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Technical Assistance for Capacity building in Midwifery, Information and
Logistics
(TACMIL) Health Project

IMMEDIATE NEWBORN CARE

Facilitator's Handout

October 2009

IMMEDIATE NEWBORN CARE WORKSHOP FACILITATOR HANDOUT

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SKILL CHECKLISTS

SKILL CHECKLISTS

Instructions

Look at the Skill Checklist on the next page. In the first column of the table are the steps of the skill. On the right side of the table are 5 columns. One column is used each time you do the skill. If you do the skill 4 or 5 times you will see that you do the skill better each time. Put the date at the top of the column, then fill in your rating for each step after you do the skill.

RATING:

- Put a "✓" if step is done **SATISFACTORILY**
- Put an "X" if it is **NOT DONE SATISFACTORILY**
- Put an "N" if **NOT OBSERVED OR NOT APPLICABLE**

At the end of each skill checklist is a comment box. You can write in this box for many different reasons. Write any explanation you feel is necessary. You may write how you actually feel about the skill or what you can do to improve the skill the next time. You are writing this information to help you learn, so write what is most helpful to you.

SKILL CHECKLIST: Immediate Newborn Care	DATE				
STEP/TASK	RATING				
PREPARATION					
1. Explain to the woman and family about the immediate care you will give the baby, including: 1) immediately drying the baby to keep the baby warm, 2) the baby will be put on her abdomen / chest skin to skin to help the baby stay warm, breath and breastfeed, 3) after the baby breastfeeds, then the baby will get other routine care..					
2. Lay a clean, dry, warm cloth across the woman's abdomen before the delivery to use to dry the baby.					
IMMEDIATE NEWBORN CARE STEPS					
3. STEP 1: Dry and stimulate the baby					
<ul style="list-style-type: none"> • After the baby is born, put the baby on the mother's abdomen on a clean, dry, warm cloth. 					
<ul style="list-style-type: none"> • Quickly dry the baby from head to toe except for the hands. The smell of the amniotic fluid on the baby's hands also smells much like the mother's nipple/areola area. When the baby crawls up the abdomen of the mother the smell on the hands help the baby to find the breast. 					
4. STEP 2: Assess breathing while drying. If baby is not breathing, begin resuscitation.					
5. STEP 3: Remove the wet cloth,					
6. STEP 4: Put the mother and baby skin to skin, and cover both with a clean, dry warm cloth. Cover baby's head with a cloth or hat (if available).					
7. STEP 5: Do delayed cord clamping					
<ul style="list-style-type: none"> • Check baby often for breathing and color. 					
<ul style="list-style-type: none"> • WAIT ABOUT 2–3 MINUTES AFTER THE BIRTH to clamp and cut the cord. 					
<ul style="list-style-type: none"> • Put one artery forcep or plastic cord clamp about 4 fingers from the baby's abdomen. 					
<ul style="list-style-type: none"> • Gently milk the cord towards the placenta 					
<ul style="list-style-type: none"> • Put a second clamp on the cord approximately 2 fingers from the first clamp. 					
<ul style="list-style-type: none"> • Cover cord with gauze to prevent blood spurts when cutting. 					
<ul style="list-style-type: none"> • Cut the cord 					
8. STEP 6: Do not separate mother and baby UNTIL AFTER THE FIRST BREASTFEED.					

SKILL CHECKLIST: Immediate Newborn Care	DATE				
STEP/TASK	RATING				
CARE AFTER PLACENTA DELIVERED					
1. Follow infection prevention guidelines for handling of contaminated equipment and supplies.					
• Dispose of waste materials (e.g. blood-contaminated swabs) in a leak proof container or plastic bag.					
• Decontaminate open instruments by placing in a plastic container filled with 0.5% chlorine solution for 10 minutes.					
• Dispose of needles and syringes in a sharps container.					
• Gloves: Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out and put in a leak-proof container or plastic bag.					
• Wash hands thoroughly with soap and water and dry with clean, dry cloth or air dry.					
2. Record all findings.					
3. During the first 2 hours after delivery monitor the women and baby every 15 minutes.					
• Woman <ul style="list-style-type: none"> ○ Vital signs ○ Massage her uterus to make sure it is contracted ○ Check for excessive vaginal bleeding ○ Check that the bladder is empty 					
• Baby <ul style="list-style-type: none"> ○ Warmth ○ Breastfeeding ○ Cord for bleeding ○ Breathing 					
Comments:					

Note: NOT included in the Immediate Newborn Care Skill Checklist are the steps of Active Management of the Third Stage of Labor. These steps include:

1. Give oxytocin 10 units IM within one minute of the birth of the baby after excluding an additional fetus.
2. Assist delivery of the placenta by controlled cord traction while supporting the contracted uterus.
3. Massage the uterus IMMEDIATELY after delivery of the placenta

SKILL CHECKLIST: Newborn Resuscitation	DATE				
STEP/TASK	RATING				
GETTING READY Note: Hands should be washed and gloves worn before touching the newborn.					
1. Have the resuscitation place ready for every birth: <ul style="list-style-type: none"> • In a place with no air moving/wind • With a light over the newborn for extra heat (if available) • Equipment: Ambubag, suction catheter or bulb syringe, 2 cloths already laid out, folded towel or cloth to put under newborn's shoulders in place, gauze to wipe newborn's face, gloves, oxygen (if available). 					
2. Tell the woman (and her support person) what is going to be done, listen to her and respond attentively to her questions and concerns.					
3. Provide continual emotional support and reassurance, as feasible.					
RESUSCITATION USING BAG AND MASK					
1. Put the newborn on its back on a clean, warm surface.					
2. DRY newborn quickly and firmly with a warm towel or cloth, from head to toe (but not the hands).					
3. Take away wet towel					
4. WARM newborn: Quickly wrap newborn, except for the face and upper chest. If light or heater over newborn is available, use it. Put on a hat, if available.					
5. POSITION the head in a slightly extended position, "sniffing position", to open the airway. Put a rolled cloth under the baby's shoulder.					
6. SUCTION the airway by suctioning the mouth first and then the nose: <ul style="list-style-type: none"> • Introduce catheter no more than 5 cm into the newborn's mouth and suction while withdrawing catheter. • Introduce catheter no more than 3 cm into each nostril and suction while withdrawing catheter. • Do not suction deep in the throat because this may cause the newborn's heart to slow or breathing to stop. • Be especially thorough with suctioning if there is blood or meconium in the newborn's mouth and/or nose. 					
7. STIMULATE the newborn by rubbing a hand up and down the newborn's spine. This can be done without removing the cloth or the towel in which the newborn is wrapped.					

SKILL CHECKLIST: Newborn Resuscitation	DATE				
STEP/TASK	RATING				
8. If the newborn is still not breathing, quickly recheck the position of the newborn's head to make sure that the neck is slightly extended and start ventilating.					
9. Time from "decision to start resuscitation" to "time to start ventilation" should be no more than 30 seconds.					
10. If doing mouth-to-mouth resuscitation wipe baby's face with: 1) gauze wet with soap water, 2) gauze wet with clean water. Then cover mouth and nose with a dry gauze.					
11. Cover the baby's chin, mouth and nose and make a good seal. If using an ambubag, put the mask on the baby. If doing mouth-to-mouth use your mouth.					
12. Do 2 test breaths to observe if the chest rises. Compress ambubag or breathe into the baby using a mouthful of air only with each breath.					
13. If the chest does not rise: <ul style="list-style-type: none"> • Repeat suction of mouth and nose to remove mucus, blood or meconium from the airway. • Check the position of the head again to make sure the neck is slightly extended. • Reposition the mask or your mouth on the newborn's face to improve the seal. 					
14. If the chest rises: <ul style="list-style-type: none"> • Ventilate at a rate of 40 breaths in 1 minute. • Observe the chest for the rise and fall. 					
15. Stop ventilating to evaluate if the newborn is breathing spontaneously. This should be done quickly taking no more than 6 seconds.					
16. If the newborn is not breathing, again ventilate for 1 minute (40 breaths).					
17. Stop ventilating to evaluate if the newborn is breathing spontaneously. This should be done quickly taking no more than 6 seconds.					
18. Continue to ventilate and evaluate the newborn until baby is breathing normally. If no improvement in the baby after 2 minutes of ventilation, call for assistance, if available.					

SKILL CHECKLIST: Newborn Resuscitation	DATE				
STEP/TASK	RATING				
19. If breathing is normal (30–60 breaths/minute), there is no indrawing of the chest or grunting, and the Apgar is 7 or greater: <ul style="list-style-type: none"> • Put in skin-to-skin contact with mother. • Put hat on baby, if available. • Observe breathing at frequent intervals. • Measure the newborn’s axillary temperature and rewarm if temperature is less than 36° C (keep in skin to skin contact with the mother and covering both). • Encourage mother to begin breastfeeding. 					
20. If newborn is breathing but with difficulty and Apgar is 6 or less: <ul style="list-style-type: none"> • Ventilate with oxygen, if available. • Consult with doctor or refer for special care. 					
21. If there is no gasping or breathing at all after 10 minutes of ventilation, stop ventilating.					
POSTPROCEDURE TASKS					
1. Dispose of disposable suction catheters and mucus extractors in a leakproof container or plastic bag.					
2. For reusable catheters and mucus extractors or a bulb syringe, flush 3 times for each step: <ul style="list-style-type: none"> • Put in 0.5% chlorine solution for 10 minutes for decontamination. Make sure bulb syringe is filled with decontamination solution for the 10 minutes. • Wash in soap water. • Rinse in clean water • Use a syringe to flush catheters/tubing. • Steam or boil for 20 minutes. Chemical HLD is not recommended 					
3. Take the valve and mask apart and inspect for cracks and tears.					
4. Wipe the valve, mask and bag with 0.5% chlorine, wash off immediately with soapy water and rinse.					
6. Allow to air dry.					
7. Immerse gloved hands in decontamination solution. Remove gloves by turning inside out. Dispose in leak-proof container or plastic bag.					
8. Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.					

SKILL CHECKLIST: Infection Prevention	DATE				
STEPS	RATING				
HANDWASHING					
When to Wash Hands					
With Soap and Water:					
1. When visibly dirty					
2. When possible exposure to spore-forming germs, such as <i>Clostridium difficile</i> or <i>Clostridium tetani</i> . (causes tetanus)					
3. When blood and body fluids are on skin					
4. After using toilet					
5. Whenever hand cleaning is necessary but no alcohol-based handrub is available					
With Alcohol-based Handrub:					
6. When arriving / leaving work place					
7. Before / after touching a patient (woman, baby)					
8. After contact with body fluids or excretions, mucous membranes, skin that is not intact or wound dressings					
9. If moving from a contaminated body site to another body site on the same patient					
10. Before / after using gloves					
11. Before handling medicines or foods					
12. Before and after eating and after coughing or blowing nose.					
How to Wash Hands					
With Soap and Water:					
13. Use liquid, bar or powdered soap. Antimicrobial soap is not recommended when alcohol-based handrub is available.					
14. Wet hands with running water and apply soap.					
15. If using a soap bar, rinse off bar before placing in soap holder.					
16. Soap holder should allow drainage.					
17. Rub together all surfaces of the hands, including wrists, between fingers, palm and back of the hands and under fingernails.					
18. Wash for 15 seconds					
19. Rinse under a stream of running water					
20. Dry hands. Air dry, or use CLEAN, ONE TIME USE cloth or paper towel.					

SKILL CHECKLIST: Infection Prevention	DATE				
STEPS	RATING				
21. If water from faucet, do not turn off faucet with washed hands. Turn faucet off with cloth or paper towel used to dry hands or ask another person to turn faucet off.					
With Alcohol-based Handrub:					
22. Pour about 5 mL into hands					
23. Rub solution into hands. Clean palms, fingers and under nails, until dry.					
24. Wash hands with soap and water after every 5 – 10 uses to reduce the build-up of hand softeners					
PREVENT SPLASHING OF BODY FLUIDS					
1. Wear protective glasses when there is a chance of getting splashed with body fluids (rupturing membranes, during delivery, during surgery, etc.)					
2. When rupturing membranes: 1) stand to the side of the woman's vagina, 2) rupture membranes between contractions.					
3. When cutting umbilical cord: 1) milk cord toward the placenta before tying or clamping, 2) cover cord with hand/gauze while cutting.					
4. Remove contaminated gloves carefully					
• Rinse the outside of gloves while on your hand in decontamination solution					
• Carefully remove gloves by slowly pulling them down from the cuff, turning them inside out, being careful not to splash.					
• Put gloves into a plastic bag or leakproof covered waste container.					
SAFE HANDLING OF SHARPS					
1. Use each needle and syringe only once, if possible					
2. Do not take needle and syringe apart after use					
3. Do not recap, bend or break needles before disposal					
4. Dispose of needles and syringes in a puncture-proof container and destroy when 2/3 full.					
5. Where disposable needles are not available and you must recap the needle, use the "one-handed" recap method:					
• Put the cap on a hard, flat surface.					
• Hold the syringe with one hand and use the needles to "scoop up" the cap.					
• When the cap covers the needle completely, hold the base of the needle and use the other hand to make sure the cap is firmly in place.					
6. Never pass sharp instruments from one hand directly to another person's hand. Lay instrument on surface and have other person pick it up from that surface.					
7. Always use needle holder AND tissue forceps when suturing.					

SKILL CHECKLIST: Infection Prevention	DATE				
STEPS	RATING				
8. Never hold or guide needle with fingers.					
HOUSEKEEPING IN CLINICAL AREAS					
1. Make a disinfectant cleaning solution					
• Step 1: Prepare 0.5% chlorine solution					
• Step 2: Add detergent and mix. Continue adding detergent until the solution is mildly sudsy.					
2. Follow general housekeeping guidelines					
• Develop and post a cleaning schedule where all housekeeping staff can see the schedule. Make sure cleaning schedules are closely maintained.					
• Always wear gloves (preferably thick utility gloves) when cleaning.					
• Use a damp or wet mop or cloth for walls, floors, and surfaces instead of dry dusting or sweeping to reduce the spread of dust and microorganisms.					
• Scrubbing should be a part of every cleaning procedure. It is the most effective way to remove dirt and germs.					
• Wash surfaces from top to bottom so that debris falls to the floor and is cleaned up last (clean the highest fixtures first and work downward).					
• Change cleaning solutions whenever they appear to be dirty. A dirty solution is less likely to kill germs.					
3. Follow cleaning schedule					
• Between clients:					
a. Clean delivery/examination tables (mattress, frame, legs), trolley tops, counters, lamps, and any other surface that could be contaminated with a cloth damp with disinfectant cleaning solution.					
b. Clean spills of blood/other body fluids with 0.5% chlorine solution immediately.					
c. Clean any dirty areas you can see of the floor, wall, and ceiling with a mop or cloth damp with disinfectant cleaning solution.					
• At the end of each shift or clinic:					
a. Wipe down all surfaces (counters, tables, sinks, lights, door handles, walls with a cloth damp with disinfectant cleaning solution and wipe).					
b. Clean floors with a mop soaked in a disinfectant cleaning solution.					

SKILL CHECKLIST: Infection Prevention	DATE				
STEPS	RATING				
c. Check sharps and disposal waste containers and remove and replace them if they are $\frac{3}{4}$ full.					
d. Remove medical waste and burn or bury as soon as possible.					
e. Wash waste containers with disinfectant cleaning solution. Rinse with water.					
• Each week: Clean ceilings with a mop damp with a disinfectant cleaning solution.					
• For toilets, latrines and sluice rooms:					
a. Walls: Wipe every day with a disinfectant cleaning solution					
b. Ceilings: Wipe each week with a disinfectant solution					
c. Counters and Other Surfaces: Wipe every day with a cloth wet with disinfectant cleaning solution					
d. Floors: Mop every day with a disinfectant cleaning solution					
e. Sinks and Toilets/Latrines: Scrub every day with a disinfectant cleaning solution and rinse with clean water					
f. Waste Containers: Every day scrub to remove contaminated material with a disinfectant cleaning solution and rinse with clean water					
4. Use waste bins					
• General guidelines					
a. All bins and basins must be made of plastic.					
b. Empty containers when $\frac{3}{4}$ full.					
c. Put a label on each bin (placenta, dirty instruments, wet waste, dry waste, linen)					
• Types of bins:					
a. Placenta: 30 – 50 liters (smaller if fewer deliveries) in red					
d. Contaminated instruments: 30 - 40 liters (smaller if fewer deliveries) contains decontamination solution					
e. Wet waste/swabs/gloves: 20 – 40 liters					
f. Dry waste: 40 liters					
g. Hospital Linen: 60 liters in gray					

SKILL CHECKLIST: Infection Prevention	DATE				
STEPS	RATING				
h. Basin: to rinse gloves with decontamination solution before removing					
INFECTION PREVENTION 4 STEP PROCESS FOR INSTRUMENTS / SUPPLIES					
Step 1: Decontamination					
1. Purpose: <ul style="list-style-type: none"> • Kills viruses and many other germs • Makes items safer to handle during cleaning • Makes items easier to clean 					
2. Prepare decontamination solution based on strength of available chlorine. Chlorine should be mixed with enough water to make a 0.5% chlorine solution.					
3. Open instruments before putting into pail					
4. Put all instruments and supplies into the pail of decontamination solution					
5. Flush tubing 3 times (such as a DeLee trap, vacuum extractor tubing, foley catheter) with solution using syringe. Flush bulb syringe 3 times and fill with decontamination solution.					
6. Wipe apron with solution					
7. Soak instruments and supplies for 10 minutes					
Step 2: Cleaning					
1. Purpose: <ul style="list-style-type: none"> • Removes blood, other body fluids, tissue and dirt • Reduces the number of germs • Makes sterilization or high-level disinfection effective. If blood clot remains on instrument, germs in clot may not be completely killed by sterilization or HLD 					
2. Discard any disposable supplies					
3. Use soapy water for cleaning process					
4. Put on heavy cleaning gloves					
5. Move all items from decontamination solution and put in soapy water. Make sure all instruments are still open.					
6. Flush tubing, using syringe, 3 times with soapy water, if reusing. Flush bulb syringe 3 times with soapy water.					
7. Use cleaning brush or toothbrush on instruments immersed in water , to clean all joints on instruments					
8. Wash gloves on both outside and inside, if reusing					
9. Put all items into pail with clean water					

SKILL CHECKLIST: Infection Prevention	DATE				
STEPS	RATING				
10. Flush tubing, using syringe, 3 times with clean water, if reusing. Flush bulb syringe 3 times with clean water.					
11. Clean apron with soapy water, then clean water, then hang to dry					
Step 3: High Level Disinfection or Sterilizing					
High Level Disinfection by boiling or steaming:					
1. Purpose: Kills all germs except some endospores					
2. Put items into boiler/steamer (Note: it is not necessary to sterilize or HLD bulb syringes. Suction catheters and other tubing should be steamed or boiled)					
3. Make sure instruments are open					
4. If disinfecting instrument tray, put tray on top of all instruments					
5. Put cheatle forceps that has a string attached, on top of everything (to pick up instruments after boiling/steaming)					
6. If boiling: Fill boiler with enough water so all instruments and supplies will be covered If steaming: Fill steamer with water up to level of steamer tray.					
7. Cover pot					
8. Bring to a boil					
9. When boiling starts, time the boiling / steaming for 20 minutes					
10. After 20 minutes, use disinfected cheatle forceps to remove instrument tray and fill tray with disinfected instruments, tubing, etc.					
11. Air dry instruments and supplies					
12. Cover instrument tray after instruments dried					
13. Put cheatle forcep in a cheatle forcep stand that is high level disinfected. HLD or sterilize forcep and stand daily.					
Sterilizing by Autoclaving					
1. Purpose: Kills all germs including endospores					
2. Prepare items for autoclaving (instruments open and can put in autoclave either unwrapped or wrapped)					
3. Operate autoclave at 121o C at a pressure of 016 kPA for 20 minutes (if wrapped for 30 minutes)					

SKILL CHECKLIST: Infection Prevention	DATE				
STEPS	RATING				
4. Let all instruments and supplies dry before removing					
Step 4: Storage					
1. Do not store equipment or gloves in solutions. Germs can live and grow in both antiseptic and disinfectant solutions.					
2. Keep storage area clean, dry and dust-free.					
3. Packs and containers should be stored off the floor.					
4. Do not use cardboard boxes as they collect dust and insects like to live in them and eat the boxes.					
5. Date and rotate the items (first in / first out).					
6. Length of storage: <ul style="list-style-type: none"> • Wrapped items. With proper storage and little handling, autoclaved items can be considered sterile for 30 days. Holes in the wrappers, damp or wet wrapped items let germs inside of the wrapper. When in doubt about the sterility of a wrapped item, consider it contaminated and sterilize again. • Unwrapped items. Use unwrapped items immediately or keep them in a covered, HLD or sterile container for up to one week (less time if container is uncovered often). 					
Comment:					

ADMINISTRATIVE DOCUMENTS

Immediate Newborn Care Workshop

Workshop and Session Objectives

By the end of the workshop participants will be able to:

- 1. Use evidence based practices in immediate newborn care as described in the skill checklist.**
 - Explains evidence based practices for immediate newborn care.
 - Describe the steps of immediate newborn care.
 - Demonstrate providing immediate newborn care.

- 2. Demonstrate newborn resuscitation as described in the skill checklist.**
 - Define asphyxia and hypoxia
 - Describe possible causes of hypoxia in the newborn.
 - Describe symptoms of a newborn needing resuscitation.
 - Discuss materials and equipment needed to perform newborn resuscitation
 - Demonstrate newborn resuscitation using an ambu bag as described in the newborn resuscitation skill checklist.
 - Use infection prevention procedures during and after newborn resuscitation
 - Describe care for a baby after resuscitation.

- 3. Use infection prevention practices as described in the skill checklist.**
 - Discuss infection prevention standard precautions
 - Discuss hand hygiene practices used to prevent infection
 - Demonstrate hand washing
 - Describe ways to provide personal protection when giving care
 - Describe ways to prevent injuries from sharps
 - Describe infection prevention housekeeping practices
 - Explain methods of safe waste disposal
 - Discuss making 0.5% chlorine decontamination solution
 - Demonstrate how to process patient care instruments and supplies safely (decontamination, cleaning, high level disinfection or sterilization, storage)

Immediate Newborn Care Workshop Schedule

Day 1	Day 2	Day 3
Prayer Welcome Overview of the Workshop <ul style="list-style-type: none"> • Introductions • Pre-Course Questionnaire • Participant Expectations/Norms • Course Objectives and Schedule • Review of Workshop Materials • Task Chart Immediate Newborn Care	Prayer Agenda Review Questions Warm-up Infection Prevention	Prayer Clinical
LUNCH	LUNCH	LUNCH
Immediate Newborn Care (continued) Summary Game Day 1 Classroom Feedback	Newborn Resuscitation Orientation to Clinical Practice Summary Game	Complete Workshop Evaluation Skill Check-Off: Newborn Resuscitation Post-Course Questionnaire Discuss Workshop Evaluation and Participant Recommendations Review Post-Course Questionnaire Closing
Facilitator Meeting	Facilitator Meeting	Facilitator Meeting
Homework: Read Participant Handout: <ul style="list-style-type: none"> • Immediate Newborn Care Skill Checklist • Infection Prevention Skill Checklist 	Homework: <ul style="list-style-type: none"> Prepare for Skill Check-Off Prepare for Post-Course Questionnaire 	

• Newborn Resuscitation Skill Checklist		
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IMMEDIATE NEWBORN CARE WORKSHOP
DOCUMENT AND EQUIPMENT LIST
(The following represents the need for one site teaching Immediate Newborn Care)

Documents/Manuals	Numbers Needed		
	1 Workshop	No. of Workshops	Total
Registration Form	1		
Daily Attendance Sheet	3		
Participant Handout	15		
Post-Course Questionnaire	15		
Evaluation Checklist - Newborn Resuscitation	15		
Training Report (should be done in duplicate - 1 to TACMIL and 1 to keep at training site)	2		
Transparencies from Lesson Plans			1 for each trainer

Standard Training Equipment	Numbers Needed		
	1 Workshop	No. of Workshops	Total
White board			1
White board markers (black, blue, green, red)			1 box each color
White board eraser			2
Overhead projector			1
Transparencies			$\frac{1}{2}$ box
Spirit or Alcohol			1 bottle (500 ml)
Cotton wool to clean whiteboard			1 roll
Name tags	15 (add 4 more for 1 st training for trainers)		
Pencils with erasers	17		
Lined Notebook / Paper Pad	17		
Pencil sharpeners (6)			6

Standard Training Equipment	Numbers Needed		
	1 Workshop	No. of Workshops	Total
Masking (paper) tape			2 rolls
Cello tape			2 rolls
Flip Chart Stand			1
Flip charts			50 sheets
Permanent markers to write on flip charts (black, blue, green, red)			1 box each color
Ruler			2
Rubber bands			1 bag
Stapler			1
Staples			1 box
Scissors			2
Printer paper			1 ream
Large envelopes (to send training report to TACMIL) - 1 per each training a site does	1		
Large envelopes (for each certificate)	15		
Banner			1
Small Generator			1

Note: For participant practice, we will have 15 participants in each workshop. We will divide them into 3 teams of 5 each, therefore we need equipment for 3 teams

Equipment and Supplies	Numbers Needed		
	1 Workshop	No. of Workshops	Total
Immediate Newborn Care			
Pillows	1 per team		6
Sheets	3 per team		9
Newborn model and placenta	1 per team		3
Cord scissors (can use other scissors if cord scissors are not available)	1 per team		3
Kocher or Kelly Clamps (2) to clamp cord or cord clamps	2 per team		6

Equipment and Supplies	Numbers Needed		
	1 Workshop	No. of Workshops	Total
Kidney basin	1 per team		3
Apron	1 per team		3
Head covers			1 Box
Masks			1 Box
Gloves Sterile			2 boxes size 6 $\frac{1}{2}$ 3 boxes size 7 3 boxes size 7 $\frac{1}{2}$
Gloves Non-sterile			1 Box
Glove Powder or other powder (bottle)			6 bottles
Baby Hats			6
Barrier goggles	1 per team		3
Gauze 4" x 4" squares (this includes extra to do mouth-to-mouth resuscitation)	1 box		
Baby Blankets - 1.5 meter x 1 meter			12
Plastic Basin (to rinse gloves with decontamination solution)	1 per team		3
Infection Prevention			
Plastic Buckets	3 per team		9
Large steamer pot with lid (to steam/boil) I would prefer just a large cooking pot with lid. Also please buy metal platform to put in cooking pot so water can be below instruments)	1 per team		3
Cheatle Forceps	1 per team		3
String to Tie on Cheatle Forceps (about 1 meter long)			3 meters
Chlorine bottle	1 per team		3
Empty liter mineral water	1 per team		3
Sharps box	1 per team		3
Heavy Cleaning Gloves	1 per team		3
Toothbrush	1 per team		3

Equipment and Supplies	Numbers Needed		
	1 Workshop	No. of Workshops	Total
Scissors	1 per team		Already mentioned
Kocher or Kelly Clamp	1 per team		Already mentioned
Syringe and needle			6
Examination or sterile gloves	1 per team		Already mentioned
Apron	1 per team		Already mentioned
Cloth to wipe apron			6 cloths
Foley Catheter	1 per team		3
Instrument tray	1 per team		3
Surf powder soap (small bag)	1 per team		6
Small Shopper bag (for placenta)			12
Sharps box			3
Spirit Alcohol (200 or 250 ml)			1
Glycerin (100 ml)			1
Newborn Resuscitation			
Baby Annie Resuscitation Model	1 per team		3
Baby Blankets	3 per team		Already mentioned
Neonatal Ambu Bag	1 per team		4 (one extra in case one breaks)
Newborn suction tubes (can use foley catheter)	1 per team		Already mentioned
Suction bulbs	1 per team		3
Baby hats	1 per team		Already mentioned
Gloves	1 per team		Already mentioned
Gallipot (small metal bowls)	2 per team		6
Gauze			Already mentioned

Facilitator Responsibility Form Immediate Newborn Care Workshop

RESPONSIBILITY	FACILITATOR/S
Preparation	
1. Prepare staff in Hospital (L & D, PP Unit)	
2. Give information on class dates, size, when on ward, focus of clinical time	
3. Ask for assistance/cooperation	
4. Ensure sufficient supplies for participants when on the units	
5. Work with staff to ensure high quality care provided (so staff role models skills/protocols taught in training program)	
6. Do inventory of teaching equipment, supplies and documents and replace as needed	
7. Assist with problems that arise due to logistics such as meals, snacks, accommodation	
8. Prepare classroom (clean, enough desks / chairs, whiteboard/pens, overhead/video machines available)	
Day 1 - Facilitator	
1. Registration and give name tags	
2. Opening, Welcome	
3. Introductions	
4. Pre-course Questionnaire	
5. Participant Expectations	
6. Norms	
7. Objectives and Schedule	
8. Review Workshop Materials	
9. Task Chart	
10. Immediate Newborn Care	
11. Summary Game	
12. Day 1 Classroom Feedback	

RESPONSIBILITY	FACILITATOR/S
13. Homework assignment	
Day 2 - Facilitator	
1. Prayer	
2. Agenda	
3. Review Questions	
4. Warm-up	
5. Infection Prevention	
6. Newborn Resuscitation	
7. Orientation to Clinical Practice	
8. Summary Game	
9. Homework assignment	
Day 3 - Facilitator	
1. Prayer	
2. Clinical	
3. Agenda	
4. Review Questions	
5. Workshop Evaluation	
6. Skill Check-off	
7. Post-Course Questionnaire	
8. Discuss Participant Workshop Evaluation and Recommendations	
9. Closing	
Administrative Wrap-up	
1. Complete Training Report	
2. Store equipment	
3. Prepare summary of participant evaluation of workshop	

Orientation to Clinical Practice Immediate NB Care: Guidelines

1. **Always have the skill checklist in the labor ward.**
2. **Work with a woman in labor:**
 - If there are 1 or more women in labor, participants will be divided into teams of 2. Each team will teach the woman to breath with her contractions.
 - During birth, one participant should scrub-in to place baby skin-to-skin with woman, do delayed cord clamping and help with delivery of the placenta. The second participant should be at the side of the woman with her gloves on, supporting the woman and supporting immediate newborn care.
 - Note: On admission when a woman is ready to deliver immediately, get critical information **QUICKLY BEFORE DELIVERY**: G/P, EDD, ANC, medical problems, surgeries, problems during pregnancy, allergies to drugs, length of labor and ROM, BP, FHR, Blood Group and RH, Hemoglobin.
3. **Do newborn resuscitation if a baby is born who needs resuscitation.**
4. **Evaluate infection prevention in the labor ward.**

Divide remaining participants into 4 groups. Ask each group to evaluate the infection prevention practices of the labor ward, using the information from the infection prevention session as a guide. The areas to be evaluated include:

 - 1) Waste management
 - 2) Processing of instruments
 - 3) Environmental cleanliness
 - 4) Newborn resuscitation area and readiness

After doing the evaluation, each group should prepare their findings and recommendations to be presented in class. Ask each group to choose a person to do the presentation.

One Hour Post Clinical Conference After the Clinical Session. To Review:

 - Report on teaching breathing to a woman
 - Report on doing immediate newborn care
 - Report on doing newborn resuscitation
 - Report on the infection prevention evaluation: Ask each group to report their evaluation findings and recommendations. After each report, ask participants listening to the report if they have any questions. The facilitator can also ask questions as needed. Thank each group for their work after the report.

Summary Questions - Day 1 Immediate Newborn Care

What is evidence based care?

What are 3 things that every newborn needs?

True or False? A mother can warm her baby just as well or better than an incubator by using skin to skin care.

True or False? Every baby should be suctioned at birth.

True or False? It is important to always use alcohol every day on a baby's umbilical cord until it falls off.

What is the first step in immediate newborn care?

When a baby is born, how long should the mother and baby stay skin to skin before weighing the baby?

KEY Summary Questions - Day 1

Immediate Newborn Care

What is evidence based care?

Making clinical decisions and giving care based on knowledge from research.

What are 3 things that every newborn needs? Can include 3 of the following:

Dry

Warm

Breathing

Skin to skin contact with the mother

Early breastfeeding

True or False? A mother can warm her baby just as well or better than an incubator by using skin to skin care.

True

True or False? Every baby should be suctioned at birth.

False

True or False? It is important to always use alcohol every day on a baby's umbilical cord until it falls off.

False

What is the first step in immediate newborn care?

Dry the baby (except the hands)

When a baby is born, how long should the mother and baby stay skin to skin before weighing the baby?

Keep mother and baby together skin to skin until the baby has breastfed.

Summary Questions - Day 2

Newborn Resuscitation and Infection Prevention

True or False? A newborn baby with asphyxia can be resuscitated effectively without bottled oxygen.

True or False? Decontamination of instruments with 0.5% chlorine solution for 10 minutes before cleaning kills most microorganisms including Hepatitis B, Hepatitis C, and HIV viruses.

True or False? Before putting a disposable needle and syringe in a puncture proof container or sharps box, you should first carefully re-cap the needle.

True or False? Dirty instruments should be processed in the following order: 1) clean instruments, 2) decontaminate instruments, 3) high level disinfect or sterilize, 4) then store.

True or False? If a baby needs resuscitation, ventilation should be started within 1 minute of starting the resuscitation.

When should a sharps container be emptied?

If blood is spilled on the wall, how do you clean the wall?

What is the correct position for a baby's head when you do newborn resuscitation?

When you ventilate a newborn baby during resuscitation, how many breaths do you give the baby in 1 minute?

KEY Summary Questions Day 2 Newborn Resuscitation and Infection Prevention

True or False? A newborn baby with asphyxia can be resuscitated effectively without bottled oxygen.

True

True or False? Decontamination of instruments with 0.5% chlorine solution for 10 minutes before cleaning kills most microorganisms including Hepatitis B, Hepatitis C, and HIV viruses.

True.

True or False? Before putting a disposable needle and syringe in a puncture proof container or sharps box, you should first carefully re-cap the needle.

False, do not recap.

True or False? Dirty instruments should be processed in the following order: 1) clean instrument, 2) decontaminate instruments, 3) high level disinfect or sterilize, 4) then store.

False (decontaminate first then clean)

True or False? If a baby needs newborn resuscitation, ventilation should be started within 1 minute of birth.

False, within 30 seconds.

When should a puncture proof sharps container be emptied?

When it is $\frac{3}{4}$ full.

If blood is spilled on the wall, how do you clean it?

Use a rag soaked in 0.5% chlorine solution to wipe it off.

What is the correct position for a baby's head when you do newborn resuscitation?

Slightly extended (sniffing position)

When you ventilate a newborn baby during resuscitation, how many breaths do you give the baby in 1 minute?

40 breaths in 1 minute

EVALUATION TOOL Newborn Resuscitation
--

DATE	PARTICIPANT'S NAME	NUMBER CORRECT / PERCENT SCORE
		/

Please explain the following to the person being evaluated:

1. The case situation:

You are delivering Mrs. N. The baby's heart rate has been good during the whole labor, except for the last 15 minutes before the birth. At the time the baby is born, you see there is a cord tightly around the baby's neck. You cut the cord and deliver the baby. The baby is not breathing. You quickly begin to do newborn resuscitation.

2. I will ask you questions. Please explain and demonstrate your answers to the questions.

3. The equipment and supplies for the demonstration:

- 1 Infant resuscitation model
- 1 Ambubag and mask
- 1 Suction device
- 3 Blankets or cloths (to put under baby's neck, to dry baby, to warm baby)
- 1 Gloves
- 2 Small metal bowls (gallipots)
- 7 Pieces of gauze

EVALUATION CHECKLIST: Newborn Resuscitation	SCORE
<i>Evaluator asks: What must you do to prepare to do newborn resuscitation, including what you explain to the mother and family?</i>	
1. Have the resuscitation place ready for every birth.	
2. Tell the woman (and her support person) what is going to be done.	
<i>Evaluator asks: What is the maximum time from delivery to the start of ventilation?</i>	
3. Time from delivery to start of ventilation should be no more than 30 seconds.	
<i>Evaluator states: Please explain and demonstrate the steps of newborn resuscitation.</i>	
4. Put the newborn on its back on a clean, warm surface.	
5. DRY newborn quickly and firmly with a towel or cloth, from head to toe, but not the hands.	
6. Take away the wet towel	
7. WARM newborn: Quickly wrap newborn, except for the face and upper chest.	
8. POSITION the head in a slightly extended position, "sniffing position", to open the airway. Put a rolled cloth under the baby's shoulder to keep this position.	
9. SUCTION the airway by suctioning the mouth first and then the nose.	
10. STIMULATE the newborn by rubbing a hand up and down the newborn's spine.	
11. If the newborn is still not breathing, quickly recheck the position of the newborn's head to make sure that the neck is slightly extended.	
12. Put the mask on the newborn's face so that it covers the chin, mouth and nose.	
13. Form a seal between the mask and the newborn's face.	
14. Do test breaths: Ventilate two times to observe if the chest rises.	
<i>Evaluator asks: What do you do if the chest is not rising when you give the first breaths?</i>	

<p style="text-align: center;">EVALUATION CHECKLIST: Newborn Resuscitation</p>	<p style="text-align: center;">SCORE</p>
15. Repeat suction of mouth and nose to remove mucus, blood or meconium from the airway.	
16. Check the position of the head again to make sure the neck is slightly extended.	
17. Reposition the mask on the newborn's face to improve the seal between mask and face.	
<i>Evaluator asks: What do you do if the newborn's chest is rising?</i>	
18. Ventilate at a rate of 40 breaths per minute.	
19. While ventilating observe the chest for the rise and fall.	
20. Stop ventilating after 40 breaths to evaluate if the newborn is breathing spontaneously. This should be done quickly taking no more than 6 seconds.	
21. If the newborn is not breathing, again ventilate for 1 minute (40 breaths).	
22. Continue to ventilate and evaluate the newborn until baby is breathing normally.	
<i>Evaluator asks: If breathing is normal (30-60 breaths/minute), there is no indrawing of the chest or grunting, and the Apgar is 7 or greater, what do you do?</i>	
23. Keep the baby warm, observe the baby's breathing and encourage the mother to begin breastfeeding.	
<i>Evaluator asks: If the newborn is breathing but has difficulty breathing (indrawing of chest or grunting) and Apgar is 6 or less, what do you do?</i>	
24. Consult with doctor or refer baby for special care.	
<i>Evaluator asks: When do you stop ventilating?</i>	
25. When the baby is breathing, or if there is no gasping or breathing at all after 10 minutes of ventilation, stop ventilating.	
TOTAL SCORE	

After the participant completes the evaluation, thank her and review areas that need strengthening. Give the participant her percent score.

PRECOURSE QUESTIONNAIRE

Immediate Newborn Care Workshop

Name: _____ Date: _____ Score: _____
_____ /10

Instructions: Carefully read the statements below and mark **T** (if true) and **F** (if false) in the first column.

	1. Evidence-based practice is defined as the use of current, best evidence when making decisions about the care of individual patients.
	2. A newborn baby with asphyxia can be resuscitated effectively without bottled oxygen.
	3. According to evidence, the umbilical stump should be cleaned daily with clean water and alcohol/spirit.
	4. The newborn can be cleaned and weighed before the first breastfeed.
	5. Standard precautions are used for the care of all persons, clients and staff, if they are infected or not.
	6. Decontamination of instruments with 0.5% chlorine solution for 10 minutes before cleaning kills most microorganisms including Hepatitis B, Hepatitis C, and HIV viruses.
	7. Before putting a disposable needle and syringe in a puncture proof container or sharps box, you should first carefully re-cap the needle.
	8. Dirty instruments should be processed in the following order: 1) clean instrument, 2) decontaminate instruments, 3) high level disinfect or sterilize, 4) then store.
	9. If a baby needs newborn resuscitation, ventilation should be started within 1 minute of birth.
	10. The umbilical cord should be clamped and cut 2 - 3 minutes after the birth of a normal newborn.

PRECOURSE QUESTIONNAIRE KEY

Immediate Newborn Care Workshop

Name: _____ Date: _____ Score: _____
_____ /10

Instructions: Carefully read the statements below and mark **T** (if true) and **F** (if false) in the first column.

T	1. Evidence-based practice is defined as the use of current, best evidence when making decisions about the care of individual patients.
T	2. A newborn baby with asphyxia can be resuscitated effectively without bottled oxygen.
F	3. According to evidence, the umbilical stump should be cleaned daily with clean water and alcohol/spirit.
F	4. The newborn should be cleaned and weighed before the first breastfeed.
T	5. Standard precautions are used for the care of all persons, clients and staff, if they are infected or not.
T	6. Decontamination of instruments with 0.5% chlorine solution for 10 minutes before cleaning kills most microorganisms including Hepatitis B, Hepatitis C, and HIV viruses.
F	7. Before putting a disposable needle and syringe in a puncture proof container or sharps box, you should first carefully re-cap the needle.
F	8. Dirty instruments should be processed in the following order: 1) clean instrument, 2) decontaminate instruments, 3) high level disinfect or sterilize, 4) then store.
F	9. If a baby needs newborn resuscitation, ventilation should be started within 1 minute of birth.
T	10. The umbilical cord should be clamped and cut 2 - 3 minutes after the birth of a normal newborn.

Post-Course Questionnaire

Immediate Newborn Care Workshop

Name: _____ Date: _____ Score: _____
 /10

Instructions: Carefully read each statement and choose the best answer. There is only one correct answer for each question.

1. **Evidence Based Practice is defined as practicing according to:**
 - a. What the doctor says
 - b. What the dai tells you
 - c. What has been shown in several research studies
 - d. What has been shown in one study

2. **According to evidence, the umbilical stump should be cleaned with:**
 - a. Alcohol
 - b. Clean water and alcohol
 - c. Tap water and soap
 - d. Left alone unless contaminated and then clean with clean water and soap

3. **The primary purpose of the decontamination of instruments is to:**
 - a. Kill endospores
 - b. Prepare the instruments for use
 - c. Make the instruments safe for handling
 - d. Protect the community from STIs

4. **To decontaminate equipment, soak in 0.5% chlorine solution for:**
 - a. 2 minutes
 - b. 5 minutes
 - c. 8 minutes
 - d. 10 minutes

5. **Which of the following immediate care steps is not recommended for all normal babies at birth?**
 - a. Dry/stimulate
 - b. Suction
 - c. Skin-to-skin
 - d. Warm

6. **What position do you use for a baby when doing newborn resuscitation?**
- The head is slightly lower than the legs
 - The head is *SLIGHTLY* extended
 - The head is *VERY* extended
 - None of the above
7. **When breathing for a baby during newborn resuscitation:**
- Give 30 breaths in a minute before stopping to evaluate
 - Give 50 breaths in a minute before stopping to evaluate
 - Give 20 breaths in a minute before stopping to evaluate
 - Give 40 breaths in a minute before stopping to evaluate
8. **After doing newborn resuscitation, you should consult with a doctor or refer the baby if the Apgar Score is:**
- 8 or less
 - 7 or less
 - 6 or less
 - 5 or less
9. **Immediately after delivery when you put the baby on the mother's abdomen and you have not clamped or cut the cord:**
- Blood does not move through the cord
 - More blood moves through the cord from the placenta to the baby (baby gets more blood volume)
 - More blood moves through the cord from the baby to the placenta (baby gets less blood volume)
10. **A disinfectant cleaning solution contains:**
- 0.5% chlorine solution mixed with detergent
 - 0.1% chlorine solution mixed with detergent
 - 0.5% chlorine solution mixed with ammonia
 - 0.1% chlorine solution mixed with ammonia

Post-Course Questionnaire KEY
Immediate Newborn Care Workshop

Name: _____ Date: _____ Score: _____
 /10

Instructions: Carefully read each statement and choose the best answer. There is only one correct answer for each question.

1. **Evidence Based Practice is defined as practicing according to:**
 - a. What the doctor says
 - b. What the dai tells you
 - c. What has been shown in several research studies**
 - d. What has been shown in one study

2. **According to evidence, the umbilical stump should be cleaned with:**
 - a. Alcohol
 - b. Clean water and alcohol
 - c. Tap water and soap
 - d. Left alone unless contaminated and then clean with clean water and soap**

3. **The primary purpose of the decontamination of instruments is to:**
 - a. Kill endospores
 - b. Prepare the instruments for use
 - c. Make the instruments safe for handling**
 - d. Protect the community from STIs

4. **To decontaminate equipment, soak in 0.5% chlorine solution for:**
 - a. 2 minutes
 - b. 5 minutes
 - c. 8 minutes
 - d. 10 minutes**

5. **Which of the following immediate care steps is not recommended for all normal babies at birth?**
 - a. Dry/stimulate
 - b. Suction**
 - c. Skin-to-skin
 - d. Warm

6. **What position do you use for a baby when doing newborn resuscitation?**
- The head is slightly lower than the legs
 - The head is SLIGHTLY extended**
 - The head is VERY extended
 - None of the above
7. **When breathing for a baby during newborn resuscitation:**
- Give 30 breaths in a minute before stopping to evaluate
 - Give 50 breaths in a minute before stopping to evaluate
 - Give 20 breaths in a minute before stopping to evaluate
 - Give 40 breaths in a minute before stopping to evaluate**
8. **After doing newborn resuscitation, you should consult with a doctor or refer the baby if the Apgar Score is:**
- 8 or less
 - 7 or less
 - 6 or less**
 - 5 or less
9. **Immediately after delivery when you put the baby on the mother's abdomen and you have not clamped or cut the cord:**
- Blood does not move through the cord
 - More blood moves through the cord from the placenta to the baby (baby gets more blood volume)**
 - More blood moves through the cord from the baby to the placenta (baby gets less blood volume)
10. **A disinfectant cleaning solution contains:**
- 0.5% chlorine solution mixed with detergent**
 - 0.1% chlorine solution mixed with detergent
 - 0.5% chlorine solution mixed with ammonia
 - 0.1% chlorine solution mixed with ammonia

Classroom Feedback

DAY-1

1. At the end of this day how you are feeling?

2. And why?

3. Any other comments?

WORKSHOP EVALUATION

Instructions: Please indicate your opinion of the workshop using the following rating scale:

	5-Strongly Agree	4-Agree	3-No opinion	2-Disagree	1-Strongly Disagree
1. The trainer(s) made me feel welcome	5	4	3	2	1
2. The learning objectives for the course were clearly stated.	5	4	3	2	1
3. The presentations and discussions helped me to understand the course content.	5	4	3	2	1
4. The practice on models helped me to feel confident before going into the clinical setting.	5	4	3	2	1
5. I feel confident that I can transfer the knowledge and skills from this training to my students or workplace.	5	4	3	2	1
6. The trainer(s) encouraged interaction among participants.	5	4	3	2	1
7. The trainer(s) made it easy for participants to ask questions.	5	4	3	2	1
8. The participant accommodations should be used again for future trainings.	5	4	3	2	1

Please list the topics that were MOST useful during the training.

Please list the topics that were LEAST useful during the training.

Additional Comments: (use back of page if necessary)

OTHER DOCUMENTS

Supporting a Woman in Labor

There are many ways a woman in labor can help herself with the pain in labor. But, she cannot do this alone. She needs a support person. She also needs to know methods, such as breathing and concentration. We can teach a woman and her support person the following:

1. **Educate the woman and her support person about what happens during labor and delivery.** This helps the woman feel she can trust you more, makes her feel more comfortable and actually makes her labor easier. Starting this education during antenatal visits is important. If this education is started in labor, try to do it as early in labor as possible. **DO NOT** try to educate the woman during a contraction. When she feels the pain of a contraction, she cannot concentrate on what you are saying. Remember to use words the woman will understand.
 - Labor has 3 important parts:
 - Part 1: Having contractions/pains that open the womb inside the body. This part of labor is the longest part. It usually starts with contractions that are not so frequent, strong and long. Toward the end of this first part the contractions become very frequent, very strong and last about a minute each.
 - When the womb is open, part 2 is pushing the baby out of the body. This part can last from a few minutes to over 2 hours.
 - When the baby is born, part 3 is pushing out the placenta/afterbirth. This is the shortest part of labor and usually lasts 5 - 10 minutes.
 - During labor the womb is working very hard (having contractions) to open. It is a big muscle. When you have a contraction the womb is working and gets hard. It is just like the muscle of your arm that gets hard when you try to lift something. The womb uses a lot of your energy during a contraction because it is working so hard.
 - Because your womb uses a lot of your energy, it is important for all the other muscles of your body to be relaxed, during a contraction and between contractions, so you do not use too much energy and get too tired. Your other muscles must be quiet and stay soft.
 - There are ways to help you keep your whole body relaxed so your womb can do it's work. This can be done by using some special breathing and by trying to think about your breathing and not what you feel in your body.
 - During labor and birth, the health care provider will be helping by:
 - Checking you (blood pressure, pulse, temperature), your baby (fetal heart rate), and the progress of your labor (abdominal and vaginal examination) regularly.
 - Cleaning your perineum just before the baby is born.
 - Giving you an injection just after the baby is born to reduce the amount of blood you will lose.
 - Laying the baby on your abdomen, chest to chest, after drying the

baby. This will keep the baby warm, help the baby breathe, encourage the baby to breastfeed in the first hour after birth and help the baby to feel safe.

2. **Teach the woman and her support person about breathing techniques to use during labor and delivery.** It is important to continue breathing when you have a contraction. It is a natural response for someone to hold their breath and tighten their muscles when they feel pain. But that only uses MORE energy and makes the contractions feel MORE painful. Try to use these breathing techniques:

Deep cleansing breath. Use this breath just before and after **EVERY** contraction. It helps you relax your body as completely as possible before and after a contraction.

Take a VERY deep breath in through the nose and out through your mouth. As you let your breath out, think about letting all your muscles relax.

Part 1 Labor: Your womb is opening up

- **Deep slow breathing**, in through the nose and out through the mouth. Use this breathing when the contractions are mild or moderate during the beginning of the first part of labor.

Take a deep cleansing breath... then do the deep slow breathing... when the contraction ends take another deep cleansing breath.

- **Shallow (light) fast breathing**, in and out through the mouth. You should feel this breathing only in the very top of your lungs close to your neck. Use this breathing when the contractions are moderate to strong, at the end of your first part of labor. This breathing helps with the stronger contractions because it is more difficult to do, so you need to concentrate more on your breathing instead of what you are feeling (the contraction).

Take a deep cleansing breath... then do the shallow fast breathing... when the contraction ends take another deep cleansing breath.

Part 2 Labor: You are pushing the baby out

- **To NOT push.** This breathing can be used at two different times, when you feel like pushing but it is not time to push and when the baby's head is crowning. As the baby's head is about to deliver it is important it comes out as slowly as possible, **AS LONG AS THE FETAL HEART RATE IS NORMAL.** When the head is born **slowly**, your skin has more time to stretch and is less likely to tear. At this time you will have a very strong feeling to push the baby out quickly. To not push, breathe quickly by **BLOWING** short fast hard breaths in and out through your mouth. **It is important to breathe in as much as you breathe out.** If you

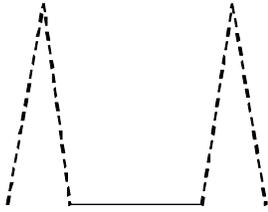
breathe out too much it can make you very dizzy. Remember, to push you must hold your breath, so if you are breathing by blowing short fast hard breaths, then you cannot push.

Take a deep cleansing breath... breath quickly by blowing short fast hard breaths in and out through your mouth... when the contraction ends take another deep cleansing breath.

- **TO push:** It is important not to push until the womb is completely open and you feel you need to push. If you feel you want to push, let the midwife know so she can check to make sure the womb is completely open. When you push, take a deep breath and then push down with your mouth open and as you let your breath out. **If you hold your breath while pushing or you push for too long without taking a breath, your baby may not get enough oxygen.** Before taking another breath, let your breath all the way out and push again in the same way.

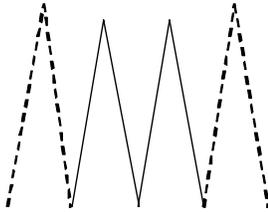
Take a deep cleansing breath... then take a deep breath and push with your mouth open as you let your breath out. Before taking another breath, let your breath all the way out... do this 2 - 4 times... when the contraction ends take another deep cleansing breath.

Breathing for Labor and Delivery

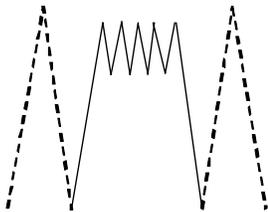


Deep Cleansing Breath
Use before and after every contraction

Stage 1 Labor

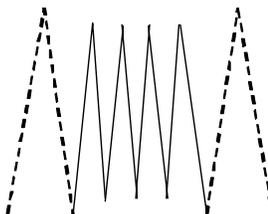


Slow Deep Breathing
Use with mild to moderate contractions

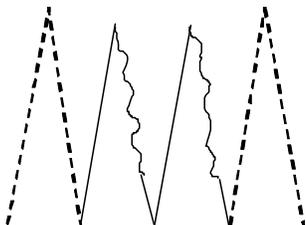


Fast Shallow Breathing
Use with stronger contractions

Stage 2 Labor



NOT to Push
Blow short, fast, hard breaths and
in as much as out



TO Push
Push down with mouth open as you breathe out.
Before taking another breath, let your breath
all the way out

3. Teach the woman and her support person how to help the woman concentrate.

- Keep your eyes open, always looking into the eyes of your support person. When you close your eyes you are in your own little world. You feel more what is happening inside your body.
- The support person should **BREATHE WITH THE WOMAN IN LABOR** during a contraction and remind her:
 - **WHEN THE CONTRACTION IS STARTING** so you can begin breathing. Note: The health care provider should teach the support person how to feel contractions (feel on the soft part of the uterus where the baby's small parts are located).
 - **TO TAKE A DEEP CLEANSING BREATH** before and after every contraction.
 - **TO CONSTANTLY LOOK INTO YOUR EYES**, especially if you begin to lose your concentration.
 - **TO THINK STRONGLY ABOUT BREATHING**, feeling each breath as it enters the lungs and then goes in and out of the nose or mouth.
- Remember, a woman needs a **QUIET** environment during a contraction. People around the woman should not have discussions with each other or with the woman, so she can concentrate.

4. Massage the woman or teach the support person how to massage the woman.

- If the baby is posterior, massage the sacrum or the two sides to the left and right of the sacrum. This can be done when the woman is on her hands and knees, lying on her side, or sitting in a chair while she is facing the bed. Ask the woman where the massage feels better. Ask the woman if massaging in a circle with your palm of the hand, or your fingers feels better, or if steady pressure in those places feels better. **THIS MASSAGE USUALLY FEELS BETTER DURING A CONTRACTION.**
- If a woman's muscles are very tired, massaging the muscles of the neck, back, arms or legs may feel very good and help her to relax more. **THIS MASSAGE USUALLY FEELS BETTER BETWEEN CONTRACTIONS.**

5. Help the woman stay cool.

- Use a cool cloth on the woman's neck, face and/or chest.
- Use a hand fan or a firm piece of paper to fan the woman's face and body.
- Encourage the woman to take a bucket shower or bath. Research shows that when a woman washes during labor, she has fewer infections.

6. Use positions during labor and delivery that help the woman feel comfortable and to help with the birth.

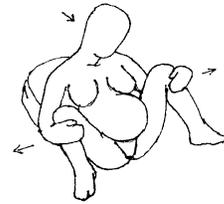
- Use comfortable positions for laboring (walking, sitting, sitting on a chair

with no arms facing the bed and the woman sits with her legs open wide,
side-lying, hands and knees)

- Use comfortable positions for birthing (side-lying, semi-sitting, hands and knees, squatting, standing). When the cervix is fully dilated and the baby's head begins to move down into the birth canal, the woman will usually feel like pushing. Help the mother push effectively (correctly). Encourage her to keep her mouth and legs relaxed and open. **Help the mother get in a position that is comfortable for her for pushing and for delivery.** Encourage her to try different positions if descent is slow. These positions have special benefits:

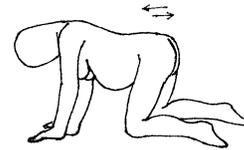
Sitting or half sitting

Often the most comfortable position, and makes it easier for the midwife to guide the birth of the baby's head and observe the perineum. It is important for the woman to open her legs wide and to pull her knees as close to her body as possible.



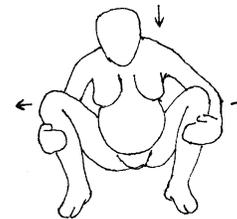
Hands-and-knees

Good when the woman feels labor in her back and the baby is posterior. Can also help when the baby is occiput posterior and having trouble turning to occiput anterior.



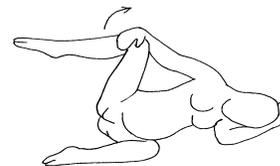
Squatting or standing

Helps bring the baby down when the birth is slow or the mother does not feel like pushing. In this position the pelvis tilts upward and opens by 1 - 2 cm more.



Lying on the left side

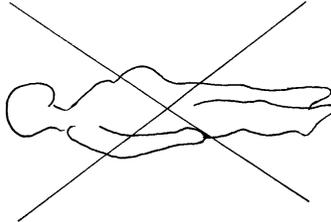
This position is relaxing and may help the mother not to push when she feels like pushing before she is fully dilated. Research shows that women have fewer lacerations or smaller lacerations when they use this position for delivery.



After the delivery and the drying of the baby, the mother can change her position so she is lying on her back. Then the baby can be placed skin-to-skin with the mother and both can be covered.

Position not to use:

It is usually *not good for the mother to lie flat on her back* during a normal birth. It can squeeze the blood vessels that bring blood to the baby and the mother so they get less blood and oxygen. Also, it is much harder for the mother to push when she is lying flat on her back.



If the woman has her legs up, in lithotomy position, much greater stress is put on the muscles, connective tissue and skin of her perineum. *This encourages more lacerations or larger lacerations.*

7. Use other ways to comfort the woman and keep her energy level good.

- Urinate every 2 hours
- Drink fluids at least every 1 hour or more often
- Eat lightly
- Encourage a birth support person to be present
- Talk to the woman and praise her for all her good work.
- Comfort the family.

Evidence-based Clinical Practices: Helpful and Harmful

Evidence Based HELPFUL Practices:

1. Educate women on how to make labor easier (teach antenatally and in labor):
 - Educate on what is labor and what happens during labor
 - Breathing techniques
 - Concentration techniques
 - Massage
 - Positions for labor and birth
 - How to stay comfortable
2. Allow a support person to be with the woman for labor and birth
3. Partograph to document and manage labor
4. Active management of the third stage of labor
 - Step 1: Give oxytocin 10 units IM within one minute of the birth of the baby after excluding an additional fetus
 - Step 2: Assist delivery of the placenta by controlled cord traction while supporting the contracted uterus.
 - Step 3: Massage the uterus IMMEDIATELY after delivery of the placenta
5. Delayed cord clamping for 2 - 3 minutes
6. Keep mother and baby skin-to-skin on mother's abdomen until AFTER first breastfeeding
7. Delay bathing baby for 24 hours.

Evidence Based HARMFUL Practices:

1. Restriction of food and fluids during labor
2. Routine enema
3. Routine catheterization (allow woman to try to urinate first)
4. Supine position during labor
5. Fundal pressure during delivery
6. Lithotomy position for delivery
7. Routine episiotomy for primigravida
8. Prelacteal feeds (Gurtti)
9. Liberal or routine use of artificial rupture of membranes during first stage labor
10. Routine IV infusion
11. Repeated or frequent vaginal examinations, especially by more than one caregiver
12. Keeping to a rigid time limit for the second stage of labor (e.g., 1 hour) if maternal and fetal conditions are good and there is progress of labor
13. Routinely moving laboring woman to a different room for second stage