



Maternal and Newborn Health Service Accreditation Program

Observation checklist for 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		
Address of the facility:		
District:	Upazila:	
Type of the facility	District hospital (GoB)	1
	Private Health Facilities	2
	NGO Hospitals	3



Section 1: Postnatal 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 postnatal 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
104	Prepare the necessary equipment		1	2	x
105	Asked Patient About				
	a.	Women's AGE	1	2	x
	b.	History of High Fever	1	2	x
	c.	History of High Blood Pressure	1	2	x
	d.	History of Foul smelling of Vagina	1	2	x
	e.	History of P/V bleeding	1	2	x
	f.	History of Convulsion	1	2	x

Examination of the Woman



106	Washed hand before examination	1	2	No→109
107	Washes hand <u>appropriately (with soap & 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 & 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
	XI. Visually inspect the breast	1	2	x
	XII. Explain the steps of breast examination to the woman	1	2	x
	XIII. Examine the woman's BREAST to exclude any complication	1	2	x
	XIV. Checked for Vaginal discharge	1	2	x
	XV. Checked Perineum	1	2	x

No	Questions and filters	Options/Code		Skip
		Yes	No	
111	<u>Newborn Health</u>			
	I. Measure temperature of Newborn	1	2	x
	II. Measure weight of newborn	1	2	x
	III. Measure Respiratory rate	1	2	x
	IV. Fast breathing found Examine jaundice	1	2	x
	V. Examine jaundice	1	2	x
	VI. Breast feeding observed	1	2	x
	VII. Took history of poor feeding	1	2	x
	VIII. Took history of high fever or low body temperature	1	2	x



IX.	Took history of Umbilical discharge	1	2	x
X.	Took history of convulsion	1	2	x

No	Questions and filters	Options/Code		Skip
		Yes	No	
112	Counselling: Maternal & Newborn Health			
112.1	Advised on Maintaining Personal Hygiene	1	2	x
112.2	Advised on Maternal diet, Nutrition and supplementation	1	2	x
112.3	Advised on the importance of immediate and exclusive breastfeeding of the child	1	2	x
112.4	Counseled on the importance of birth spacing and family planning, and refer for family planning counselling and services	1	2	x
112.5	Advised the woman to bring her husband (or a family member or friend) to later postpartum visits so that they can be involved in the activities and can learn how to support the woman through her motherhood	1	2	x
112.6	Advise on Rest and other activities	1	2	x
112.7	Advised on Bowel & bladder care	1	2	x
112.8	Advised on Postpartum family planning	1	2	x
112.9	Informed about Maternal Danger Signs <ul style="list-style-type: none"> • Profuse vaginal bleeding or vaginal bleeding that increases • Moderate to severe hypertension • Convulsions • Severe abdominal pain with foul smelling discharge with fever • Severe pain in chest or shortness of breath • Urine or feces leaking out of the vagina • Something coming out of the vagina 	1	2	x
112.10	Informed about Newborn Danger Signs <ul style="list-style-type: none"> • Not feeding well • Low body temperature (less than 35.5°C or 95.5°F) or Fever (37.5°C or more than 99.5°F) • Fast breathing (60/min or above) • Severe chest in-drawing present • Movement only when stimulated or no movement at all • History of convulsion • Umbilical redness extended to skin 	1	2	x
112.11	Importance of Immunization was discussed	1	2	x
112.12	Prescribed Iron Supplementation for mother	1	2	x
112.13	Prescribed Calcium Supplementation for mother	1	2	x
112.14	Prescribed Vitamin A Supplementation for mother	1	2	x
112.15	Schedule appointments for 2nd, 3rd and 4th visits as appropriate	1	2	x
112.16	Provider used any VISUAL AIDS for health education or counselling during the consultation	1	2	x



Any Specific Observation/Comments/Recommendation

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