

# Reproductive Health Training

For Primary Providers

A SourceBook  
for  
Curriculum Development

Module 4  
Maternal & Newborn  
Care

The logo consists of the word "PRIME" in white, uppercase, sans-serif font, centered within a red, parallelogram-shaped background that is wider than it is tall.

**PRIME**

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## ABBREVIATIONS

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>BCG</b>	bacillus Calmette-Guerin (vaccine)
<b>BF</b>	breastfeeding
<b>BP</b>	blood pressure
<b>BPM</b>	beats per minute
<b>CMM</b>	cervical mucus method
<b>CS</b>	childspacing
<b>DPT</b>	Diphtheria Pertussis Tetanus
<b>EDC</b>	estimated date of conception
<b>FP</b>	family planning
<b>HIV</b>	human immunodeficiency virus
<b>LAM</b>	lactational amenorrhea method
<b>LMP</b>	last menstrual period
<b>MAQ</b>	maximizing access to and quality of care
<b>MCH</b>	maternal and child health
<b>MH</b>	maternal health
<b>OC</b>	oral contraceptive
<b>ORS</b>	oral rehydration solution
<b>PHC</b>	primary health care
<b>RH</b>	reproductive health
<b>RTI</b>	reproductive tract infection
<b>SM</b>	safe motherhood
<b>STI</b>	sexually transmitted infection
<b>UTI</b>	urinary tract infection



## INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as a reference to develop or revise a curriculum for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers. It also can be used, as is or adapted, to develop training curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach also may vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major job or service component. A list of the eight *SourceBook* modules appears below.<sup>1</sup> This module is highlighted.

- Module 1    Counseling clients for family planning/reproductive health services
- Module 2    Educating clients and groups about family planning/reproductive health
- Module 3    Providing family planning services

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<sup>1</sup> Other jobs, or modules, may be identified and developed.

## Module 4: Providing Basic Maternal and Newborn Care Services

- Module 4 Providing basic maternal and newborn care services
- Module 5 Providing postabortion care services
- Module 6 Providing selected<sup>2</sup> reproductive health services
- Module 7 Working in collaboration with other reproductive health and community-based workers
- Module 8 Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

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<sup>2</sup> This module features RH topics not covered in the other *SourceBook* modules.

## OVERVIEW OF MODULE 4

Module 4 contains the components for developing a curriculum or a curriculum unit on providing basic maternal and newborn care services. Such services include:

- counseling, education and care for pregnant women
- care during labor and delivery
- counseling, education and care of postpartum women
- postpartum family planning counseling and service provision
- newborn care
- counseling and education of the mother on newborn and infant care
- educating women, their families and the community on larger issues in maternal and newborn health, safe motherhood and child survival.

This module incorporates selected skills found in the preceding modules (i.e., counseling clients; educating clients and groups; providing family planning), and refers to and complements the knowledge and skills covered in other RH services modules (i.e., providing postabortion care; other selected RH services).

When developing a performance-based curriculum for providing basic maternal and newborn care services, the following key resources are essential to use in conjunction with Module 4:

**Key Resources** (full citations are contained in the User's Guide and the **References** list at the end of this module):

- *A Book for Midwives* (Klein)
  - *Myles Textbook for Midwives* (Bennet, Brown, eds.)
  - *Varney's Midwifery* (Varney)
  - *Healthy Mother and Healthy Newborn Care* (Beck, et al)
  - *Life-Saving Skills Manual for Midwives* (Buffington, Marshall)
  - *Mother-Baby Package: Implementing Safe Motherhood in Countries* (WHO)
  - *Infection Prevention for Family Planning Service Programs* (Tietjen, et al)
  - national or local service guidelines
-

## Module 4: Providing Basic Maternal and Newborn Care Services

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum for providing maternal and newborn care services.

### Mapping Module 4

On the following pages are a series of figures that progressively build the “map” of Module 4 (Figures 1 to 5). The term “map” has a unique meaning in the *SourceBook*. Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee’s JOB (the JOB for Module 4 is “providing basic maternal and newborn care services”);
- the MAJOR TASKS of the job;
  - the KNOWLEDGE required to perform the job;
  - the SKILLS required to perform the job;
  - KNOWLEDGE ASSESSMENT QUESTIONS; and
  - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

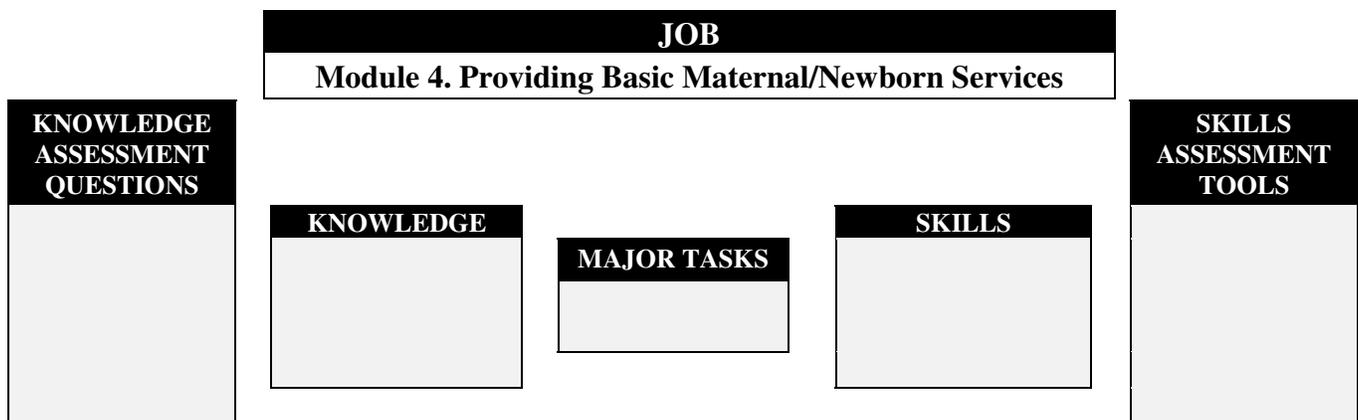


Figure 1  
The Module “Map”

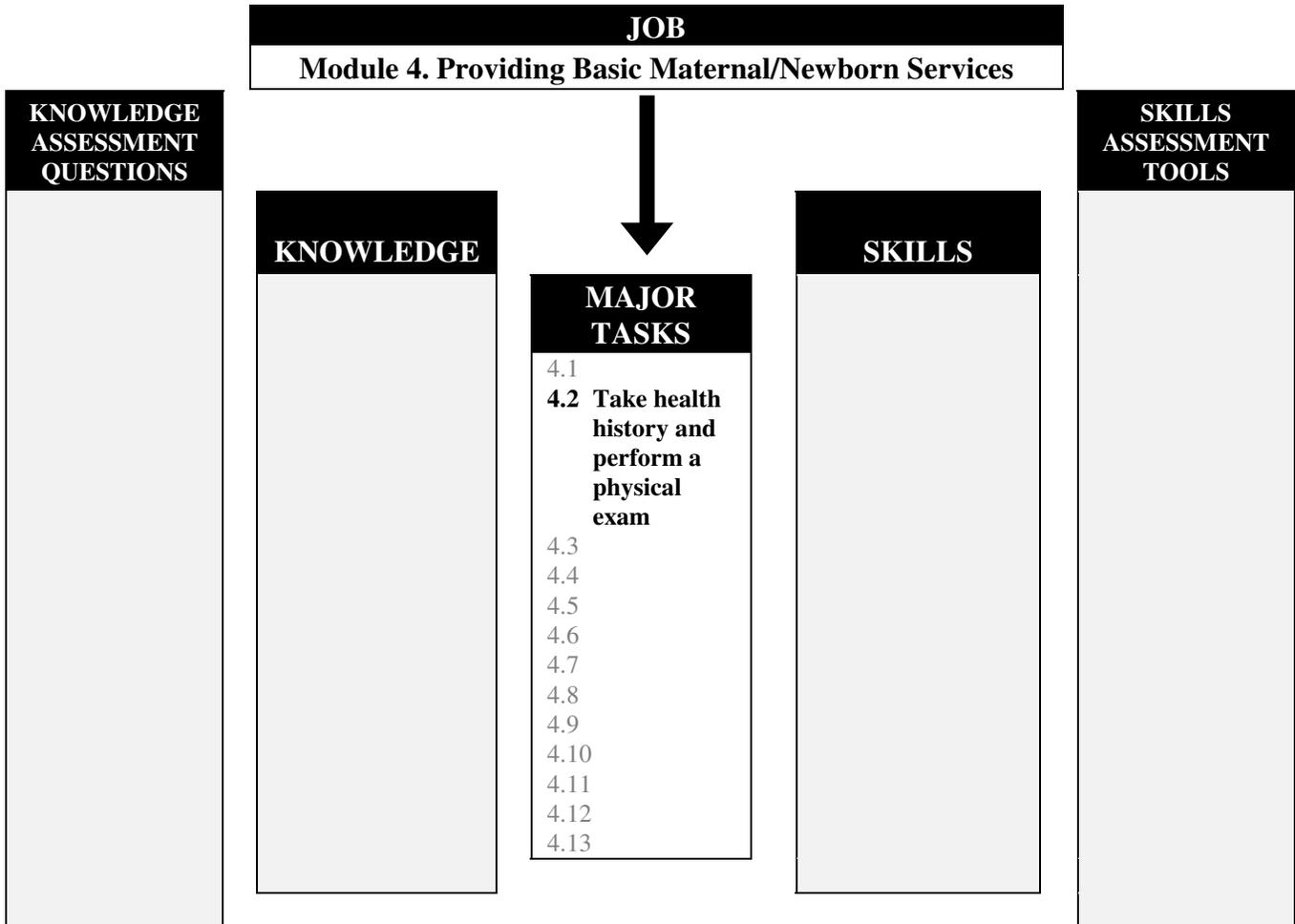


Figure 2  
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, “Providing Basic Maternal and Newborn Care Services,” consists of 13 MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the 13 MAJOR TASKS, “taking a health history and performing a physical exam for antepartum,” intrapartum and postpartum women, is featured in Figure 2.

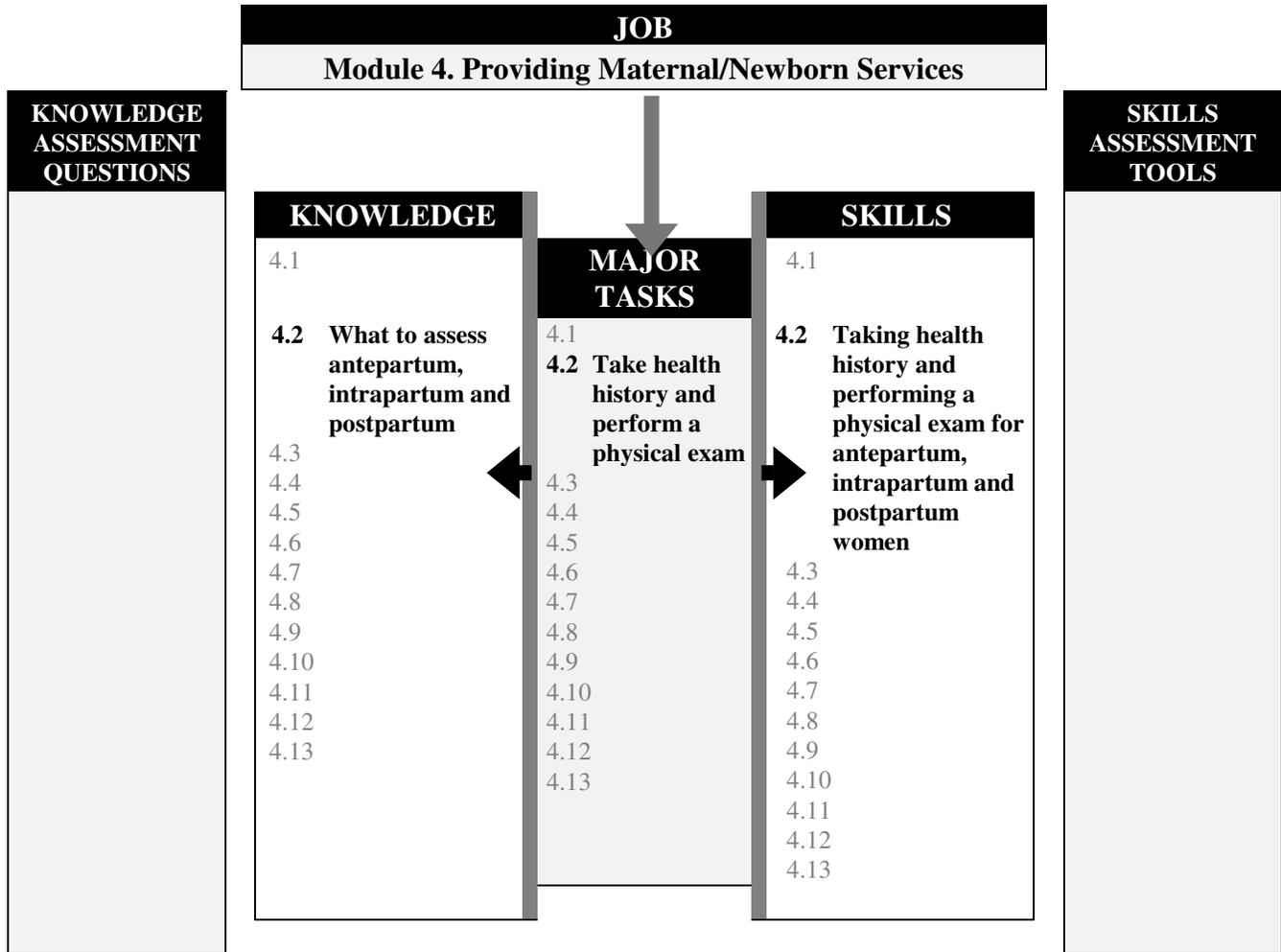


Figure 3  
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the SKILLS component is as important as the KNOWLEDGE component when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients consists of counseling approaches and considerations. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILL that must be practiced is taking a health history and performing a physical exam on antepartum, intrapartum and postpartum women.

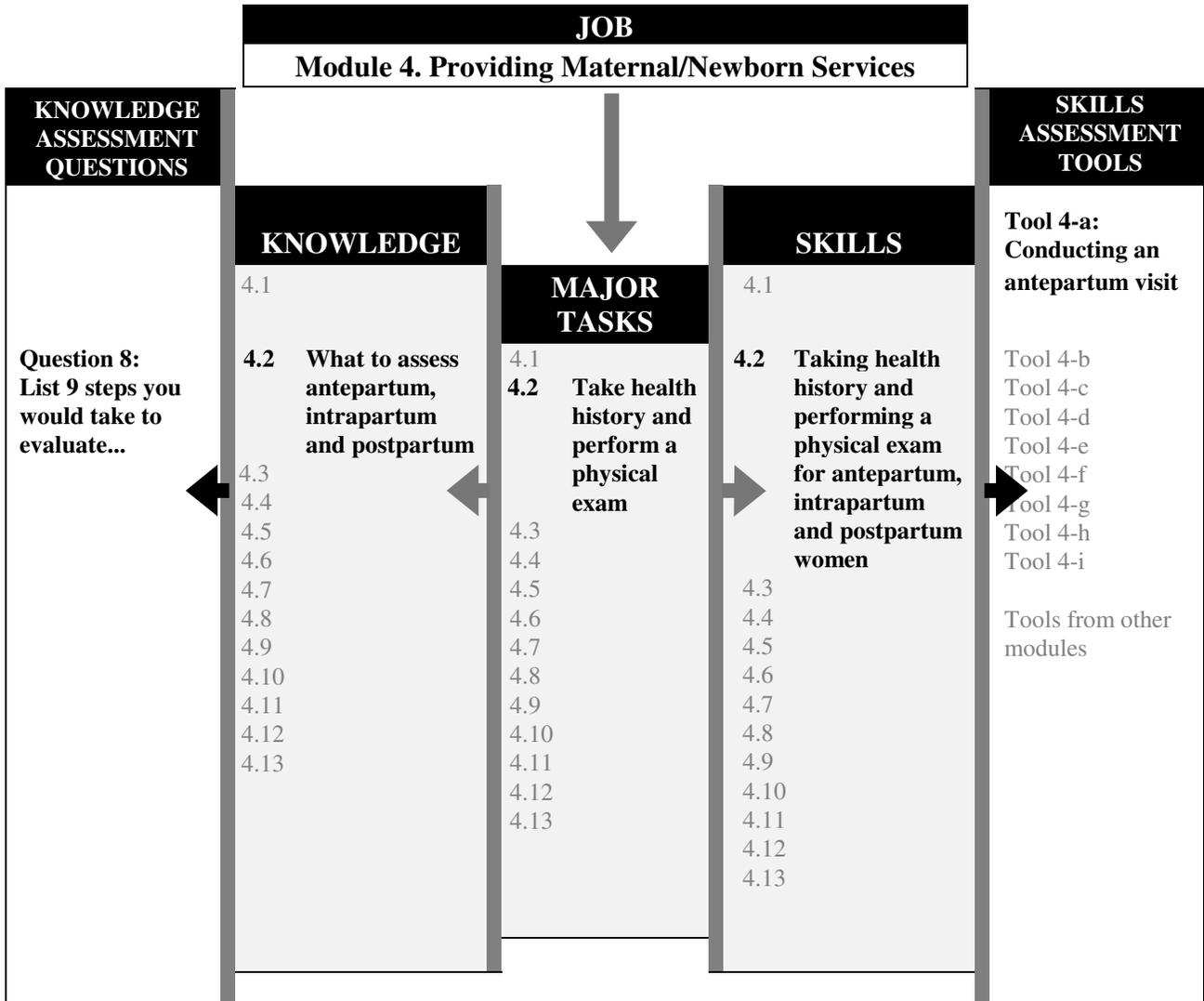


Figure 4  
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They also can be used when the trainee is in her/his job site to assess the trainee’s knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

**JOB**  
**Module 4. Providing Maternal/Newborn Care Services**

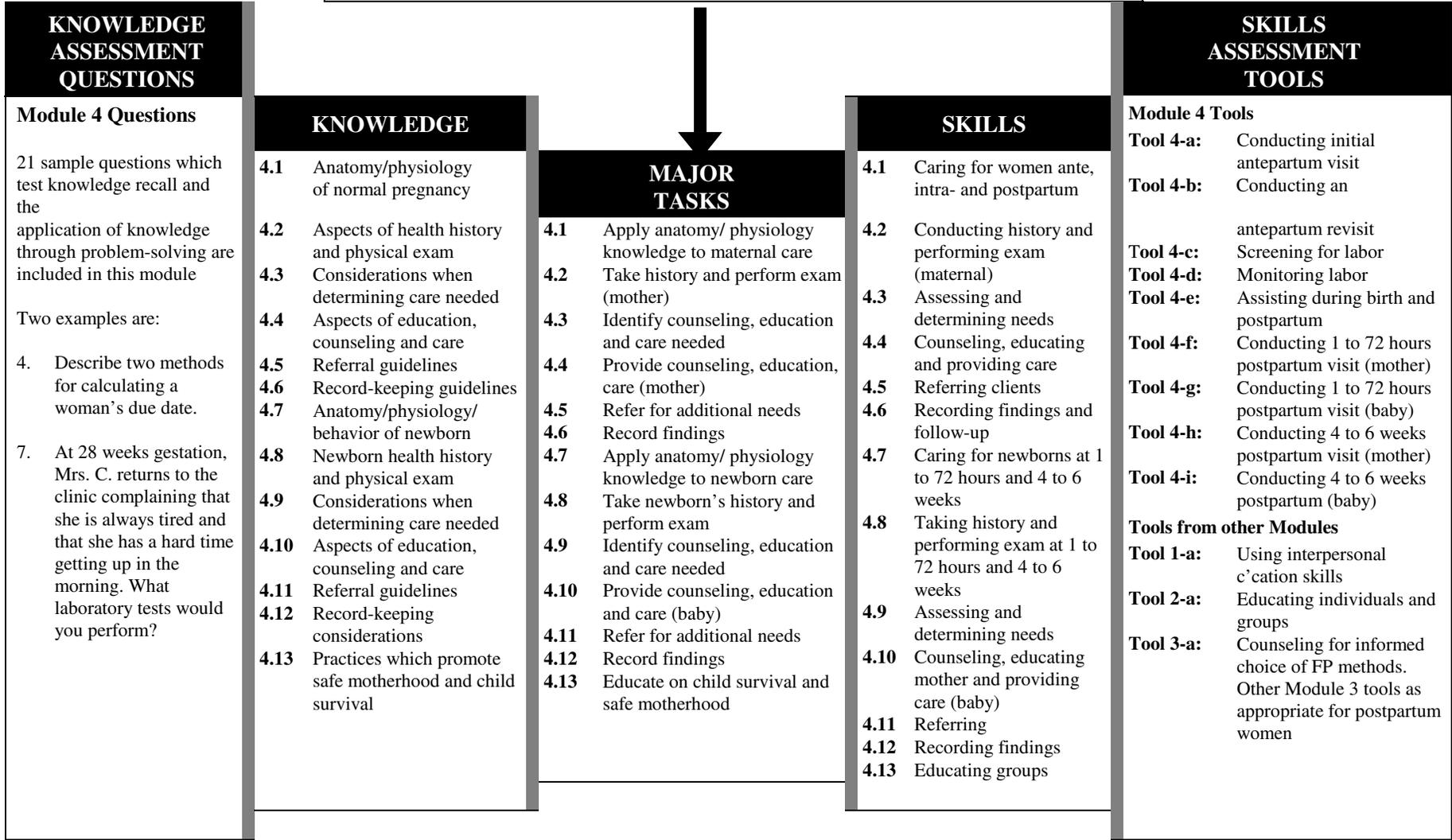


Figure 5: Detailed map of Module 4

## COMPONENTS OF THE MODULE

### JOB

The overall job covered by this module is to provide the basic maternal and newborn care services that are appropriate for the provider's level of training, experience and the setting in which s/he works.

### MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

#### *Maternal Health*

- 4.1 Apply knowledge of the anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum to the education, counseling and care of the woman.
- 4.2 Take a health history and perform a physical examination of the woman during the antepartum, intrapartum and postpartum periods according to accepted standards.
- 4.3 Identify, with the woman, what maternal health (MH)/RH counseling, education and care is needed, based on the findings of health history, physical examination and other relevant considerations.
- 4.4 Provide MH/RH counseling, education and care related to any issues or problems identified with the mother in major task 4.3.
- 4.5 Refer the woman for additional MH education, counseling and/or care that the service site cannot provide, including care for the woman who is at risk for and/or having complications.
- 4.6 Record accurately and concisely findings from the health history and physical examination, including assessment and diagnosis; and all MH education provided.

#### *Newborn Health*

- 4.7 Apply knowledge of the anatomy and physiology of the normal newborn to education and counseling of the newborn's mother (or caretaker) and care of the newborn.
  - 4.8 Take a newborn health history from the newborn's mother (or caretaker) and perform a newborn physical examination according to accepted standards.
-

#### **Module 4: Providing Basic Maternal and Newborn Care Services**

- 4.9 Identify, with the newborn's mother (or caretaker), what newborn health education, counseling and care is needed, based on the findings of the newborn health history and physical examination and other relevant considerations.
- 4.10 Provide, in collaboration with the newborn's mother (or caretaker), appropriate newborn health education and counseling, and safe newborn care.
- 4.11 Refer the newborn's mother (or caretaker) and her newborn for additional care that the service site cannot provide, including care for the newborn who is at risk for and/or having complications.
- 4.12 Record accurately and concisely findings from the newborn health history and physical examination, including assessment and diagnosis; and all newborn health education, counseling and care provided.

#### *Safe Motherhood and Child Survival*

- 4.13 Provide education and counseling to women, their families and the community about how to promote safe motherhood and child survival.

**KNOWLEDGE****&****SKILLS**

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the 13 major tasks which comprise the job of providing basic maternal and newborn care services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules, as an appendix to this module, or in other references (see **References** at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

*Maternal Health***MAJOR TASK 4.1**

Apply knowledge of the anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum to the education, counseling and care of the woman.

**KNOWLEDGE****4.1 Anatomy, physiology and psychology of normal pregnancy, labor and birth, and the postpartum**4.1.1 *Pregnancy*

- review of the anatomy, physiology and psychology of normal pregnancy
- process of fertilization and conception
- milestones of fetal growth and development, including development of the placenta, amniotic sac and fluid, and umbilical cord
- placental growth, development and function
- changes in the reproductive organs and breasts

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- increased nutritional needs of the mother and fetus and how to meet these needs
- changes in hormone levels and their general effects on the other organ systems of the body
- normal psychological, emotional and behavioral responses
- signs and symptoms of common discomforts
- signs and symptoms of life-threatening complications for the woman (e.g., severe anemia and hypertensive disorders/pre-eclampsia) and for her fetus (e.g., intrauterine growth retardation)
- risk factors for major causes of maternal and fetal morbidity and mortality

### 4.1.2 *Labor and birth*

- review of the anatomy, physiology and psychology of normal labor and birth
  - signs and symptoms of the onset of labor and birth
  - rupture of amniotic sac or membranes
  - changes in the uterus, cervix, vagina and external genitalia
  - definitions of the stages and phases of labor
  - duration of labor and birth for both primipara and multipara
  - special nutritional needs during labor (e.g., for hydration and energy)
  - psychological, emotional and behavioral responses to labor and birth
  - pain in labor and birth
  - mechanisms of birth for vertex presentation
  - mechanisms of birth for placenta
  - normal blood loss associated with birth
  - signs and symptoms of life-threatening complications (see Klein: *A Book for Midwives*)
  - risk factors for major complications of labor and birth (see Buffington and Marshall: *Life-Saving Skills Manual for Midwives*)

### 4.1.3 *Postpartum period (birth to 6 weeks)*

- review of the anatomy, physiology and psychology of the normal postpartum
  - changes in the reproductive organs during involution and recovery
  - healing of perineum and genitals from episiotomy or circumcision repair or from laceration
  - changes in hormone levels, their influence on the reproductive organs and the breasts

- onset and establishment of breastfeeding
- nutritional needs for breastfeeding and non-breastfeeding women
- return to fertility in breastfeeding and non-breastfeeding women
- common emotional and behavioral responses to involution and recovery
- common discomforts of involution and recovery
- signs and symptoms of life-threatening complications (see Klein: *A Book for Midwives*)
- risk factors for major complications of the postpartum

## SKILLS

### 4.1 Applying knowledge of anatomy and physiology of:

- normal pregnancy when:
  - conducting a health assessment and diagnosis, and providing care (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
  - providing information on normal pregnancy to the client in simple language (see Tool 2-a: Providing group education about FP/RH)
- normal labor and birth when:
  - conducting a health assessment and diagnosis, and providing care (see Tool 4-c: Screening for labor; Tool 4-d: Monitoring labor using the partograph; Tool 4-e: Assisting during birth and the immediate postpartum)
  - providing information on normal labor and birth to the client in simple language (see Tool 2-a: Providing group education about FP/RH)
- normal postpartum period when:
  - conducting a health assessment and diagnosis, and providing care (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit–mother)
  - providing information on the normal postpartum to the client in simple language (see Tool 2-a: Providing group education about FP/RH)

## MAJOR TASK 4.2

Take a health history and perform a physical examination of the woman during the antepartum, intrapartum and postpartum periods according to accepted standards.

### KNOWLEDGE

#### 4.2 Maternal health history and physical examination

##### 4.2.1 *Purposes for taking a health history and performing a physical examination*

- to evaluate the woman's health status
- to evaluate the progress of her pregnancy, labor and birth, postpartum involution and recovery
- to determine if there are factors (e.g., cultural, socioeconomic, behavioral, biological or environmental) which place the woman or her fetus at risk for developing problems or complications that might be life-threatening and which require treatment or referral
- to determine if there are factors (e.g., cultural, socioeconomic, behavioral, biological or environmental) which might be emphasized to enhance the well-being of the woman or her fetus
- to gather sufficient information in order to plan and provide safe care, in collaboration with the woman and her family
- to obtain information for future use which will allow other care providers to plan and provide safe care

##### 4.2.2 *Important points for taking a history and performing physical examination*

- review the findings and conclusions of the woman's previous health histories and physical examinations
- prepare the setting, have all necessary recording cards or forms, equipment and instruments at hand before beginning
- review all information from the woman's previous visits, if records are available
- provide privacy and establish rapport with the woman (see Module 1: Counseling Clients for FP/RH Services)
- use effective interpersonal communication skills and feedback throughout visit (see Module 1: Counseling Clients for FP/RH Services)
- take a thorough history in areas that are relevant to the woman's needs
- ask culturally-sensitive questions when taking a sexual history

- ask culturally-sensitive questions when asking about potential sexual abuse, domestic violence, or harmful gender-related practices such as female circumcision (see Module 6: Providing Selected RH Services)
- record legibly in all spaces of the card or form; record short descriptions to help monitor progress from the initial visit to the present visit, and also for future follow-up visits (see Module 4, section 4.6 for additional considerations related to record-keeping)

#### 4.2.3 *Components of the maternal health history and physical examination*

The trainer should refer to the relevant tasks of the assessment tools for components of the health history and physical examination.

- during pregnancy:
  - the initial comprehensive visit (see Tool 4-a: Conducting an initial antepartum visit)
  - the revisit (see Tool 4-b: Conducting an antepartum follow-up visit)
- during labor and birth:
  - labor screening (see Tool 4-c: Screening for labor)
  - labor monitoring using a partograph (see Tool 4-d: Monitoring labor using the partograph)
  - the immediate postpartum (see Tool 4-e: Assisting during birth and the immediate postpartum)
- during the postpartum period:
  - from 1 to 72 hours after birth (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother)
  - from 4 to 6 weeks after birth (see Tool 4-h: Conducting a 4 to 6 weeks postpartum visit–mother)

## SKILLS

### 4.2 **Taking a history and performing a physical exam:**

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)

## MAJOR TASK 4.3

Identify, with the woman, what maternal health (MH)/RH counseling, education and care is needed, based on the findings of health history, physical examination and other relevant considerations.

### KNOWLEDGE

#### 4.3 Determine with the woman what care is needed

- 4.3.1 *Factors which influence health care decision-making* (**Note:** Health care decision-making is influenced by immediate and also more distant factors, many of which are related to issues of maximizing access to and quality of care [MAQ].) Some of the factors are:
- questions or concerns the woman or her family bring
  - assessments and diagnoses based on findings from the health history and physical examination, including:
    - maternal or fetal health status
    - signs and symptoms of common, treatable problems
    - signs and symptoms of serious complications which require referral
    - risk factors for serious complications
  - social, economic, environmental and/or personal circumstances of the woman
  - desire of the father or other family member(s) to participate in decisions about care during childbearing and the transition to parenting
  - local policies, standards and protocols (e.g., when, where, how and what kind of MH care should be provided by the service)
  - skill of the service provider and adequacy of the facility
  - need for referral for care that the service cannot provide; and also the availability of the required referral service
  - obstacles that may prevent follow-up or referral (e.g., barriers to service use such as costs, distance to travel, competing demands of children at home and/or work)
  - community or region-specific problems, health practices or adverse circumstances (see Module 2 for more on organizing education sessions and Module 6 for selected reproductive health topics, such as adolescent pregnancy, harmful traditional practices such as female circumcision, or domestic violence)

## SKILLS

### 4.3 Assessing and determining the client's needs:

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)

## MAJOR TASK 4.4

Provide MH/RH counseling, education and care related to any issues or problems identified with the mother in major task 4.3.

## KNOWLEDGE

**4.4 Health education, counseling and care** (**Note:** MH education, counseling and care do not occur in a fixed manner, but rather in dynamic interaction between the provider and woman. For the purpose of this knowledge outline, however, these components have been separated into education and counseling (4.4.1) and treatments, procedures and preventive measures (4.4.2). Many aspects of education, counseling and care occur during pregnancy, labor and birth and the postpartum. These are listed together to avoid duplication.)

4.4.1 *Education and counseling for self-care* (see Module 1: Counseling Clients for FP/RH Services and Module 2: Educating Clients and Groups about FP/RH for basic skills and processes) (**Note:** The trainee should identify the need for health education and counseling, and should assist the woman to reinforce and/or build on positive health behaviors.) Messages may include, but are not limited to, information about:

- antepartum care, intrapartum care and postpartum care: what it is and why it is important
- general self-care
  - personal hygiene
  - getting enough rest and sleep
  - reducing heavy work loads
  - engaging in daily exercise (e.g., mild to moderate)

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- avoiding harmful substances (e.g., alcohol, street drugs, market medicines, cigarettes, other noxious agents/poisonous chemicals)
- protection against infectious illness
- protection against urinary tract infections (UTIs), reproductive tract infections (RTIs), sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) (see Module 6: Providing Selected RH Services)
- nutritional needs
  - eating adequate amounts of protein, calories, vitamins and minerals (i.e., iron, folic acid, vitamin C and calcium)
  - iron and folate supplementation
  - drinking adequate fluids/avoiding dehydration (e.g., especially during labor or when breastfeeding)
  - avoidance of harmful dietary practices (e.g., food taboos, eating non-foods, fasting)
- breastfeeding (see Saadeh and Akre: Ten Steps to Successful Breastfeeding: A Summary of the Rationale and Scientific Evidence)
  - benefits of breastfeeding
  - physiology of breastfeeding
  - preparation for breastfeeding
  - techniques for breastfeeding
  - common problems of breastfeeding and their management
- normal physical changes and their effects (i.e., common discomforts during pregnancy and the postpartum, and their management)
- emotional changes, including:
  - stress over changing family relationships and new responsibilities
  - anxiety about self and baby
  - postpartum blues or depression
- sexuality and intercourse during and after pregnancy
  - fears about intercourse (e.g., harming the baby)
  - finding comfortable positions for intercourse as the body changes
  - when intercourse poses a health risk (e.g., with threatened miscarriage, after rupture of membranes, before vaginal or perineal lacerations have healed, etc.)
- return to fertility and need for/promotion of suitable postpartum family planning (FP) for breastfeeding and non-breastfeeding women

- methods of postpartum FP, including the lactational ammenorhea method (LAM) (see Module 3: Providing FP Services and Module 5: Providing Postabortion Care Services)
- using the postpartum period to prepare for the next pregnancy
- preventive measures such as tetanus toxoid immunization and malaria prophylaxis
- signs and symptoms of minor conditions which, after evaluation, can be managed at home
- signs and symptoms of life-threatening complications and their management, where indicated
- preparation for labor and birth, including:
  - preparing the home
  - preparing the family
  - entering labor well-rested and nourished
  - what to expect of the process of normal labor and birth
  - coping with fear, anxiety and pain
- special needs of the pregnant adolescent (see Module 6: Providing Selected RH Services for further information about adolescent RH)
  - information and guidance about pregnancy, labor and birth and the postpartum—facts and experience
  - a strong support system, both at home and from health care provider
  - exploration of changing roles and responsibilities—childhood to parenthood
  - a strategy for continuing education, if in school
  - other needs as identified by trainers and trainees
- special needs of males, especially the adolescent male, in understanding pregnancy, labor and birth and the postpartum
  - learning how to help their partners go through pregnancy, labor and birth and the postpartum period safely
- other topics as generated by trainers and trainees

4.4.2 *Procedures, treatments and preventive measures* (**Note:** All procedures, treatments and preventive measures should follow national and/or local policies, standards and protocols where these exist. Certain procedures or treatments are applicable during the antepartum, intrapartum and postpartum periods. To avoid duplication, they have been listed together.)

## Module 4: Providing Basic Maternal and Newborn Care Services

- procedures
  - pregnancy testing
  - calculating the number of weeks of pregnancy and estimated date of delivery
  - finger puncture and spin down hematocrit/hemoglobin
  - collecting and testing urine
  - collecting and preparing slides and/or cultures for cervical, vaginal or urethral secretions for examination
  - giving injections
  - giving medications intravenously
  - infection prevention measures (see Tietjen et al: *Infection Prevention for Family Planning Service Programs*)
  - hand maneuvers for delivery of baby and placenta
  - life-saving skills: active management of third stage labor, bimanual compression of the uterus, manual removal of the placenta (see Buffington and Marshall: *Life-Saving Skills Manual for Midwives*)
  - episiotomy and repair of laceration (see Buffington and Marshall: *Life-Saving Skills Manual for Midwives*)
- treatments
  - common discomforts (e.g., heartburn, leg cramps, low backache, breast engorgement and sore nipples, constipation, hemorrhoids, etc.)
  - common health problems (e.g., anemia, RTI, hookworm, breast abscess, episiotomy-related infection, etc.)
  - problems related to abortion and miscarriage (see Module 5: Providing Postabortion Care Services)
  - initial management and referral for life-threatening complications (e.g., severe anemia, hypertensive disorders, antepartum bleeding, pre-term or prolonged rupture of membranes, prolonged obstructed labor, postpartum hemorrhage and infection, etc.)
- preventive measures
  - iron and folate supplementation
  - tetanus toxoid immunization
  - using a chart to monitor maternal weight gain during pregnancy
  - other immunizations where indicated (e.g., rubella, RhoGam where indicated and available)
  - malaria prophylaxis (in malaria endemic areas)

- monitoring labor using a partograph
- anxiety reduction through pain control during labor
- family planning (see Module 3: Providing FP Services)
- anxiety reduction through other support measures such as positioning, massage, providing warmth or coolness, encouragement and reassurance or verbal analgesia, etc.

## SKILLS

### 4.4 Counseling, educating and providing care to clients, as needed:

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)

## MAJOR TASK 4.5

Refer the woman for additional MH education, counseling and/or care that the service site cannot provide, including care for the woman who is at risk for and/or having complications.

## KNOWLEDGE

**4.5 Referral** (**Note:** Referral depends on the provider's ability to recognize a problem, the provider's ability, knowledge and skills to manage the problem, whether the needed service is available at the provider's site, and availability of the service at another site.)

### 4.5.1 *Referral guidelines*

- ensure that the woman and her partner or family understand the problem, as well as their role in managing the problem
- emphasize the importance of having the problem treated at referral site
- explain where the referral service is and when the services are available
- clearly describe the referral problem
- provide instructions on how to manage a non-emergency problem until the woman is able to get to the referral service

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- organize transport and/or accompany a woman to the referral service in the case of an emergency
- arrange for follow-up care

### SKILLS

- 4.5 Referring clients needing treatment not available in the clinic** (see guidelines in section 4.5.1 above)

### MAJOR TASK 4.6

Record accurately and concisely findings from the health history and physical examination, including assessment and diagnosis; and all MH education provided.

### KNOWLEDGE

#### 4.6 Record-keeping

##### 4.6.1 *Important considerations for record-keeping*

- why MCH records should be maintained
- what data must be recorded (e.g., data that are necessary or required by the institution and/or data that can be used to monitor trainee or provider performance and service impact)
- where and how the data must be recorded
- who has access to the information
- potential uses of the information (e.g., during supervision)
- where and how to store records
- copying/making records for the woman to keep at home (e.g., antepartum card)
- ensuring that the data collected will be used to monitor and evaluate the service site

##### 4.6.2 *Local records or forms for maternal and neonatal health services*

- national or local guidelines
- types of appropriate records or forms (i.e., partograph)

**SKILLS****4.6 Accurately recording findings and/or the follow-up plan:**

- antepartum (see Tool 4-a: Conducting an initial antepartum visit; Tool 4-b: Conducting an antepartum follow-up visit)
- at labor, during birth and immediate postpartum (see Tool 4-c: Screening for labor; Tool 4-e: Assisting during birth and the immediate postpartum)
- postpartum (see Tool 4-f: Conducting a 1 to 72 hours postpartum visit–mother; Tool 4-h: Conducting a 4 to 6 weeks postpartum visit)
- monitoring and evaluating service site records

*Newborn Health***MAJOR TASK 4.7**

Apply knowledge of the anatomy and physiology of the normal newborn to education and counseling of the newborn's mother (or caretaker) and care of the newborn.

**KNOWLEDGE****4.7 Anatomy, physiology and behavior of the normal newborn**4.7.1 *Newborn (at birth)*

- review of normal newborn anatomy, physiology and behavior, including physiological changes in the newborn as it adapts to life outside the womb
  - immediate needs of the newborn at birth (e.g., maintaining warmth, stimulation, nutrition)
  - initiation of breastfeeding
  - APGAR scoring (see Tool 4-e: Assisting during birth and immediate postpartum.)
  - warning signs of serious problems (see Klein: *A Book for Midwives*)
  - risk factors for major complications at birth

4.7.2 *Newborn and early infancy (after birth and up to 6 weeks of age)*

- review of normal early infant anatomy, physiology and behavior, including physiological changes in the newborn as it adapts to life outside the womb (extra-uterine life) growth and development

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- changing nutritional needs
- behavior patterns (e.g., socialization, sleeping, waking, crying, eating, urine and bowel movement)
- immunization against preventable diseases
- common minor health problems
- warning signs of serious problems (see Klein: *A Book for Midwives*)
- risks for complications in the newborn and early infancy period

### SKILLS

#### 4.7 Applying knowledge of newborn anatomy and physiology:

- immediately after birth to:
  - conducting a health assessment, diagnosis and providing care (see Tool 4-e: Assisting during birth and the immediate postpartum)
  - providing information about care immediately after birth to the newborn’s mother (or caretaker), as appropriate (see Tool 2-a: Providing group education)
- 1 to 72 hours after birth to:
  - conducting a health assessment, diagnosis and providing care (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
  - providing information about care during the 1 to 72 hours after birth to the newborn’s mother (or caretaker), as appropriate (see Tool 2-a: Providing group education)
- during early infancy to:
  - health assessment, diagnosis and providing care (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)
  - providing information about care during 4 to 6 weeks postpartum to the mother (or caretaker), as appropriate (see Tool 2-a: Providing group education)

<b>MAJOR TASK 4.8</b>
-----------------------

Take a newborn health history from the newborn's mother (or caretaker) and perform a newborn physical examination according to accepted standards.

**KNOWLEDGE****4.8 Newborn and early infant health history and physical examination**4.8.1 *Purposes for taking a newborn/infant health history and performing physical examination*

- to evaluate the newborn's reaction or immediate response to the stress of labor and birth and predict transition to life (i.e., APGAR scoring at one and five minutes of birth, respectively)
- to evaluate the newborn's early transition to extra-uterine life
- to evaluate the health status of the newborn/infant
- to evaluate growth and development of the newborn/infant
- to determine if there are factors in the home environment which place the newborn/infant at risk for developing problems or complications that might be life-threatening and which require treatment or referral
- to gather sufficient information in order to plan and provide safe care to the newborn/infant, in collaboration with the woman (or caretaker) and family
- to obtain for future use information which will allow other care providers to plan and provide safe care

4.8.2 *Important points for taking a health history from the newborn's mother (or caretaker) and performing physical examination (Note: Except for the initial APGAR assessment, most of the points for taking a MH history and performing a physical examination apply to the newborn/infant health history and physical examination; see section 4.2.2 of this module.) In addition, the following points concerning physical examination should be remembered:*

- ensure a sufficiently warm setting to maintain body temperature and/or expose the newborn/infant only as necessary to complete a thorough examination
- move from the least discomforting or disruptive portions of the examination to the most discomforting
- incorporate gestational age assessment into the basic examination
- comfort the newborn/infant as needed during the examination

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- explain to the mother (or caretaker) the procedures to be undertaken

### 4.8.3 *Components of the newborn and infant health history and physical examination*

- newborn
  - at birth (see Tool 4-e: Assisting during birth and immediate postpartum)
  - from 1 to 72 hours after birth (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- newborn and early infancy
  - from 4 to 6 weeks of age (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

## SKILLS

### 4.8 **Taking a newborn history (from the mother) and performing a newborn physical exam:**

- during birth and the immediate postpartum (see Tool 4-e: Assisting during birth and the immediate postpartum)
- at 1 to 72 hours postpartum (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- at 4 to 6 weeks postpartum (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

## MAJOR TASK 4.9

Identify, with the newborn’s mother (or caretaker), what newborn health education, counseling and care is needed, based on the findings of the newborn health history and physical examination and other relevant considerations.

## KNOWLEDGE

### 4.9 **Determine with the woman (or caretaker) what newborn/infant care is needed**

#### 4.9.1 *Considerations for the decision-making process*

- factors which influence decision-making about what newborn/infant care is needed or possible are very similar to those which influence decision-making about MH care (see Module 4, section 4.3.1)
- counseling skills are important for ensuring mother’s participation in the decision-making (see Module 1, section 1.2 and 1.3)

## SKILLS

### 4.9 Assessing and determining the newborn's needs:

- during birth and the immediate postpartum (see Tool 4-e: Assisting during birth and the immediate postpartum)
- at 1 to 72 hours postpartum (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- at 4 to 6 weeks postpartum (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

## MAJOR TASK 4.10

Provide, in collaboration with the newborn's mother (or caretaker), appropriate newborn health education and counseling, and safe newborn care.

## KNOWLEDGE

### 4.10 Newborn/infant health education, counseling and care

#### 4.10.1 *Education and counseling for client care of the newborn/infant* (**Note:** Refer to Modules 1 and 2 for more information on education and counseling.)

The trainee should identify the need for and assist the woman to build on positive care-taking behaviors through messages which include information about:

- normal newborn growth and development
- normal newborn behavior
- newborn/infant nutritional needs
- newborn/infant safety
- preventive measures such as:
  - prophylaxis for ophthalmia neonatorum
  - umbilical cord care and prevention of tetanus
  - importance of immunization against preventable diseases
- signs and symptoms of minor conditions which, after evaluation, can be managed at home
- signs and symptoms of serious illness or problems
- other topics generated by trainers and trainees

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4.10.2 *Procedures, treatments and preventive measures* (**Note:** All procedures, treatments and preventive measures should follow national and/or local policies, standards and protocols where these exist.)

- procedures
  - APGAR scoring (see Tool 4-e: Assisting during birth and the immediate postpartum)
  - gestational weight/age assessment
  - giving pediatric injections
  - making oral rehydration solution (ORS)
  - resuscitation of the newborn
- treatments
  - umbilical cord care
  - management of minor conditions/problems (e.g., colic, rashes, thrush, physiologic jaundice)
  - initial management or referral for life-threatening complications of the newborn (e.g., non-physiologic jaundice, difficulty breathing, diarrheal disease or other infection)
- preventive measures
  - prophylaxis for ophthalmia neonatorum
  - immunization (e.g., bacillus Calmette-Guerin (BCG vaccine), Diphtheria Pertussis Tetanus (DPT), Hepatitis B, Polio, etc. May vary by region.)
  - growth monitoring using appropriate standards

### SKILLS

#### 4.10 **Counseling and educating the mother, and providing for the newborn infant, as needed:**

- at 1 to 72 hours postpartum (see Tool 4-g: Conducting a 1 to 72 hours postpartum visit–baby)
- at 4 to 6 weeks postpartum (see Tool 4-i: Conducting a 4 to 6 weeks postpartum visit–baby)

## MAJOR TASK 4.11

Refer the newborn's mother (or caretaker) and her newborn for additional care that the service site cannot provide, including care for the newborn who is at risk for and/or having complications.

### KNOWLEDGE

#### 4.11 Referral

##### 4.11.1 *Referral guidelines*

(**Note:** Referral guidelines for maternal health care apply to newborn/infant health care; see these guidelines in section 4.5.1 of this module.)

### SKILLS

**4.11 Referring clients needing treatment not available in the clinic** (see Guidelines in section 4.5.1)

## MAJOR TASK 4.12

Record accurately and concisely findings from the newborn health history and physical examination, including assessment and diagnosis; and all newborn health education, counseling and care provided.

### KNOWLEDGE

#### 4.12 Record-keeping

4.12.1 *Considerations for record-keeping* (**Note:** Considerations for record-keeping for MH care apply to newborn/infant health care; see section 4.6.1 of this module.) Of particular importance to newborn/infant well-being are:

- maintenance of home-based immunization records and immunization protocol
- maintenance of home-based growth monitoring records

### SKILLS

**4.12 Keeping records for monitoring:**

- immunizations
- growth
- health

*Safe Motherhood and Child Survival*

**MAJOR TASK 4.13**

Provide education and counseling to women, their families and the community about how to promote safe motherhood and child survival.

**KNOWLEDGE**

**4.13 Promotion of safe motherhood and child survival**

4.13.1 *Review of important concepts: maternal and neonatal morbidity and mortality*

- definitions
- direct (medical) and underlying (social, cultural, economic and political) causes of maternal and neonatal morbidity and mortality
- time period of most maternal deaths: the critical postpartum period (birth to 2 weeks)
- role of *delay* in maternal and neonatal morbidity and mortality:
  - delay in recognizing the problem or complication when it occurs
  - delay in arrival at a treatment facility
  - delay in receiving adequate care at the treatment facility
- basic maternity care, essential obstetric care and emergency obstetric care
- components of the Safe Motherhood Initiative and how these reduce morbidity and mortality (see WHO: *Mother-Baby Package: Implementing Safe Motherhood in Countries.*):
  - family planning
  - antenatal care (basic maternity care)
  - clean, safe delivery care (basic maternity care)
  - essential obstetric care (including emergency care)
  - primary health care (PHC)
  - equity for women
- quality of and access to MCH care (see Appendix A: The Pregnant Patient's Bill of Rights)

4.13.2 *Practices that have a positive influence on women and children's health and social status in a community*

- delaying childbearing among adolescents
- delaying marriage among girl children and adolescents
- safer sex among adolescents and adults (see Module 6: Providing Selected RH Services)
- developing strategies to involve male involvement in maternal and child health at home and in the community
- promoting exclusive breastfeeding
- ensuring adequate nutrition to young girls and women
- providing equal education for young girls and women
- promoting employment opportunities for young girls and women

4.13.3 *Harmful practices related to gender and reproduction that exist in some communities*

- violence against young girls and women, including sexual abuse and rape (see Module 6: Providing Selected RH Services)
- sex selection against female fetuses, newborn, infants and young children
- female circumcision, where prevalent (see Module 6: Providing Selected RH Services)

4.13.4 *Promotion of health among women and children in local community may include:*

- assessment of extent and causes of maternal and neonatal morbidity and mortality
- problem-solving concerning how to promote practices which have a positive influence on health and social status
- increasing awareness of, and problem-solving concerning how to eliminate harmful practices related to gender or reproduction
- organizing and planning for safe motherhood and child survival through:
  - learning about the local causes of maternal-child morbidity and mortality
  - recognizing and responding to obstetric and pediatric emergencies (first aid)
  - developing a communication and transport system with the nearest referral or treatment facility
  - developing a plan of action for obstetric or pediatric emergencies
  - ensuring a safe and adequate blood supply at the nearest referral facility

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- ensuring that staff at the nearest referral facility are trained to respond appropriately to obstetric and pediatric emergencies and that sufficient equipment exists and is maintained on site
- ensuring access to quality basic MCH care services
- others identified by trainers and trainees

### SKILLS

#### 4.13 Promoting safe motherhood and child survival through:

- community assessment of:
  - direct and underlying causes of maternal and neonatal morbidity and mortality
  - quality of and access to MCH care services
  - positive and harmful local health practices
- conducting a group/community educational session on one of the topics identified in 4.13.1 through 4.13.4 above (see Tool 2-a: Providing group education about FP/RH)

## KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 21 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to provide basic maternal and newborn care services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 2 to 5) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, questions 6 to 8). These 21 questions do not cover all of the knowledge in Module 4. The trainer can develop additional recall and problem-solving questions to further assess the trainees.

Note that the question numbers do not correspond to the numbered sections of the content outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if it is FALSE.
  - a. Having a baby does not require skilled help. T/F
  - b. The week after a woman delivers, she no longer needs care from the midwife. T/F
  - c. A newborn who sleeps through the night without feeding is the sign of a “good” baby. T/F
  - d. Young adolescent mothers do not need as much food during pregnancy as older mothers who already have one child. T/F
  - e. It is a midwife’s (or whoever offers skilled assistance) responsibility to encourage the men of the community to talk about arrangements for childbirth emergencies. T/F

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2. The subject of this question is the application of anatomy and physiology of the female reproductive system during pregnancy, childbirth and breastfeeding.

Match the statements found in column A with the appropriate answer in column B by writing the correct letter(s) in the blank to the left of column A.

**NOTE:** You may use letters more than once, and you may put more than one letter in any blank, if appropriate.

	<b>COLUMN A</b>	<b>COLUMN B</b>
_____	1. The uterus can be palpated at the level of the symphysis pubis	A. 20 weeks gestation
_____	2. A cluster of cells which nourish the baby and help it to excrete its waste products	B. Progesterone
_____	3. The woman feels the baby move in her uterus	C. Fertilization
_____	4. The uterus can be palpated at the umbilicus	D. Probable sign of pregnancy
_____	5. The nucleus of the sperm cell joins with the nucleus of an egg, each sharing 23 chromosomes, to form a new cell	E. 12 weeks gestation
_____	6. The hormone which prepares the lining of the uterus for implantation of the fertilized cell	F. Placenta
_____	7. Breasts become tender and enlarged between 4 to 8 weeks of pregnancy	G. Vertex engaged
_____	8. The uterus can be palpated beneath the mother's ribs	H. Estrogen
_____	9. The baby's head can be felt two fingers above the brim of the symphysis	I. 36 weeks gestation
_____	10. The hormone which controls development of the ovum each month	J. Positive sign of pregnancy K. Follicle stimulating hormone

3. Check (✓) the correct response(s).

A woman is most likely to get pregnant:

- a. one week before her menstrual period ( )
- b. only when she is sexually aroused ( )
- c. two weeks before her menstrual period ( )
- d. right after her menstrual period stops ( )

4. Describe two methods for calculating a woman's due date:

- a. \_\_\_\_\_
- b. \_\_\_\_\_

5. Many components of a woman's life, such as her social situation, general health and previous pregnancy outcomes may affect her health and well-being during pregnancy. List three factors in each group which contribute to a high-risk pregnancy.

a. Maternal risk factors:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

b. Previous obstetric risk factors:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

c. Medical conditions which might affect pregnancy:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

d. Social risk factors:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

**Module 4: Providing Basic Maternal and Newborn Care Services**

6. Mrs. C., a twenty-four year old mother of an 18-month old toddler, has a new pregnancy visit in your clinic on May 2, 1996. You determine that she is 14 weeks pregnant. You have taken a complete health history, and performed a physical examination. A review of the findings verifies that Mrs. C. is a healthy young woman with no indicators of high risk.

List 6 important counseling messages that you would want to give Mrs. C. about pregnancy, and how to care for herself during this time.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

7. At 28 weeks gestation, Mrs. C. returns to the clinic complaining that she is always tired and that she has a hard time getting up in the morning.

a. List 4 possible problems that would cause her symptoms.

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_

b. What advice would you give Mrs. C. if you determined her problem was mild to moderate anemia?

\_\_\_\_\_  
\_\_\_\_\_

c. What laboratory test(s) would you perform?

\_\_\_\_\_  
\_\_\_\_\_

d. What follow-up schedule would you recommend for Mrs. C. at this time?

\_\_\_\_\_  
\_\_\_\_\_

8. On October 10, Mrs. C. and her husband come to the clinic because Mrs. C. has been experiencing a backache and “stomach pains” all day. List nine steps you would take to evaluate Mrs. C.’s problem.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_

9. Describe signs that indicate the:

- a. First stage of labor
- b. Latent phase of labor
- c. Active phase of labor
- d. Second stage of labor
- e. Third stage of labor

10. List three measures to care for a woman during the first stage of labor.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

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11. At 4 PM on October 10, you determine that Mrs. C. is 3 cm dilated. The baby's head is at 3/5 above the pelvic brim. She is having contractions every 4 minutes lasting 40 seconds. The baby's heart rate is 150 beats per minute (BPM). (Copy of a blank partograph to be handed out with this question.)

- a. Fill in the partograph with this information.
- b. At 8:30 PM, Mrs. C. tells you she feels like pushing and a vaginal examination found cervical dilatation at 10 cm. Fill in the partograph. How long was the first stage of labor?

\_\_\_\_\_

- c. How frequently will you listen to the fetal heart rate?

\_\_\_\_\_

12. Draw a table showing the five newborn signs to assess and how to score them using the APGAR system.

13. During the first six hours after birth:

- a. List three things you would do to determine the new mother's well-being.
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
  - iii. \_\_\_\_\_
- b. How would you determine that the mother is losing too much blood?
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
  - iii. \_\_\_\_\_
  - iv. \_\_\_\_\_
- c. What steps would you take to stop the bleeding?
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
- d. \_\_\_\_\_

What five signs of excessive blood loss would cause you to transfer the mother to the hospital?

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_

14. You explain to Mrs. C. the changes to expect over the first two weeks postpartum.

a. List at least four danger signs to tell new mothers to watch for.

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_

b. What do you tell her about common emotional changes in new mothers?

\_\_\_\_\_  
\_\_\_\_\_

15. Check (✓) the correct response(s).

To assess a newborn's health, important questions to ask the mother are:

- a. how often the baby breastfeeds ( )
- b. how many times the baby wets per day ( )
- c. whether the baby sucks her thumb ( )
- d. whether the baby has a strong suck ( )

16. Check (✓) the correct response(s).

During the newborn's physical examination, important things to check include:

- a. weight of the baby ( )
- b. length of the baby ( )
- c. fontanel (soft spot) of the baby ( )
- d. umbilical cord ( )

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17. Check (√) the correct response(s).

Warning signs of serious newborn health problems include:

- a. discharge, redness or foul smell around the umbilical stump ( )
- b. baby sleeps all night and does not bother the mother to eat often during the day ( )
- c. baby hiccups three or four times a day ( )
- d. newborn whose whites of the eyes look yellow ( )

18. Check (√) the correct response(s).

Signs of common newborn problems that can be treated at home:

- a. spitting up after some feedings ( )
- b. heavy discharge from the eye ( )
- c. illness lasting more than three days ( )
- d. blood in the stool ( )

19. Check (√) the correct response(s).

Newborn counseling topics to discuss with the new mother include:

- a. naming the baby ( )
- b. how to clean the umbilical cord ( )
- c. immunizations (when and where to get them) ( )
- d. what the mother should eat and drink each day ( )
- e. bathing the newborn ( )
- f. keeping the newborn warm ( )

20. Check (√) the correct response(s).

A mother who has a newborn with mild diarrhea should:

- a. continue to breastfeed ( )
- b. stop breastfeeding until the diarrhea stops ( )
- c. after breastfeeding, give oral rehydration solution by spoon ( )
- d. keep the newborn away from smoke ( )
- e. go to the nurse, midwife or doctor if the diarrhea lasts more than three days ( )

21. To make a home-based oral rehydration solution (ORS), a mother needs:

- a. one teaspoon (two pinches of salt) ( )
- b. orange juice ( )
- c. vitamin A ( )
- d. one liter of boiled and cooled water ( )
- e. eight teaspoons (one handful) of sugar ( )

**Answer Sheet to KNOWLEDGE ASSESSMENT QUESTIONS**

**Question No. 1** (5 points)

- a. F
- b. F
- c. F
- d. F
- e. T

**Question No. 2** (12 points)

- 1. E
- 2. F
- 3. J, A, D
- 4. A
- 5. C
- 6. B
- 7. D
- 8. I
- 9. G
- 10. H

**Question No. 3** (1 point)

- c.

**Question No. 4** (2 points)

Any two of the following are correct:

- Calendar method: Take the first day of the last menstrual period and count backward 3 months, then add 7 days. The due date is this day the following year.
- Moon method: If a woman's menstrual period is usually one month (4 weeks) apart, the baby is due exactly 10 months after the first day of her last menstrual period. If the bleeding started on the full moon, the baby is due on the full moon, 10 months later; if the bleeding started with a new moon, the baby is due 10 new moons later.
- Gestation/pregnancy wheel method: Calculate the due date on the gestation/pregnancy wheel.
- Gestation method: Take the first day of the last menstrual period and count the number of months that have passed.

#### Module 4: Providing Basic Maternal and Newborn Care Services

##### Question No. 5 (12 points)

For each category of risk factors, list **at least three** of the following factors.

- a. Maternal risk factors
  - age < 16 years of age
  - greater than 4 pregnancies
  - first baby over age 35
  - less than 2 years between births
  - has been circumcised
  - victim of domestic abuse
- b. Previous obstetric risk factors
  - prolonged or obstructed labor
  - operative delivery (forceps, vacuum extraction or Cesarean)
  - ectopic pregnancy
  - hemorrhage
  - retained placenta
  - perineal long-term damage (fistula, rectocele)
  - pre-eclampsia or eclampsia
  - stillbirth or neonatal death
  - miscarriages
  - abortions
  - pre-term delivery
  - infant born with anomalies or with birth trauma
- c. Medical conditions which might affect pregnancy
  - underweight or malnourished
  - short stature < 152 cms
  - cardiac disease
  - hypertension
  - malaria or severe parasite infestation
  - sickle cell disease
  - severe anemia
  - diabetes mellitus
  - hepatitis
  - tuberculosis
  - seizures or epilepsy
  - STI, including HIV/AIDS
  - mental illness
  - injury of spine, pelvis, lower limbs
- d. Social risk factors
  - smoking

- drinking alcohol or using other social drugs
- poverty
- low literacy
- hard physical labor
- no family or social support (lives alone, isolated from family members, father of baby not involved)

**Question No. 6** (6 points)

Any six of the following are correct, but the answer must include the first two items:

- a. signs and symptoms of life-threatening complications
- b. nutritional needs of the mother and fetus
- c. hormonal changes and bodily changes during pregnancy and their impact
- d. common emotional responses to pregnancy and their implications
- e. avoidance of alcohol, drugs, smoking, fumes, poisonous chemicals
- f. avoidance of market medicines unless directed
- g. avoiding people who have an infectious illness
- h. avoidance of harmful practices, including douching or fasting
- i. importance of personal hygiene
- j. importance of getting daily exercise
- k. milestones of fetal growth and development
- l. importance of rest and reduction of heavy labor
- m. preparing for the delivery and postpartum period
- n. preparing for the new baby

**Question No. 7** (7 points)

- a. The following are correct, but the answer must include iv.
  - i. lack of sufficient sleep or rest
  - ii. exhaustion from over work or strenuous activities
  - iii. inadequate nourishment, especially in calories
  - iv. anemia
- b. The following are correct:
  - i. take iron and folate supplements; the amount of iron will depend on protocol and extent of anemia
  - ii. increase sources of iron in the diet through locally-available foods
  - iii. increase sources of vitamin C in the diet through locally-available foods
- c. Any of the following choices are correct, but the answer must include i.
  - i. Hgb/Hct test
  - ii. if Hgb is less than 11 gm, test stool for parasites
  - iii. if indicated by symptoms, do a malaria smear

*(answer continued on next page)*

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- d. When would you reschedule?

In some countries, the protocol is to request that women return for routine follow-up visits every 2 weeks from 28 weeks to 36 weeks, and weekly after that. This may vary by region and locality. It is important, however, to reschedule within 4 weeks from the diagnosis of anemia to repeat the Hgb/Hct test to determine if increases in iron are having any effect on red blood cell production.

#### Question No. 8 (9 points)

The following are correct, but the answer must include all but the last two steps:

- a. confirm due date as current
- b. obtain history of backache and stomach pains: onset, duration, frequency and intensity
- c. ask about presence of fluid from the vagina
- d. ask about presence of bloody show or frank blood from the vagina
- e. use Leopold's maneuvers to determine fetal presentation, position and descent
- f. palpate abdomen to determine presence of contractions
- g. conduct a vaginal examination to determine cervical effacement and dilatation, and fetal presentation and descent
- h. if Mrs. C. is in labor, begin partograph and record all findings
- i. if any findings are abnormal, make arrangements for referral and transport
- j. if mother complains of fluid from the vagina, do litmus or fern test, if available, to determine rupture of membranes
- k. rule out diarrheal disease

#### Question No. 9 (5 points)

Assure that at least one characteristic is listed for each stage/phase of labor and delivery.

- a. First stage of labor:
  - i. dilation of the cervix
  - ii. begins with regular contractions and ends when the cervix is fully dilated
- b. Latent phase of labor:
  - i. begins with onset of labor and lasts until the beginning of the active phase of cervical dilation
  - ii. ends when the cervix is dilated to 3 cms
  - iii. lasts no longer than 8 hours
- c. Active phase of labor: dilation proceeds from 3 cms to 10 cms
- d. Second stage of labor:
  - i. once the woman is fully dilated, the baby descends through the birth canal by force of the woman's bearing down efforts and of uterine contractions
  - ii. ends with the birth of the baby
- e. Third stage of labor: the time after the birth of the baby to the delivery of the placenta

**Question No. 10** (3 points)

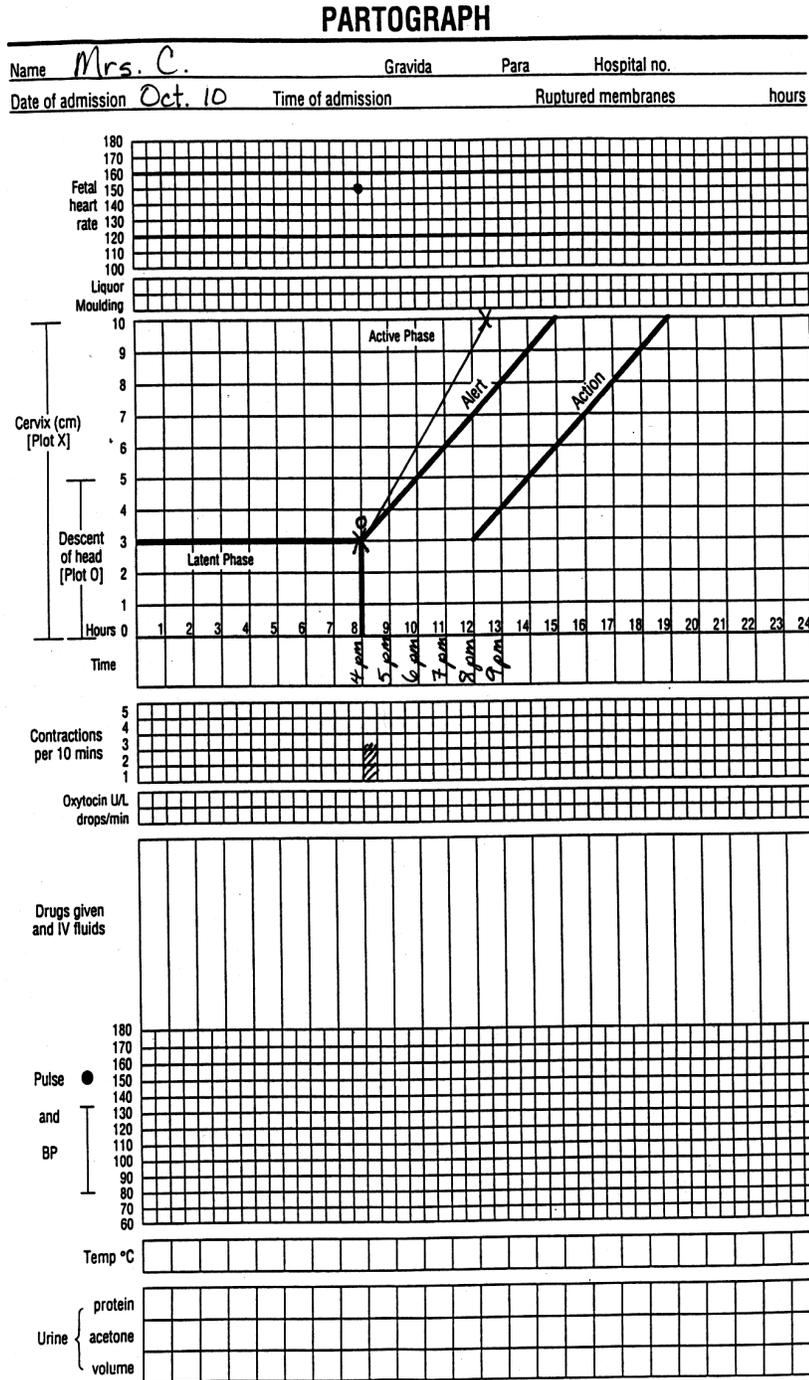
Any three of the following measures are correct:

- a. provide emotional support
- b. offer comfort measures such as assisting the woman to take comfortable positions, massage, sponge bathing, fanning, providing warmth or cooling as needed
- c. advise walking, sitting and squatting to help the baby descend
- d. encourage the woman to drink nourishing fluids and water
- e. monitor labor progress
- f. assist the woman to cope with pain
- g. wash hands frequently; follow infection prevention techniques
- h. encourage the woman to pass urine frequently

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Question No. 11 (3 points)

a. and b. see partograph below



- b. 4.5 hours
- c. listen to the fetal heart at least every 30 minutes

**Question No. 12** (5 points)

Using the APGAR system, the five signs to assess and the way to score them are:

SIGNS	SCORES		
	0	1	2
heart rate	absent	slow; < 100	> 100
respiratory effort	absent	slow; irregular	good crying
muscle tone	limp; flaccid	some flexion of extremities	active motion
reflex irritability	none	grimace	vigorous cry
skin color	blue or pale	pink body; blue extremities	completely pink

**Question No. 13** (14 points)

- a. Each of the following is required:
  - i. check uterus for size and contraction
  - ii. check amount, consistency and color of vaginal bleeding
  - iii. check the pulse and blood pressure
- b. Responses i - iv are required:
  - i. check amount, consistency and color of vaginal bleeding over time
  - ii. check the pulse and blood pressure over time
  - iii. compare character and estimated blood loss with expected blood loss
  - iv. compare actual vital signs with expected vital signs
  - v. look for other signs of shock
- c. Any of the following steps to stop the bleeding are correct and are dependent on the cause of bleeding:
  - i. rub the uterus whenever it is soft
  - ii. make sure the bladder is empty, until the uterus is firm
  - iii. put the baby to the breast
  - iv. examine the placenta to rule out retained parts
  - v. examine the perineum and vagina for tears
- d. All five of the following situations should be listed:
  - i. if the uterus stays soft
  - ii. if the bleeding is heavier than a heavy monthly period
  - iii. if there is heavy, fresh, bright red blood
  - iv. if the uterus feels hard but is getting larger
  - v. if the woman shows signs of shock

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**Question No. 14** (5 points)

- a. All of the following danger signs are correct.
  - i. prolonged and heavy bleeding
  - ii. extreme fatigue, pale conjunctiva, pale lips and pale fingernails
  - iii. swelling and tenderness in one leg or both legs
  - iv. high fever, severe abdominal pain and foul smelling vaginal discharge
  - v. pain or bleeding with urination and back pain
  - vi. inability to control the flow of urine or leaking urine through the vagina
  - vii. high fever, swelling, tenderness, red streaks and/or heat in a breast
  - viii. difficulty eating and sleeping, severe sadness and difficulty caring for the baby
  - ix. fast, weak pulse, sweating, pale or cool skin and confusion
- b. All of the following answers are correct.
  - i. feeling overwhelmed
  - ii. feeling sad, crying easily
  - iii. worry about doing a good job with the baby
  - iv. feeling proud of the birth and the baby
  - v. feeling accepted as a woman

**Question No. 15** (3 points)

- a, b, and d

**Question No. 16** (3 points)

- a, c, and d

**Question No. 17** (3 points)

- a, b, and d

**Question No. 18** (1 point)

- a.

**Question No. 19** (5 points)

- b, c, d, e, and f

**Question No. 20** (3 points)  
a, c, and e

**Question No. 21** (3 points)  
a, d, and e

GRAND TOTAL: 110 points  
CUT OFF: 77 points (70%)



## SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when providing basic maternal and newborn care services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They may also be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to provide basic maternal and newborn care services. Trainers can create additional tools for other skill areas using the suggested resources below as references.

### Module 4 Tools:

- Tool 4-a: Conducting an initial antepartum visit
- Tool 4-b: Conducting an antepartum follow-up visit ( $\geq 36$  weeks)
- Tool 4-c: Screening for labor
- Tool 4-d: Monitoring labor using the partograph
- Tool 4-e: Assisting during birth and the immediate postpartum
- Tool 4-f: Conducting a 1 to 72 hours postpartum visit (mother)
- Tool 4-g: Conducting a 1 to 72 hours postpartum visit (baby)
- Tool 4-h: Conducting a 4 to 6 weeks postpartum visit (mother)
- Tool 4-i: Conducting a 4 to 6 weeks postpartum visit (baby)

### Useful Tools from other Modules:

- Tool 1-a: Using interpersonal communication skills
- Tool 1-b: Counseling the client to make an FP/RH decision
- Tool 2-a: Providing group education about FP/RH
- Tool 3-a: Counseling for informed choice of FP methods

**Useful resources for developing other tools** (see **References** at the end of this module for the full citations):

For more on client instructions for LAM use:

Farrell B: *Lactational Amenorrhea Method (LAM) Trainer's Module*

For more on treatment of serious conditions:

Buffington S, Marshall M: *Life-Saving Skills Manual for Midwives*

For more on special case deliveries:

Varney H: *Varney's Midwifery*



Skills Assessment Tool 4-a

CONDUCTING AN INITIAL ANTEPARTUM VISIT

Date of Assessment: \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
  - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
  - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.

**Module 4: Providing Basic Maternal and Newborn Care Services**

- d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

**CONDUCTING AN INITIAL ANTEPARTUM VISIT****SUMMARY OF SCORES ATTAINED**

<b>Task</b>	<b>Possible Score</b>	<b>Score Attained</b>	<b>Cut Off Points</b>	<b>No. of Points Above Cut Off</b>	<b>No. of Points Below Cut Off</b>
1. Prepares for the initial antepartum health history and physical examination.	26		22		
2. Obtains the initial antepartum health history.	118		110		
3. Performs the initial antepartum physical examination.	248		196		
4. Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.	24		22		
5. Shares assessments and diagnoses with the client.	14		10		
6. Provides care in collaboration with the client.	30		30		
7. Plans follow-up care in collaboration with the client.	12		10		
8. Records findings, assessments, diagnosis, care provided and follow-up plan.	8		8		
<b>TOTAL</b>	<b>480</b>		<b>408</b>		

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1: Prepares for the initial antepartum health history and physical examination.**

	2	1	0	Comments
<i>Setting</i>				
1.1 *Decontaminates and cleans the work surfaces.				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *gloves (new or reusable which have been high-level disinfected)				
f. *BP cuff, stethoscope, fetoscope, watch, tape measure, scale and height measure, and (high-level disinfected) specula				
g. laboratory equipment (if available and indicated).				
<i>Provider</i>				
1.3 Reviews previous medical record (if available).				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
<i>Client</i>				
1.5 *Greet the client and introduces self.				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				
1.7 *Explains purpose and procedures of visit.				

POSSIBLE SCORE: 26 points CUT OFF: 22 points (must include skills with asterisks (\*\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
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 0 = Not Done or Done Below Standards Even After Prompting

**Task 2: Obtains the initial antepartum health history.**

	2	1	0	Comments
<p><i>Social history</i></p> <p>2.1 Obtains the following information from the client:</p> <ul style="list-style-type: none"> <li>a. *name and home address</li> <li>b. *age</li> <li>c. *number children desired, by sex of child</li> <li>d. *whether pregnancy was planned/unplanned</li> <li>e. *how the client feels about the pregnancy</li> <li>f. characteristics which may be related to psychological stress and/or social risk:                             <ul style="list-style-type: none"> <li>– *marital status/presence of partner</li> <li>– *number and ages of people living at home</li> <li>– *type and amount of work outside of home</li> <li>– *source and sufficiency of family income</li> <li>– *number years formal education (literacy)</li> <li>– *presence of abuse (to client) in home.</li> </ul> </li> </ul> <p><i>Pregnancy history</i></p> <p>2.2 Obtains <b>present</b> pregnancy information:</p> <ul style="list-style-type: none"> <li>a. *date of onset and characteristics of last menstrual period (LMP)</li> <li>b. *symptoms of pregnancy (1st trimester) (continued on next page)</li> </ul>				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued):** Obtains the initial antepartum health history.

	2	1	0	Comments
<ul style="list-style-type: none"> <li>c. results of pregnancy test (1st trimester, if available)</li> <li>d. *date fetal movement first felt (if felt, as well as movement last 24 hours)</li> <li>e. when the client thinks baby is due</li> <li>f. any problems with this pregnancy:                             <ul style="list-style-type: none"> <li>– *undue fatigue</li> <li>– *prolonged nausea and vomiting</li> <li>– *sudden sharp continuous pain in abdomen</li> <li>– *fever and chills</li> <li>– *severe continuous headache</li> <li>– *unusual changes in vision</li> <li>– *pain or burning on urination</li> <li>– *vaginal itching or unusual discharge</li> <li>– *gush or leaking of fluid from vagina</li> <li>– *vaginal bleeding</li> <li>– *pain, redness, tenderness of calves</li> <li>– *swelling of face and hands.</li> </ul> </li> </ul>				
<p>2.3 Obtains information about the client’s diet:</p> <ul style="list-style-type: none"> <li>a. *diet history (24 hour recall)</li> <li>b. *appetite changes (e.g., food cravings, pica, loss of appetite due to nausea and vomiting)</li> </ul> <p style="padding-left: 20px;">(continued on next page)</p>				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued):** Obtains the initial antepartum health history.

	2	1	0	Comments
<p>2.4 Obtains <b>past</b> pregnancy information:</p> <ul style="list-style-type: none"> <li>a. *number of term babies (mature at birth)</li> <li>b. *number of pre-term babies</li> <li>c. *number of pregnancies ending in miscarriage or abortion</li> <li>d. number of living children</li> <li>e. date of last live birth</li> <li>f. any problems with past pregnancies or deliveries:                             <ul style="list-style-type: none"> <li>– *high blood pressure</li> <li>– *seizures</li> <li>– *too much bleeding or hemorrhage</li> <li>– *severe infection</li> <li>– *high blood sugar or diabetes</li> <li>– *Cesarean section and forceps</li> <li>– *stillbirths and neonatal deaths</li> <li>– *babies born with a deformity</li> </ul> </li> <li>g. *prior Cesarean section(s).</li> </ul> <p><i>General medical history</i></p> <p>2.5 Obtains general medical information:</p> <ul style="list-style-type: none"> <li>a. *heart problems</li> <li>b. *high blood pressure</li> <li>c. *liver problems</li> <li>d. *high blood sugar or diabetes</li> <li>e. *severe anemia and sickle cell disease</li> <li>f. *STIs and HIV/AIDS</li> </ul> <p>(continued on next page)</p>				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

<b>Task 2 (continued):      Obtains the initial antepartum health history.</b>				
	<b>2</b>	<b>1</b>	<b>0</b>	<b>Comments</b>
2.6      Obtains information about current habits having potential risk: <ul style="list-style-type: none"> <li>g. *rubella</li> <li>h. *malaria</li> <li>i. *tuberculosis</li> <li>j. *mental illness</li> <li>k. *hospitalizations and surgeries.</li> <li>a. *use of alcohol or other social drugs</li> <li>b. *use of over-the-counter medications</li> <li>c. *smoking</li> <li>d. *douching or inserting objects into vagina.</li> </ul>				

POSSIBLE SCORE: 118 points      CUT OFF: 110 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3: Performs the initial antepartum physical examination.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 Observes the client’s energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
<i>Laboratory tests and vital signs</i>				
3.4 Asks the client to empty her bladder. Tests urine (using method available at the clinic) for: a. *albumin b. glucose c. ketones.				
3.5 Asks the client to provide a stool sample for testing for ova and parasites where indicated. Gives client instructions about how to collect it.				
3.6 Draws blood for testing, according to local protocol: a. *hemoglobin/hematocrit (where laboratory available) b. blood type and Rh factor (where laboratory available) c. serology (where laboratory available) d. rubella (where laboratory available) e. malaria (where indicated and laboratory available).				
3.7 *Measures height and weight. (continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

Task 3 (continued): Performs the initial antepartum physical examination.					
		2	1	0	Comments
3.8	*Measures BP, heart rate and temperature.				
3.9	*Asks the client to undress and offers linen for privacy (or asks client to loosen garments and use own garments as a drape).				
3.10	Assists client to sit on clean examination table/mat/bed.				
<i>Head and neck</i>					
3.11	*Inspects the face for edema.				
3.12	Inspects the eyes for: a. *pallor of lower lids or conjunctiva b. *yellowness or jaundice of sclera.				
3.13	Inspects the mouth for: a. *pallor of gums or tongue b. *sores or lesions of gums or tongue c. decayed and missing teeth.				
3.14	Inspects and palpates the neck for: a. *enlarged thyroid gland b. *enlarged lymph glands.				
<i>Back</i>					
3.15	Inspects the spine for abnormal curvature.				
3.16	*Palpates the costo-vertebral area for tenderness.				
(continued on next page)					

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the initial antepartum physical examination.**

	2	1	0	Comments
<i>Breasts</i>				
3.17 With client's arms by side, inspects breasts for:				
a. *size, shape, symmetry				
b. coloration/pigmentation				
c. *secretion of colostrum from nipples				
d. *color, consistency, amount of other discharge from nipples.				
3.18 As the client lifts her arms above head, inspects the breasts for retraction or dimpling.				
3.19 With the client's hands on hips, inspects the breasts for retraction or dimpling.				
3.20 With client lying and left arm over head, systematically palpates the left (then right) breast and axilla noting:				
a. *masses				
b. *enlarged lymph nodes.				
<b>(Note:</b> Changes with pregnancy are: increased size, nodularity of breasts; increased size, erection, and leaking of colostrum from nipples; dilated sebaceous glands and increased pigmentation of the areola.)				
<i>Extremities</i>				
3.21 Inspects the hands and fingers for:				
a. *edema				
b. *pallor of nailbeds.				
(continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
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**Task 3 (continued): Performs the initial antepartum physical examination.**

	2	1	0	Comments
3.22 Inspects and palpates the legs: a. entire leg for varicose veins b. *calves for redness and tenderness c. *tibia, ankles and feet for edema (checks degree of pitting, if present).				
3.23 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.				
<i>Abdomen</i>				
3.24 Inspects the abdomen for: a. *scars b. *size and contour c. pigmentation (linea nigra).				
3.25 *With tape or hand, measures fundal height (~≥ 13 weeks of gestation).				
3.26 Palpates all 4 quadrants of abdomen for: a. *tenderness b. *masses c. *liver or spleen enlargement.				
3.27 Palpates the abdominal uterus for: a. *fetal lie, presentation, position and descent (~≥ 36 weeks of gestation) b. *fetal movement c. *contractility.				
3.28 *Measures the fetal heart rate (with stethoscope ~≥ 20 weeks gestation). (continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
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**Task 3 (continued):** Performs the initial antepartum physical examination.

	2	1	0	Comments
3.32 *Inspects perineum for scarring from laceration or episiotomy or circumcision or repair of circumcision.				
3.33 Gently separates the labia majora and inspects the labia minora; then the clitoris, urethral opening and vaginal introitus for: a. absence (due to excision from circumcision) of prepuce, clitorus, labia minora and/or labia majora b. *color (bluish/purplish in pregnancy; redness if irritation present) c. ulcers or lesions d. *growths e. *fissures or fistulae f. *scarring or adhesions from laceration or circumcision g. *discharge (color, consistency, amount).				
3.34 *Milks urethra and Skene's ducts to exclude pus or bloody discharge.				
3.35 Palpates Bartholin's glands for: a. *swelling b. masses or cysts c. discharge.				
<i>Pelvic: external genitalia</i>				
3.29 *Assists the client into position for the pelvic examination and drapes for privacy.				
3.30 Removes any hand jewelry.				
3.31 *Puts on gloves without contaminating them.				
(continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting

**0 = Not Done or Done Below Standards Even After Prompting**

**Task 3 (continued): Performs the initial antepartum physical examination.**

	2	1	0	Comments
3.36 *Observes the client’s face for evidence of pain or tenderness throughout the procedure. <i>Pelvic: speculum examination</i>				
3.37 *Selects the correct size speculum for the client.				
3.38 *Shows the speculum to the client, explaining that it will be inserted into the vagina and how this will feel.				
3.39 *Tells the client how to relax throughout the procedure (e.g., using slow abdominal or chest breathing or imagining limpness) while keeping her legs well-separated.				
3.40 *Encourages the client to indicate if the procedure is becoming too uncomfortable.				
3.41 *Lubricates the speculum with water (warm if possible), or lubricating jelly (if no specimen are to be obtained).				
3.42 *Holds the speculum obliquely, parts the labia with the other hand, and inserts the speculum gently, avoiding the urethra and clitoris.				
3.43 *Turns the speculum and opens the blades to expose the cervix.				
(Note: If circumcision scar precludes opening speculum adequately to visualize cervix, try narrow “adolescent” speculum.) (continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the initial antepartum physical examination.**

	2	1	0	Comments
3.44 Inspects the cervix for: <ul style="list-style-type: none"> <li>a. *color</li> <li>b. *size, shape and position</li> <li>c. *dilatation of os</li> <li>d. ectopy</li> <li>e. *redness or inflammation</li> <li>f. *friability or bleeding</li> <li>g. *lesions, erosion or ulcers</li> <li>h. *growths or masses</li> <li>i. polyps or cysts</li> <li>j. *scarring (from laceration or circumcision)</li> <li>k. *discharge (color, consistency, amount).</li> </ul> (Note: A bluish or purplish discoloration of the cervix is noticeable ~≥ 6 weeks of gestation.)				
3.45 Obtains specimens, if necessary.				
3.46 Inspects the vaginal walls/floor for: <ul style="list-style-type: none"> <li>a. *color</li> <li>b. *redness or inflammation</li> <li>c. *friability or bleeding</li> <li>d. *lesions and ulcers</li> <li>e. *growths or masses</li> <li>f. *fistulae</li> </ul> (continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the initial antepartum physical examination.**

	2	1	0	Comments
g. *scarring from laceration or episiotomy h. *discharge (color, consistency, amount). (Note: A bluish or purplish discoloration of the cervix is noticeable ~≥ 6 weeks of gestation.) 3.47 *Closes and removes speculum gently in the oblique position. 3.48 *Puts the used speculum in a container for decontamination. <i>Pelvic: bimanual examination</i> 3.49 *Explains to the client that the examination is continuing and what she will feel. 3.50 *Encourages the client to indicate if she becomes too uncomfortable. 3.51 Inserts two fingers into the vagina, spreads them and exerts downward pressure. (Note: If circumcision or anxiety preclude two-finger bimanual exam, one gloved finger can still yield helpful information.) Asks the client to bear down or cough gently, and observes for: a. *involuntary loss of urine b. *cystocele c. *rectocele. 3.52 *Draws the two fingers together, asks the client to tighten up her vaginal muscles and checks for muscle tone. (continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the initial antepartum physical examination.**

	2	1	0	Comments
3.53 *Sweeps the vaginal walls with the two fingers and feels for growths or masses.				
3.54 Locates the cervix and feels for:				
a. *size, shape and position				
b. *consistency				
c. *smoothness				
d. *dilatation of the os				
e. *regularity of the os				
f. *mobility				
g. *tenderness (observes client’s face).				
3.55 Uses both hands to palpate the uterus for (first trimester only):				
a. *size, shape and position				
b. *consistency				
c. *smoothness				
d. *mobility				
e. *tenderness (observes client’s face).				
3.56 Uses both hands to palpate the adnexa for (first trimester only):				
a. *size, shape and position				
b. *consistency				
c. *masses				
d. *tenderness (observes client’s face).				
(Note: A softening of the cervix, cervical isthmus and uterus is noticeable ~≥ 6 weeks of gestation.) (continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the initial antepartum physical examination.

		2	1	0	Comments
3.57	*Removes hand smoothly, removes gloves and disposes of them in a decontamination solution.				
3.58	Assists the client up off examination table/bed/mat.				
3.59	*Thanks the client for her cooperation and asks her to get dressed.				
3.60	*Washes hands with soap and water and air dries or dries with a clean cloth.				

POSSIBLE SCORE: 248 points    CUT OFF: 196 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4: Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.**

	2	1	0	Comments
<i>Progress of pregnancy</i>				
4.1 *Calculates the estimated date of conception (EDC) based on calendar, moon or other method using the date of last normal menstrual period.				
4.2 Compares the calculated EDC with physical findings (e.g., fundal height or estimated fetal weight or uterine size).				
4.3 *Decides if there is consistency among the calculated and historical EDC and physical findings.				
4.4 *Confirms if the client is pregnant and, if yes, that the progress of pregnancy is normal based on the above evaluations.				
<i>Maternal well-being</i>				
4.5 Evaluates historical and physical findings for presence or absence of problems, noting: a. *psycho-emotional response to pregnancy b. *common discomforts c. *life-threatening complications.				
4.6 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.7 *Decides if maternal health status is normal based on the above evaluations, and if not, appropriately manages and/or refers for further evaluation and care.				
(continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4 (continued):** Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
<i>Fetal well-being</i>				
4.8 *Evaluates historical and physical findings for presence or absence of problems.				
4.9 *Evaluates historical and physical findings for presence of risk factors.				
4.10 *Decides if fetal health status is normal based on the above evaluations, and if not, appropriately manages and/or refers for further evaluation and care.				

POSSIBLE SCORE: 24 points      CUT OFF: 22 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Shares assessments and diagnoses with the client.**

	2	1	0	Comments
5.1 Informs the client, in a reassuring manner, of the assessments and diagnoses including: <ul style="list-style-type: none"> <li>a. *progress of pregnancy and EDC</li> <li>b. *her own health status</li> <li>c. *health status of her fetus.</li> </ul>				
5.2 If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3 Explain possible causes of any abnormalities discovered.				
5.4 *If any abnormalities are discovered, informs the client about next steps in addressing these.				
5.5 *Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 14 points      CUT OFF: 10 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

**Task 6: Provides care in collaboration with the client.**

	2	1	0	Comments
<i>Education and counseling</i>				
6.1 Explores the client’s need for and provides information about the following topics:				
a. *normal bodily changes				
b. *coping with common discomforts				
c. *nutritional needs and how to meet these needs				
d. *personal hygiene and avoidance of douching or placing anything in the vagina				
e. *need for rest and moderate exercise				
f. *sexuality, intercourse, prevention of STIs				
g. *avoidance of potentially harmful practices (e.g., smoking, alcohol, medications)				
h. *avoidance of persons with contagious infections				
i. *signs of complications (e.g., severe headache, visual changes, swelling of face and hands, sharp abdominal pain, vaginal bleeding and leaking of fluid, prolonged nausea and vomiting, chills and fever)				
j. *other relevant issues, as indicated.				
6.2 *Helps the client to make decisions which positively affect her health and well-being.				
<i>Preventive measures</i>				
6.3 *Discusses and provides iron and folate supplementation, per protocol. (continued on next page)				

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6 (continued): Provides care in collaboration with the client.**

	2	1	0	Comments
6.4 *Discusses and provides anti-tetanus vaccination, per protocol.				
6.5 *Discusses and provides malaria prophylaxis, where endemic and as necessary, per protocol.				
<i>Treatment or intervention</i>				
6.6 *Treats or refers problems, as necessary and appropriate and per protocol.				

POSSIBLE SCORE: 30 points      CUT OFF: 30 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 7: Plans follow-up care in collaboration with the client.**

	2	1	0	Comments
7.1 *Discusses with the client follow-up treatments and associated instructions, if any.				
7.2 *Asks the client to repeat instructions for follow-up treatments, if any.				
7.3 *Encourages the client to ask any unanswered questions. (If questions arise between this visit and the next, encourages the client to bring these to the next visit; if of concern, encourages her to return to the clinic right away).				
7.4 *Describes the sequence and importance of routine antepartum care.				
7.5 *Schedules the revisit at a time suitable for the client and gives the client the time and date.				
7.6 Encourages the client to bring her partner or significant others to the visits, as she desires.				

POSSIBLE SCORE: 12 points      CUT OFF: 10 points (must include skills with asterisks (\*\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-a (continued)

CONDUCTING AN INITIAL ANTEPARTUM VISIT

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.**

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the antepartum record.				
8.2 *Gives the client a copy of her antepartum record/card with the return date indicated on it, where possible.				
8.3 *Teaches the client how to use the information on the record/card and to take it with her to each health service she requires.				
8.4 *Stores the client’s record in a safe place.				

POSSIBLE SCORE: 8 points      CUT OFF: 8 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

**Skills Assessment Tool 4-b**  
**CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)**

Date of Assessment: \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee’s pre-training skills level), *at the end of* training (to determine the trainee’s achievement of skills competency) and *after* training at the trainee’s worksite (to determine the trainee’s ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee’s performance of the tasks using the rating scale.
  - c. observe the quality of the trainee’s performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of “1” or “0” is marked).
  - e. where the word “OR” is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks before the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee’s progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the follow-up antepartum health history and physical examination.	30		28		
2. Obtains the initial antepartum health history.	42		40		
3. Performs the follow-up antepartum physical examination.	76		62		
4. Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.	24		22		
5. Shares assessments and diagnoses with the client.	14		10		
6. Provides care in collaboration with the client.	24		18		
7. Plans follow-up care in collaboration with the client.	10		8		
8. Records findings, assessments, diagnoses, care provided and follow-up plan.	6		6		
TOTAL	226		194		

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1: Prepares for the follow-up antepartum health history and physical examination.**

	2	1	0	Comments
<i>Setting</i>				
1.1 *Decontaminates the work surfaces.				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *gloves (new or reusable that have been high-level disinfected)				
f. *BP cuff, stethoscope, fetoscope, watch, tape measure and scale				
g. laboratory equipment (if available).				
<i>Provider</i>				
1.3 Reviews the client's antepartum record for:				
a. *normal progress of pregnancy				
b. *common discomforts				
c. *problems/life-threatening complications				
d. *risk factors.				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
<i>Client</i>				
1.5 *Greet the client and introduces self (if unknown to client).				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				

POSSIBLE SCORE: 30 points CUT OFF: 28 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the follow-up antepartum health history.				
	2	1	0	Comments
<i>Interim pregnancy history</i>				
2.1				*Asks how client has been feeling generally since last visit.
2.2				*Asks the client if she has any questions or concerns that have arisen since the last visit.
2.3				Obtains information about any problems the client may have experienced since the last visit:
				a. *prolonged nausea and frequent vomiting
				b. *undue fatigue
				c. *sudden sharp continuous pain in abdomen
				d. *fever and chills
				e. *severe headache
				f. *unusual changes in vision
				g. *pain, burning on urination
				h. *vaginal itching or unusual discharge
				i. *gush or leaking of fluid from vagina
				j. *vaginal bleeding
				k. *pain, swelling, tenderness of calves
				l. *swelling of face and hands
				m. other
2.4				*Asks the client about fetal movement in the last 24 hours. (continued on next page)

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued):** Obtains the follow-up antepartum health history.

		2	1	0	Comments
2.5	Asks the client about signs of labor pending: a. *loss of mucus plug b. *bloody “show” (blood-tinged mucus) c. *rupture of the amniotic sac d. *increased pelvic pressure e. *uterine contractions.				

POSSIBLE SCORE: 42 points CUT OFF: 40 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3: Performs the follow-up antepartum physical examination.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 Observes the client’s energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducting the examination, as needed and appropriate.				
<i>Laboratory tests and vital signs</i>				
3.4 Asks the client to empty her bladder. Tests urine (using method available at the clinic) for:				
a. *albumin				
b. glucose				
c. acetone.				
3.5 Draws blood for testing hemoglobin and hematocrit (if indicated).				
3.6 *Measures weight.				
3.7 *Measures blood pressure (BP), heart rate and temperature.				
3.8 *Asks the client to undress and offers linen for privacy.				
3.9 Assists client to sit on examination table/mat/bed.				
<i>Head</i>				
3.10 *Inspects the face for edema.				
<i>Back</i>				
3.11 *Palpates the costo-vertebral area for tenderness.				
(continued on next page)				

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the follow-up antepartum physical examination.

	2	1	0	Comments
<i>Extremities</i>				
3.12 *Inspects the hands and fingers for edema.				
3.13 Inspects and palpates the legs:				
a. entire leg for varicose veins				
b. *calves for redness and tenderness				
c. *tibia, ankles and feet for edema (checks degree of pitting, if present).				
3.14 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.				
<i>Abdomen</i>				
3.15 *Inspects the abdomen for size and contour.				
3.16 *With tape, measures fundal height.				
3.17 Palpates the uterus for:				
a. *fetal lie, presentation, position and descent (using Leopold’s maneuvers)				
b. *fetal movement				
c. *contractility.				
3.18 *Measures the fetal heart rate.				
<i>Pelvic: external genitalia</i>				
3.19 *Assists the client into position for the pelvic examination and drapes for privacy.				
3.20 *Puts on gloves without contaminating them.				
3.21 Inspects the vulva for absence or presence of:				
a. *sores or ulcers				
b. *redness or inflammation (continued on next page)				

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the follow-up antepartum physical examination.

	2	1	0	Comments
c. *unusual vaginal discharge d. *bloody “show” (blood-tinged mucus) e. *bleeding from the vagina f. *leaking of fluid from the vagina. <i>Pelvic: bimanual examination</i> 3.22 Inserts two fingers deep into the vagina, and palpates to determine: a. *status of the cervix (effacement and dilatation) b. *status of the fetus (presenting part, station and ballotability). 3.23 *Removes hand, then soiled gloves and disposes of them in a decontamination solution. 3.24 Assists the client up off the examination table/bed/mat. 3.25 *Thanks the client for her cooperation and asks her to get dressed. 3.26 *Washes hands with soap and water and air dries or dries with a clean cloth.				

POSSIBLE SCORE: 76 points      CUT OFF: 62 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

<b>Task 4: Assesses the progress of pregnancy and maternal-fetal health status and makes diagnoses.</b>				
	2	1	0	Comments
<i>Progress of pregnancy</i>				
4.1				
4.2				
4.3				
4.4				
<i>Maternal well-being</i>				
4.5				
a.				
b.				
c.				
4.6				
4.7				
<i>Fetal well-being</i>				
4.8				
4.9				
4.10				

POSSIBLE SCORE: 24 points      CUT OFF: 22 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Shares assessments and diagnoses with the client.**

	2	1	0	Comments
5.1 Informs the client, in a reassuring manner, of the assessments and diagnoses including: *a. progress of pregnancy and EDC *b. her own health status *c. health status of her fetus.				
5.2 If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3 Explains possible causes of any abnormalities discovered.				
5.4 *If any abnormalities are discovered, informs the client about next steps in addressing these.				
5.5 *Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 14 points      CUT OFF: 10 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

<b>Task 6: Provides care in collaboration with the client.</b>				
	<b>2</b>	<b>1</b>	<b>0</b>	<b>Comments</b>
<i>Education and counseling</i>				
6.1	Explores the client’s need and provides, as necessary, information about the following topics:			
	a. coping with common discomforts			
	b. preparation for breastfeeding			
	c. *postpartum family planning			
	d. *plans for labor and birth			
	e. *preparations for new baby			
	f. anticipated changes in family roles and responsibilities and relationship with partner			
	g. *signs of early labor, what to do and who to notify			
	h. *other relevant issues, as indicated.			
6.2	*Helps the client to make decisions which positively affect her health and well-being.			
<i>Preventive measures</i>				
6.3	*Checks to see if the client is taking iron and folate tablets correctly and regularly. Asks the client if she has a sufficient supply and provides more tablets, if necessary.			
6.4	*Checks to see if the client is taking malaria prophylaxis correctly and regularly (if previously prescribed). Asks if she has a sufficient supply and provides more tablets, if necessary.			
<i>Treatment or intervention</i>				
6.5	*Treats or refers problems, as necessary and appropriate.			

POSSIBLE SCORE: 24 points      CUT OFF: 18 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 7: Plans follow-up care in collaboration with the client.**

	2	1	0	Comments
7.1 *Discusses with the client follow-up treatments or preventive measures and associated instructions, if any.				
7.2 *Asks the client to repeat instructions for follow-up treatments or preventive measures.				
7.3 *Encourages the client to ask any unanswered questions. (If questions arise between this visit and the next, encourages the client to bring these to the next visit; if of concern, encourages her to return to the clinic right away).				
7.4 *Schedules the follow-up visit at a time convenient for the client and gives the client the time and date.				
7.5 Encourages the client to bring her partner or significant others to the visits, as she desires.				

POSSIBLE SCORE: 10 points      CUT OFF: 8 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-b (continued)

CONDUCTING AN ANTEPARTUM FOLLOW-UP VISIT (≥ 36 WEEKS)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.**

		2	1	0	Comments
8.1	*Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the antepartum record.				
8.2	*Gives the client a copy of her antepartum record/card with the return date indicated on it, when possible.				
8.3	*Stores the client’s record in a safe place.				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_



**Skills Assessment Tool 4-c**

**SCREENING FOR LABOR**

Date of Assessment: \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
  - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
  - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the initial intrapartum health history and physical examination.	28		28		
2. Obtains the initial intrapartum health history.	38		38		
3. Performs the initial intrapartum physical examination.	96		86		
4. Assesses the progress of labor and maternal-fetal health status and makes diagnoses.	26		26		
5. Shares assessments and diagnoses with the client.	14		8		
6. Provides care in collaboration with the client (if in false or true labor).	14		14		
7. Plans follow-up care in collaboration with the client (only if false labor, gestation > 36 weeks, amniotic sac intact).	12 (if false labor) 0 (if true labor)		10 (if false labor) 0 (if true labor)		
8. Records findings, assessments, diagnoses, care provided and follow-up plan.	2		2		
TOTAL	230 (if false labor) 218 (if true labor)		212 (if false labor) 202 (if true labor)		

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

**Task 1: Prepares for the initial intrapartum health history and physical examination.**

	2	1	0	Comments
<i>Setting</i>				
1.1 *Decontaminates and cleans the work surfaces (if in a hospital or maternity setting).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *gloves (new or reusable, sterilized)				
f. *thermometer, BP cuff, stethoscope, fetoscope, watch, tape measure and scale.				
<i>Provider</i>				
1.3 Reviews the client's antepartum record, noting:				
a. *age, parity, weeks gestation (EDC)				
b. *normal progress of pregnancy				
c. *problems/life-threatening complications				
d. *risk factors.				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
<i>Client</i>				
1.5 *Greet client and introduces self.				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				

POSSIBLE SCORE: 28 points CUT OFF: 28 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

Task 2: Obtains the initial intrapartum health history.				
	2	1	0	Comments
<i>Labor history</i>				
2.1				*Asks how client has been feeling generally since last seen in the clinic.
2.2				*Asks client whether she experienced <i>any</i> special problems during her pregnancy.
2.3				Obtains information about the client's labor:
				a. *EDC (confirms)
				b. *time of onset of uterine contractions
				c. quality of uterine contractions
				– *frequency
				– *duration
				– *intensity
				– *location of discomfort
				d. *length of previous labor
				e. *size of largest and smallest previous babies
				f. *"bloody show" (blood-tinged mucus)
				g. *bleeding from the vagina (if yes, amount and color)
				h. *gush or leaking of fluid from the vagina (if yes, date/time, amount and color of fluid).
2.4				*Asks the client about fetal movement during last 24 hours.
2.5				Obtains information about the client's well-being:
				a. *anxiety level
				b. *when last ate and drank fluids
				(continued on next page)

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued):** Obtains the initial intrapartum health history.

	2	1	0	Comments
c. *when last emptied bladder and bowels d. *when last slept and fatigue level. 2.6 *Asks client what questions or immediate concerns she has.				

POSSIBLE SCORE: 38 points CUT OFF: 38 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

**Task 3: Performs the initial intrapartum physical examination.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 Observes the client's energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
<i>Laboratory tests and vital signs</i>				
3.4 *Washes hands with soap and water, air dries or dries with clean cloth.				
3.5 Asks the client to empty her bladder. Tests urine for:				
a. *albumin				
b. ketones.				
3.6 *Draws blood for testing hemoglobin and hematocrit (if indicated).				
3.7 *Measures BP, heart rate, respiratory rate and temperature.				
3.8 *Asks the client to undress and offers linen for privacy, or asks client to loosen clothing and use own clothing as a drape.				
3.9 Assists client to sit on examination table/mat/bed.				
<i>Head</i>				
3.10 *Inspects the face for edema.				
<i>Back</i>				
3.11 *Palpates the costo-vertebral angle for tenderness.				
<i>Extremities</i>				
3.12 *Inspects the hands and fingers for edema.				
3.13 Inspects and palpates the legs:				
a. entire leg for varicose veins				
b. *calves for redness and tenderness				
c. *tibia, ankles and feet for edema (checks degree of pitting, if present).				
3.14 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.				
(continued on next page)				

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the initial intrapartum physical examination.

	2	1	0	Comments
<i>Abdomen</i>				
3.15 Inspects the abdomen for:				
a. *scars				
b. *size and contour.				
3.16 *With tape or hand, measures fundal height.				
3.17 Palpates the uterus for:				
a. *fetal lie, presentation, position and descent (using Leopold’s maneuvers)				
b. *fetal movement.				
3.18 *Palpates supra-pubic area for bladder distention.				
3.19 Palpates for uterine contractions, noting:				
a. *frequency				
b. *duration				
c. *intensity.				
3.20 *Measures the fetal heart rate.				
<i>Pelvic: external genitalia</i>				
3.21 *Assists the client into position for the pelvic examination and drapes for privacy.				
3.22 *Puts on gloves without contaminating them.				
3.23 Inspects the vulva for absence or presence of:				
a. *sores or ulcers				
b. *redness or inflammation				
c. *unusual discharge				
d. *bloody “show” (blood-tinged mucus)				
e. *bleeding from the vagina (if present, notes amount, color and progression)				
(continued on next page)				

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the initial intrapartum physical examination.**

	2	1	0	Comments
3.24 f. *leaking of fluid from the vagina (if present, notes amount, color and odor). Inspects perineum for: a. *scarring b. *strictures c. *distention. 3.25 *Cleanses vulva using a diluted antiseptic solution. <i>Pelvic: bimanual examination</i> 3.26 Performs bimanual examination to determine: a. status of cervix – *effacement – *dilatation b. *status of the amniotic sac (intact or not) c. *absence or presence of umbilical cord. 3.27 *Removes fingers; removes soiled gloves and disposes of them in a decontamination solution. 3.28 *Washes hands with soap and water and air dries or dries with a clean cloth. 3.29 Assists the client off examination table. 3.30 *Thanks the client for her cooperation and asks her to dress or change into comfortable clothing, as appropriate. 3.31 *Plots relevant findings on the partograph.				

POSSIBLE SCORE: 96 points      CUT OFF: 86 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4: Assesses the progress of labor and maternal-fetal health status and makes diagnoses.**

	2	1	0	Comments
<i>Progress of labor</i>				
4.1 *Decides whether client is having false or true labor. If true labor, decides which stage/phase of labor.				
4.2 *If true labor, decides whether uterine contraction pattern and duration are normal for the stage/phase of labor.				
4.3 *If true labor, determines whether cervical dilatation is normal for the stage/phase of labor.				
4.4 *If true labor, determines whether fetal descent is normal for the stage/phase of labor.				
4.5 *Decides if overall progress of true labor is normal based on the partograph.				
<i>Maternal well-being</i>				
4.6 Evaluates historical and physical findings for presence or absence of: a. *psycho-emotional response to labor b. *life-threatening complications.				
4.7 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.8 *Decides if maternal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				
(continued on next page)				

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4 (continued):** Assesses the progress of labor and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
<i>Fetal well-being</i>				
4.9 Evaluates historical and physical findings for presence or absence of problems: a. *physiologic response to labor b. *life-threatening complications.				
4.10 *Evaluates historical and physical findings for presence of risk factors.				
4.11 *Decides if fetal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				

POSSIBLE SCORE: 26 points      CUT OFF: 26 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Shares assessments and diagnoses with the client.**

	2	1	0	Comments
5.1 Informs the client, in a reassuring manner, of the assessments and diagnoses including: a. *progress of labor/estimated time of birth b. *her own health status c. *health status of her fetus.				
5.2 If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3 Explain possible causes of any abnormalities discovered.				
5.4 *If any abnormalities are discovered, informs client about next steps in addressing them.				
5.5 Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 14 points      CUT OFF: 8 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6: Provides care in collaboration with the client (if in false or true labor).**

	2	1	0	Comments
<p><i>Support (false labor; &gt;36 weeks gestation; amniotic sac intact)</i></p> <p>6.1 *Reassures the client.</p> <p>6.2 *Reviews signs of true labor, including when to return to be examined (or call birth attendant).</p> <p>6.3 *Reviews signs of potential life-threatening complications and what to do if present.</p> <p>6.4 *Encourages the client to get as much rest as possible.</p> <p>6.5 *Encourages client to take/maintain nourishment and fluids.</p> <p>6.6 *Asks client and her significant others if she/they have questions or concerns.</p> <p style="text-align: center;"><i>OR..</i></p> <p><i>Support (true labor)</i></p> <p>6.1 *Reassures and encourages the client.</p> <p>6.2 *Explains labor monitoring (e.g., how and why).</p> <p>6.3 *Assists client to settle-in if not in her own home.</p> <p>6.4 *Advises client to walk and move about, as desired and appropriate.</p> <p>6.5 *Encourages/offers light nourishment and fluids.</p> <p>6.6 *Asks client and her significant others if she/they have questions or concerns.</p> <p><i>Treatment or intervention</i></p> <p>6.7 *Treats or refers problems, as necessary and appropriate.</p>				

POSSIBLE SCORE: 14 points      CUT OFF: 14 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_



Skills Assessment Tool 4-c (continued)

SCREENING FOR LABOR

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.**

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the client's antepartum record.  <p style="text-align: center;"><i>OR...</i></p> 8.1 *If the client is in labor, begins the intrapartum record/maintains the partograph.				

POSSIBLE SCORE: 2 points

CUT OFF: 2 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_



Skills Assessment Tool 4-d

MONITORING LABOR USING THE PARTOGRAPH

Date of Assessment: \_ \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee’s pre-training skills level), *at the end of* training (to determine the trainee’s achievement of skills competency) and *after* training at the trainee’s worksite (to determine the trainee’s ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee’s performance of the tasks using the rating scale.
  - c. observe the quality of the trainee’s performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of “1” or “0” is marked).
  - e. where the word “OR” is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee’s progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

## Skills Assessment Tool 4-d (continued)

## MONITORING LABOR USING THE PARTOGRAPH

SUMMARY OF SCORES ATTAINED

<b>Task</b>	<b>Possible Score</b>	<b>Score Attained</b>	<b>Cut Off Points</b>	<b>No. of Points Above Cut Off</b>	<b>No. of Points Below Cut Off</b>
1. Prepares for monitoring of labor.	36		36		
2. Obtains the intrapartum history according to protocol.	30		30		
3. Performs the interim intrapartum physical examination, using the partograph.	68		64		
4. Assesses the progress of labor and maternal-fetal health status and makes diagnoses.	26		26		
5. Shares assessments and diagnoses with the client.	12		10		
6. Provides care in collaboration with the client.	28		28		
7. Records all findings, assessments, diagnoses and care provided.	2		2		
<b>TOTAL</b>	<b>202</b>		<b>196</b>		

Skills Assessment Tool 4-d

MONITORING LABOR USING THE PARTOGRAPH

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1: Prepares for monitoring of labor.**

	2	1	0	Comments
<i>Setting</i>				
1.1 *Decontaminates and cleans work surface (if not in hospital or maternity setting, arranges for clean work surface and delivery site).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linens and pillow				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *antiseptic solution				
f. *gloves (new or reusable that have been sterilized)				
g. *thermometer, BP cuff, stethoscope, fetoscope, watch.				
<i>Provider</i>				
1.3 If not involved in screening for labor (Skills Assessment Tool #4-c), reviews client antepartum record for:				
a. *age, parity, weeks gestation (EDC)				
b. *normal progress of pregnancy				
c. *problems/life-threatening complications				
d. *risk factors.				
1.2.2 If new to client, reviews the intrapartum record/partograph for overall pattern of findings, and most recent findings concerning:				
a. *maternal health status (temperature, BP, heart rate, respiratory rate) (continued on next page)				

Skills Assessment Tool 4-d (continued)

**MONITORING LABOR USING THE PARTOGRAPH**

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1 (continued): Prepares for monitoring of labor.**

	2	1	0	Comments
b. *fetal health status (heart rate, movement) c. *labor progress (uterine contraction quality, cervical dilatation and fetal descent).  <i>Client</i> 1.5 *Greet client, as appropriate. 1.6 *Explains procedures to be performed. 1.7 *Ensures client is comfortably positioned and privacy is maintained.				

POSSIBLE SCORE: 36 points CUT OFF: 36 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2: Obtains the interim intrapartum history according to protocol.**

	2	1	0	Comments
<i>Labor history</i>				
2.1 *Asks about client’s general well-being, and whether she has questions or immediate concerns.				
2.2 *Responds to any questions or immediate concerns raised by client.				
2.3 Obtains information about the client’s labor:				
a. change in quality of contractions				
– *frequency				
– *duration				
– *intensity				
– *location of discomfort				
b. *“bloody show” (blood-tinged mucus)				
c. *bleeding from the vagina other than “show”				
d. *leaking of fluid from the vagina				
e. *increase in pelvic pressure, whether client has the urge to bear down.				
2.4 *Asks client about fetal movement.				
2.5 Obtains information about client’s well-being:				
a. *anxiety level				
b. *fatigue level				
c. *when last ate and drank fluids				
d. *when last emptied bladder and bowel.				

POSSIBLE SCORE: 30 points CUT OFF: 30 points (must include skills with asterisks (\*\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3: Performs the interim intrapartum physical examination, using the partograph.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 Observes the client’s energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
<i>Vital signs</i>				
3.4 *Washes hands with soap and water, air dries or dries with clean cloth.				
3.5 *Ensures client is comfortably positioned on examination table/mat/bed and that privacy is maintained.				
3.6 *Reassures client to help her relax.				
3.7 *Measures BP, heart rate, respiratory rate and temperature.				
<i>Abdomen</i>				
3.8 Palpates (using Leopold’s maneuvers) for: a. *fetal descent b. *fetal movement.				
3.9 *Auscultates fetal heartbeat for rate and rhythm.				
3.10 Palpates for uterine contractions, noting: a. *frequency b. *duration c. *intensity (firmness). (continued on next page)				

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the interim intrapartum physical examination, using the partograph.

	2	1	0	Comments
3.11 Palpates supra-pubic area for bladder: a. *distention b. *tenderness. <i>Pelvic: external genitalia</i> (Note: Vaginal examination should be performed every 4 hours, or as needed. The objective is to obtain sufficient information to monitor labor progress and also minimize chances of infection as a result of multiple/frequent examinations).				
3.12 *Positions client for pelvic examination; drapes for privacy.				
3.13 *Reassures client; explains as performs the examination.				
3.14 *Puts on gloves without contaminating them.				
3.15 Inspects the vulva, then gently separates labia to determine the absence or presence of: a. *“bloody show” (blood-tinged mucus) b. *vaginal bleeding (if present, notes amount, color and progression) c. *leaking of amniotic fluid (if present, notes time of onset, amount, color and odor).				
3.16 *Inspects perineum for distention.				
3.17 *Cleanses vulva using antiseptic solution.				
<i>Pelvic: bimanual examination</i>				
3.18 Inserts two fingers into vagina, palpating to determine: a. status of the cervix: – *effacement – *dilatation (continued on next page)				

Skills Assessment Tool 4-d (continued)

**MONITORING LABOR USING THE PARTOGRAPH**

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the interim intrapartum physical examination, using the partograph.

	2	1	0	Comments
b. *absence or presence of umbilical cord c. status of the fetus: – *presentation and position – *station and ballotability – *if vertex, absence or presence of molding and caput.				
3.19 *Removes fingers and soiled gloves and disposes them in a decontamination solution.				
3.20 *Washes hands with soap and water, dries with clean cloth.				
3.21 Assists client to resume a more comfortable position on the examination table/bed/mat.				
3.22 *Thanks the client for her cooperation.				
3.23 *Writes relevant findings on the partograph.				

POSSIBLE SCORE: 68 points                      CUT OFF: 64 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4: Assesses the progress of labor and maternal-fetal health status and makes diagnoses.**

	2	1	0	Comments
<i>Progress of labor based on partograph</i>				
4.1 *Evaluates whether the frequency and duration of uterine contractions and overall duration of contractions from onset of labor are as expected (e.g., contractions progress in frequency and duration; overall duration of contractions after client is first examined and determined to be in latent phase labor ≤ 8 hours).				
4.2 *Evaluates whether cervical dilatation is as expected in active phase (i.e. ≥ 1 cm/hour, plotting remains on or to the left of the alert line).				
4.3 *Evaluates whether fetal descent is as expected in active phase (i.e., plotting shows progression until birth).				
4.4 *Decides if progress of labor is normal based on the partograph, and if not, appropriately manages and/or prepares to discuss treatment/referral options with the client and persons accompanying her.				
<i>Maternal well-being</i>				
4.5 Evaluates historical and physical findings for presence or absence of problems noting: a. *psycho-emotional response to labor b. *physiological response to labor c. *life-threatening complications.				
4.6 *Evaluates historical and physical findings for presence or absence of risk factors. (continued on next page)				

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4 (continued):** Assesses the progress of labor and maternal-fetal health status and makes diagnoses.

	2	1	0	Comments
4.7 *Decides if maternal health status is normal based on the above evaluations, and if not, prepares to discuss treatment/referral options with the client and persons accompanying her.				
<i>Fetal well-being</i>				
4.8 Evaluates historical and physical findings for presence or absence of problems noting: a. *physiological response to labor b. *life-threatening complications.				
4.9 *Evaluates historical and physical findings for presence of risk factors.				
4.10 *Decides if fetal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client and persons accompanying her.				

POSSIBLE SCORE: 26 points      CUT OFF: 26 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-d (continued)

**MONITORING LABOR USING THE PARTOGRAPH**

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Shares assessments and diagnoses with the client.**

	2	1	0	Comments
5.1 Informs the client, in a reassuring manner, of the examination findings and assessments including: a. *progress of labor/estimated time of birth b. *her own health status c. *health status of her fetus.				
5.2 Explains possible causes of any abnormalities discovered.				
5.3 *If any abnormalities are discovered, informs client about next steps in addressing them.				
5.4 *Encourages the client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 12 points      CUT OFF: 10 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-d (continued)

MONITORING LABOR USING THE PARTOGRAPH

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6: Provides care in collaboration with the client.**

	2	1	0	Comments
<i>Support</i>				
6.1 *Offers client reassurance and encouragement.				
6.2 *Asks client and significant others if she/they have any questions or concerns.				
6.3 *Encourages client to walk and move about, as able/desired/appropriate.				
6.4 *Offers nourishment, as desired/appropriate.				
6.5 Offers client physical comfort measures, as client desires, including:				
a. *massaging				
b. *sponge-bathing				
c. *assistance with changes of body position				
d. *cushioning with blankets/pillows				
e. *covering for warmth, if needed				
f. *fanning for cooling/movement of air, if needed.				
6.6 *Encourages client to maintain an empty bowel and bladder/assists to facilities, as needed.				
6.7 *Assists client to bear down effectively, once the cervix becomes fully dilated.				
6.8 *Maintains hygiene for the client by providing changes of fresh linen/bedding/clothing.				
<i>Treatment or intervention</i>				
6.9 *Provides treatment or refers, as indicated.				

POSSIBLE SCORE: 28 points      CUT OFF: 28 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-d (continued)

**MONITORING LABOR USING THE PARTOGRAPH**

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 7: Records all findings, assessments, diagnoses and care provided.**

		2	1	0	Comments
7.1	*Neatly and clearly writes findings, assessments, diagnoses, and care provided on the intrapartum record; maintains the partograph.				

POSSIBLE SCORE: 2 points                      CUT OFF: 2 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_



Skills Assessment Tool # 4-e

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

Date of Assessment: \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee’s pre-training skills level), *at the end of* training (to determine the trainee’s achievement of skills competency) and *after* training at the trainee’s worksite (to determine the trainee’s ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee’s performance of the tasks using the rating scale.
  - c. observe the quality of the trainee’s performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of “1” or “0” is marked).
  - e. where the word “OR” is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee’s progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-e (continued)

**ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM**

SUMMARY OF SCORES ATTAINED

<b>Task</b>	<b>Possible Score</b>	<b>Score Attained</b>	<b>Cut Off Points</b>	<b>No. of Points Above Cut Off</b>	<b>No. of Points Below Cut Off</b>
1. Prepares for birth.	30		30		
2. Assists birth of the fetus.	48		48		
3. Performs immediate newborn physical examination.	14		14		
4. Assists birth of the placenta.	30		30		
5. Inspects the placenta, membranes and umbilical cord.	20		16		
6. Performs immediate maternal physical examination.	22		22		
7. Assesses progress of birth of the fetus and placenta, and neonatal and maternal well-being, and makes diagnoses.	22		22		
8. Shares assessments and diagnoses with the client.	8		8		
9. Provides immediate postpartum care in collaboration with the client.	36		36		
10. Records findings, assessments, diagnoses and care provided.	6		6		
<b>TOTAL</b>	<b>236</b>		<b>232</b>		

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

Task 1: Prepares for birth.				
	2	1	0	Comments
<i>Setting</i>				
1.1				*Decontaminates and cleans work surface (if not in hospital or maternity setting, arranges for clean work site and place for delivery).
1.2				Ensures availability of and arranges:
				a. *adequate light
				b. *linens, pillows, blankets and plastic sheet
				c. *bin and cover
				d. *soap, water and clean hand towel
				e. *gloves (new or reusable that have been sterilized)
				f. *antiseptic solution and warm water (sterile)
				g. *syringe (sterile) and oxytocin for injection
				h. *cord clamps or ties, scissors (sterile); cotton or gauze squares (sterile); mucus extractor and (high-level disinfected) basin
				i. *thermometer, BP cuff, stethoscope, watch.
<i>Provider</i>				
1.3				*Washes and scrubs hands with soap and water (or dilute antiseptic solution), air dries or dries with clean cloth.
1.4				*Puts on protective apron.
1.5				*Puts on gloves without contaminating them.
(continued on next page)				

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

<b>Task 1 (continued): Prepares for birth.</b>				
	2	1	0	Comments
<i>Client</i>				
1.6 *Assists client to assume her preferred position for birth, ensuring privacy, as possible.				
1.7 *Cleanses client’s vulva, with warm water and soap or warm diluted antiseptic solution.				

POSSIBLE SCORE: 30 points CUT OFF: 30 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

<b>Task 2: Assists birth of the fetus.</b>				
	<b>2</b>	<b>1</b>	<b>0</b>	<b>Comments</b>
<i>Birth of the head</i>				
2.1				
2.2				
2.3				
a.				
b.				
c.				
2.4				
2.5				
<i>Birth of the shoulders</i>				
2.6				
2.7				
2.8				
a.				
b.				
(continued on next page)				

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

<b>Task 2 (continued): Assists birth of the fetus.</b>				
	<b>2</b>	<b>1</b>	<b>0</b>	<b>Comments</b>
<i>Birth of the body</i>				
2.9				*Supports the emerging body with two hands.
2.10				*Positions the newborn’s head slightly below the body to promote drainage of fluids.
2.11				*Places the newborn on client’s abdomen or bed/examination table/mat.
<i>Immediate newborn care</i>				
2.12				*Wipes the face (suctions again, as necessary) and dries body with warm dry towel.
2.13				*Shows the newborn to the client (and her family or friends if present).
2.14				*Covers newborn with a warm dry blanket.
2.15				*Assists client to put her newborn to breast.
<i>Clamping-Cutting the Umbilical Cord</i>				
2.16				Clamps umbilical cord:
				a. *places small (“permanent”) clamp/tie 1 to 2 cm from newborn’s skin
				b. *milks the cord distal to the clamp or tie
				c. *places a larger clamp or tie about 2 cms distal to the small clamp or tie.
				(continued on next page)

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued): Assists birth of the fetus.**

	2	1	0	Comments
2.17 Cuts the umbilical cord with sterile instrument: a. *covers the area between the clamps or ties with a small sterile gauze pad or cloth b. *cuts the umbilical cord beneath the gauze and between the clamps or ties.				
2.18 *Trims the cord stump as necessary.				

POSSIBLE SCORE: 48 points CUT OFF: 48 points (must include skills with asterisks (\*\*))

SCORE ATTAINED: \_\_\_\_\_

**Task 3: Performs immediate newborn physical examination.**

	2	1	0	Comments
<i>APGAR Score (at 1 and 5 minutes)</i>				
3.1 *Measures heart rate at 1 and 5 minutes.				
3.2 Observes at 1 and 5 minutes: a. *respiratory effort b. *skin color and peripheral circulation c. *muscle tone d. *reflex irritability.				
3.3 *Assigns the APGAR scores at 1 and 5 minutes.				
<i>General appearance</i>				
3.4 *Observes the newborn's body for absence or presence of obvious abnormality or defect.				

POSSIBLE SCORE: 14 points CUT OFF: 14 points (must include skills with asterisks (\*\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

**ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM**

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4: Assists birth of the placenta.**

	2	1	0	Comments
4.1 Observes the vaginal opening or introitus for signs of placental separation, noting: a. *presence or absence of bleeding b. *change in umbilical cord length.				
4.2 Palpates the uterus, very gently, noting: a. *size b. *position c. *consistency.				
4.3 *Upon signs of placental separation, advises client to gently bear down during a uterine contraction.				
4.4 As the client bears down, gently assists expulsion of the separated placenta by using, as necessary: a. *guided cord traction b. *uterine support.				
4.5 Delivers the placenta and membranes by: a. *supporting the body with both hands b. *gently twisting the body to release the membranes c. *slowly guiding the placenta and membranes to a basin or plastic sheeting.				
4.6 *Informs the client the placenta has been born.				
4.7 *Gives the client oxytocin injection per protocol, as needed.				
4.8 Massages uterus, gently, to: a. *stimulate contraction b. *expel blood clots.				

POSSIBLE SCORE: 30 points      CUT OFF: 30 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Inspects the placenta, membranes and umbilical cord.**

	2	1	0	Comments
<i>Placenta</i>				
5.1 Inspects the placenta for:				
a. size				
b. shape				
c. *completeness				
d. *absence or presence of anomalies or defects.				
<i>Membranes</i>				
5.2 Inspects the membranes for:				
a. *completeness				
b. *absence or presence of anomalies or defects.				
<i>Umbilical cord</i>				
5.3 Observes:				
a. *location of insertion				
b. *number of vessels.				
5.4 *Removes gloves and disposes them in a decontamination solution.				
5.5 *Washes hands with soap and water, and air dries or dries with a clean cloth.				

POSSIBLE SCORE: 20 points      CUT OFF: 16 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

**ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM**

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

**Task 6: Performs immediate maternal physical examination.**

	2	1	0	Comments
<i>Vital signs</i>				
6.1 *Observes the client’s general condition.				
6.2 *Measures BP, heart rate and temperature.				
<i>Abdomen</i>				
6.3 Palpates the uterus for:				
a. *size				
b. *position				
c. *consistency (firmness and contractility).				
6.4 *Palpates supra-pubic area for absence or presence of a distended bladder.				
<i>Pelvic</i>				
6.5 *Puts on sterile gloves without contaminating them.				
6.6 *Explains procedures to the client (what will be done and why) in a reassuring manner. Informs her that there will be some discomfort.				
6.7 *Inspects and gently palpates perineum for trauma (separates edges of wound, if present, to determine degree of laceration).				
6.8 *Inspects vaginal opening or introitus for bleeding (notes amount, color, progression).				
6.9 *If the client continues to bleed actively from the vagina, and the uterus is firmly contracted, inspects the vaginal walls and cervix for lacerations.				

POSSIBLE SCORE: 22 points      CUT OFF: 22 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 7: Assesses progress of birth of the fetus and placenta, and neonatal and maternal well-being, and makes diagnoses.**

	2	1	0	Comments
<i>Progress of birth of the fetus and placenta</i>				
7.1 *Completes the partograph.				
7.2 *Decides whether fetal descent, from the time of complete cervical dilatation to birth, are normal based on partograph.				
7.3 *Decides whether placental separation, descent and expulsion are normal.				
<i>Maternal well-being</i>				
7.4 Evaluates historical and physical findings for presence or absence of problems: a. *psycho-emotional response to birth b. *life-threatening complications: if any present, manage immediately.				
7.5 *Evaluates historical/ physical findings for presence or absence of risk factors.				
7.6 *Decides if maternal health status is normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				
<i>Fetal and newborn well-being</i>				
7.7 Evaluates historical and physical findings for presence or absence of problems: a. *physiological response to birth b. *life-threatening complications: if any present, manage immediately.				
7.8 *Evaluates historical and physical findings for presence of risk factors for fetus and newborn.				
7.9 *Decides if fetal and newborn health status are normal based on the above evaluations; and if not, prepares to discuss treatment/referral options with the client.				

POSSIBLE SCORE: 22 points      CUT OFF: 22 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

**ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM**

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

<b>Task 8: Shares assessments and diagnoses with the client.</b>				
	2	1	0	Comments
8.1 Informs client, in a reassuring manner, of the assessments and diagnoses including: a. *her own health status b. *health status of her newborn.				
8.2 *If any abnormalities are discovered, informs client about next steps in addressing them.				
8.3 *Encourages client to share reactions to information provided, gently probing as necessary.				

POSSIBLE SCORE: 8 points CUT OFF: 8 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 9: Provides immediate postpartum care in collaboration with the client.**

	2	1	0	Comments
<i>Support</i>				
9.1 *Praises the client for her efforts.				
9.2 *Answers any client questions related to labor and birth, as appropriate.				
9.3 *Maintains hygiene for the client by providing a change of fresh linens/bedding/clothing.				
9.4 *Encourages client to maintain an empty bowel and bladder/assists to facilities, as needed.				
9.5 *Offers nourishment and fluids, as the client desires.				
9.6 Assists client with breastfeeding (BF):				
a. *encourages first feeding as soon as possible (colostrum) and frequent, on-demand feedings thereafter				
b. *encourages rooming-in for frequent, on-demand feedings				
c. *BF techniques and positions				
d. *examination and evaluation of the breast for common problems				
e. *treatment and care of common problems (perceived low milk supply, difficulties with the let-down reflex)				
f. *the use of drugs or traditional medicines during lactation				
g. *expression of breast milk.				
(continued on next page)				

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 9 (continued): Provides immediate postpartum care in collaboration with the client.**

	2	1	0	Comments
9.7 Offers physical comfort measures, as the client desires, including: a. *assistance with changes of body position b. *cushioning with blankets/pillows c. *covering for warmth, as needed.				
9.8 *Provides for privacy for client, as desired.  <i>Preventive measures</i>				
9.9 *Discusses ophthalmia neonatorum and provides prophylactic treatment to the newborn's eyes (within 4 hours of birth).  <i>Treatment or Intervention</i>				
9.10 *Provides treatment and/or refers any maternal or newborn problems, as indicated.				

POSSIBLE SCORE: 36 points      CUT OFF: 36 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-e (continued)

ASSISTING DURING BIRTH AND THE IMMEDIATE POSTPARTUM

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 10: Records all findings, assessments, diagnoses and care provided.**

	2	1	0	Comments
10.1 *Neatly and clearly writes findings, assessments, diagnoses, and care provided on the intrapartum record/partograph (i.e., completes records).				
10.2 *Begins the maternal postpartum record, transferring relevant information from the delivery record.				
10.3 *Begins newborn record, transferring relevant information from the delivery record.				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_



Skills Assessment Tool 4-f

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

Date of Assessment: \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee’s pre-training skills level), *at the end of* training (to determine the trainee’s achievement of skills competency) and *after* training at the trainee’s worksite (to determine the trainee’s ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee’s performance of the tasks using the rating scale.
  - c. observe the quality of the trainee’s performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of “1” or “0” is marked).
  - e. where the word “OR” is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee’s progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

## Skills Assessment Tool 4-f (continued)

## CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

SUMMARY OF SCORES ATTAINED

<b>Task</b>	<b>Possible Score</b>	<b>Score Attained</b>	<b>Cut Off Points</b>	<b>No. of Points Above Cut Off</b>	<b>No. of Points Below Cut Off</b>
1. Prepares for the postpartum history and physical examination.	28		26		
2. Obtains the postpartum history.	48		40		
3. Performs the postpartum physical examination.	102		94		
4. Assesses the progress of involution and maternal health status and makes diagnoses.	16		16		
5. Shares assessments and diagnoses with the client.	12		8		
6. Provides care in collaboration with the client.	68		64		
7. Plans follow-up care in collaboration with the client.	14		12		
8. Records findings, assessments, diagnoses, care provided and follow-up plan.	6		6		
<b>TOTAL</b>	<b>294</b>		<b>266</b>		

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

**Task 1: Prepares for the postpartum history and physical examination.**

	2	1	0	Comments
<i>Setting</i>				
1.1 Ensures availability of and arranges: <ul style="list-style-type: none"> <li>a. *adequate light (torch or pen light)</li> <li>b. *linen, pillow, and examination table</li> <li>c. *bin and cover</li> <li>d. *soap, water and clean hand towel</li> <li>e. *BP cuff, stethoscope, watch, scale</li> <li>f. laboratory equipment (if available).</li> </ul>				
<i>Provider</i>				
1.2 Reviews the previous antepartum, intrapartum and postpartum records (if available): <ul style="list-style-type: none"> <li>a. *normal progress of involution/recovery</li> <li>b. *common discomforts</li> <li>c. *problems/life-threatening complications</li> <li>d. *risk factors.</li> </ul>				
1.3 *Washes hands with soap and water, air dries or dries with a clean cloth.				
<i>Client</i>				
1.4 *Greet the client and introduces self.				
1.5 *Ensures that the client is comfortable and that privacy is maintained.				
1.6 *Explains purpose of the visit.				

POSSIBLE SCORE: 28 points CUT OFF: 26 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2: Obtains the postpartum history.**

	2	1	0	Comments
<p><i>Relevant obstetric and medical history</i></p> <p>2.1 Obtains the following information:</p> <ul style="list-style-type: none"> <li>a. *date of birth</li> <li>b. *duration of labor and birth</li> <li>c. *type of birth (spontaneous or operative)</li> <li>d. *laceration, episiotomy, circumcision repair</li> <li>e. any problems during this labor, birth or thus far postpartum with:                             <ul style="list-style-type: none"> <li>– *prolonged rupture of the membranes</li> <li>– *prolonged or obstructed labor</li> <li>– *high blood pressure</li> <li>– *seizures or convulsions</li> <li>– *too much bleeding or hemorrhage</li> <li>– *severe infection (chills and fever)</li> <li>– other serious health condition.</li> </ul> </li> </ul> <p><i>Postpartum history</i></p> <p>2.2 Obtains the following information from the client:</p> <ul style="list-style-type: none"> <li>a. *emotional state (e.g., her perception of labor and birth experience; of baby’s well-being; of ability to care for baby)</li> <li>b. *rest and sleep patterns</li> <li>c. *activity level (e.g., walking frequency, duration and ease)</li> </ul> <p>(continued on next page)</p>				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

<b>Task 2 (continued):</b> <b>Obtains the postpartum history.</b>				
	<b>2</b>	<b>1</b>	<b>0</b>	<b>Comments</b>
d. *appetite and fluid intake e. *bladder and bowel function (e.g., frequency, amount and ease) f. *experience with breastfeeding (e.g., frequency, duration per session; any discomfort or problems; perceived satisfaction of self and baby, as indicated) g. signs of involution: – *uterus (e.g., position, firmness) – *lochia (e.g., color, amount, consistency) h. * <b>any</b> discomfort or pain i. * <b>any</b> concerns or questions j. sexual activity anticipated before next visit? k. need for contraception? l. need for STI protection?				

POSSIBLE SCORE: 48 points    CUT OFF: 40 points (must include skills with asterisks (\*\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3: Performs the postpartum physical examination.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 *Observes the client’s energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducting the examination, as needed and appropriate.				
<i>Laboratory tests and vital signs</i>				
3.4 Draws blood for testing:				
a. *hemoglobin/hematocrit (at 72 hours) (if laboratory facility available)				
b. Rh sensitization and compatibility with Rh immune globulin (where indicated and laboratory facility available).				
3.5 *Measures weight.				
3.6 *Measures BP, heart rate and temperature.				
3.7 *Asks the client to undress and offers linen for privacy.				
3.8 Assists client to lie on examination table/mat/bed.				
<i>Breasts</i>				
3.9 With client's arms by side, inspects breasts for:				
a. *secretion of colostrum/milk from nipples (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the postpartum physical examination.**

	2	1	0	Comments
<p>3.10 b. *color, consistency, amount of other discharge from nipples (e.g., bleeding)                      c. *fissures or blistering of nipples                      d. *presence or absence of engorgement (e.g., enlarged, shiny, reddened, dilated veins)                      e. *presence or absence of abscess.                      With the client’s left arm over head, systematically palpates the left (then right) breast and axilla noting:                      a. *filling with milk/colostrum (e.g., degree of tension or firmness)                      b. *presence or absence of engorgement (e.g., hard and warm)                      c. *presence or absence of abscess                      d. *enlarged lymph nodes.</p> <p><i>Abdomen</i></p> <p>3.11 Inspects the abdomen for:                      a. healing of Cesarean scar, if present:                          – *presence or absence of wound separation                          – *presence or absence of pus                      b. contour:                          – *presence or absence of bladder distention                          – *presence or absence of uterine displacement.</p> <p>3.12 Palpates the uterus for:                      a. *size                      b. *location (in relation to the mid-line and the umbilicus)                      (continued on next page)</p>				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the postpartum physical examination.**

	2	1	0	Comments
c. *consistency (firmness) d. *tenderness (observes client’s face). 3.13 *Palpates the supra-pubic area for presence or absence of a full bladder. 3.14 *With the client’s head slightly lifted off of the pillow, palpates for degree of separation of the abdominal muscles. Places client’s hand on the abdomen so that she can feel the degree of separation.  <i>Back</i> 3.15 *Palpates the costo-vertebral area for tenderness.  <i>Extremities</i> 3.16 Inspects the legs: a. entire leg for varicose veins b. *calves for areas of redness c. *tibia, ankles and feet for edema (checks degree of pitting, if present). 3.17 *Palpates the legs for tenderness or heat. 3.18 *Dorsiflexes each foot to check for presence or absence of calf pain (Homan’s sign).  <i>Pelvic: external genitalia</i> 3.19 *Assists the client into position for the examination and drapes for privacy. (Note: The client may be assisted to assume a side-lying position to better visualize the rectal area, if necessary. Removes the sanitary pad/cloth). 3.20 *Removes any hand jewelry 3.21 *Puts on gloves without contaminating them.  (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the postpartum physical examination.**

	2	1	0	Comments
3.22 Inspects the vulva, perineum and rectum for: <ul style="list-style-type: none"> <li>a. trauma                             <ul style="list-style-type: none"> <li>– *edema</li> <li>– *redness</li> <li>– *bruising</li> <li>– *hematoma</li> </ul> </li> <li>b. healing of laceration, episiotomy or circumcision repair:                             <ul style="list-style-type: none"> <li>– *presence or absence of wound separation</li> <li>– *presence or absence of pus</li> </ul> </li> <li>c. *varicose veins (of the vulva and anus)</li> <li>d. vaginal discharge (lochia) for:                             <ul style="list-style-type: none"> <li>– *color</li> <li>– *amount</li> <li>– *consistency (e.g., presence or absence of clots or tissue fragments).</li> </ul> </li> </ul>				
3.23 *Inspects the client’s sanitary pad/cloth for lochia (notes same characteristics as above).				
3.24 *Smells lochia for presence or absence of a foul odor.				
3.25 *Replaces or changes client’s sanitary pad/cloth, as necessary.				
3.26 Assists the client up off the examination table/bed/mat, if she desires. (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the postpartum physical examination.

		2	1	0	Comments
3.27	*Thanks the client for her cooperation and asks/assists her to get dressed.				
3.28	*Washes hands with soap and water, air dries or dries with a clean cloth.				

POSSIBLE SCORE: 102 points CUT OFF: 94 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4: Assesses the progress of involution and maternal health status and makes diagnoses.**

	2	1	0	Comments
<i>Progress of involution</i>				
4.1 *Compares uterine location, size and consistency; and lochia color, amount and consistency, with expected characteristics.				
4.2 *Decides if there is consistency among actual findings and expected uterine and lochia characteristics.				
4.3. *Decides if involution is normal based on the above evaluations, and if not, appropriately manages and/or refers for further evaluation.				
<i>Maternal well-being</i>				
4.4 Evaluates historical and physical findings for presence or absence of problems:				
a. *psycho-emotional response to postpartum				
b. *common discomforts				
c. *life-threatening complications: if any, manages immediately.				
4.5 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.6 *Decides if maternal health status is normal based on the above evaluations, and if not, appropriately consults and/or refers for further evaluation.				

POSSIBLE SCORE: 16 points      CUT OFF: 16 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

Task 5: Shares assessments and diagnoses with the client.				
	2	1	0	Comments
5.1				
5.2				
5.3				
5.4				
5.5				

POSSIBLE SCORE: 12 points      CUT OFF: 8 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6: Provides care in collaboration with the client.**

	2	1	0	Comments
<p><i>Education and counseling</i></p> <p>6.1 Explores the client’s need for and provides information about the following topics:</p> <ul style="list-style-type: none"> <li>a. *normal postpartum involution</li> <li>b. *normal emotional responses to birth</li> <li>c. *changes in family relationships</li> <li>d. *getting enough sleep and rest</li> <li>e. *nutritional needs for breastfeeding and how to meet these needs</li> <li>f. *personal hygiene and perineal care</li> <li>g. *initiation of lactation, breastfeeding (BF) and breast care                             <ul style="list-style-type: none"> <li>– BF techniques and positions</li> <li>– treatment/care of common problems (difficulties with let-down reflex, perceived low milk supply, plugged ducts, inverted/flat nipples)</li> <li>– use of drugs and traditional medicine during lactation</li> <li>– expression of breast milk</li> </ul> </li> <li>h. importance of feeding baby colostrum (both for infant’s health and for uterine involution)</li> <li>i. *sexuality, resumption of intercourse, return to fertility and menses</li> <li>j. *protection from pregnancy and STIs</li> <li>k. *appropriate family planning methods (continued on next page)</li> </ul>				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6 (continued): Provides care in collaboration with the client.**

	2	1	0	Comments
l. *common discomforts and how to cope with them (e.g., after pains, perineal pain, breast engorgement, constipation, hemorrhoids and varicose veins) m. *signs of complications (e.g., chills and fever; severe headache; visual changes; severe abdominal pain; constant or increasing vaginal bleeding, clots or passing of tissue; foul-smelling lochia; severe perineal pain or pressure; infrequent, scanty, or painful urination; severe pain with hard lump in breast; severe calf pain) n. *importance of follow-up visit o. other relevant issues, as indicated. 6.2 *Helps the client to make decisions which positively affect her health and well-being.				
<i>Support</i>				
6.3 *Offers client reassurance and encouragement.				
6.4 *Answers any client questions related to labor and birth, and postpartum involution or recovery, as requested.				
6.5 *Helps client to maintain hygiene by providing or assisting with a change of fresh linens/bedding/sanitary pad or cloth/clothing, as needed.				
6.6 *Encourages client to maintain an empty bowel and bladder and assists to facilities, as needed.				
6.7 *Encourages/offers nourishment and fluids. (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6 (continued): Provides care in collaboration with the client.**

	2	1	0	Comments
6.8 Offers client physical comfort measures, as the client desires and is needed, including: a. *massaging b. *sponge bathing c. *assistance with changes of body position.				
6.9 *Assists with breastfeeding, when needed. <i>Preventive Measures</i>				
6.10 *Discusses continued iron and folate supplements. Asks the client if she has a sufficient supply (provides more tablets, if necessary).				
6.11 *Discusses tetanus toxoid immunization schedule. Gives vaccine according to schedule, as indicated.				
6.12 *Discusses rubella immunization. Gives rubella vaccine if: a) it is available and b) the client had a rubella titer of <1:10 during pregnancy or is certain she has not had rubella.				
6.13 *Discusses continued malaria prophylaxis (if previously prescribed). Asks the client if she has a sufficient supply for up to 4 to 6 weeks, according to protocol. Provides more tablets, where necessary.				
6.14 *Discusses Rh incompatibility in simple terms. Gives Rh immune globulin (RhoGam) within 72 hours of birth, where available and indicated. (continued on next page)				

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6 (continued): Provides care in collaboration with the client.**

	2	1	0	Comments
6.15 *Discusses appropriate family planning for breastfeeding (or non-breastfeeding) women. Assists the client to make an informed choice. Provides all necessary information and/or method (Refer to Module 3: Providing FP Services).				
<i>Treatment or intervention</i>				
6.16 *Provides/teaches the client about relief measures for common discomforts, as indicated.				
6.17 *Teaches client abdominal and pelvic floor muscle-strengthening exercises.				
6.18 *Treats or refers other problems, as necessary and appropriate.				

POSSIBLE SCORE: 68 points      CUT OFF: 64 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-f (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 7: Plans follow-up care in collaboration with the client.**

	2	1	0	Comments
7.1 *Discusses with the client instructions related to preventive measures and treatments, if any.				
7.2 *Asks client to repeat instructions, if any.				
7.3 *Encourages the client to ask any unanswered questions, if any.				
7.4 *Discusses with the client the timing and importance of postpartum follow-up care.				
7.5 *Discuss with the client possible time/date for the next postpartum visit.				
7.6 *Schedules the follow-up visit and gives the client the time/date, as appropriate.				
7.7 Encourages the client to include her partner during the postpartum visit, as she desires.				

POSSIBLE SCORE: 14 points      CUT OFF: 12 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

**Task 8: Records findings, assessments, diagnoses, care provided and follow-up plan.**

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the postpartum record.				
8.2 *Gives the client a copy of her postpartum record/card with the follow-up date indicated on it, where possible.				
8.3 *Stores the client's postpartum record in a safe place.				

POSSIBLE SCORE: 6 points      CUT OFF: 6 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_



Skills Assessment Tool 4-g

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

Date of Assessment: \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee’s pre-training skills level), *at the end of* training (to determine the trainee’s achievement of skills competency) and *after* training at the trainee’s worksite (to determine the trainee’s ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee’s performance of the tasks using the rating scale.
  - c. observe the quality of the trainee’s performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of “1” or “0” is marked).
  - e. where the word “OR” is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee’s progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-g (continued)

**CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)**

SUMMARY OF SCORES ATTAINED

<b>Task</b>	<b>Possible Score</b>	<b>Score Attained</b>	<b>Cut Off Points</b>	<b>No. of Points Above Cut Off</b>	<b>No. of Points Below Cut Off</b>
1. Prepares for the newborn health history and physical examination.	38		38		
2. Obtains the newborn health history from the client.	44		42		
3. Performs the newborn physical examination.	150		138		
4. Assesses the newborn's gestational age and health status, and makes diagnoses.	12		12		
5. Shares assessments and diagnoses of the newborn's health status with the client.	8		4		
6. Provides care to the newborn in collaboration with the client.	34		32		
7. Plans follow-up care of the newborn in collaboration with the client.	14		12		
8. Records all findings, assessments, diagnoses, care provided to the newborn and follow-up plan.	8		8		
<b>TOTAL</b>	<b>308</b>		<b>286</b>		

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

<b>Task 1: Prepares for the newborn health history and physical examination.</b>				
	2	1	0	Comments
<i>Setting</i>				
1.1				*Decontaminates work surfaces (if in hospital or maternity setting).
1.2				Ensures availability of and arranges: <ul style="list-style-type: none"> <li>a. *adequate light</li> <li>b. *linen and examination table</li> <li>c. *bin and cover</li> <li>d. *soap, water and clean hand towel</li> <li>e. *pen light or torch, stethoscope, watch, tape measure, infant scales, gestational age assessment and growth charts.</li> </ul>
1.3				*Ensures that the room is sufficiently warm for the newborn examination.
<i>Provider</i>				
1.4				Reviews delivery and newborn records (if available) and notes the following: <ul style="list-style-type: none"> <li>a. *date and time of birth</li> <li>b. *duration of labor</li> <li>c. *type of birth (spontaneous, forceps/vacuum or Cesarean)</li> <li>d. *APGAR scores (if done)</li> <li>e. *gestational age by dates</li> <li>f. *gestational age by examination (if done)</li> <li>g. *maternal antenatal and natal problems</li> <li>h. *maternal use of drugs/medications which might affect the newborn.</li> </ul>
1.5				*Washes hands with soap and water, air dries or dries with clean cloth. (continued on next page)

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1 (continued):** Prepares for the newborn health history and physical examination.

	2	1	0	Comments
<i>Client and newborn:</i>				
1.6 *Greet the client and introduce self, if appropriate.				
1.7 *Ensure that client is comfortably seated with her baby and that privacy is maintained.				
1.8 *Explain purpose of the visit.				

POSSIBLE SCORE: 38 points CUT OFF: 38 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2: Obtains the newborn health history from the client.**

	2	1	0	Comments
<p><i>Relevant obstetric history</i></p> <p>2.1 Obtains the newborn health history from the client for the following information (if records are not available):</p> <ul style="list-style-type: none"> <li>a. *date and time of birth</li> <li>b. *duration of labor and birth</li> <li>c. *type of birth (spontaneous, forceps or Cesarean)</li> <li>d. *whether the baby breathed spontaneously at birth or needed assistance</li> <li>e. *whether the baby was full-term at birth</li> <li>f. *whether any problems or abnormalities were noticed at birth</li> <li>g. *weight and length of the baby at birth, if known.</li> </ul> <p><i>Postpartum history</i></p> <p>2.2 Asks the client about the following:</p> <ul style="list-style-type: none"> <li>a. *her feelings about the baby's sex and appearance</li> <li>b. *reactions of family/siblings to the baby</li> <li>c. *baby's activity, sleep and crying patterns</li> <li>d. *suckling and feeding pattern/ perceived satisfaction of both mother and baby</li> <li>e. *baby's bladder and bowel function</li> <li>f. *condition/care of the baby's umbilical cord</li> <li>g. *immunizations received (e.g., BCG)</li> </ul> <p>(continued on next page)</p>				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued):** Obtains the newborn health history from the client.

	2	1	0	Comments
h. signs of any potentially serious problem: <ul style="list-style-type: none"> <li>– *not feeding well</li> <li>– *sleeps most of the time (a “good” baby)</li> <li>– *vomits or spits up a lot</li> <li>– *watery, dark green stools</li> <li>– *skin feels hot or cold</li> <li>– *breathes too fast (&gt;60 breaths per minute) or with difficulty</li> <li>– *skin and eyes are yellow</li> </ul> i. other concerns about the baby.				

POSSIBLE SCORE: 44 points CUT OFF: 42 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3: Performs the newborn physical examination.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 Observes baby’s general appearance throughout, noting: a. *posture in supine position b. *body proportions and symmetry c. *skin color, texture, markings, veining, amount of lanugo d. *spontaneous activity e. *cry (frequency and pitch) f. *respiratory effort.				
3.2 *Explains procedures to the client as performs them on the baby.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
3.4 *Calms the baby as needed.				
<i>Vital signs and body measurements</i>				
3.5 Asks the client to place the baby on the bed/examination table/mat.				
3.6 Asks the client to undress the baby.				
3.7 *Measures heart rate/rhythm/sounds; respiratory rate/rhythm/sounds; temperature.				
3.8 *Measures weight, length and head circumference. (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the newborn physical examination.**

	2	1	0	Comments
<i>Head and neck</i>				
3.9 Inspects eyes for:				
a. *reaction of pupils to light				
b. red reflex				
c. blink reflex				
d. corneal reflex				
e. *opaqueness				
f. *coordination and movement				
g. *shape				
h. *color of sclera (e.g., yellow)				
i. *discharge (e.g., greenish).				
3.10 *Inspects nose for patency (observes nursing).				
3.11 Inspects ears for:				
a. *presence or absence of canal				
b. *position in relation to eyes				
c. *baby’s reaction to loud noise.				
3.12 *Palpates pinna for thickness of cartilage; folds pinna to test for recoil.				
3.13 Inspects mouth for:				
a. *symmetry				
b. *formation of lips (presence or absence of cleft lip)				
c. *formation of gums/hard palate (presence or absence of cleft palate).				
3.14 *Elicits rooting and sucking reflexes (observes adequacy of breastfeeding).				
3.15 *Determines range of motion of head/neck. (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the newborn physical examination.**

	2	1	0	Comments
<i>Chest</i>				
3.16 Inspects breasts for:				
a. *engorgement				
b. *discharge from nipples				
c. *size of the areolae.				
<i>Abdomen</i>				
3.17 Inspects abdomen for:				
a. *size				
b. *shape or contour				
c. *healing of umbilicus (e.g., color, dryness).				
3.18 Palpates abdomen for:				
a. *separation of abdominal muscles				
b. *presence or absence of hernias (e.g., umbilical and inguinal).				
<i>Extremities</i>				
3.19 Inspects arms/hands/digits for:				
a. *symmetry of shape and length				
b. *formation (presence or absence of deformity)				
c. *palmar creases				
d. *color (e.g., pale or blue nailbeds).				
3.20 Determines range of motion and muscle tone:				
a. *arm recoil				
b. *scarf sign				
c. *square window.				
(continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the newborn physical examination.**

	2	1	0	Comments
3.21 Inspects legs/feet/digits for: a. *symmetry of shape and length b. *formation (presence or absence of deformity) c. *plantar creases d. *color (e.g., pale or blue nailbeds). 3.22 Determines range of motion and muscle tone: a. *popliteal angle b. *heel to ear. 3.23 *Checks for dislocation of the hips (gluteal folds). 3.24 Elicits the following reflexes: a. *palmar (≤ 3 mos.) b. *plantar (≤ 24 to 36 mos.) c. *Babinski (≤ 9 to 18 mos.). <i>External genitalia</i> 3.25 *Puts on gloves without contaminating them. 3.26 <b>If female.</b> Inspects the vulva to determine presence of: a. *edema of the labia majora b. *prominence of labia minora and clitoris c. *redness or irritation d. *character of vaginal discharge e. *patency of urethral meatus (observes urination) <p style="text-align: center;"><i>OR...</i></p> (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the newborn physical examination.**

	2	1	0	Comments
3.27 <b>If male.</b> Inspects the penis, then gently retracts foreskin to determine presence of: a. *redness or irritation b. *urethral discharge c. *position and patency of urethral meatus (observes urination).				
3.28 <b>*If male,</b> inspects the scrotum for development of rugae.				
3.29 <b>*If male.</b> Palpates the scrotum to determine descent of the testes.				
3.30 Inspects anus for patency. If bowel movement occurs, notes stool for: a. *color b. *consistency c. *volume d. *odor.				
3.31 *Removes used gloves and disposes them in a decontamination solution.				
<i>Back</i>				
3.32 Lifts the baby up and inspects spine for: a. *mobility b. *formation (presence or absence of dimpling or openings).				
<i>Other (reflexes)</i>				
3.33 *Elicits the walking/stepping reflex ( $\leq$ 1 month) (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the newborn physical examination.**

	2	1	0	Comments
3.34 *Elicits the Moro reflex (≤ 2 to 4 months).				
3.35 Asks client to dress her baby.				
3.36 *Thanks the client for her cooperation.				
3.37 *Washes hands with soap and water, air dries or dries with clean cloth.				

POSSIBLE SCORE: 150 points CUT OFF: 138 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4:** Assesses the newborn’s gestational age and health status, and makes diagnoses.

	2	1	0	Comments
<i>Newborn gestational weight for age</i>				
4.1 *Evaluates signs of neuromuscular and physical maturity and calculates gestational age using the gestational age chart.				
4.2 *Plots the newborn’s weight, length and head circumference on a growth chart denoting the 10th, 50th, and 90th percentile.				
4.3 *Decides if the newborn’s weight for gestational age is small, average or large.				
<i>Newborn well-being</i>				
4.4 *Evaluates historical and physical findings for presence or absence of health problems.				
4.5 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.6 *Decides if the newborn’s health status is normal based on the above evaluations, and if not, appropriately consults and/or refers for further evaluation.				

POSSIBLE SCORE: 12 points      CUT OFF: 12 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Shares assessments and diagnoses of the newborn’s health status with the client.**

	2	1	0	Comments
5.1 Informs the client, in a reassuring manner, of the assessments and diagnoses of her newborn’s health status.				
5.2 Explains possible causes of any abnormalities discovered.				
5.3 *If any abnormalities are discovered, informs client about next steps in addressing them.				
5.4 *Encourages client to share reactions to the information provided, gently probing as necessary.				

POSSIBLE SCORE: 8 points                      CUT OFF: 4 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6: Provides care to newborn in collaboration with client.**

	2	1	0	Comments
<i>Education and counseling</i>				
6.1 Explores the client’s need for and provides information about the following topics: <ul style="list-style-type: none"> <li>a. *normal behavioral and physical changes in the newborn (e.g., sleep and wake patterns, bowel and bladder patterns, growth)</li> <li>b. *nutritional needs of the newborn, how to meet these, including assistance with breastfeeding, if indicated</li> <li>c. *importance of maintaining the baby’s body temperature</li> <li>d. review signs of potentially serious problems:                             <ul style="list-style-type: none"> <li>– *not feeding as well as usual</li> <li>– *sleeps most of the time (a “good” baby)</li> <li>– *vomits or spits up a lot</li> <li>– *watery, dark green stools</li> <li>– *skin feels hot or cold</li> <li>– *breathes too fast (&gt; 60 breaths per minute) or with difficulty</li> <li>– *skin and eyes are yellow</li> </ul> </li> <li>e. other relevant issues, as indicated.</li> </ul> 6.2 *Helps the client to make decisions which positively affect her baby’s health and well-being. (continued on next page)				

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6 (continued): Provides care to newborn in collaboration with client.**

	2	1	0	Comments
<i>Preventive measures</i>				
6.3 *Discusses ophthalmia neonatorum and provides prophylactic treatment to the newborn's eyes (if ≤ 4 hours since birth and not previously done).				
6.4 *Discusses and demonstrates care for the newborn's umbilical cord.				
6.5 *Discusses BCG immunization. Gives vaccine according to protocol (where indicated).				
6.6 *Discusses benefits of continued breastfeeding.				
<i>Treatment or intervention</i>				
6.7 *Treats or refers newborn problems, as necessary and appropriate.				

POSSIBLE SCORE: 34 points      CUT OFF: 32 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 7: Plans follow-up care to the newborn in collaboration with the client.**

	2	1	0	Comments
7.1 *Discusses with the client follow-up treatments or preventive measures and associated instructions, if any.				
7.2 *Asks client to repeat instructions for follow-up treatments or preventive measures, if any.				
7.3 *Encourages the client to ask any unanswered questions. If the client is not in the hospital or maternity, and questions arise after this visit and are perceived to be of concern, encourages her to come to the clinic with the baby right away.				
7.4 *Discusses with the client the timing and importance of newborn follow-up care.				
7.5 *Discusses possible dates for the next visit and/or the 4 to 6 weeks well-baby check-up.				
7.6 *Schedules the follow-up visit and gives the client the time and date.				
7.7 Encourages the client to bring her partner or significant others to the next visit and/or 4 to 6 weeks well-baby check-up, as she desires.				

POSSIBLE SCORE: 14 points      CUT OFF: 12 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-g (continued)

CONDUCTING A 1 TO 72 HOURS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 8: Records all findings, assessments, diagnoses, care provided to the newborn and follow-up plan.**

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the health record.				
8.2 *Gives the client a copy of her baby’s health record/card with return date noted on it, if indicated and where possible.				
8.3 *Teaches the client how to interpret and use the information on the baby’s record/card.				
8.4 *Stores the newborn’s record in a safe place.				

POSSIBLE SCORE: 8 points                      CUT OFF: 8 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-h

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

Date of Assessment: \_ \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee’s pre-training skills level), *at the end of* training (to determine the trainee’s achievement of skills competency) and *after* training at the trainee’s worksite (to determine the trainee’s ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee’s performance of the tasks using the rating scale.
  - c. observe the quality of the trainee’s performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of “1” or “0” is marked).
  - e. where the word “OR” is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee’s progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the 4 to 6 weeks maternal postpartum health history and physical examination.	32		26		
2. Obtains the 4 to 6 weeks maternal postpartum health history.	80		70		
3. Performs the 4 to 6 weeks maternal postpartum physical examination.	212		186		
4. Assesses the progress of involution and maternal health status, and makes diagnoses.	16		16		
5. Shares assessments and diagnoses with the client.	12		8		
6. Provides care in collaboration with the client.	26		24		
7. Plans follow-up care in collaboration with the client.	8		8		
8. Records all findings, assessments, diagnoses, care provided and follow-up plan.	6		6		
TOTAL	392		344		

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1: Prepares for the 4 to 6 weeks maternal postpartum history and physical examination.**

	2	1	0	Comments
<i>Setting</i>				
1.1 Decontaminates the work surfaces (if in clinic setting).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen, pillow and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. gloves (new or reusable which have been high-level disinfected)				
f. *BP cuff, stethoscope, watch, scale, specula				
g. laboratory equipment (if available).				
<i>Provider</i>				
1.3 Reviews the antepartum, intrapartum and postpartum records (if available):				
a. *progress of pregnancy, labor and birth, and early postpartum involution/recovery				
b. *postpartum common discomforts				
c. *postpartum life-threatening complications				
d. *postpartum risk factors.				
1.4 *Washes hands with soap and water, air dries or dries with a clean cloth.				
<i>Client</i>				
1.5 *Greet the client and introduces self.				
1.6 *Ensures that the client is comfortably seated and that privacy is maintained.				
1.7 *Explains the purpose and procedures of the visit.				

POSSIBLE SCORE: 32 points CUT OFF: 26 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2: Obtains the 4 to 6 weeks maternal postpartum health history.**

	2	1	0	Comments
<p><i>Relevant obstetric and medical history</i></p> <p>2.1 Obtains the following information:</p> <ul style="list-style-type: none"> <li>a. *date of birth</li> <li>b. *duration of labor and birth</li> <li>c. *type of birth (spontaneous, forceps or Cesarean)</li> <li>d. any problems during pregnancy or birth:                             <ul style="list-style-type: none"> <li>– *high blood pressure</li> <li>– *seizures</li> <li>– *anemia</li> <li>– *too much bleeding or hemorrhage</li> <li>– *severe infection</li> <li>– *high blood sugar or diabetes</li> <li>– other serious health condition.</li> </ul> </li> </ul> <p><i>Postpartum history</i></p> <p>2.2 Obtains the following information:</p> <ul style="list-style-type: none"> <li>a. general well-being:                             <ul style="list-style-type: none"> <li>– *rest and sleep</li> <li>– *activity and exercise</li> <li>– *perceived ability to care for baby</li> <li>– *adjustment of family to baby, to one another</li> </ul> </li> <li>b. diet history (24 hour recall)</li> <li>c. breastfeeding (if stopped, when and why):                             <ul style="list-style-type: none"> <li>– *frequency, duration per session</li> </ul> </li> </ul> <p>(continued on next page)</p>				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale: 2 = Done According to Standards**  
**1 = Done According to Standards After Prompting**  
**0 = Not Done or Done Below Standards Even After Prompting**

Task 2 (continued): Obtains the 4 to 6 weeks maternal postpartum health history.				
	2	1	0	Comments
<ul style="list-style-type: none"> <li>– *perceived satisfaction of self and baby</li> <li>– *care of breasts</li> <li>d. symptoms of involution:                             <ul style="list-style-type: none"> <li>– *lochia (e.g., duration, sequence of color)</li> <li>– *resumption of menses (date, duration and amount)</li> </ul> </li> <li>e. resumption of sexual intercourse:                             <ul style="list-style-type: none"> <li>– *when resumed and how many times</li> <li>– *level of physical and emotional comfort</li> <li>– STI risk</li> </ul> </li> <li>f. contraception                             <ul style="list-style-type: none"> <li>– *use of contraception (if not using, why)</li> <li>– *method now using or desired</li> <li>– satisfaction with that method, if using</li> </ul> </li> <li>g. any problems since birth with:                             <ul style="list-style-type: none"> <li>– *excessive fatigue</li> <li>– *severe breast tenderness, engorgement, cracked or bleeding nipples</li> <li>– *difficulty breastfeeding</li> <li>– *continuing perineal pain</li> <li>– *fever and chills</li> <li>– *lower abdominal pain, severe cramping</li> <li>– *foul-smelling vaginal discharge</li> </ul> </li> </ul> <p>(continued on next page)</p>				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued):** Obtains the 4 to 6 weeks maternal postpartum health history.

	2	1	0	Comments
<ul style="list-style-type: none"> <li>– *excessive vaginal bleeding or clots</li> <li>– *pain or burning on urination</li> <li>– *urinary incontinence</li> <li>– *constipation</li> <li>– *hemorrhoids</li> <li>– *pain, redness or tenderness of calves</li> <li>– <b>any</b> other problems.</li> </ul>				

POSSIBLE SCORE: 80 points CUT OFF: 70 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3: Performs the 4 to 6 weeks maternal postpartum physical examination.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 Observes the client’s energy level, emotional tone and posture throughout the examination.				
3.2 *Explains as performs all procedures of the examination.				
3.3 *Asks further questions for clarification while conducting the examination, as needed and appropriate.				
<i>Laboratory tests and vital signs</i>				
3.4 Asks the client to empty her bladder. Tests urine (using method available at the clinic) for: a. albumin b. acetone.				
3.5 *Draws blood for testing hemoglobin/hematocrit.				
3.6 *Measures height and weight.				
3.7 *Measures BP, heart rate and temperature.				
3.8 *Asks the client to undress and offers linen for privacy.				
3.9 Assists client to sit on examination table/bed/mat.				
<i>Breasts</i>				
3.10 With client's arms by side, inspects breasts for: a. *size, shape and symmetry b. *presence or absence of engorgement c. *presence or absence of abscess (continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the 4 to 6 weeks maternal postpartum physical examination.**

	2	1	0	Comments
d. *secretion of milk from nipples e. *color, consistency, amount of other discharge from nipples (e.g., bleeding) f. *fissures or blistering of nipples. 3.11 *As the client lifts her arms above head, inspects the breasts for retraction and dimpling. 3.12 *With the client's hands on hips, inspects the breasts for retraction or dimpling. 3.13 With client lying and left arm over head, systematically palpates the left (then right) breast and axilla noting: a. *masses b. *enlarged lymph nodes c. *presence or absence of engorgement d. *presence or absence of abscess. <i>Back</i> 3.14 *Palpates the costo-vertebral area for tenderness. <i>Abdomen</i> 3.15 Assists client to lie back on examination table/bed/examination table/mat. 3.16 Inspects the abdomen for: a. *scars (if recent surgery, for healing) b. *size and contour. 3.17 Palpates all four quadrants of abdomen for: a. *presence or absence of uterus above pubis b. *presence or absence of bladder above pubis (continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the 4 to 6 weeks maternal postpartum physical examination.**

	2	1	0	Comments
c. *masses d. *tenderness. 3.18 *With the client’s head slightly lifted off of the pillow, palpates for degree of separation of the abdominal muscles (diastasis recti).  <i>Extremities</i> 3.19 Inspects the legs: a. entire leg for varicose veins b. *calves for areas of redness c. *tibia, ankles and feet for edema (checks degree of pitting, if present). 3.20 *Palpates the legs for tenderness or heat. 3.21 *Dorsiflexes each foot to check for presence or absence of calf pain (Homan’s sign). 3.22 *Tests the patellar reflex (deep tendon) for hyper- or hypo-activity.  <i>Pelvic: external genitalia</i> 3.23 *Assists the client into position for the pelvic examination and drapes for privacy. 3.24 Removes any hand jewelry. 3.25 *Puts on gloves without contaminating them. 3.26 *Inspects perineum for scarring from laceration or episiotomy or circumcision repair.  (continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the 4 to 6 weeks maternal postpartum physical examination.**

	2	1	0	Comments
3.27 Gently separates the labia majora and inspects the labia minor then the clitoris, urethral opening and vaginal introitus for: a. *color b. *redness or irritation c. *ulcers or lesions d. *growths e. *fissures or fistulae f. adhesions g. *scarring from laceration/repair h. *discharge (color, consistency, amount).				
3.28 *Milks urethra and Skene's ducts to exclude pus or bloody discharge.				
3.29 Palpates Bartholin's glands for: a. *swelling b. *masses or cysts.				
<i>Pelvic: speculum examination</i>				
3.30 *Selects the correct size speculum for the client.				
3.31 *Shows the speculum to the client, explaining that it will be inserted into the vagina and how this will feel.				
3.32 *Tells client <i>how</i> to relax throughout the procedure (e.g., using slow abdominal or chest breathing or imagining limpness), while keeping her legs well-separated.				
3.33 *Encourages the client to indicate if the procedure is becoming too uncomfortable. (continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the 4 to 6 weeks maternal postpartum physical examination.**

	2	1	0	Comments
3.34 *Lubricates the speculum with water (warm if possible) or lubricating jelly (if no specimen is to be obtained).				
3.35 *Holds the speculum obliquely, parts the labia with the other hand, and inserts the speculum gently, avoiding the urethra and clitoris.				
3.36 *Turns the speculum and opens the blades to expose the cervix.				
3.37 Inspects the cervix for:				
a. color				
b. *size, shape and position				
c. *dilatation of the os				
d. ectopy				
e. *redness or inflammation				
f. *friability or bleeding				
g. *lesions, erosion or ulcers				
h. *growths or masses				
i. polyps or cysts				
j. *scaring (from laceration)				
k. *discharge (color, consistency, amount).				
3.38 Obtains specimens, if necessary.				
3.39 Inspects the vaginal walls for:				
a. *color				
b. *redness or inflammation				
c. *friability or bleeding				
d. *lesions and ulcers				
(continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the 4 to 6 weeks maternal postpartum physical examination.**

	2	1	0	Comments
e. *growths or masses f. *fistulae g. *scarring from laceration or episiotomy h. *discharge (color, consistency, amount). 3.40 *Closes and removes speculum gently in the oblique position. 3.41 *Puts the used speculum in a container for decontamination. <i>Pelvic: bimanual examination</i> 3.42 *Explains to the client that the examination is continuing and what she will feel. 3.43 *Encourages the client to indicate if she becomes too uncomfortable. 3.44 Inserts two fingers into the vagina, spreads them and exerts downward pressure, and asks the client to bear down or cough gently, and observes for: a. *involuntary loss of urine b. *cystocele c. *rectocele. 3.45 *Draws the two fingers together, asks the client to tighten her vaginal muscles and checks for muscle tone. 3.46 Sweeps the vaginal walls with the two fingers and feels for: a. *growths or masses b. *smoothness. (continued on next page)				

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued): Performs the 4 to 6 weeks maternal postpartum physical examination.**

	2	1	0	Comments
3.47 Locates the cervix and feels for: a. *size, shape and position b. *consistency c. *dilatation of the os d. *regularity of the os e. *mobility f. *tenderness (observes client's face).				
3.48 Uses both hands to palpate the uterus for: a. *size, shape and position b. *consistency c. *mobility d. *tenderness (observes client's face).				
3.49 Uses both hands to palpate the adnexa for: a. *size and shape b. *masses c. *tenderness (observes client's face).				
3.50 *Removes fingers smoothly, then removes gloves and disposes of them in a decontamination solution.				
3.51 Assists the client off the examination table/bed/mat.				
3.52 *Thanks the client for her cooperation and asks her to get dressed.				
3.53 *Washes hands with soap and water, air dries or dries with a clean cloth.				

POSSIBLE SCORE: 212 points CUT OFF: 186 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4: Assesses the progress of involution and maternal health status, and makes diagnoses.**

	2	1	0	Comments
<i>Progress of involution</i>				
4.1 *Compares uterine size and consistency with that expected for number of days postpartum.				
4.2 *Decides if actual and expected uterine size and consistency are as expected for number of days postpartum.				
4.3 *Decides if involution is normal.				
<i>Maternal well-being</i>				
4.4 Evaluates historical and physical findings for presence or absence of problems.				
a. *psycho-emotional response to postpartum				
b. *common discomforts				
c. *life-threatening complications.				
4.5 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.6 *Decides if maternal health status is normal based on the above evaluations.				

POSSIBLE SCORE: 16 points      CUT OFF: 16 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Shares assessments and diagnoses with the client.**

	2	1	0	Comments
5.1 Informs the client, in a reassuring manner, of the assessments and diagnoses including: a. *progress of involution b. *her own health status.				
5.2 If any abnormalities are discovered in any of the areas mentioned, asks the client if she is aware of these.				
5.3 Explains possible causes of any abnormalities discovered.				
5.4 *If any abnormalities are discovered, informs the client about next steps in addressing these.				
5.5 *Encourages the client to share reactions to the information, gently probing as necessary.				

POSSIBLE SCORE: 12 points      CUT OFF: 8 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6: Provides care in collaboration with the client.**

	2	1	0	Comments			
<i>Education and counseling</i>							
6.1							
Explores the client’s need for and provides information about the following topics:							
a. *getting enough sleep, rest							
b. *special postpartum exercises (e.g., Kegel’s and abdominal toning)							
c. *continued nutritional needs and how to meet these							
d. *common problems with breastfeeding and how to cope, as indicated							
e. *return to fertility in breastfeeding or non-breastfeeding women, as indicated							
f. *sexuality, intercourse, prevention of STIs							
g. *appropriate contraception for breastfeeding or non-breastfeeding women, as indicated							
h. other relevant issues, as indicated.							
6.2							
*Helps the client to make decisions which positively affect her health and well-being.							
<i>Preventive measures</i>							
6.3							
*Discusses and provides continued iron and folate supplementation.							
6.4							
*Teaches client to perform self-breast examination.							
6.5							
*Discusses and provides family planning method of choice, as appropriate (see Module 3: Providing FP Services).							
(continued on next page)							

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6 (continued): Provides care in collaboration with client.**

	2	1	0	Comments
<i>Treatment or intervention</i>				
6.6 *Treats or refers problems, as necessary and appropriate.				

POSSIBLE SCORE: 26 points      CUT OFF: 24 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

**Task 7: Plans follow-up care in collaboration with the client.**

	2	1	0	Comments
7.1 *Discusses with the client follow-up treatment(s) and associated instructions, if any.				
7.2 *Asks the client to repeat instructions for follow-up treatment(s), if any.				
7.3 *Encourages the client to ask any unanswered questions. If questions arise after this visit and are perceived to be of concern, encourage her to call or return to the clinic right away.				
7.4 *Advises the client how to contact the clinic for questions or concerns.				

POSSIBLE SCORE: 8 points      CUT OFF: 8 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-h (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (MOTHER)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 8: Records findings, assessments, diagnoses, care provided and follow-up plans.**

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the postpartum record.				
8.2 *Gives the client a copy of her postpartum record, when possible.				
8.3 *Stores the client’s postpartum record in a safe place.				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

Date of Assessment: \_ \_\_\_\_\_ Dates of FP/RH Training: From \_\_\_\_\_ To \_\_\_\_\_ 19\_\_

Site of Assessment: Clinic/Classroom (circle one) \_\_\_\_\_

Name of Service Provider: \_\_\_\_\_

Training Activity Title: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee’s pre-training skills level), *at the end of* training (to determine the trainee’s achievement of skills competency) and *after* training at the trainee’s worksite (to determine the trainee’s ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

**Note:** Critical tasks are marked with an asterisk (\*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

**Instructions for the assessor:**

1. When using the tool for assessment:
  - a. begin when the trainee begins to establish rapport with the client.
  - b. continue rating observations throughout the trainee’s performance of the tasks using the rating scale.
  - c. observe the quality of the trainee’s performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
  - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of “1” or “0” is marked).
  - e. where the word “OR” is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
  - a. you may want to give a copy of the tool to the trainee.
  - b. draw attention to the critical tasks *before* the trainee begins practicing the skills.
  - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee’s progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
  - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Prepares for the 4 to 6 weeks history and physical examination of the infant.	32		32		
2. Obtains the 4 to 6 weeks infant health history from the client.	44		40		
3. Performs the 4 to 6 weeks physical examination.	134 (female) 136 (male)		116 (female) 118 (male)		
4. Assesses the infant's growth and health status, and makes diagnoses.	10		10		
5. Shares assessments and diagnoses of the infant's health status with the client.	8		4		
6. Provides care to the infant in collaboration with the client.	34		32		
7. Plans follow-up care of the infant in collaboration with the client.	14		10		
8. Records findings, assessments, diagnoses, care provided to infant and follow-up plan.	6		6		
TOTAL	282 (female) 284 (male)		250 (female) 252 (male)		

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1: Prepares for the 4 to 6 weeks health history and physical examination of the infant.**

	2	1	0	Comments
<i>Setting</i>				
1.1 *Decontaminates and cleans work surfaces (if not in clinic setting, arranges for clean exam site).				
1.2 Ensures availability of and arranges:				
a. *adequate light				
b. *linen and examination table				
c. *bin and cover				
d. *soap, water and clean hand towel				
e. *pen light or torch, stethoscope, watch, tape measure, infant scales, growth charts.				
1.3 *Ensures that the room is sufficiently warm for the infant examination.				
<i>Provider</i>				
1.4 Reviews delivery record and initial newborn physical examination findings (if available) for:				
– *duration of labor				
– *type of birth (e.g., spontaneous, forceps, vacuum or Cesarean)				
– *APGAR scores (if done)				
– *problems/life-threatening complications				
– *risk factors.				
1.5 *Washes hands with soap and water, air dries or dries with clean cloth. (continued on next page)				

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 1 (continued):** Prepares for the 4 to 6 weeks health history and physical examination of the infant.

		2	1	0	Comments
<i>Client and infant:</i>					
1.6	*Greet client, introduces self, if appropriate.				
1.7	*Ensures that client is comfortably seated with her baby and that privacy is maintained.				
1.8	*Explains purpose of the visit.				

POSSIBLE SCORE: 32 points CUT OFF: 32 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2: Obtains the 4 to 6 weeks infant health history from the client.**

	2	1	0	Comments
<i>Relevant obstetric history</i>				
2.1 Asks the client for the following information:				
a. *date of birth				
b. *duration of labor and birth				
c. *type of birth (spontaneous, forceps, vacuum extraction or Cesarean)				
d. whether the infant breathed spontaneously at birth or needed assistance				
e. *whether the baby was full-term at birth				
f. *whether any problems or abnormalities were noticed at birth				
g. *weight and length at birth (if known).				
<i>Birth to 4 to 6 weeks history</i>				
2.2 Asks the client about the following:				
a. *baby's general well-being				
b. *baby's activity, sleep and crying patterns				
c. *suckling and feeding pattern/perceived satisfaction of both mother and baby				
d. *if baby is growing and gaining weight				
e. *baby's bladder and bowel patterns				
f. *healing of umbilical cord				
g. *immunizations received (e.g., BCG)				
(continued on next page)				

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 2 (continued):** Obtains the 4 to 6 weeks infant health history from the client.

	2	1	0	Comments
h. signs of any potentially serious problems: – *not feeding as well as usual – *sleeps most of the time (a “good” baby) – *vomits or spits up a lot – *watery, dark green stools – *skin feels hot or cold – *breathes too fast (> 60 breaths per minute) or with difficulty – *skin and eyes are yellow i. other concerns about the baby since birth.				

POSSIBLE SCORE: 44 points CUT OFF: 40 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3: Performs the 4 to 6 weeks physical examination of the infant.**

	2	1	0	Comments
<i>General approach to examination</i>				
3.1 Observes baby’s general appearance throughout, noting: a. *posture in supine position b. *body proportions and symmetry c. *skin color, texture, markings, rashes d. *spontaneous activity e. *cry (frequency and pitch) f. *respiratory effort.				
3.2 *Explains to the client as performs all procedures on the baby.				
3.3 *Asks further questions for clarification while conducts the examination, as needed and appropriate.				
3.4 *Calms the baby as needed.				
<i>Vital signs and body measurements</i>				
3.5 Asks the client to place the baby on the examination table/bed/examination table/mat.				
3.6 Asks the client to undress the baby.				
3.7 *Measures heart rate/rhythm/sounds; respiratory rate/rhythm/sounds; temperature.				
3.8 *Measures weight, length and head circumference.				
<i>Head and neck</i>				
3.9 Inspects head for: a. *symmetry (continued on next page)				

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the 4 to 6 weeks physical examination of the infant.

	2	1	0	Comments
3.10 Inspects eyes for: b. fontanel (extent of closure, depression or bulging) a. *reaction of pupils to light b. red reflex c. blink reflex d. corneal reflex e. *opaqueness f. *coordination and movement g. *shape h. *color of sclera (e.g., yellow) i. *discharge (e.g., yellowish or greenish). 3.11 *Inspects nose for patency (observes nursing). 3.12 Inspects ears for: a. *presence or absence of canal b. *position in relation to eyes c. *baby’s reaction to loud noise. 3.13 Inspects mouth for: a. *formation of lips (presence or absence of cleft lip) b. *formation of gums/hard palate (presence or absence of cleft palate). 3.14 *Elicits rooting and sucking reflexes. 3.15 *Elicits range of motion of head/neck. <i>Chest</i> 3.16 Inspects breasts for size of the areolae. (continued on next page)				

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

Task 3 (continued): Performs the 4 to 6 weeks physical examination of the infant.					
	2	1	0	Comments	
<i>Abdomen</i>					
3.17					
a.					
b.					
c.					
3.18					
a.					
b.					
c.					
<i>Extremities</i>					
3.19					
a.					
b.					
c.					
d.					
3.20					
3.21					
a.					
b.					
c.					
3.22					
3.23					
a.					
b.					
(continued on next page)					

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the 4 to 6 week infant physical examination.

	2	1	0	Comments
c. *Babinski ( $\leq 9$ to 18 months). <i>External genitalia</i> 3.24 *Puts on gloves without contaminating them. 3.25 <b>If female.</b> Inspects the vulva, then gently separates labia to determine presence of: a. *redness or irritation b. *vaginal discharge c. *patency of urethral meatus (observes urination). OR... 3.25 <b>If male.</b> Inspects the penis, then gently retracts foreskin to determine presence of: a. *redness or irritation b. *urethral discharge c. *position and patency of urethral meatus (observes urination). * <b>If male.</b> Palpates the scrotum to determine presence or absence of testes. 3.26 Inspects anus for patency. If bowel movement occurs, notes stool for: a. *color b. *consistency c. *volume d. *odor. 3.27 *Removes used gloves and disposes them in a decontamination solution. (continued on next page)				

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 3 (continued):** Performs the 4 to 6 weeks physical examination of the infant.

	2	1	0	Comments
<i>Back</i>				
3.28 Lifts the baby up and inspects spine for: a. *mobility b. *formation (presence or absence of dimpling or openings).				
<i>Other (reflexes)</i>				
3.29 *Elicits the walking/stepping reflex ( $\leq$ 1 month).				
3.30 *Elicits the Moro reflex ( $\leq$ 2 to 4 months).				
3.31 Asks client to dress her infant.				
3.32 *Thanks the client for her cooperation.				
3.33 *Washes hands with soap and water, air dries or dries with clean cloth.				

POSSIBLE SCORE: 134 (female) or 136 (male) points      CUT OFF: 116 (female) or 118 (male) points  
 (must include skills with asterisks (\*))

SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 4: Assesses the infant’s growth and health status, and makes diagnoses.**

	2	1	0	Comments
<i>Infant growth</i>				
4.1 *Evaluates the infant’s weight, length and head circumference in comparison with expected measures for age, using locally appropriate growth standards.				
4.2 *Decides if the infant’s growth pattern is within the normal range based on locally appropriate growth standards ( $\geq$ 10th or $\leq$ 90th percentile).				
<i>Infant well-being</i>				
4.3 *Evaluates historical and physical findings for presence or absence of health problems.				
4.4 *Evaluates historical and physical findings for presence or absence of risk factors.				
4.5 *Decides if the infant’s health status is normal based on the above evaluations.				

POSSIBLE SCORE: 10 points      CUT OFF: 10 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 5: Shares assessments and diagnoses of the infant’s health status with the client.**

	2	1	0	Comments
5.1 *Informs client, in a reassuring manner, of the assessments and diagnoses of her infant’s health status.				
5.2 Explains possible causes of any abnormalities discovered.				
5.3 If any abnormalities are discovered, informs client about next steps in addressing them.				
5.4 *Encourages client to share reactions to information provided, gently probing as necessary.				

POSSIBLE SCORE: 8 points                      CUT OFF: 4 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6: Provides care to the infant in collaboration with the client.**

	2	1	0	Comments
<i>Education and counseling</i>				
6.1 Explores the client’s need for and provides information about the following topics:				
a. *normal behavioral and physical changes in the baby (e.g., sleep and wake patterns, bowel and bladder patterns, growth)				
b. *nutritional needs of the baby and how to meet these needs				
c. *importance of maintaining the baby’s body temperature				
d. *providing for the baby’s safety				
e. reviews signs of potentially serious problems:				
– *not feeding as well as usual				
– *sleeps most of the time (a “good” baby)				
– *vomits or spits up a lot				
– *watery, dark green stools				
– *skin feels hot or cold				
– *breathes too fast (> 60 breaths per minute) or with difficulty				
– *skin and eyes are yellow				
f. other relevant issues, as indicated.				
6.2 *Helps the client to make decisions which positively affect her baby’s health and well-being.				
<i>Preventive measures</i>				
6.3 *Discusses infant growth monitoring and teaches how to do this at home using home-based record.				
(continued on next page)				

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 6 (continued): Provides care to the infant in collaboration with the client.**

	2	1	0	Comments
6.4 *Teaches mother how to make oral rehydration solution, and when and how to use it.				
6.5 *Discusses immunizations and schedules (e.g., DPT, Hepatitis B, Polio). Gives vaccines according to local protocols.				
<i>Treatment or intervention</i>				
6.6 *Treats or refers infant problems, as necessary and appropriate.				

POSSIBLE SCORE: 34 points      CUT OFF: 32 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 7: Plans follow-up care of the infant in collaboration with the client.**

	2	1	0	Comments
7.1 *Discusses with the client follow-up treatments or preventive measures and associated instructions, if any.				
7.2 *Asks the client to repeat instructions for follow-up treatments or preventive measures, if any (e.g., scheduled immunizations).				
7.3 Encourages the client to ask any unanswered questions. If questions arise after this visit and are perceived to be of concern, encourages her to return to the clinic with baby right away.				
7.4 *Discusses with the client the importance of well-baby check-ups.				
7.5 *Discusses with the client possible dates for the next well-baby check-up.				
7.6 *Discusses and schedules the follow-up visit and gives the client the time and date.				
7.7 Encourages the client to bring her partner or significant others to the well-baby check-up, as she desires.				

POSSIBLE SCORE: 14 points      CUT OFF: 10 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_

Skills Assessment Tool 4-i (continued)

CONDUCTING A 4 TO 6 WEEKS POSTPARTUM VISIT (BABY)

**Rating Scale:** 2 = Done According to Standards  
 1 = Done According to Standards After Prompting  
 0 = Not Done or Done Below Standards Even After Prompting

**Task 8: Records findings, assessments, diagnoses, care provided to the infant and follow-up plan.**

	2	1	0	Comments
8.1 *Neatly and clearly writes all findings, assessments, diagnoses, care provided and plans for follow-up on the health record.				
8.2 *Gives the client a copy of her infant’s health record (and growth chart) with a return date noted on it, if indicated and possible.				
8.3 *Stores the infant’s health record in a safe place.				

POSSIBLE SCORE: 6 points                      CUT OFF: 6 points (must include skills with asterisks (\*))  
 SCORE ATTAINED: \_\_\_\_\_



**APPENDICES**

The following two documents contain information fundamental to training primary providers to provide basic maternal and newborn care services.

**APPENDIX A:** Pregnant Patient's Bill of Rights

**APPENDIX B:** Suggested Materials for Training Primary Providers in Basic Maternal and Newborn Care Services



APPENDIX A

**Pregnant Patient's Bill of Rights**

Helen Varney

In addition to general client rights, during pregnancy, labor, birth or breastfeeding, the pregnant patient has the right to:

1. **Be informed** of any possible effects, risks or hazards to herself or her unborn or newborn infant which may result from the use of a drug or procedure.
2. **Be informed** of alternative therapies to use instead of drug or obstetric procedures.
3. **Be informed** that any drug she receives may adversely affect her unborn baby.
4. **Be informed** that minimizing her, and in turn her baby's, intake of medicine will benefit her baby.
5. **Be informed** if there is any uncertainty about the safety of a procedure or medicine for her unborn or newborn infant.
6. **Be informed** of the brand name and generic name of a drug before administration.
7. **Determine** whether she will accept or refuse the risks of a procedure or drug.
8. **Know** the name and qualifications of the individual administering the drug.
9. **Be informed** why the procedure or drug is being prescribed.
10. **Be accompanied** during labor.

11. **Choose** a position for labor and birth.
12. **Have** her baby cared for at her bedside.
13. **Be informed** of the name and qualifications of the person who delivered her baby.
14. **Be informed** if there is any known aspect of her or her baby's care or condition which may cause later difficulties.
15. **Have** her and her baby's hospital records be complete, accurate and legible, and retained by the hospital.
16. **Have access** to her complete hospital medical records.

**Source:**

Varney H: *Varney's Midwifery*, 3rd ed. London, Jones and Bartlett Publishers Inc., 1997.

## APPENDIX B

### Suggested materials for training primary providers in basic maternal and newborn care services

The following materials (including references, teaching materials, supplies and equipment) are recommended for use in training primary providers in basic maternal and newborn care services.

#### Trainees:

- local/national MCH service policy guidelines and standards
- local/national MCH procedure manual
- MCH records/cards
- MCH daily activity register, outpatient and inpatient (copy of pages)
- partograph exercise sheets
- posters, handouts and other MCH educational materials
- equipment:
  - measuring tapes
  - stethoscopes, sphygmomanometers, fetoscopes
  - gestational wheels

#### Trainers:

- Same as for trainees (above)
- *SourceBook* Modules 1, 2, 3, 4, 5, 6 and User's Guide
- Key Resources (see References section for complete citations):
  - *A Book for Midwives* (Klein)
  - *Myles Textbook for Midwives* (Bennett, Brown, eds.)
  - *Varney's Midwifery* (Varney)
  - *Healthy Mother and Healthy Newborn Care* (Beck, et al)
  - *Life-Saving Skills Manual for Midwives* (Buffington, Marshall)
  - *Mother-Baby Package: Implementing Safe Motherhood in Countries* (WHO)
  - *Infection Prevention for Family Planning Service Programs* (Tietjen, et al)

- Other resources:
  - *MotherCare Matters*: issues on anemia, maternal mortality, caring for adolescents
  - refer to the References section for other materials particularly useful to trainers

**Training center:**

- General:
  - pens, pencils and paper pads
  - flip chart, stand and markers
  - chalk board, chalk and erasers
  - overhead projector with transparencies
  - video player with TV monitor
  
- Anatomical models:
  - bony pelvis
  - soft pelvis, fetus (with hard plastic head having landmarks) and placenta
  - infant resuscitation doll
  
- Videos (see References section for complete citations):
  - *Why Mrs. X Died* (WHO)
  - *Birth in the Squatting Position* (Polymorph)
  - *Vaginal Breech Delivery* (Designed By Experience, Inc.)
  - *Infection Prevention for Family Planning Service Programs* (JHPIEGO)
  
- Posters and wall charts:
  - antenatal risk
  - muscles of the pelvic floor
  - episiotomy repair (when taught)
  - cervical dilation
  - partograph (laminated)
  - APGAR scoring system chart
    - WHO breastfeeding guidance (adapted locally) — (see, in References section, Saadeh and Akre: Ten Steps to Successful Breastfeeding: A Summary of the Rationale and Scientific Evidence)
  - infant growth chart
  - infant immunization schedule

#### Module 4: Providing Basic Maternal and Newborn Care Services

- Equipment and supplies:
  - hemometer and supplies
  - urine testing kit or supplies
  - litmus paper
  - intravenous catheter equipment
  - small round stainless steel basins
  - basins, soap and towels for hand washing
  - solutions/equipment for maintaining infection control
  - adult and infant weighing scales
  
- Equipment specifically for assisting birth (where taught):
  - heavy cleaning gloves
  - surgical latex gloves, reusable
  - heavy aprons, reusable
  - rubber or plastic sheets/draw sheets
  - straight French catheters
  - bulb syringes
  - mucus suction traps
  - scissors, stainless steel, sharp and blunt
  - cord ligatures or clamps
  - receiving blankets and hats for the newborn
  - extra clothing for the mother
  - mechanisms for identifying mother and newborn, if facility-based birth (e.g., bracelets)
  
- Equipment for episiotomy repair practice (where taught)
  - spools of heavy thread
  - needle holders, 7 inches, stainless steel
  - round bodied circular suture needles, reusable
  - suture scissors, stainless steel, 6 inches
  - sponges (upholstery)
  
- Equipment for episiotomy repair (additional, where taught)
  - suture, chromic absorbable (00 w/o needle)
  - round bodied circular suture needles, reusable

#### **Module 4: Providing Basic Maternal and Newborn Care Services**

- needle holders, stainless steel, 7 inches
- tissue forceps, stainless steel
- smooth sponge forceps
- surgical lap sponges, reusable

## REFERENCES

The following list includes the Key Resources for this Module (see page 4-9), references used to develop this module, and other resources that are particularly useful for trainers.

- \* Beck D, Buffington S, McDermott J: *Healthy Mother and Healthy Baby Care: A Reference for Care Givers*. Washington, DC, MotherCare/John Snow Inc./American College of Nurse-Midwives (ACNM), 1996.

Basic midwifery care during pregnancy, labor and delivery and after delivery, presented in four step problem solving approach. Infection prevention and family planning integrated with content. Pre- and post-tests included in each section. Many clear illustrations accompany and amplify text. Excellent manual for training of midwives. Available in **English** from:

John Snow, Inc. (JSI)  
MotherCare  
1616 North Fort Myer Drive, 11th Floor  
Arlington, Virginia 22209, USA.  
Tel: 1-703-528-7474  
Fax: 1-703-528-7480  
E-mail: susan\_shulman@jsi.com

- \* Bennett VR, Brown LK (eds): *Myles Textbook for Midwives*, 12th ed. London, Churchill Livingstone, Inc., 1993.

Basic textbook encompassing obstetrics and neonatal care from midwife's perspective. Includes relevant anatomy and physiology, and questions for self-assessment of knowledge. Generously illustrated with photos, drawings and tables. Social and legal aspects of midwifery care presented from perspective of U.K. Available in **English** from:

Churchill Livingstone, Inc.  
650 Avenue of the Americas  
New York, New York 10011, USA.  
Tel: 1-212-206-5000; (toll free in North America) 1-800-553-5426  
Fax: 1-212-727-7808

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\* These resources are particularly useful for trainers.

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- \* Buffington S, Marshall M: *Life-Saving Skills Manual for Midwives*, 3rd ed. Washington, DC, American College of Nurse-Midwives, 1997.

Continuing or advanced education intended for midwives in rural or isolated practice settings. Discusses necessary skills for reducing maternal and infant morbidity and mortality, such as: neonatal resuscitation, postpartum hemorrhage, and prevention of sepsis. Four step problem-solving approach is used and incorporated in self assessment exercises. First module offers practical guidelines for using the manual in training midwives. Available in **English** from:

American College of Nurse-Midwives (ACNM)  
818 Connecticut Avenue NW, Suite 900  
Washington, DC 20006, USA.  
Tel: 1-202-728-9860  
Fax: 1-202-728-9897  
E-mail: info@acnm.org

- \* Carlough M: *Postpartum and Newborn Care: A Self Study Manual to Update Trainers of Traditional Birth Attendants and Other Community-based MCH Workers*. Chapel Hill, NC, INTRAH, 1997.

Self-study manual updates trainers and technical supervisors of traditional birth attendants (TBAs) and other community-based maternal and child health (MCH) workers on major aspects of postpartum and newborn care during weeks after delivery. Includes discussion of postabortion care. Eight units cover content on community assessment; postpartum assessment and care; nutrition and breastfeeding; postpartum depression; postpartum family planning; postabortion care; newborn assessment and care; and management of common newborn health problems. **English, French** and **Spanish** forthcoming from:

INTRAH  
University of North Carolina at Chapel Hill  
School of Medicine  
208 North Columbia Street, CB# 8100  
Chapel Hill, North Carolina 27514, USA.  
Tel: 1-919-966-5639  
Fax: 1-919-966-6816  
E-mail: eudy@intrahus.med.unc.edu

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\* These resources are particularly useful for trainers.

#### Module 4: Providing Basic Maternal and Newborn Care Services

\* Designed by Experience: *Vaginal Breech Delivery* (video). Hyden, Ky: Designed by Experience, Inc., 1996.

A video based instructional program which demonstrates a breech delivery using models to prepare viewers for clinical training in vaginal breech delivery. Suggested prerequisite is an understanding of the mechanisms of labor in the vertex presentation. Running time: 23 minutes. Formatted in NTSC, PAL and SECAM. Available in **English** from:

Designed by Experience, Inc.  
P. O. Box 423  
Hyden, Kentucky 41749, USA.  
Tel/Fax: 1-606-672-2763  
E-mail: Gbeasley@lci.org

\* Farrell B: *Lactational Amenorrhea Method (LAM) Trainer's Module*. Washington, DC, American College of Nurse-Midwives, 1995.

Complete resource for use in training midwives to provide Lactational Amenorrhea Method (LAM) of family planning. Knowledge of other contraceptive methods is assumed. Includes content for the LAM method and training instructions, presented in clear, outline format. Learning plans, skills checklists, knowledge questions and case studies included make this an excellent manual for trainers. Sixteen pages of sample handouts may be adapted for class use. Available in **English** from:

American College of Nurse-Midwives (ACNM)  
818 Connecticut Avenue NW, Suite 900  
Washington, DC 20006, USA.  
Tel: 1-202-728-9860  
Fax: 1-202-728-9897  
E-mail: info@acnm.org

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\* These resources are particularly useful for trainers.

- \* JHPIEGO: *Infection Prevention for Family Planning Service Programs* (video). Baltimore: JHPIEGO, 1994.

Produced in collaboration with AVSC International. Emphasizes dual role of infection prevention in minimizing postoperative infections in clients and preventing serious disease transmission (hepatitis B and HIV/AIDS) to both clients and health care staff. Documents practical, easily performed, infection prevention practices that minimize costs and need for expensive technology and/or fragile equipment. The trainer's notes included are designed to help trainers use the material effectively. Running time: 90 minutes. Formatted for NTSC, PAL and SECAM. Available in *English, French, Portuguese, Russian* and *Spanish*. from:

JHPIEGO Corporation  
Brown's Wharf  
1615 Thames Street  
Baltimore, Maryland 21231, USA.  
Tel: 1-410-955-8558  
Fax: 1-410-955-6199  
E-mail: info@jhpiego.org

- \* Klein S: *A Book for Midwives: A Manual for Traditional Birth Attendants and Community Midwives*. Palo Alto, CA, The Hesperian Foundation, 1995.

Covers community-based care related to reproductive health and complications of childbirth. Written in simple, clear language, without medical terminology. Amply illustrated with simple drawings clarifying the text. Emphasis on community and family teaching. Valuable appendices include instructions for making simple midwifery equipment and training materials. A color-coded section explains drugs used in midwifery care. Available in *English* from:

The Hesperian Foundation Publications  
2796 Middlefield Road  
Palo Alto, California 94306, USA.  
Tel: 1-415-325-9017  
Fax: 1-415-325-9044  
E mail: hesperianfdn@ipc.apc.org

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\* These resources are particularly useful for trainers.

#### Module 4: Providing Basic Maternal and Newborn Care Services

Oxorn H: *Oxorn-Foote Human Labor and Birth*, 5th ed. Norwalk, CT, Appleton and Lange, 1986. Medical text with clear descriptions and illustrations of the mechanisms of labor, diagnosis and management of normal and abnormal labor situations. In outline format. Useful basic reference for midwives. Available in **English** from:

Appleton and Lange Publishers  
Order Processing Center  
P. O. Box 11071  
Des Moines, Iowa 50336-1071, USA.  
Tel: 1-515-284-6761; toll free (in North America): 1-800-947-7700  
Fax: 1-515-284-6719

\* Polymorph Films: *Birth in the Squatting Position* (video). Newton, MA: Polymorph, 1984. Brief introductory comments on the advantages of the squatting position in labor for women's health are followed by footage of women applying this technique. Formatted for NTSC, PAL available by special order. Available in **English** from:

Polymorph Films  
95 Chapel Street  
Newton, Massachusetts 02158, USA.  
Tel: 1-617-965-9335; toll free (in North America): 1-800-370-3456  
Fax: 1-617-965-9449

Saadeh R. Akre J: Ten Steps to Successful Breastfeeding: A Summary of the Rationale and Scientific Evidence. *Birth* 1996;23(3):154-160. Summary of rationale and scientific evidence for joint WHO/UNICEF statement, *Ten Steps To Successful Breastfeeding*, is presented in light of cumulative experience demonstrating crucial importance of these principles for successful initiation and establishment of breastfeeding. Available in **English** from:

Blackwell Science, Inc.  
238 Main Street  
Cambridge, Massachusetts 02142, USA.  
Tel: 1-617-876-7022  
Fax: 1-617-492-5263

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\* These resources are particularly useful for trainers.

\* Tietjen L, Cronin W, McIntosh N: *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual*. Durant, OK, Essential Medical Information Systems, Inc., 1992. Manual of procedures for infection prevention from handwashing to autoclaving presented in clear, step-by-step directions. General principles of infection prevention are followed by chapters focused on infection prevention in provision of specific family planning procedures such as sterilization, IUD, and NORPLANT® management. Includes many helpful tables of summarized information as well as simple drawings, diagrams and decision trees. Available in **English** from:

Essential Medical Information, Inc.  
P.O. Box 1607  
Durant, Oklahoma 74702-1607, USA.  
Tel: 1-405-424-0643  
Fax: 1-405-924-0643  
E-mail: saleemis@emispub.co

\* Varney H: *Varney's Midwifery*, 3rd ed. London, Jones and Bartlett, Publishers International, 1997. Basic textbook for midwives presented within context of midwifery in the USA. Includes primary care of women and midwife's role in collaborative management of complications. Excellent skills section containing step-by-step instructions with rationale for performing midwifery skills such as; pelvic assessment, delivery, IUD insertion, suturing, Pap smear, infant circumcision. Available in **English** from:

Jones and Bartlett Publishers, Inc.  
40 Tall Pine Drive  
Sudbury, Massachusetts 01776, USA.  
Tel: 1-508-443-5000; toll free (North America): 1-800-832-0034  
Fax: 1-508-443-8000  
E-mail: info@jbpub.com

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\* These resources are particularly useful for trainers.

#### Module 4: Providing Basic Maternal and Newborn Care Services

- \* World Health Organization, Division of Family and Reproductive Health: *Mother-Baby Package: Implementing Safe Motherhood in Countries*. Geneva, WHO, 1994.

Presents the elements of safe maternity care, breastfeeding, detection and management of complications. Describes, in table format, activities appropriate for different levels of health care facilities. Includes lists of monitoring indicators as well as drug and equipment lists. Available in **English** from:

World Health Organization (WHO)  
Division of Family and Reproductive Health  
1211 Geneva 27, Switzerland.  
Tel: 41-22-791-3367  
Fax: 41-22-791-4189  
E-mail: lamberts@who.ch

- \* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family Health: *Care of Mother and Baby at the Health Center: A Practical Guide*. Geneva, WHO, 1994. Recommends lines of action for improving access to services and decentralizing maternal and newborn care. Defines essential functions, tasks and skills needed for comprehensive care of mothers and babies at first referral level. Covers normal care and life-saving emergency procedures. Describes integration of midwifery services through referral and support systems. Contains 23-page table defining exact procedures, skills, facilities, equipment and supplies needed for family planning, prenatal care, delivery care, postnatal care, abortion care, care of the healthy newborn, care of the sick newborn and management of sexually transmitted diseases, including HIV and AIDS. Provides advice on developing and maintaining a functioning referral system and discusses the necessary institutional support mechanisms for training, supervision and the provision of essential drugs and supplies. Addresses community support systems, with emphasis on training and retraining of traditional birth attendants, and defines 22 indicators for evaluating and monitoring the effectiveness of maternal care. Available in **English** and **French** from:

World Health Organization (WHO)  
Division of Family and Reproductive Health  
1211 Geneva 27, Switzerland.  
Tel: 41-22-791-3367  
Fax: 41-22-791-4189  
E-mail: lamberts@who.ch

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\* These resources are particularly useful for trainers.

- \* World Health Organization, Maternal Health and Safe Motherhood Programme, Family and Reproductive Health Division: *Education Material for Teachers of Midwifery*, 5 modules. Geneva, WHO, 1996.

Intended to serve as basis for teaching midwives and midwife trainees to respond appropriately to major causes of maternal mortality. Comprised of a foundation module and four technical modules covering postpartum haemorrhage, obstructed labor, puerperal sepsis and eclampsia. Presents range of teaching-learning methods designed to maximize student involvement in teaching-learning process. Tests included for determining baseline of and changes in students theoretical knowledge. Available in **English** from:

World Health Organization (WHO)  
Division of Family and Reproductive Health  
1211 Geneva 27, Switzerland.  
Tel: 41-22-791-3367  
Fax: 41-22-791-4189  
E-mail: lamberts@who.ch

- \* World Health Organization, Maternal Health and Safe Motherhood Programme, Division of Family and Reproductive Health: *Preventing Prolonged Labour: A Practical Guide: The Partograph*, 4 parts. Geneva, WHO, 1993.

Series of four inter-related documents containing: 1) history and principles of the partograph; 2) detailed explanation of correct usage, with examples; 3) specification of teaching objectives, materials required, points of special emphasis, and exercises for teaching midwives and/or medical students in use of the partograph; and 4) results of multicenter trial and hospital evaluations regarding impact of well-supervised partograph usage upon pregnancy and delivery outcomes. Available in **English** and **French** from:

World Health Organization (WHO)  
Division of Family and Reproductive Health  
1211 Geneva 27, Switzerland.  
Tel: 41-22-791-3367  
Fax: 41-22-791-4189  
E-mail: lamberts@who.ch

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\* These resources are particularly useful for trainers.

#### Module 4: Providing Basic Maternal and Newborn Care Services

\* World Health Organization. *Why Did Mrs. X Die?* (video). Geneva: WHO, 1989.

Features WHO scientist who tells story of "Mrs. X," a woman on the road to maternal death. Story of how this anonymous woman dies is used to enumerate the key causes of maternal mortality. Explains the role that family planning services can play in reducing the incidence of maternal mortality.

Running time: 15 minutes. Formatted for NTSC. Available in *Arabic, English, French* and *Spanish* from:

World Health Organization (WHO)  
Division of Family and Reproductive Health  
1211 Geneva 27, Switzerland.  
Tel: 41-22-791-3367  
Fax: 41-22-791-4189  
E-mail: lamberts@who.ch

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\* These resources are particularly useful for trainers.