

## CHECK-1 On Admission

Record temperature of mother:.....  
Record BP of mother:.....  
Record Fetal Heart Rate (FHR): .....

### Does Mother need referral?

- ☐ Yes, organized  
☐ No

Refer to FRU/Higher centre if any of following danger signs are present, mention reason and given treatment on transfer note:

- |                                                            |                                                                            |
|------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Vaginal bleeding                  | <input type="checkbox"/> Severe abdominal pain                             |
| <input type="checkbox"/> High fever                        | <input type="checkbox"/> History of heart disease or other major illnesses |
| <input type="checkbox"/> Severe headache or blurred vision | <input type="checkbox"/> Difficulty in breathing                           |
| <input type="checkbox"/> Convulsions                       |                                                                            |

### Partograph started?

- ☐ Yes  
☐ No: will start when  $\geq 4$  cm

Start when cervix  $\geq 4$  cm, then cervix should dilate  $\geq 1$  cm/hr

- Every 30 min: Plot maternal pulse, contractions, FHR and colour of amniotic fluid
- Every 4 hours: Plot temperature, blood pressure, and cervical dilation in cm

**NO OXYTOCIN/ other uterotonics for unnecessary induction/ augmentation of labor**

### Does Mother need

- Antibiotics?
- ☐ Yes, given  
☐ No

Give antibiotics to Mother if:

- ☐ Mother's temperature  $\geq 38^{\circ}\text{C}$  ( $\geq 100.5^{\circ}\text{F}$ )
- ☐ Foul-smelling vaginal discharge
- ☐ Rupture of membranes  $>12$  hrs without labour or  $>18$  hrs with labour
- ☐ Labour  $>24$  hrs or obstructed labour
- ☐ Rupture of membranes  $<37$  wks gestation

- Inj. Magnesium Sulfate?

- ☐ Yes, given  
☐ No

Give first dose of inj. magnesium sulfate and refer immediately to FRU/Higher center OR give full dose (loading and then maintenance) if at FRU if:

Mother has systolic BP  $\geq 160$  or diastolic  $\geq 110$  with  $\geq +3$  proteinuria **OR** BP systolic  $\geq 140$  or diastolic  $\geq 90$  with proteinuria trace to  $+2$  along with any of:

- |                                                        |                                                 |                           |
|--------------------------------------------------------|-------------------------------------------------|---------------------------|
| <input type="checkbox"/> Presence of any symptom like: | • Blurring of vision                            | • Difficulty in breathing |
| • Severe headache                                      | • Oligouria (passing $<400$ ml urine in 24 hrs) |                           |
| • Pain in upper abdomen                                |                                                 |                           |
| <input type="checkbox"/> Convulsions                   |                                                 |                           |

### Corticosteroid

- ☐ Yes, given  
☐ No

Give corticosteroids in antenatal period (between 24 to 34 weeks) to mothers if:

- ☐ True pre-term labour
  - ☐ Conditions that lead to imminent delivery like APH, Preterm Premature ROM, Severe PE/E
- Dose: Inj. Dexamethasone 6 mg IM 12 hourly - total 4 doses

### HIV status of the mother:

- ☐ Positive  
☐ Negative

If HIV+ and in labour:

- ☐ If mother is on ART, continue same
- ☐ If not on ART, start ART/Nevirapine prophylaxis (if ART is not available) and refer immediately after delivery to ICTC for further HIV management

If HIV status unknown:

- ☐ Recommend HIV testing

☐ Follow Universal Precautions

**Encouraged a birth companion to be present during labour, at birth and till discharge** ☐ Yes ☐ No

### Are soap, water, gloves available?

- ☐ Yes, I will wash hands and wear gloves for each vaginal exam  
☐ No, supplies arranged

☐ Confirm if mother or companion will call for help during labour if needed

Explain to call for help if there is:

- Bleeding
- Severe abdominal pain
- Difficulty in breathing
- Severe headache or blurring vision
- Urge to push
- Can't empty bladder every 2 hours

Counsel Mother and Birth Companion on:

- Support to cope up with labour pains
- No bath/oil for baby
- No Pre-Lacteal feed
- Initiate breastfeeding in half-an-hour
- Clothe and wrap the baby

Name of Provider: .....Date: .....Signature: .....

## CHECK-2 Just Before and During Birth (or C-Section)

Record temperature of mother:.....  
 Record BP of mother:.....  
 Record Fetal Heart Rate (FHR): .....

### Does Mother need:

- Antibiotics?
- ☐ Yes, given
- ☐ No

Give antibiotics to Mother if any of the following are present:

- ☐ Mother's temperature  $\geq 38^{\circ}\text{C}$  or  $\geq 100.5^{\circ}\text{F}$
- ☐ Foul-smelling vaginal discharge
- ☐ Rupture of membranes >18 hrs with labour
- ☐ Labour >24 hrs or obstructed labor now
- ☐ Cesarean section

- Inj. Magnesium sulfate?
- ☐ Yes, given
- ☐ No

Give first dose of inj. magnesium sulfate and refer immediately to FRU/Higher center OR give full dose (loading and then maintenance) if at FRU if:  
 Mother has systolic BP  $\geq 160$  or diastolic  $\geq 110$  with  $\geq +3$  proteinuria **OR** BP systolic  $\geq 140$  or diastolic  $\geq 90$  with proteinuria trace to +2 along with any of:

- ☐ Presence of any symptom like:
  - Severe headache
  - Pain in upper abdomen
  - Blurring of vision
  - Oliguria (passing <400 ml urine in 24 hrs)
  - Difficulty in breathing
- ☐ Convulsions

☐ Skilled assistant identified and ready to help at birth if needed

### Confirm essential supplies are at bedside/labour room:

#### For Mother

- ☐ Gloves
- ☐ Soap and clean water
- ☐ Oxytocin 10 units in syringe
- ☐ Pads for mother

Prepare to care for mother immediately after birth of baby (AMTSL)\*

- ☐ Confirm single baby only (rule out multiple babies)
- ☐ Give inj. oxytocin 10 units IM within 1 minute
- ☐ Do controlled cord traction to deliver placenta
- ☐ Massage uterus after placenta is delivered, check for completeness (all Cotyledons and Membranes)

#### For Baby

- ☐ Two clean dry, warm towels
- ☐ Sterile scissors/blade to cut cord
- ☐ Mucus extractor
- ☐ Cord ligature
- ☐ Bag-and-mask

Prepare to care for baby immediately after birth

- ☐ Dry baby, wrap, and keep warm, give Vit. K, start breastfeeding
- ☐ If not breathing: clear airway and stimulate
- ☐ If still not breathing:
  - Cut cord
  - Ventilate with bag-and-mask
  - Call for help (Pediatrician/SNCU/NBSU/F-IMNCI trained doctor if available)

**\*AMTSL - Inj. Oxytocin 10 units IM given within one minute of birth of baby?**

- ☐ Yes
- ☐ No

**Breastfeeding initiated in first half-an-hour of birth of the baby**

- ☐ Yes
- ☐ No

\*AMTSL - Active Management of Third Stage of Labour

Name of Provider: .....Date: ..... Signature: .....



## CHECK-3 Soon After Birth (within 1 hour)

Record temperature of mother:.....  
Record BP of mother:.....  
Record temperature of baby:.....  
Record respiratory rate of baby:.....

### Is Mother bleeding too much?

- ☐ Yes, shout for help, refer if needed or treat if facilities available  
☐ No

If bleeding  $\geq 500$  ml, or 1 pad soaked in  $< 5$  min:

- Call for help, massage uterus, start oxygen, start IV fluids, start oxytocin drip 20 units in 500 ml of RL@40-60 drops/min, treat cause
- If placenta not delivered or completely retained: give IM or IV Oxytocin, stabilize, and refer to FRU/Higher centre
- If placenta is incomplete: remove if any visible pieces, and refer immediately to FRU/ higher centre

### Does Mother need:

#### • Antibiotics?

- ☐ Yes, given  
☐ No

Give antibiotics to mother if manual removal of placenta is performed, or if mother's temperature  $\geq 38^{\circ}\text{C}$  ( $\geq 100.5^{\circ}\text{F}$ ) and any of:

- ☐ Chills  
☐ Foul-smelling vaginal discharge  
☐ Lower abdominal tenderness  
☐ Rupture of membranes  $> 18$  hrs during labour  
☐ Labour was  $> 24$  hours

#### • Inj. Magnesium sulfate?

- ☐ Yes, given  
☐ No

Give first dose of inj. magnesium sulfate and refer immediately to FRU/Higher center OR give full dose (loading and then maintenance) if at FRU if:

Mother has systolic BP  $\geq 160$  or diastolic  $\geq 110$  with  $\geq +3$  proteinuria **OR** BP systolic  $\geq 140$  or diastolic  $\geq 90$  with proteinuria trace to  $+2$  along with any of:

- ☐ Presence of any symptom like:  
• Severe headache • Blurring of vision • Difficulty in breathing  
• Pain in upper abdomen • Oligouria (passing  $< 400$  ml urine in 24 hrs)  
☐ Convulsions

### Does Baby need:

#### • Antibiotics?

- ☐ Yes, given  
☐ No

Give baby antibiotics if antibiotics were given to mother, or if baby has any of:

- ☐ Breathing too fast ( $> 60/\text{min}$ ) or too slow ( $< 30/\text{min}$ )  
☐ Chest in-drawing, grunting  
☐ Convulsions  
☐ Looks sick (lethargic or irritable)  
☐ Too cold (baby's temp  $< 36^{\circ}\text{C}$  and not rising after warming)  
☐ Too hot (baby's temp  $> 38^{\circ}\text{C}$ )  
☐ Excessive crying

#### • Referral?

- ☐ Yes, organized  
☐ No

Refer baby to NBSU/SNCU/FRU/higher centre if:

- Any of the above (antibiotics indications)
- Baby looks yellow, pale or bluish

#### • Special care and monitoring?

- ☐ Yes, organized  
☐ No

Arrange special care/monitoring for baby if any of the following is present:

- ☐ Preterm baby  
☐ Birth weight  $< 2500$  gms  
☐ Needs antibiotics  
☐ Required resuscitation

#### • Syrup Nevirapine

- ☐ Yes, given and will continue upto 6 weeks  
☐ No

Give if mother is HIV+

- ☐ **Started breastfeeding. Explain that colostrum feeding is important for baby.**  
☐ **Started skin-to-skin contact (if mother and baby well) and KMC in pre-term and low-birth weight babies.**  
☐ **Explain the danger signs and confirm mother/companion will call for help if danger signs present.**

Name of Provider: .....Date: ..... Signature: .....

## CHECK-4 Before Discharge

Record temperature of mother:.....  
 Record BP of mother:.....  
 Record temperature of baby:.....  
 Record respiratory rate of baby:.....

### Is Mother's bleeding controlled?

- ☐ Yes  
☐ No, treat, observe and refer to FRU/  
 higher centre if needed

### Does mother need antibiotics?

- ☐ Yes, give and delay discharge  
☐ No

Give antibiotics to mother if mother has temperature  $\geq 38^{\circ}\text{C}$  or  $\geq 100.5^{\circ}\text{F}$  with any of:

- ☐ Chills  
☐ Foul-smelling vaginal discharge  
☐ Lower abdominal tenderness

### Does baby need antibiotics?

- ☐ Yes, give, delay discharge and refer to  
 FRU/ higher centre  
☐ No

Give baby antibiotics if baby has any of:

- ☐ Breathing too fast ( $>60/\text{min}$ ) or too slow ( $<30/\text{min}$ )  
☐ Chest in-drawing, grunting  
☐ Convulsions  
☐ Looks sick (lethargic or irritable)  
☐ Too cold (baby's temp  $<36^{\circ}\text{C}$  and not rising after warming)  
☐ Too hot (baby's temp  $>38^{\circ}\text{C}$ )  
☐ Stopped breastfeeding  
☐ Umbilical redness extending to skin or draining pus

### Is baby feeding well?

- ☐ Yes, encourage mother for exclusive breastfeeding for 6 months.  
☐ No, help mother, delay discharge; refer to NBSU/ SNCU/ Higher centre if needed

- ☐ Discuss and offer family planning options to mother  
☐ Explain the danger signs and confirm mother/companion will seek help/ come back if danger signs are present after discharge  
☐ Arrange transport to home and follow-up for mother and baby

Thank mother for availing services from you

## Danger Signs

### Mother has any of:

- Excessive bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Breathing difficulty
- Fever or chills
- Difficulty emptying bladder
- Foul smelling vaginal discharge

### Baby has any of:

- Fast/difficulty breathing
- Fever
- Unusually cold
- Stops feeding well
- Less activity than normal
- Whole body becomes yellow

Name of Provider: .....Date: ..... Signature: .....