitation	1	0	No→Q738
Q737: Time procedure performed (HH:MM)	__ : __	AM/PM	DK
Q738: Sends to surgery for hysterectomy	1	0	No→Q740

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Q739: Time sent to surgery performed (HH:MM)	__ : __ AM/PM	DK	
Q740: Performs clotting studies	1 0		No→Q742
Q741: Time procedure performed (HH:MM)	__ : __ AM/PM	DK	
Q742: Checks haemoglobin/haematocrit	1 0		No→Q744
Q743: Time procedure performed (HH:MM)	__ : __ AM/PM	DK	
Q744: Types and crossmatches woman for blood			
Q745: Time procedure performed (HH:MM)	__ : __ AM/PM	DK	
Q746: Gives blood products	1 0		No→Q749
Q747: Record number of units			
Q748: Time blood given (HH:MM)	__ : __ AM/PM	DK	
Q749: Gives antibiotics	1 0		No→Q752
Q750: Which antibiotic was administered? (MULTIPLE ANSWERS POSSIBLE)	Code		
Penicillin	A		
Ampicillin	B		
Gentamicin	C		
Metronidazole	D		
Cephalosporin	E		
Other	X		
Don't Know	Z		
Q751: Time antibiotics given (HH:MM)	__ : __ AM/PM	DK	
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 (HH: MM)	__ : __ AM/PM	DK	
Q756: Gives additional dose of other uterotonic	1 0		No→Q759
Q757: Which other uterotonic was given (CHOOSE ONLY ONE):	Code		
Ergometrine	1		
Syntometrine	2		
Misoprostol	3		
Do not know	8		
Q758: Time other uterotonic given (HH:MM)	__ : __ AM/PM	DK	
Q758b: Overall, records time actions are taken	1 0		
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	__ : __ AM/PM	DK	
CASE DETAILS			
Q761: What is the woman's diagnosis (MULTIPLE ANSWERS POSSIBLE):	Code		
Atonic uterus	A		
Laceration	B		
Incomplete expulsion of placenta	C		
Placenta attached	D		
Coagulopathy	E		
Do not know	8		
Q762: At what stage of labor and delivery did the complication occur: (CHOOSE ONLY ONE):			
At delivery	1		
Postpartum (before discharge)	2		
After discharge	3		
Do not know	8		
END OF SECTION 7 – PLEASE RECORD END TIME OF THE OBSERVATION (HH:MM):	__ : __ AM/PM		
→ RETURN TO APPROPRIATE SECTION TO CONTINUE OBSERVATION			

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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	___:___ AM/PM 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). 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			
Q805: Record blood pressure: diastolic			
Q806: Time blood pressure taken (HH: MM)	___:___ AM/PM DK		
Q807: Urine sent to lab to check presence of protein	1	0	No→Q809
Q808: Result of test for protein is positive	1	0	
Q809: Time urine checked (HH: MM)	___:___ AM/PM DK		
Q810: Were IV fluids started?	1	0	No→Q812
Q811: Time IV fluids given (HH: MM)	___:___ AM/PM DK		
Q812: Magnesium sulfate given <u>intramuscular (IM)</u> ?	1	0	No→Q815
Q813: Record dose in grams			
Q814: Time magnesium sulfate given IM (HH: MM)	___:___ AM/PM DK		
Q815: Magnesium sulfate given <u>intravenously (IV)</u> ?	1	0	No→Q818
Q816: Record dose in mL			
Q817: Time magnesium sulfate given IV (HH: MM)	___:___ AM/PM DK		
Q818: Diazepam given	1	0	
Q819: Record dose in mg			
Q820: Diazepam given intravenously (IV)?	1	0	
Q821: Time diazepam given (HH: MM)	___:___ AM/PM DK		
Q822: Antihypertensive given	1	0	
Q823: Which antihypertensive was given (CHOOSE ONLY ONE)::			
Hydralazine/ Apresoline	1		
Nifedipine	2		
Labetalol	3		
Methyldopa/ Aldomet	4		
Other (specify_____)	6		
Do not know	8		
Q824: Record dose in mg			
Q825: Route of administration (CHOOSE ONLY ONE):			
Intramuscular (IM)	1		
Intravenous (IV)	2		
Oral/sublingual	3		
Do not know	8		
Q826: Time antihypertensive given (HH: MM)	___:___ AM/PM DK		
Q826b: Overall, health worker records time actions are taken	1	0	
FOLLOW UP CARE			
Q827: Urinary catheter placed	1	0	No→Q829
Q828: Time catheter placed			
Q829: Labor induced or augmented (including artificial rupture of membranes)	1	0	No→Q831
Q830: Time labor induced or augmented (HH: MM)	___:___ AM/PM DK		
Q831: Sent to surgery for c-section			
Q832: Time sent for surgery (HH: MM)	___:___ AM/PM DK		
Q833: Gives additional dose of magnesium sulfate			
Q834: Record dose in grams			
Q835: Magnesium sulfate given intramuscular (IM)?	1	0	
Q836: Time magnesium sulfate given (HH: MM)	___:___ AM/PM DK		
Q837: Gives additional dose of other medication	1	0	No→Q842

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Q838: Which medication(s) was the client given (MULTIPLE ANSWERS POSSIBLE):	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	__ : __ AM/PM DK
Q842: Calcium gluconate given	1 0 No→Q844
Q843: Time calcium gluconate given	__ : __ AM/PM DK
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
(CHOOSE ONLY ONE):	
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 (CHOOSE ONLY ONE):	
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	
(CHOOSE ONLY ONE):	
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 (CHOOSE ONLY ONE):	Code
Eclampsia	1
Severe pre-eclampsia	2
Other (specify _____)	6
Do not know	8
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 (CHOOSE ONLY ONE):	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.	