



Maternal and Newborn Health Service Accreditation Program

Observation checklist for

delivery care, essential newborn care, and Immediate
postnatal Care

Instruction for the Assessors:

- The data will be collected principally by observation
- If the assessor faces difficulty in collecting information regarding any specific indicator, they will talk to the facility managers and/ any person nominated by him or review relevant documents
- The assessor should pay specific attention to the **SKIP** questions



Information about Assessor			
Name of the assessor:			
Designation of The Assessor:			
Organization:			
Date of starting observation:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time of starting observation:	
	D D M M Y Y Y Y		
Date of ending observation:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time of ending observation:	
	D D M M Y Y Y Y		

Information about health facility:		
Name of health facility		
Name of the Facility Leader		
Address of the facility:		
District:		Upazila:
Type of the facility	District hospital (GoB)	1
	Private Health Facilities	2
	NGO Hospitals	3



Section 1: Initial Patient Assessment

No	Questions and filters		Options/Code		Skip
			Yes	No	
100	Is this section observed?		1	2	x
101	<i>If No, write down the reason</i>				
102	Who performs the initial assessment for the Patient?	Doctor		1	
		Nurse		2	
		Paramedic/ SACMO/FWV		3	
		Midwife		4	
		Others (Specify)_____		9	
<i>Record whether the provider carried out the following steps and/or examinations:</i>					
<i>(Some of the following steps may be performed simultaneously or by more than one provider)</i>					
Introduction and History Taking					
	Questions and filters		Option/Codes		Skip
			Yes	No	
103	Respectfully greeted woman		1	2	x
	Warm welcome with self-introduction done		1	2	x
	Maintained privacy, confidentiality and dignity of the patient		1	2	x
	Listened carefully to her complaints and responded to her queries		1	2	x
104	Asked about ANC history/ Checks woman's current ANC card/record		1	2	x
105	Asked Patient About				
	a. Age		1	2	x
	b. Para		1	2	x
	c. Gravida		1	2	x
	d. LMP		1	2	x
	e. EDD		1	2	x



	f. Gestational age	1	2	x
	g. Any Concerns	1	2	x
106	Checked the current pregnancy records			
	a. Urine R/M/E	1	2	x
	b. USG	1	2	x
	c. Hb% status	1	2	x
	d. Blood group	1	2	x
	e. VDRL status	1	2	x
	f. HBsAg status	1	2	x
	g. Blood sugar	1	2	x
	h. Tetanus immunization status	1	2	x
107	Checked the Past Obstetrics History	1	2	
	A. Not Applicable in case of Primigravida			
	B. APH/PPH	1	2	x
	C. PE/Eclampsia	1	2	x
	D. Prolonged/Obstructed labor	1	2	x
	E. H/O IUD	1	2	x
	F. Asked if she had any of complication during PREVIOUS PREGNANCIES	1	2	
	G. SPE/Eclampsia/PPH/Retained Placenta/3 rd Degree Perineal tear/ Gestational diabetes/ Placenta previa/ Obstructed labor/ prolong labor/Other			
108	Asked about frequency and severity of pain	1	2	x
109	Asked about movement of the baby	1	2	x
110	Asked and assessed if she had any of symptoms/problems/ complication in CURRENT PREGNANCY			No→111
	a. PV bleeding	1	2	x
	b. Headache	1	2	x
	c. Fever	1	2	x
	d. Blurring of vision	1	2	x
	e. Breathing difficulties	1	2	x
	f. Convulsions	1	2	x



111	Provider asked patient about previous pregnancy?	1	2	No→113
112	Asked about mode of delivery in previous pregnancy	1	2	x
Examination of the pregnant Woman				
113	Washed hand before examination	1	2	No→116
114	Washes hand <u>appropriately (with soap and water or using alcohol hand rub)</u>	1	2	x
115	Wears sterile gloves for Examination	1	2	x
116	Explains procedures before proceeding	1	2	x
117	Performs the following steps for general examination			
	I. Observed appearance	1	2	x
	II. Coping well/distressed/pushing	1	2	x
	III. Took temperature by thermometer	1	2	x
	IV. Counted respiratory rate	1	2	x
	V. Counted pulse	1	2	x
	VI. Measured and record the blood pressure	1	2	x
	VII. Edema checked (pedal edema)	1	2	x
	VIII. Dehydration checked	1	2	x
	IX. Anemia checked by checking eye/ tongue/ palm	1	2	x
	X. Jaundice checked	1	2	x
	XI. Urine output checked	1	2	x
	XII. Lung auscultated	1	2	x
	XIII. Heart auscultated	1	2	x
118	<u>Abdominal examination</u> was performed	1	2	No→ 119
	I. Previous scar	1	2	x
	II. Fullness of urinary bladder	1	2	x
	III. Contractions number /10-minute, duration, relaxation between contraction	1	2	x
	IV. Checked fetal presentation (Cephalic, breech, transverse, oblique) by palpation of abdomen	1	2	x
	V. Checked fetal heart rate with stethoscope/Doppler	1	2	x
	VI. Foetal movement	1	2	x
	VII. Fetal heart sound	1	2	x



	VIII. Multiple pregnancy	1	2	x
119	Vaginal examination was performed	1	2	No→120
	<i>If No, write down the reason:</i>			
	Washed hands before examination	1	2	x
	Washed hand appropriately (with soap and water or using alcohol hand rub)	1	2	x
	Wears sterile gloves for vaginal examination	1	2	x
	Informed woman about procedure BEFORE examination	1	2	x
	Position the woman with legs flexed and apart	1	2	x
	Swabs vulval and perineal area – above downwards	1	2	x
	Informs the woman about findings AFTER examination	1	2	x
	Washes hands appropriately AFTER examination	1	2	x
	Privacy is well maintained during examination / separate room/ presence of curtain at least	1	2	x
120	Sent patient to do USG of lower abdomen	1	2	x
121	Plan for delivery is discussed with the woman	1	2	x
122	Classified and categorized for: Emergency care, Labour management Transfer or Routine care	1	2	x
End of the section 1; Please go to section 2				



Section 2: Intrapartum Care: Care During Delivery Assessment

No	Questions and filters		Options/Code		Skip
			Yes	No	
200	Is this section observed?		1	2	
201	<i>If No, write down the reason</i>				
202	Who is the main care provider in this stage?	Doctor		1	
		Nurse		2	
		Paramedic/ SACMO/FWV		3	
		Midwife		4	
		Others (Specify) _____		9	

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)

	Questions and filters		Option/Codes		Skip
			Yes	No	
203	Respectfully greeted woman		1	2	x
204	Maintained privacy, confidentiality and dignity of the patient		1	2	x
205	Privacy is well maintained during examination / separate room/ presence of curtain at least		1	2	x
206	Encouraged for presence of a birth companion to support the mother		1	2	x
207	Explained mother and companion what will happen during labour		1	2	x
208	Orient the birth companion on activities to support the mother during labor and delivery.		1	2	x
209	Health provider always listened to woman and was sensitive to her feelings		1	2	x
210	Partograph started to monitor progress of labour (when cervical dilatation is $\geq 5\text{cm}$ to 10cm .)		1	2	No \rightarrow 213
211	Patient Information was recorded in partograph		1	2	
212	Started Labor care guide when cervical dilatation is $\geq 5\text{cm}$ to 10cm .		1	2	No \rightarrow 216
213	Patient Information was recorded in Labor care guide		1	2	x



214	What definitive action was taken (multiple answer)	Consulted with senior doctor of same facility	A	x
		Referred to other facility	B	x
		Prepared for Assisted delivery	C	x
		Prepared for C-section	D	<i>Go To 225 and then Please fill up section 3</i>
		Others (specify)_____	Y	x
215	Shared information with patient and family.	1	2	x
216	During Vaginal Delivery (1st, 2nd Stage of labor)			
	Ensures woman walks and maintains mobility	1	2	x
	Supports and ensures that woman is changing her position	1	2	
	Supports woman to apply breathing technique	1	2	x
	Ensures woman for touch and massage	1	2	x
	Offered use of birthing ball	1	2	x
	Woman used Birthing Ball	1	2	x
	Administrations of drug for pain relieve?	1	2	x
	Enema used	1	2	x
	Pubic shaving has been done	1	2	x
	Insertion of I/V cannula (without indication)	1	2	x
	Woman kept in the supine position	1	2	x
217	AMTSL Done	1	2	No→219
	Administration of uterotonic drugs (eg; Inj. Oxytocin* 10-unit IM after delivery of the baby)	1	2	x
	Delivery of placenta and membrane by CCT	1	2	x
	Uterine massage every 15 minutes interval for 2 hours	1	2	x
218	Assesses completeness of placenta and membranes	1	2	x
219	Does manual exploration of uterus after delivery	1	2	x
220	Uterine message given	1	2	x
221	Checked perineum for tear	1	2	x
222	Estimates blood loss	1	2	x
223	Cleaned perineum and placed sanitary pad or folded cloth on perineum	1	2	x



Record Keeping						
224	Delivery procedure/Delivery note written in case record forms		1	2	No→227	
225	Check the delivery note:					
	a)	Health care provider name	1	2	x	
	b)	Date of delivery	1	2	x	
	c)	Mode of delivery	1	2	x	
	d)	Time of delivery	1	2	x	
	e)	Prescribed treatment given	1	2	x	
	f)	Sex of the baby	1	2	x	
	g)	Weight of the baby	1	2	x	
226	Did the provider filled out patient record form?		1	2	No→229	
	Who filled out patient record form?		Doctor		1	x
			Nurse		2	x
			Midwife		3	x
			Other (Specify)_____		7	x
227	Does patient record form / case record form contain following information		Yes	No	x	
	a.	Personal information	1	2	x	
	b.	Mother's name	1	2	x	
	c.	Mother's age	1	2	x	
	d.	Mother's address	1	2	x	
	e.	Chief complaints	1	2	x	
	f.	Findings from history	1	2	x	
	g.	Findings from physical examination	1	2	x	
	h.	Findings from screening	1	2	x	
	i.	Findings from diagnostic tests	1	2	x	
	j.	Findings from procedure	1	2	x	
228	Status of the mother	Stable	A		x	



		Retained Placenta	B	x
		PPH	C	x
		Sepsis	D	x
		Eclampsia/pre-eclampsia	E	x
		Maternal death	F	x
		Referred	G	x
229	Status of the Baby	Stable	A	x
		Birth Asphyxia	B	x
		Sepsis	C	x
		Preterm Birth/Low birth Weight	D	x
		Stillbirth	E	x
		Neonatal death	F	x
		Referred	G	x
End of section 2				



Section 3: Caesarean section

	Questions and filters	Option/Codes		Skip
		Yes	No	
300	C-Sections cases are audited and classified as per Robson's TGCS (Ten group classification system) criteria	1	2	x
	<i>Nulliparous, single cephalic, ≥ 37 weeks, spontaneous labor</i>	1	2	x
	<i>Nulliparous, single cephalic, ≥ 37 weeks, induced or cesarean before labor</i>	1	2	x
	<i>Multiparous (excluding previous cesareans), single cephalic, ≥ 37 weeks, spontaneous labor</i>	1	2	x
	<i>Multiparous (excluding previous cesareans), single cephalic, ≥ 37 weeks, induced or cesarean before labor</i>	1	2	x
	<i>Previous cesarean, single cephalic ≥ 37 weeks</i>	1	2	x
	<i>All nulliparous breeches</i>	1	2	x
	<i>All multiparous breeches (including previous cesareans)</i>	1	2	x
	<i>All multiple pregnancies (including previous cesareans)</i>	1	2	x
	<i>All abnormal lies (including previous cesareans)</i>	1	2	x
	<i>All single cephalic, ≤ 36 weeks (including previous cesareans)</i>	1	2	x
301	A second opinion for caesarean section indication has been taken	1	2	x
302	Obstetrician is present during C- Section	1	2	x
303	Anaesthesiologist is present during C- Section	1	2	x
304	Pregnant woman and her family have been counselled properly about the need for C- Section	1	2	x
305	Obtain written informed consent from pregnant woman and her family before C-Section	1	2	x



Section 4: Newborn Care Assessment

No	Questions and filters	Options/Code		Skip
		Yes	No	
400	Is this section observed?	1	2	
401	<i>If No, write down the reason</i>			
402	Who is the main care provider in this stage?	Doctor	1	
		Nurse	2	
		Paramedic/ SACMO/FWV	3	
		Midwife	4	
		Others (Specify) _____	9	

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)

	Questions and filters	Option/Codes		Skip
		Yes	No	
Delivery Outcome				
403	Live Birth	1	2	x
	Still Birth	1	2	x
	Dead	1	2	x
Immediate and Essential Newborn Care (ENC)				
404	Immediately dried the baby's body with a dry, warm cloth	1	2	x
405	Baby cried immediately after birth	1	2	No→4.1
406	Placed the baby in skin-to-skin contact for initial two hours with the mother and cover the baby with a warm cloth including the baby delivered by C-Section and initiate immediate breastfeeding	1	2	x
407	Clamped and cut the cord within 1-3 minutes	1	2	
408	Applied 7.1 percent Chlorhexidine on cord stump for single application soon after birth and inform caregivers with advice not to use anything else	1	2	x
409	Initiated breastfeeding within one hour of birth	1	2	x
410	Advised mother for delayed bathing after 72 hours of birth for normal healthy baby	1	2	x



Section 4.1: Management of Birth Asphyxia

No	Questions and filters	Options/Code		Skip
		Yes	No	
411	Is this section observed?	1	2	x
412	<i>If No, write down the reason</i>			x
413	Who is the main care provider in this stage?	Doctor	1	x
		Nurse	2	
		Paramedic/ SACMO/FWV	3	
		Midwife	4	
		Others (Specify) _____	9	

	Questions and filters	Option/Codes		Skip
		Yes	No	
414	Baby assessed whether not crying or breathing well	1	2	x
415	Baby kept warm	1	2	x
416	Baby stimulated by gently rubbing the back	1	2	x
417	Baby cried /breathe spontaneously	1	2	Yes→422
418	Positioned the head (neck slightly extended) and cleaned the airway with penguin sucker	1	2	x
419	Provided bag-mask ventilation (40 breaths per min.) for one min	1	2	x
420	Baby cried /breathe spontaneously	1	2	Yes→422
421	Improved ventilation, evaluate heart rate and breathing to decide on advanced care	1	2	x
422	The baby responded to ventilation or stimulation	1	2	x
422.1	Place the baby with Mother and Monitor the Baby	1	2	x



Section 4.2 Baby's Record

	Questions and filters	Option/Codes		Skip
		Yes	No	
	Baby note written and Recorded in Register	1	2	x
423	Date time of birth and sex	1	2	x
424	Place of delivery and delivery conducted by	1	2	x
425	Gestational Age	1	2	x
426	Temperature	1	2	x
427	Weight	1	2	x
428	Length	1	2	x
429	Occipital-frontal circumference (OFC)	1	2	x
430	Feeding	1	2	x
431	Passage of meconium/urine	1	2	x
432	Congenital malformation (if any)	1	2	x
433	Birth trauma (if any)	1	2	x
434	Birth attendant note (Describe what was done including immediate care provided and the help provided for baby's breath and the baby's response)	1	2	x
End of section 4				



Section 5: Immediate Care After Delivery

No	Questions and filters		Options/Code		Skip
			Yes	No	
500	Is this section observed?		1	2	Yes → 502
501	<i>If No, write down the reason</i>				
502	Who is the main care provider in this stage?	Doctor		1	
		Nurse		2	
		Paramedic/ SACMO/FWV		3	
		Midwife		4	
		Others (Specify)_____		9	

	Questions and filters	Option/Codes		Skip
		Yes	No	
For Mother				
503	Mothers received care in the facility for at least -	2 Hours	More than 2 hours but less than 24 Hours	24 Hours
504	Woman had a companion to support her during Postnatal stage	1	2	x
505	Encouraged and supported the mother to initiate early and exclusive breastfeeding	1	2	x
506	Monitor Mother Every 15 minutes for first 2 hours as per clinician decision			x
	Monitored pulse	1	2	x
	Monitored BP	1	2	x
	Felt and ensured uterus is hard	1	2	x
	Assessed vaginal bleeding	1	2	x
	Assessed for any emergency sign/danger sign	1	2	x



	Questions and filters	Option/Codes		Skip
		Yes	No	
For Baby				
507	Newborn received care in the facility for at least -	2 Hours	More than 2 hours but less than 24 Hours	24 Hours
508	Asses the baby for -	1	2	x
	Appearance	1	2	x
	Breathing	1	2	x
	Heart Rate	1	2	x
	Colour	1	2	x
	Tone	1	2	x
	Reflex	1	2	x
	Any malformations/birth injury/Birth Defect	1	2	x
End of Section 5				
509	Monitor Baby Every 15 minutes for first 2 hours			x
	Assessed Breathing: listen for grunting, look for chest in-drawing and fast breathing	1	2	x
	Checked Warmth: check to see if feet are cold to touch	1	2	x
	Checked Umbilical stump: look for bleeding	1	2	x
	Observed breast feeding	1	2	x



Section 6: Management of Preeclampsia/Eclampsia

No	Questions and filters		Options/Code		Skip
			Yes	No	
600	Is this section observed?		1	2	
601	<i>If No, write down the reason</i>				
602	Who is the main care provider in this stage?	Doctor		1	
		Nurse		2	
		Paramedic/ SACMO/FWV		3	
		Midwife		4	
		Others (Specify) _____		9	

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)

No	Questions and filters		Options/Code		Skip
			Yes	No	
603	Is this a BEmONC Facility		1	2	Yes →6.1
604	Is this a CEmONC Facility		1	2	Yes →6.2

6.1: Initial Stabilization of Severe Pre-eclampsia/Eclampsia at Emergency:

	Questions and filters		Option/Codes		Skip
			Yes	No	
605	Vital Signs recorded				
	Consciousness		1	2	x
	Pulse		1	2	x
	BP		1	2	x
	Respiratory Rate		1	2	x
606	Applied mouth gag (if convulsion)		1	2	x



607	Positioned the woman on her left side (Eclamptic position- If convulsion)	1	2	x
608	Inj MgSO4 4gm (8ml) in 12 ml dist. Water=20ml slow IV Injection over a period of 10-15 min,	1	2	x
609	Inj MgSO4 (6g=12ml) IM (3gm+3gm) Deep IM Injection 3 gm in each Buttock	1	2	x
610	Inj. MgSo4 4gm in 100ml Rapid IV Inj @ 60-75 drops/min over a period of 20 min	1	2	x
611	Started IV channel fluid (Hartman solution / Normal saline1000 cc.), very slowly	1	2	x
612	Catheterization of Bladder done	1	2	x
613	O2 inhalation (IF APPLICABLE) started	1	2	x
614	Outcome of the Patient			
614.1	Patient Stabled	1	2	x
614.2	Obstetric Management: Conduction of Vaginal Delivery within 6-8 hrs	1	2	x
614.3	Immediately transferred to a higher-level health-care facility or CEmONC Centre	1	2	x

6.2: Initial Stabilization of Severe Pre-eclampsia/Eclampsia at Emergency:

	Questions and filters	Option/Codes		Skip
		Yes	No	
615	Vital Signs recorded			
	Consciousness	1	2	x
	Pulse	1	2	x
	BP	1	2	x
	Respiratory Rate	1	2	x
616	Applied mouth gag (if convulsion)	1	2	x
617	Positioned the woman on her left side (Eclamptic position- If convulsion)	1	2	x
618	Inj MgSO4 4gm (8ml) in 12 ml dist. Water=20ml slow IV Injection over a period of 10-15 min,	1	2	x



619	Inj MgSO ₄ (6g=12ml) IM (3gm+3gm) Deep IM Injection 3 gm in each Buttock	1	2	x
620	Inj. MgSo ₄ 4gm in 100ml Rapid IV Inj @ 60-75 drops/min over a period of 20 min	1	2	x
621	Started IV channel fluid (Hartman solution / Normal saline1000 cc.), very slowly	1	2	x
622	Catheterization of Bladder done	1	2	x
623	O ₂ inhalation (IF APPLICABLE) started	1	2	x
After starting initial stabilization, side by side arranged further management depending on the condition of the patient:				
624	Continue maintenance dose of MgSO₄ :			
	MgSo ₄ (2.5gm=5ml)- Deep IM Inj. MgSo ₄ 2.5gm every 4-hourly using alternate buttock. Continued for 24hrs after last convulsion or delivery	1	2	x
	I/V MgSo ₄ 4gm (100ml) within next 1 hr 2gm (50ml)- slow IV Inj @12drops/min, within next 4 hrs 4gm (100ml) -25ml/hr @6 drops/min	1	2	x
625	Control of BP (Diastolic Pressure \geq 110 mmof Hg):			
	Hydralazine Regime	1	2	x
	Labetalol Regime	1	2	x
626	Maintained intake output chart	1	2	x
627	Monitored vital signs -			
	Pulse	1	2	x
	BP	1	2	x
	Respiratory Rate	1	2	x
	Reflexes	1	2	x
	Fetal heart Rate	1	2	x
628	Obstetric Management (Conduction of delivery within 6-8 hrs)			
	Vaginal Delivery	1	2	x
	LUCS	1	2	x
End Of Section 6				



Section 7: Management of Postpartum hemorrhage (PPH)

No	Questions and filters		Options/Code		Skip
			Yes	No	
700	Is this section observed?		1	2	
701	<i>If No, write down the reason</i>				
702	Who is the main care provider in this stage?	Doctor		1	
		Nurse		2	
		Paramedic/ SACMO/FWV		3	
		Midwife		4	
		Others (Specify)_____		9	

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)

No	Questions and filters		Options/Code		Skip
			Yes	No	
703	Is this a BEmONC Facility		1	2	Yes →7.1
704	Is this a CEmONC Facility		1	2	Yes →7.2

7.1: Stabilization of Postpartum hemorrhage (PPH) at BEmONC facility

Initial Stabilization:

	Questions and filters		Option/Codes		Skip
			Yes	No	
708	Vital Signs Monitored and recorded				
	Consciousness		1	2	x
	Pulse		1	2	x
	BP		1	2	x
	Respiratory Rate		1	2	x



709	Provided Uterine massage	1	2	x
710	Inj. Oxytocin 10-unit IM Given	1	2	x
711	I/V Fluid with Hartman saline solution started	1	2	x
712	Blood investigations sent -			
	Hb%	1	2	x
	Bedside clotting test	1	2	x
	Blood grouping and cross matching	1	2	x
713	Catheterization of Bladder done	1	2	x
714	Outcome of the Patient			
	Patient Stabled	1	2	x
	Immediately transferred to a higher-level health-care facility or CEmONC Centre	1	2	x

7.2: Stabilization of Postpartum hemorrhage (PPH) at CEmONC facility

Initial Stabilization:

	Questions and filters	Option/Codes		Skip
		Yes	No	
715	Vital Signs Monitored and recorded			
	Consciousness	1	2	x
	Pulse	1	2	x
	BP	1	2	x
	Respiratory Rate	1	2	x
716	Provided Uterine massage	1	2	x
717	Inj. Oxytocin 10-unit IM Given	1	2	x
718	I/V Fluid with Hartman saline solution started	1	2	x
719	Blood investigations sent -			
	Hb%	1	2	x
	Bedside clotting test	1	2	x
	Blood grouping and cross matching	1	2	x
720	Catheterization of Bladder done	1	2	x
721	Outcome of the Patient			



Patient Stabled	1	2	x
Cause Specific PPH Management done	1	2	x

Cause Specific PPH Management:

	Questions and filters	Option/Codes		Skip
		Yes	No	
722	Atonic Uterus			
722.1	Provided Massage the uterus to expel blood and blood clots	1	2	x
722.2	Inj. Oxytocin: 10 unit IV/IM, 20 UNITS IN 1 liter NS @ 50 drops/min Given	1	2	x
722.3	Inj. Ergometrine 0.2 mg IM or Tab. Misoprostol 800-1000mcg PR Given	1	2	x
722.4	Inj. Tranexamic Acid IV (slowly 10cc I/V, Oral 1gm) [1 ampule] Given	1	2	x
722.5	Cause Specific PPH Management done	1	2	x
722.6	Bimanual compression Done: <i>put one hand (left) on the lower abdomen (uterus) and one hand perveginally in the posterior fornix, then compress both hands</i>	1	2	x
722.7	Put Uterine Balloon tamponade (UBT) / Condom tamponade/ NASG (Antishock garment)	1	2	x
722.8	Blood Transfusion Needed	1	2	x
722.9	Laparotomy Done, <i>(If still bleeding continues to explore uterus)</i>	1	2	x
722.10	Assessed clotting status using bedside clotting test <i>(If bleeding continues)</i>	1	2	x

	Questions and filters	Option/Codes		Skip
		Yes	No	
723	Genital tract trauma			
723.1	Repaired vaginal tear/perineal tear/ cervical tear/Manage Ruptured Uterus	1	2	x
723.2	Assessed clotting status using bedside clotting test <i>(If bleeding continues)</i>	1	2	x
723.3	Blood Transfusion Needed	1	2	x



723.4	Referred the Patient to a higher facility	1	2	x
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	Questions and filters	Option/Codes		Skip
		Yes	No	
724	Retained Placenta (Full/Partial)			
724.1	Removed the placenta <i>(if placenta is felt in the vagina)</i>	1	2	x
724.2	Remove placenta manually (Manual removal of placenta) <i>(If placenta is not expelled)</i>	1	2	x
724.3	Assessed clotting status using bedside clotting test <i>(If bleeding continues)</i>	1	2	x
724.4	Blood Transfusion Needed	1	2	x
724.5	Referred the Patient to a higher facility	1	2	x
End Of Section 7				



Any Specific Observation/Comments/Recommendation

A large empty rectangular box with a black border, intended for providing specific observations, comments, or recommendations.