



Maternal and Newborn Health Service Accreditation Program

Observation checklist for Newborn Care

[This Assessment Part is Extracted from The Checklist 01 and Checklist 03]

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 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	<u>If No, write down the reason</u>				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 in the Labor Room/OT

	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		
Immediate Care After Delivery 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	
	Questions and filters	Yes	No	Skip	
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	
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	
End of Section 5					



Postnatal Care Assessment: For Baby

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/FWW		3	
		Midwife		4	
		Others (Specify)_____		9	

Record whether the provider carried out the following steps and/or examinations during Post Natal Care Visit:

(Some of the following steps may be performed simultaneously or by more than one provider)

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			
112.10	Informed about Newborn Danger Signs <i>• 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</i>	1	2	x
112.11	Importance of Immunization was discussed	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.