



# Maternal and Newborn Health Service Accreditation Program

## Observation checklist for Experience of 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 <b>starting</b> 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"/> D D M M Y Y Y Y	Time of <b>starting</b> observation:	
Date of <b>ending</b> 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"/> D D M M Y Y Y Y	Time of <b>ending</b> observation:	

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



## Section 1

### Respectful Maternity Care

From Overall Observation from the Facility Please Fill up the below Points (when applicable, as appropriate)

SL	Indicator	YES	NO	Remarks
1	Service Provider of this Facility Greet Warm welcome with self-introduction to the Patients	Y	N	
2	Service Provider of this Facility Treat the woman and her companion with compassion and respect	Y	N	
3	Service Provider of this Facility Maintain privacy, confidentiality and dignity of the patient	Y	N	
4	Service Provider of this Facility Listen carefully to her complaints and respond to her queries	Y	N	
5	Service Provider of this Facility Respect women's choice of companions during labor and birth	Y	N	
6	Service Provider of this Facility Share information with patient and family.	Y	N	



## Section 2

### Discharge Protocol

From Overall Observation from the Facility Please Fill up the below Points (when applicable, as appropriate)

Sl	Indicator	YES	NO	Remarks
1	A written and dated procedure including criteria to determine readiness for discharge of patients is used and specifies who is authorized to do it.	Y	N	
2	On discharge, the attending service provider summarizes and explain the patient's records, the diagnosis, any complications, any operative procedures undertaken and any follow up arrangements agreed with the patient/family.	Y	N	
3	During discharge the mother received written and verbal information and counselling on the following elements before discharge:			
	➤ Nutrition for mother and hygiene	Y	N	
	➤ Birth spacing and family planning	Y	N	
	➤ Exclusive breastfeeding in day and night and maintaining lactation	Y	N	
	➤ Keeping their baby warm and clean	Y	N	
	➤ Delayed bathing for 72 hours after birth for normal newborn	Y	N	
	➤ Cord care (7.1% CHX been given, do not use anything else),	Y	N	
	➤ Communication and play with the baby	Y	N	
	➤ Danger signs for the mother and newborn and where to go in case of complications.	Y	N	
	➤ Vaccination for newborn			
4	A discharge certificate containing relevant information including advice on General activities, Breast feeding, Danger signs and Maternal nutrition.	Y	N	
5	Service Provider of this Facility Respect women's choice of companions during labor and birth	Y	N	
6	Service provider explained the contents of the Discharge certificate to the Patient and family with the plan for revisit.	Y	N	
7	Service provider written and explain about drug doses clearly in Bangla language ( <i>example: not TDS, Three Times Daily</i> )	Y	N	



### Section 3

#### Referral Protocol

From Overall Observation from the Facility Please Fill up the below Points (when applicable, as appropriate)

SL	Indicator	YES	NO	Skip
1	Referral Slip is Available ( <i>if every point covered in discharge paper or any piece of paper will consider as referral slip</i> )	Y	N	If No→ go to Section 4
2	Proper assessment has been written in the Referral Slip <i>A summary of examination, investigations with findings, drugs given and diagnosis of the patient</i>	Y	N	
3	Counselling the patient and her family is done with explaining the situation to them and the need and importance of referral	Y	N	
4	Reassurance to the patient and her family is done	Y	N	
5	Selection of the appropriate, accessible and acceptable place for referral is done	Y	N	
6	Filling up the referral card/form	Y	N	
7	Support and arrange transportation if required.	Y	N	

### Section 4



## Queue management

From Overall Observation from the Facility Please Fill up the below Points (when applicable, as appropriate)

SL	Indicator	YES	NO	Remarks
1	Manage appointments, arrivals, and queues for Pregnant mothers who are getting service with maintaining emergency triage.	Y	N	
2	Manage the flow of patients in an efficient and structured way	Y	N	
3	Reduce the number of people waiting in the lobby or waiting room and ensure adequate waiting space with proper sitting arrangement.	Y	N	
4	Usage of Signage systems in the facility	Y	N	



## Any Specific Observation/Comments/Recommendation