



Maternal and Newborn Health Service Accreditation Program

Observation checklist for Antenatal 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"/> D D M M Y Y Y Y	Time of starting observation:	
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"/> D D M M Y Y Y Y	Time of ending 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: Antenatal Care 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 perform the antenatal care assessment for the Patient?	Doctor		1	x
		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)

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 respond to her queries		1	2	x
105	Asked Patient About				
	a.	Women's AGE	1	2	x
	b.	Menstrual History	1	2	x
	c.	H/O previous pregnancy	1	2	x
	d.	Family History (DM/HTN/TB)	1	2	x
	e.	H/O General disease (allergy, TB, hypertension, diabetes, asthma, heart disease, goitre, Hepatitis etc.)	1	2	x
	f.	H/O TT vaccination	1	2	x
	g.	H/O Medication	1	2	x



	h. Any prior ANTENATAL VISIT/CHECK-UP(s) during current pregnancy	1	2	x
Examination of the pregnant Woman				
106	Washed hand before examination	1	2	No→109
107	Washes hand <u>appropriately (with soap and water or using alcohol hand rub)</u>	1	2	x
108	Wears sterile gloves for Examination	1	2	x
109	Explains procedures before proceeding	1	2	x
110	Performs the following steps for general examination			
	I. Observed appearance	1	2	x
	II. Measured and record the blood pressure	1	2	x
	III. Counted pulse	1	2	x
	IV. Anemia checked by checking eye/ tongue/ palm	1	2	x
	V. Jaundice checked	1	2	x
	VI. Weight Measured	1	2	x
	VII. Height Measured	1	2	x
	VIII. Took temperature by thermometer	1	2	x
	IX. Counted respiratory rate	1	2	x
	X. Edema checked (pedal edema)	1	2	x
111	<u>Abdominal examination</u> was performed (<i>Depends on the visit 1st / 2nd / 3rd / 4th</i>)	1	2	No→ 112
	I. Examine the abdomen for FETAL PRESENTATION	1	2	x
	II. Measure the UTERINE HEIGHT	1	2	x
	III. Listen to the abdomen for FETAL HEART BEAT	1	2	x
	IV. Measure the UTERINE Girth/ Liquor volume	1	2	x
	V. Visually inspect the breast	1	2	x
	VI. Explain the steps of breast examination to the woman	1	2	x
	VII. Examine the woman's BREAST	1	2	x
	VIII. Examine the perineal area	1	2	x



Routine test						
112	Record whether the provider A) Asked about B) Performed or C) Referred for the following test	(A) Provider ASKED if previously it was done or not	(B) Provider PERFORM ED in the room	(C) Provider REFERRED to take the test	(D) NO action taken	(E) Not applicable
112.1	PREGNANCY test	A	B	C	D	E
112.2	Blood test for HAEMOGLOBIN	A	B	C	D	E
112.3	Blood GROUPING AND TYPING	A	B	C	D	E
112.4	Blood sugar (2hABF)	A	B	C	D	E
112.5	Blood test for VDRL	A	B	C	D	E
112.6	Blood test for HBsAg	A	B	C	D	E
112.7	Urine test for ALBUMIN	A	B	C	D	E
112.8	Urine test for GLUCOSE	A	B	C	D	E
112.9	Urine test for RME	A	B	C	D	E
112.10	ULTRASONOGRAM	A	B	C	D	E
112.11	Other	A	B	C	D	E

Provision of medicine							
113	Record whether the provider prescribed or provided the woman any of the following medicine (1) Yes (2) No	Prescribed		Provided		Explained how to use	
113.1	IRON-FOLATE TABLET (IFA) until next visit	1	2	1	2	1	2
113.2	CALCIUM tablet	1	2	1	2	1	2
113.3	VITAMINS	1	2	1	2	1	2
113.4	MISOPROSTOL for use if delivered at home (only in third trimester)	1	2	1	2	1	2
113.5	7.15 Chlorhexidine for use if delivered at home (only in third trimester)	1	2	1	2	1	2
113.6	OTHER medication	1	2	1	2	1	2
113.7	Deworming medication	1	2	1	2	1	2



No	Questions and filters	Options/Code		Skip
		Yes	No	
114	Health education & advice Given			
114.1	<i>Importance of routine ANC</i>	1	2	x
114.2	<i>Self-care at home</i>	1	2	x
114.3	<i>Rest, avoid heavy work, lifting heavy weight objects, Ambulation</i>	1	2	x
114.4	<i>Safer sex and healthy lifestyle</i>	1	2	x
114.5	<i>Hand washing</i>	1	2	x
114.6	<i>Personal hygiene</i>	1	2	x
115	Counselling: Maternal Health			
115.1	<i>Maternal Diet, nutrition and fluid</i>	1	2	x
115.2	<i>Importance of ANC visit</i>	1	2	x
115.3	<i>General cleanliness and self-care</i>	1	2	x
115.4	<i>Danger signs (maternal) & Delivery Complication</i>	1	2	x
115.5	<i>Bowel and bladder</i>	1	2	x
115.6	<i>Exercise</i>	1	2	x
115.7	<i>Postpartum family planning</i>	1	2	x
116	Counselling: Birth Preparedness			
116.1	<i>Place of delivery</i>	1	2	x
116.2	<i>Attendant & blood donor</i>	1	2	x
116.3	<i>Money saving</i>	1	2	x
116.4	<i>Transport</i>	1	2	x
117	Counselling: Newborn health			
117.1	<i>Essential new-born care</i>	1	2	x
117.2	<i>Immediate and exclusive breastfeeding</i>	1	2	x
117.3	<i>Danger signs (newborn)</i>	1	2	x
117.4	<i>Thermal care (STS, KMC)</i>	1	2	x
118	Provider used any VISUAL AIDS for health education or counselling during the consultation	1	2	x



Any Specific Observation/Comments/Recommendation