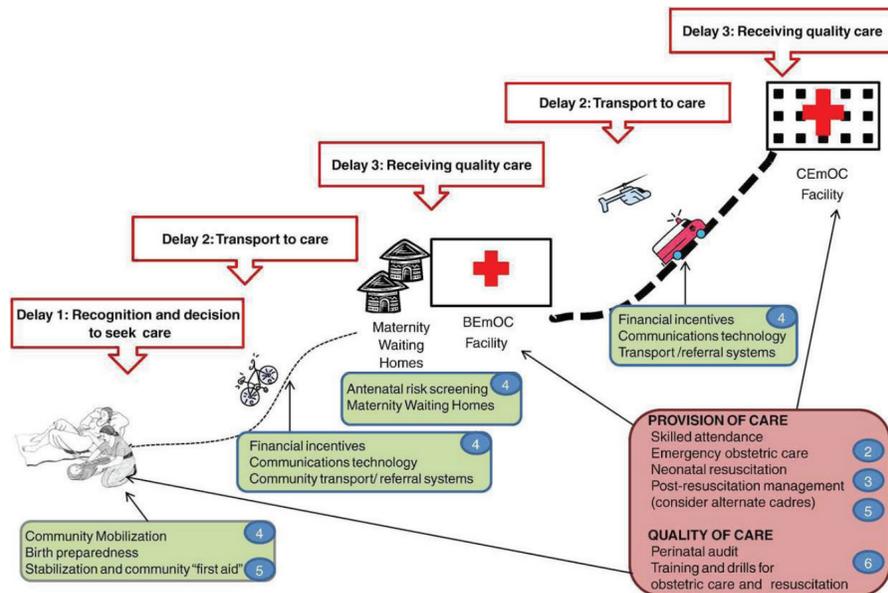




# Referral Checklist

A timely and complete referral process saves lives!



Lawn JE et al. 2009. Two million intrapartum-related stillbirths and neonatal deaths: Where, why, and what can be done? *International Journal of Gynecology and Obstetrics* 107: S5-S19.

We can prevent the THIRD delay.  
Here's how:

1. Strong teamwork
2. Timely and accurate decision-making
3. Advance preparation (available, safe, and reliable transport and ready "grab" bag of supplies)
4. Timely mobilization and planning
5. Effective communication

## Referral Checklist

Step	Action	Tick When Done
1	Provide appropriate clinical care to stabilize the woman or the newborn. Attend to the ABC of life.	<input type="checkbox"/>
2	Explain to the woman (if she is conscious) and her family what is happening and that she or the newborn needs higher level services.	<input type="checkbox"/>
3	Organize secure and reliable transportation for the woman.	<input type="checkbox"/>
4	Notify the referral site using phone or radio about the woman or newborn: <ul style="list-style-type: none"> <li>• Explain her condition/diagnoses</li> <li>• Describe the care already provided</li> <li>• Give the estimated time of arrival</li> </ul>	<input type="checkbox"/>
5	Ensure that the woman is accompanied by a family member and/or a potential blood donor.	<input type="checkbox"/>
6	Assign a skilled care provider to attend the mother and/or the newborn during the transfer.	<input type="checkbox"/>
7	Prepare all essential supplies and materials needed during the transfer. This includes: <ul style="list-style-type: none"> <li>• Supplies for clean and safe delivery</li> <li>• Emergency supplies (IV fluids, oxytocin, magnesium sulfate)</li> <li>• Dry blankets and towels to keep the woman and the newborn warm</li> </ul> If transferring mother with newborn, practice skin-to-skin contact.	<input type="checkbox"/>
8	Complete referral record with: <ul style="list-style-type: none"> <li>• Name of referring and referral facility</li> <li>• General patient information (name, age, address)</li> <li>• Obstetric history (parity, gestational age, complications in ANC)</li> <li>• Relevant post obstetric complications (i.e. previous C/S, PPH)</li> <li>• The specific problem for which she is referred</li> <li>• Treatment initiated and the results of treatments</li> <li>• Name and signature of provider</li> </ul> Give referral record to the skilled care provider assigned to the transfer	<input type="checkbox"/>
9	Record referral in appropriate register.	<input type="checkbox"/>
10	Assigned skilled provider obtains feedback from the referral center and ensures that the woman/newborn has a follow-up management plan.	<input type="checkbox"/>
11	In the case of maternal or newborn death during referral, assigned skilled provider reports mortality. (This will help us improve our services.)	<input type="checkbox"/>