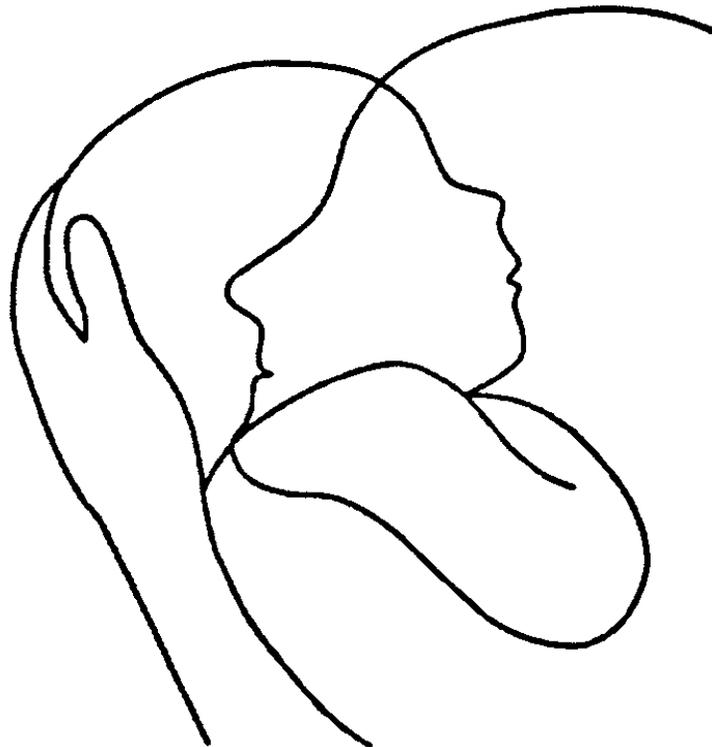


HEALTHY MOTHER AND HEALTHY NEWBORN CARE

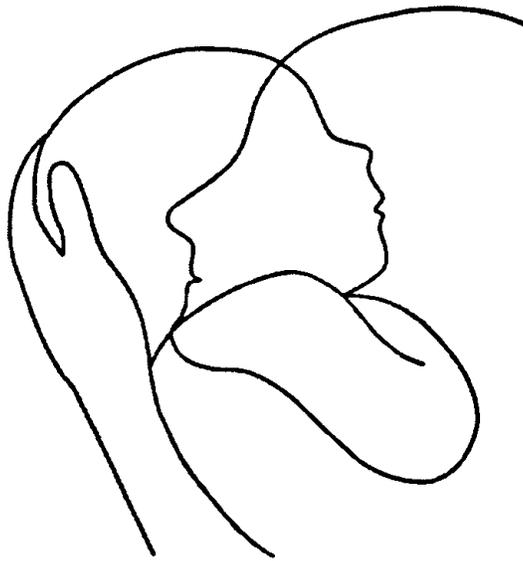


**A
GUIDE
FOR
CAREGIVERS**



HEALTHY MOTHER AND HEALTHY NEWBORN CARE

A Guide For Care Givers



By:

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AMERICAN COLLEGE OF NURSE-MIDWIVES

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Introduction

Healthy Mother and Healthy Newborn Care - A Guide for Care Givers is a pocket sized guide for midwives and other care providers. It has been written together with ***Healthy Mother and Healthy Newborn Care - A Reference for Care Givers*** to provide a quick and handy reference for use in the care of mothers and their babies during pregnancy, childbirth and the puerperium.

The ***Healthy Mother and Healthy Newborn Care - A Reference for Care Givers*** helps midwives learn to provide care using the Midwifery Problem Solving Process. In the process, the first step is ***ASK and LISTEN*** to take the woman's history. The second step is ***LOOK and FEEL*** in a physical examination to gather more information about the woman and her baby. The third step is to ***IDENTIFY PROBLEMS/NEEDS***. This ***Guide for Care Givers*** contains information midwives will use in the fourth step, ***TAKE APPROPRIATE ACTION***, including guidelines for action in antenatal and postpartum care, guidelines for using the partograph and directions for performing infant resuscitation. It outlines steps in procedures the midwife may need to perform and gives important information about medicines she may need to dispense. In addition, this guide contains skill checklists that outline the problem solving steps in each stage of care for mothers and their babies. The midwife is encouraged to use the checklists to monitor her own performance in providing quality care.

A list of reference materials used in the preparation and acknowledgment of individual contributions can be found in ***Healthy Mother and Healthy Newborn Care - A Reference for Care Givers***.

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ANTENATAL GUIDELINES

DANGER SIGNS IN PREGNANCY
 (Ask at each visit)
 Any Bleeding
 Headache
 Visual Problems
 Swelling of Face/Hands
 Abdominal (Epigastric) Pain
 Baby does not move as much as usual

PATIENT	PROBLEMS	FINDINGS	ACTIONS
MOTHER	CPD	Height 145 cm or less	REFER
	MALARIA	In malaria dense areas	Give prophylaxis: Chloroquine 300 mg once a week beginning at 3 months until 6 weeks postpartum
	ANEMIA	Normal Screening	Check for anemia at first visit and every 3 months: 1. Visual screening - Look for pale conjunctiva, pale nails, extreme tiredness 2. Check hemoglobin (if equipment available)
		Hemoglobin 11 Gram or above Conjunctiva and nails are pink	1. Iron (ferrous sulfate) 320 mg (60 mg elemental iron) plus 2. Folic acid 500 mcg - 1 mg daily Give iron and folic acid for 90 days minimum during pregnancy and 40 days postpartum
		Hemoglobin 8.1 to 10.9 Gram Conjunctiva and nails may be pale Extreme tiredness	Treat for anemia: 1. Iron 320 mg three times a day for one month 2. Counsel on foods with iron, Vitamin C 3. Retest in one month a. If no change: test for parasites, REFER If improving: Continue iron 3 times a day for 2 months. Retest at the end of two months. Treat according to protocols

PATIENT	PROBLEMS	FINDINGS	ACTIONS
MOTHER		Hemoglobin 8 Gram or below Conjunctiva and nails are pale Extreme tiredness	REFER
	PREGNANCY INDUCED HYPERTENSION	Normal screening	Take blood pressure at each visit:
		Blood pressure 140/90 or above	<ol style="list-style-type: none"> 1. Ask mother about symptoms of pregnancy induced hypertension: headache, visual changes, abdominal (epigastric) pain. 2. Check urine for protein 3. Check reflexes 4. Hydrate 5. Have mother rest for 20 minutes lying on her left side 6. Recheck blood pressure 7. If B/P still 140/90 or above with normal reflexes and urine, put on bed to rest for 12 hours. If not improved, REFER.
		Blood pressure 140/90 or above AND any one of the following: headache, blurred vision, edema, protein in urine, hyperreflexia or history of convulsions	<ol style="list-style-type: none"> 1. Give Diazepam 10 mg IM 2. REFER
	TETANUS	Normal prophylaxis	<p>Give Tetanus (WHO Schedule)</p> <p>TT-1 Give at first contact or as early as possible in pregnancy.</p> <p>TT-2 Give at least four weeks after TT-1.</p> <p>TT-3 Give at least 6 months after TT-2 or during subsequent pregnancy</p> <p>TT-4 Give at least one year after TT-3 or during subsequent pregnancy</p> <p>TT-5 Give at least one year after TT-4 or during subsequent pregnancy</p>

PATIENT	PROBLEMS	FINDINGS	ACTIONS
MOTHER	INFECTION	Ruptured membranes for six hours or longer without signs of active labor	1. Give broad spectrum antibiotic one dose by mouth 2. REFER
		Temperature 39° C or above without signs of malaria	1. Give broad spectrum antibiotic one dose by mouth 2. Hydrate 3. Cool compresses 4. REFER
		Temperature 39° C or above with signs of malaria	1. Treat for malaria 2. Hydrate 3. Cool compresses 4. REFER, if no improvement in six hours
		Any inguinal swelling, perineal sores or vaginal discharge with odor	REFER
		Any two of the following symptoms of UTI: Temperature above 37.4° C, burning or frequency of urination, suprapubic tenderness, kidney tender when tapped, protein in the urine	1. Give broad spectrum antibiotic (Ampicillin or Amoxicillin) one dose 500 mg per mouth 2. Hydrate (at least eight glasses of water in 24 hours) 3. Cool compresses (if high temperature) 4. REFER
	BLEEDING UP TO 28 WEEKS GESTATION Careful speculum exam shows	1. Cervix closed (with uterine pain and history of passing products of conception)	1. Oxytocin 2. Hydrate 3. Observe BP, pulse and bleeding for 24 hours 4. REFER if fever or bleeding continues
		2. Cervix open (with uterine pain, severe bleeding, and products of conception not passed)	1. Remove clots and products of conception at cervix 2. REFER 3. While waiting for transport: a. Take BP, Pulse b. Hydrate c. Broad spectrum antibiotic d. Shock care if shock signs e. Pain medication and reassure

PATIENT	PROBLEMS	FINDINGS	ACTIONS
MOTHER	BLEEDING AFTER 28 WEEKS	1. Bleeding 2. More than 28 weeks gestation	1. Monitor BP, pulse and fetal heart rate 2. REFER 3. While waiting for transport: a. Hydrate (intravenous if possible) b. Keep warm c. Shock care if shock signs d. Pain medication and reassure
	NEVER do a vaginal exam on a pregnant woman who is bleeding		
BABY	Fundal height too large or too small for gestation	If 2 cm above or below expected size or if 2 finger breadths (widths) above or below expected size.	1. Recheck in one week 2. If still 2 cm or finger breadths above or below expected size one week later - REFER
		If more than 2 cm above or below expected size OR if more than 2 finger breadths above or below expected size	REFER
	Decreased baby movement	Fetal heart rate normal	1. Hydrate mother (at least 2-3 glasses of water) 2. Have mother rest on left side for 20 minutes 3. Recheck baby's movement 4. If not improved - REFER
		No fetal heart rate	REFER
	Abnormal fetal heart rate	Fetal heart rate below 120 or above 160	1. Hydrate mother (at least 2-3 glasses of water) 2. Have mother rest on left side for 20 minutes 3. Recheck babies heart rate 4. If not improved - REFER
	Abnormal presentation	Baby is not vertex and mother is near term or going into labor	REFER to hospital for delivery
	Baby not descended near term	If mother primigravida OR multigravida with big baby	REFER to hospital for delivery

PARTOGRAPH GUIDELINES

TOPIC	FINDINGS	ACTION: NO DOCTOR ON SITE	ACTION: WITH DOCTOR AT SITE
BABY'S HEART BEAT	Above 160, below 120, or sudden change	Hydrate, change mother's position and count baby heart after each contraction for three contractions. If not normal, REFER	Same action as for no doctor. Count every 5 minutes, call doctor, Check contractions, if oxytocin running stop flow.
LIQUOR (Amniotic Fluid)	Meconium or bloody	Check fetal heart rate; Hydrate REFER	Check fetal heart rate; Hydrate Call doctor
MEMBRANES	Ruptured without contractions	Check for prolapse of cord. (If present, put mother in knee chest position, head down. With gloved hand in vagina, push baby upward to reduce pressure on cord.) REFER	Check for prolapse of cord. (If present, put mother in knee chest position, head down. With gloved hand in vagina, push baby upward to reduce pressure on cord.) Call doctor
	Ruptured for 6 hours or more with contractions	Check temperature Give broad spectrum antibiotic REFER unless delivery about to start	Check temperature every two hours. Give broad spectrum antibiotic. Call doctor unless delivery about to start
CERVIX DILATATION	1-3 cm more than 8 hours	Hydrate and REFER	Call doctor and hydrate
	Crosses alert line	Hydrate and REFER	Call doctor and hydrate
	Reaches action line	Mother should be with doctor already	Call doctor for action
DESCENT OF FETAL HEAD	5/5 descent and 3 cm or more dilated	REFER	Call doctor

TOPIC	FINDINGS	ACTION: NO DOCTOR ON SITE	ACTION: WITH DOCTOR AT SITE
MOTHER	Temperature: 39° or more	Sponge, hydrate and REFER	Call doctor, hydrate,. Check fetal heart every 15 minutes until temperature is normal. Check temperature every hour till normal.
	Pulse: below 60 or above 90	Hydrate and REFER	Call doctor, hydrate,. Check pulse every 30 minutes till normal. Check fetal heart every 15 minutes until pulse is normal
	B/P: 140/90 or more with at least one other sign or symptom of pregnancy induced hypertension	Diazepam 20 mg, REFER with mother on left side, with infusion running	Stop oxytocin infusion if running Call doctor. Position mother on left side
	Uterine contractions: constant, no relaxation	Diazepam 10 mg, REFER with mother on left side, with infusion running	Stop oxytocin infusion if running Check fetal heart, Call doctor Position mother on left side

POSTPARTUM GUIDELINES

PATIENT	PROBLEMS	FINDINGS	ACTIONS
MOTHER	<p>BLEEDING</p> <ul style="list-style-type: none"> ✓ Heavier than monthly period or ✓ Fresh, bright red blood or ✓ Continuous bleeding of a small amount or ✓ Uterus feels hard but is getting larger. 	Placenta or membranes in uterus (RETAINED PLACENTA OR MEMBRANES):	<ol style="list-style-type: none"> 1. Rub up a contraction: 2. Empty bladder if full 3. Remove placenta or/and membranes 4. Give oxytocin 5. Rub up a contraction 6. Expel clots 7. Hydrate 8. REFER
		Placenta out and complete (UTERINE ATONY):	<ol style="list-style-type: none"> 1. Rub up a contraction 2. Express clots 3. Give oxytocin 4. Empty bladder if full 5. Hydrate 6. REFER. <p style="text-align: center;">IF UTERUS STILL NOT CONTRACTED DURING THE REFERRAL</p> <ol style="list-style-type: none"> 7. Bimanual compression 8. Repeat oxytocin 9. Continue hydration 10. Continue compression until reaching Doctor 11. Oxytocin may be repeated once again 12. Make sure family prepared to accompany to doctor.

PATIENT	PROBLEMS	FINDINGS	ACTIONS
MOTHER	BLEEDING (cont)	Placenta is out AND uterus is well contracted:	<ol style="list-style-type: none"> 1. LOOK for laceration in the birth canal and the cervix 2. Repair if skilled to do so or apply continuous pressure 3. Hydrate 4. REFER.
	INFECTION	Temperature of 39 C or above: Possible infection, breast or pelvic area	<ol style="list-style-type: none"> 1. Give a single dose 2cc or 600,000 units of Procaine penicillin and 0.5 Gm of streptomycin IM taking skin test precautions (See Procedures) 2. Hydrate 3. Cool compresses 4. Give Paracetamol to lower fever 5. REFER. 6. If vaginal discharge with odor, keep in a semi-sitting position during referral.
		Urinary tract infection or upper respiratory infection:	<ol style="list-style-type: none"> 1. Give ampicillin 500 mg QID or amoxycillin 500 mg TID for 7 days 2. Hydrate 3. Treat fever 4. REFER if fever not reduced in 24 hours.
BABY	ANY ABNORMAL FINDINGS	Imperforate anus, cyanosis of lips or skin, persistent vomiting, jaundice, difficulty in breathing, unusual cry or fever, poor suck, discharge from eyes.	REFER

Source: LSS Training, Kalimantan Selatan, 5/96
PPGUIDE.WPD

INFANT RESUSCITATION

1. WHEN A BABY IS BORN THE BABY SHOULD ALWAYS BE :

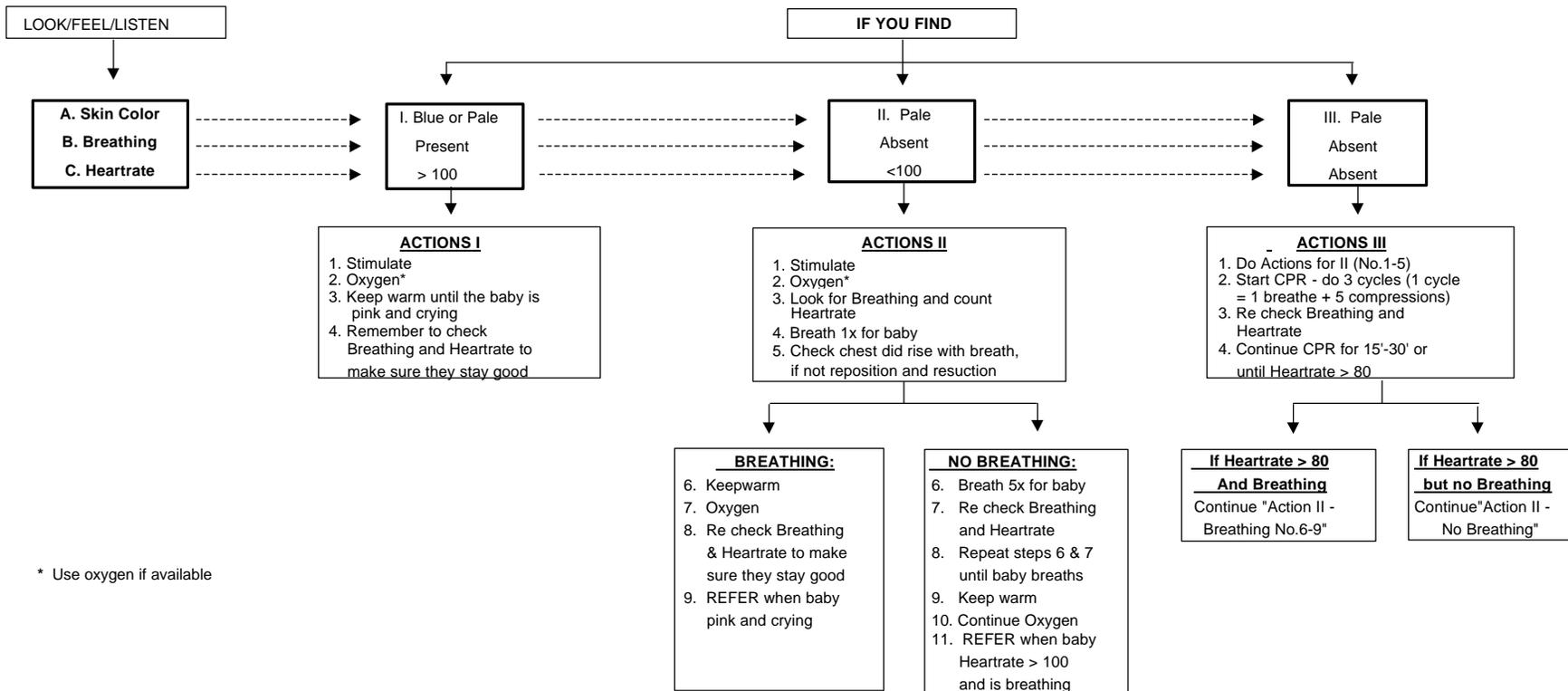
1 Dried

2. Warmed

3 Positioned

4 Suctioned

2. WHILE YOU ARE DOING THE 4 THINGS ABOVE ALSO :



* Use oxygen if available

Direction / Definition for Infant Resuscitation

WORD	DEFINITION / DIRECTION
DRY THE BABY	<ul style="list-style-type: none"> ▶ The baby should be dried with a towel or a cloth, from head to toe, until most of the amniotic fluid is gone. ▶ Take away the wet towel.
WARM THE BABY	<ul style="list-style-type: none"> ▶ The baby can be warmed by wrapping in a dry towel or cloth and you can put a light over the baby to provide extra heat if you have one.
POSITION	<ul style="list-style-type: none"> ▶ The baby should be placed so that the feet are slightly higher than the head. ▶ You should place a small towel or cloth under the baby's shoulders so that the head is slightly extended in the "sniffing" position. This is the best position to keep the airway open.
SUCTION	<ul style="list-style-type: none"> ▶ The baby's mouth and nose should be suctioned with a DeLee (slime) mucus trap. ▶ If meconium is present at the birth, suctioning should occur when the head is on the perineum and later the stomach should be suctioned as well.
STIMULATE	<ul style="list-style-type: none"> ▶ The baby can best be stimulated by gently rubbing it's back with your hand. This can be done without removing the cloth or the towel in which the baby is wrapped.
OXYGEN	<ul style="list-style-type: none"> ▶ Oxygen should be given at a rate of 10 liters/minute (when using a nasal tube). ▶ O₂ is best given in the nose of the baby as baby's breathe through their nose and not their mouth. ▶ When using O₂ for CPR it can be put into the mouth while you are breathing for the baby as your breath will carry it to the baby's lungs. ▶ When the baby starts breathing on it's own, move the O₂ back to the baby's nose.
HEART RATE	<ul style="list-style-type: none"> ▶ The baby's heart rate can easily and quickly be figured by counting it for 6 seconds and adding a "0" behind the number you count. ▶ For example: if you counted 12 beats in the 6 seconds, you would place the 0 behind the 12 and get 120 BPM. If you got 3 beats in the 6 seconds, the addition of the 0 behind the 3 would give you 30 BPM, and so on.

WORD	DEFINITION / DIRECTION
BREATHE FOR THE BABY	<p>This requires you to:</p> <ol style="list-style-type: none"> 1. Place your mouth over the baby's mouth and nose and breathe 1 time to see if the baby's chest rises. REMEMBER: Use only air from your mouth and not your lungs to breathe into the baby. 2. If the chest does not rise: reposition the baby and re suction the mouth and nose. Try another breath. Repeat step # 1 if necessary. 3. If the chest rises: breathe 5 times for the baby. 4. Recheck respirations and heart rate. 5. If the baby is breathing: continue to support the baby with warmth, stimulation and oxygen, if you have it, until the baby is pink and crying. 6. If the baby is not breathing: continue to breathe for the baby, checking for respirations and heart rate after each 5 breaths. Do this until the baby is breathing on it's own. Continue support until the baby is pink and crying.
FULL CPR	<ol style="list-style-type: none"> 1. Cover the baby's mouth and nose with your mouth. Breathe into the baby 1 time to check for the chest to rise. REMEMBER: Use only air from your mouth and not your lungs to breathe into the baby. 2. If the chest does not rise: re position and re suction. Try another breath. 3. If the chest rises: place your index and middle fingers on the center of the baby's chest just below the nipple line (an imaginary line drawn between the baby's nipples.) This will place your fingers over the baby's heart. 4. Push the chest down 1 - 2 cms 5 times at the rate of 100 heart beats in 1 minute, counting 1 - 2 - 3 - 4 - 5. 5. Then start the cycle again with 1 breath and 5 compressions of the chest. REMEMBER: Do not push on the baby's chest and breathe for the baby at the same time. 6. You should do the complete cycle of 1 breath + 5 compressions 3 times then re check the baby's heart rate and respirations. 7. IF THERE IS STILL NO HEART BEAT OR RESPIRATION: Continue full CPR for 15 - 30 minutes or until the baby has a heart rate > 80 whichever comes first. 8. IF THERE IS A HEART RATE > 80: <ol style="list-style-type: none"> a. Stop doing compressions. b. Continue breathing for the baby until it is breathing on it's own. c. Continue to support the baby with warmth, oxygen, and stimulation until it is pink. d. REFER.

CHEMICAL DISINFECTANTS

LEVEL OF DISINFECTANTS	DISINFECTANT (COMMON SOLUTION OR BRAND)	EFFECTIVE CONCENTRATION	HOW TO DILUTE	TIME NEEDED FOR HLD	TIME NEEDED FOR STERILIZATION	CHANGE SCHEDULE
Mid Level	Alcohol Ethyl Isopropyl "Methylated spirit"	60-90%	Use full strength	Do not use ²	Do not use	Change weekly: Every 24 hours if heavily used; sooner if cloudy
High Level	Chlorine	0.5%	Dilution procedures vary	20 Minutes	Do not use	Change every 24 hours; sooner if cloudy
High Level	Formaldehyde (35-40%)	8%	1 part 35-40% solution to 4 parts boiled water	20 Minutes	24 hours	Change every 14 days
High Level	Glutaraldehyde Cidex Sporicidin	Varies	Varies: read instructions on container	20 Minutes at or above 25 ⁰ C 20 Minutes at or above 20 ⁰ C	10 hours for Cidex Do not use Sporicidin	Change every 14 days; sooner if cloudy
High Level	Hydrogen Peroxide (30%)	6%	1 part 30% solution to 4 parts boiled water	30 Minutes	Do not use	Change every 24 hours; sooner if cloudy
Mid Level	Iodophors (10% Povidone iodine-PVI)	Approximately 2.5%	1 part 10% PVI to 3 parts water	Do not use ²	Do not use	Change every 24 hours

1. All chemical disinfectants are heat and light sensitive and must be stored appropriately

2. Alcohols and iodophor are not HLDs: however, they can be used as intermediate level disinfectants. For this purpose, soak for 20 minutes.

Adapted from Tietjen, L. et al. (1992) Infection Prevention for Family Planning Service Programs. 2nd edition. Essential Medical Information Systems, Durant, OK. Primary source: Wenzel RD, Editor (1987), Prevention and Control of Nosocomial Infections. Williams and Wilkins, Baltimore.

DO NOT USE AS HIGH LEVEL DISINFECTANTS

- Acridine derivatives (e.g., gentian or crystal violet)
- Benzalkonium chloride, a quaternary ammonium (e.g., Zephiran)
 - Cetrimide (e.g., Cetavlon)
- Cetrimide with chlorhexidine gluconate (e.g., Savlon)
 - Chlorinated lime and boric acid (e.g., Eusol)
- Chlorhexidine gluconate (e.g., Hibiscrub , Hibitane)
 - Chloroxyleneol (e.g., Dettol)
 - Hexachlorophene (e.g., phisohex)
- Mercury compounds (*toxic and not recommended as an antiseptic or a disinfectant*)
 - 1-2 % Phenol (e.g., Phenol)
 - 5 % Carbolic Acid (Lysol)

ACETIC ACID METHOD FOR TESTING URINE FOR PROTEIN

1. Fill the test tube 2/3 full of urine.
2. Heat the urine over a spirit lamp (Bunsen burner) about 1 inch away from the top until the urine boils.
3. Add 4 drops 5% acetic acid. If the cloudiness disappears after the addition of acetic acid this indicates the presence of urates, which are not significant for protein.
4. If the urine remains cloudy, then boil it again.
5. If the urine still remains cloudy, the protein is present.

Note: *Urine will also give a positive protein result if the person has a UTI or the urine is contaminated with amniotic fluid or blood.*

SAHLI METHOD FOR HEMOGLOBIN TEST

1. Fill the Sahli tube with HCL 1% to the number 2 mark.
2. Puncture a finger with a needles, wiping away the first drop of blood with dry cotton ball. Squeeze the finger for more blood.
3. Use the pipette to suck the drop of blood up to the blue line or 20 mm.
4. Blow blood into the Sahli tube, then suck solution in and out of the pipette until all the blood is out of the pipette.
5. Stir HCL and blood until perfectly mixed.
6. Put distilled water, drop by drop, into the Sahli tube, stirring after each drop, until the color matches the *standard* color.
7. Look at the top of the mixture and read the number. That is the hemoglobin reading.

SKIN TEST FOR PENICILLIN

A skin test to rule out allergy to procaine penicillin should be done for anyone who has never received procaine penicillin:

1. Make a solution with:
 - 0.1 ml procaine penicillin
 - 0.9 ml distilled water
2. Inject 0.1 ml subcutaneously on the inner aspect of the arm, midway between the elbow and the wrist, forming a small raised swelling and wait 10 minutes.
3. If no redness or other allergic signs, continue to give the dose of procaine penicillin.
4. If there is redness or other allergic signs, advise the patient not to take procaine penicillin. Use another antibiotic.

ANAPHYLACTIC SHOCK TREATMENT

1. Place person on her back, feet elevated (shock position). Make certain airway is open and clear. Observe breathing and feel/listen for heartbeat.
2. Give injection of 1:1000 solution of epinephrine (Adrenalin) subcutaneously, using the following dosages:

Adults and children over 40 kg	0.5 cc
Children 20-40 kg	0.3 cc
Children 10-20 kg	0.2 cc
Children under 10 kg	0.1 cc
3. Take and record pulse, respirations, and blood pressure every five minutes until normal.
4. If signs of shock continue for 10 minutes, repeat injection of epinephrine, using the appropriate dose.
5. If signs of shock continue for 30 minutes. **REFER** as quickly as possible. Go with person to hospital so you can continue to help patient and family.

COOL COMPRESSES FOR FEVER

Lowering a temperature by using cloths soaked in cool water is a successful way to reduce a fever

1. Prepare a basin or pail with cool water.
2. Soak three or four cloths in the water.
3. Squeeze a little of the water out of a cloth.
4. Place a cool and wet cloth on the forehead, under each arm and use one to wipe the neck, chest, and legs.
5. When the cloths become dry or warm, soak them again in the water and replace.
6. When the temperature begins to go down, remove the cloths and cover the patient with a light sheet or cloth.
7. Offer the patient cool drinks to help cool the body and replace fluids lost through perspiration.

EMERGENCY CARE OF OPHTHALMIA NEONATORUM

This eye infection is due to the bacteria that causes gonorrhoea. If untreated, this infection can cause blindness in the baby. If the baby has greenish or yellow discharge from the eyes, take the baby to the doctor or hospital. Treat as outlined until you reach the doctor or hospital.

1. Flush the baby's eyes with cooled boiled water.
2. Wipe with a cooled boiled cloth from the inside to the outside corner of the eye.
3. Apply erythromycin or terramycin eye ointment in both eyes.
4. Repeat steps 1-3 every 5 minutes for 6 times. Then every 10 minutes for 6 times. Then every 30 minutes for 6 times. Then every hour until the eyes are normal or until you reach the doctor.



The eyes produce much discharge, which continually washes the medication out of the eyes, so it is very important to treat the baby as outlined in step 4 or until you reach the doctor.

5. If eye ointment is not available, give Ampicillin 50 mg/kg or procaine penicillin 50,000 units/kg every 6 hours until the baby is seen by the doctor. Treatment is for at least 10 days.

MEDICATIONS

1. ANTIBIOTICS, BROAD SPECTRUM

A. Procaine Penicillin

Effective for serious infections and when broad spectrum antibiotics are not available. This type of penicillin maintains blood levels for up to 24 hours.

Dose: Give one intramuscular injection every 24 hours for 5 days. For more severe infections, give one injection every 12 hours for 7 days.

Adults and children over 40 kg give 800,000 units.
Children 6 - 40 kg give 50,000 units/Kg.

B. Streptomycin

Effective for serious infections in adults when combined with procaine penicillin.

Dose: Give **only one** injection every 24 hours for as long as the procaine penicillin is given.

Adults give 1/2 gram intramuscular.

 **Do not give during pregnancy or to children**

C. Ampicillin

Effective against a broad range of bacteria including bacterial infections of the reproductive system, throat, chest, skin and genitourinary tract.

Dose: Adults and children over 40 Kg: Give 1 Gram immediately and 500 mgm every 6 hours for 7 - 10 days.

Children under 5 Kg: Give 125 mgm of oral suspension immediately and 50 mgm every 6 hours for 7 days.

D. **Amoxicillin**

Amoxicillin fights the same bacteria as ampicillin, but is taken three times a day instead of 4.

Dose: For urinary tract infection - give 500 mg three times each day for seven days.

Dose: For breast infection - give 500 mg three times each day for ten days.

Dose: For infection of the womb after childbirth - give 1 gram three times each day.

2. **CHLOROQUINE**

Effective in treatment and suppression of malaria. Research is on going. Be alert for updated treatment of malaria.

Dose: Adults and children over 40 Kg, give 1 Gram immediately, give 500 mgm in 6 hours, and 500 mgm daily for the next 2 days.

3. **DIAZEPAM (Valium)**

Effective in the **emergency** control of pre-eclampsia during pregnancy and eclampsia during labor.

Dose: Give a mother with severe pre-eclampsia 20 mgm intramuscular and go with her to doctor.

Give a mother with eclampsia 10 mg intravenous and go with her **immediately** to doctor.

The dosage may be repeated after 30 minutes if no response to the initial dose.

4. **PARACETAMOL (Panadol)**

Effective in reducing fever and the discomfort associated with many common illnesses.

Dose: The normal adult dosage is 1 Gram every 4 hours.

5. ACETYLSALICYLIC ACID (Aspirin)

Effective in reducing fever and relieving pain.

Dose: The normal adult dosage is 600 mgm three to four times a day as needed to reduce fever or pain.

6. FOLIC ACID

Used for treatment and prevention of anemia during pregnancy.

Dose: Give 500 mcg daily for minimum of 90 days during pregnancy and for 40 days postpartum.

7. FERROUS SULFATE (Iron)

Used for prevention and treatment of anemia during pregnancy.

Dose: Give 320 mgm daily for minimum of 90 days during pregnancy and for 40 days postpartum.

If hemoglobin 10.9 - 8.1 gm, give 320 mgm three times a day.

If hemoglobin 8 gm or below, REFER.

8. TETANUS TOXOID

Provides active immunization against tetanus.

To prevent tetanus of newborn, give every pregnant woman two injections with at least a 4 week interval. If a mother has documentation of receiving 5 injections, she is fully protected and does not need additional injections of tetanus toxoid.

Dose: Give 0.5 cc with at least 4 weeks apart.

9. OXYTOCICS

A. Oxytocin (Pitocin, Syntocinon)

Effective in controlling bleeding after delivery and during miscarriage early in pregnancy by causing the uterus to contract. Use instead of ergometrine in management of third stage labor where ergometrine is contraindicated or unavailable.

Dose: Give 10 units intramuscular.

 **Low blood pressure and fast heartbeat occur occasionally**

B. Syntometrine (combination of synthetic oxytocin 5 units and ergometrine maleate 0.5 mgm)

Effective in prevention and treatment of postpartum hemorrhage. It has rapid and sustained action.

Dose: Give one ampule intramuscular after the delivery of the placenta.

C. Ergometrine

Effective in controlling bleeding after delivery and in early pregnancy miscarriage by causing the uterus to contract.

Dose: Give 0.4 - 0.5 mgm intramuscular after delivery of placenta.

 **Do not give if blood pressure elevated**

D. Methergine

Effective in controlling bleeding after delivery by causing the uterus to contract. It has sustained action.

Dose: Give one ampule intramuscular after the delivery of the placenta.

HOW TO USE THE SKILL CHECKLISTS

Write the date you are practicing the skill at the top of the first empty column. After you have performed the skill, review each step on the checklist. Put a ✓ if you did the step satisfactorily, put X if you need more practice or improvement, and put an "O" if the step was not relevant at this time. There is a place to write comments at the end of the skill checklist. For example, in the checklist on the next page, if you do not have the exact type of equipment to do an exam, or you found something important on the exam that you want to remember and it is not listed in the checklist, write any explanation you feel is necessary. You may write how you actually feel about the skill or your performance. You are writing this information to help you learn, so write what is most helpful to you. Look at the checklist on the next page. It is the fourth page of the checklist for **Admission in Labor**. See that most of the steps were satisfactory, two of the steps were not satisfactory and need more practice, and two steps were not necessary this time because the membranes were not yet ruptured.

At the end of the checklists on page 104 there is a form for **Summary of Performance**. Each time you complete a checklist after doing a skill, please use this form. For the appropriate checklist, fill in the date you completed the skill and your result. If you did **everything** satisfactorily put in a ✓. If you still need more practice or improvement on **any** item, please put X. When you have satisfactorily done **all** the items in a checklist, you have achieved **competence**.

Uses:

- ! Midwives should use the checklist as a guide for checking their own skills.
- ! Supervisors should use the checklist when they evaluate how well the midwife performs.

Instructions:

1. After observing or performing a skill, write a rating:
 - = Satisfactory
 - X = Needs Improvement
 - O = Not Relevant
2. Add any comments you have in the "comments" section at the end of the checklist.

	DATE				
	6/25				
PROBLEM SOLVING STEPS	RATING				
10. Insert index and middle finger into vagina gently (DO NOT TAKE YOUR FINGERS OUT UNTIL THE EXAM IS OVER),feel:					
a. Dryness and temperature of vagina	✓				
b. Scarring of the vagina	✓				
c. Cervix thickness (effacement)	✓				
d. Cervix dilatation	✓				
e. Status of membranes, if ruptured note :					
1) Color	0				
2) Presence of cord	0				
f. Presenting part					
1) Feel if engaged and moving down through pelvis	✓				
2) Compare descent with descent by abdominal exam	✓				
3) Feel for molding	✓				
4) Decide position (ROA, LOT, other).	✓				
Completing vaginal examination					
11. Remove hand	✓				
12. Look for any discharge / blood on glove or from vagina	✓				
13. Make woman comfortable	✓				
14. Remove gloves and wash hands	✓				
15. Help the woman return to a comfortable position	X				
16. Explain findings to woman and family	X				
17. Record findings on the partograph	✓				
Comments: 6/25/98 Needs more practice in working with the mother and her family					

**SKILL CHECKLIST
PREVENT INFECTION**

		DATE				
INFECTION PREVENTION STEPS		RATING				
A. WASH HANDS:						
1. When arriving / leaving work place						
2. Before / after caring for mother / baby						
3. Before / after using gloves						
4. When splashed with blood / body fluids						
5. Before eating, after toilet, coughing, blowing nose.						
B. WASH HANDS CORRECTLY						
1. Have soap, clean water, clean dry towel ready						
2. Remove jewelry						
3. Wet hands and forearms with water						
4. Wash hands and forearms with soap						
a. Soap hands and forearms						
b. Lather and scrub (wash) 20 seconds or more						
c. Use soft brush if available						
5. Rinse hands and arms with clean water. If no running water, ask someone to pour water.						
6. Dry hands						
a. Air dry if time						

		DATE				
INFECTION PREVENTION STEPS		RATING				
b. If not time to air dry, use clean towel						
C. USE INFECTION PREVENTION STEPS CORRECTLY :						
1. Decontamination						
a. Make 0.5% chlorine solution correctly						
Write country dilution (refer to page 44 in Reference) _____ cc chlorine in ____ cc water						
b. Place articles in solution. Completely cover with solution.						
c. Fill and flush syringes and tubes with solution						
d. Open instruments						
e. Soak for 10 minutes						
2. Cleaning						
a. Put on clean gloves						
b. Wash articles with soap and water						
c. Wash gloves on both sides						
d. Clean joints on instruments						
e. Use brush on instruments						
f. Take syringes apart to wash						
g. Flush tubes and syringes 3 times						
h. Rinse with water						
i. If laundry not available, hang linen in the sun to dry						

		DATE				
INFECTION PREVENTION STEPS		RATING				
3. High level disinfection						
a. If steam:						
1) Place articles in steamer over boiling water						
2) Cover pot and steam for 20 minutes						
3) Remove steamer from heat or equipment from pot						
a) remove equipment from pot with disinfected forceps						
b) place equipment in disinfected container						
4) Air dry						
5) When dry, store in disinfected, covered container						
b. If boiling:						
1) Cover articles completely with water						
2) Bring water to boil						
3) Cover pot and boil for 20 minutes						
4) Remove articles with disinfected forceps and place in disinfected container						
5) Air dry						
6) When dry, store in a disinfected, covered container						

		DATE				
INFECTION PREVENTION STEPS		RATING				
c. If chemical disinfection						
1) Use appropriate disinfectant and dilution						
Write country dilution (refer to pg. 12 &13)						
_____ cc chlorine in ____ cc water						
2) Cover articles completely with disinfectant						
3) Soak articles for the appropriate time						
4) Rinse with boiled water						
5) Air dry						
6) When dry, store in disinfected covered container						
4. Sterilization :						
a. Correctly use autoclave to sterilize articles						
b. Correctly use dry heat to sterilize articles						
c. When dry, store in clean, dry place or in sterile container with tight fitting lid						
D. USE APPROPRIATE INFECTION PREVENTION STEPS:						
1. Remember to always wear gloves for :						
a. Spills						
1) Decontaminate by pouring 0.5% chlorine solution on spill and wait 10 minutes						
2) Wipe up with cloth						
3) Clean entire area with soap and water						

		DATE				
INFECTION PREVENTION STEPS		RATING				
4) Allow to air dry						
b. Birth area (floor, beds)						
1) Decontaminate wearing gloves to wipe area with 0.5% chlorine solution, wait 10 minutes						
2) Clean with soap and water						
3) Allow to air dry						
c. Linen						
1) Decontaminate for 10 minutes <i>if soiled with blood or body fluids</i> by placing linen in a container and covering completely with 0.5% chlorine solution						
2) Clean by washing them with soap and water (or by laundry if routine)						
3) Rinse with clean water						
4) Air / sun dry						
5) When dry, store in a clean, dry place						
d. Gloves, rubber, plastic articles						
1) Decontaminate for 10 minutes						
2) Clean by washing with soap and water						
3) Rinse with clean water						
4) Check for holes (throw away any items with holes)						
5) High level disinfect or sterilize						
6) Air dry gloves on both sides						

		DATE				
INFECTION PREVENTION STEPS		RATING				
7) When dry, store in a disinfected or sterile covered container						
e. Instruments and equipment for delivery, artificial rupture of membranes, episiotomy						
1) Decontaminate for 10 minutes						
2) Clean by washing with soap and water						
3) Rinse with water						
4) High level disinfect or sterilize						
5) Dry before storing in a disinfected or sterile covered container						
f. Needles and syringes (<i>do not use chemical disinfectant for these</i>)						
1) Decontaminate by filling assembled needle and syringe with 0.5% chlorine solution						
2) Soak for 10 minutes						
3) Rinse by flushing three times with clean water						
4) Disassemble (take apart)						
5) Clean by washing with soap and water						
6) Rinse with clean water						
7) High level disinfect or sterilize						
8) Dry						
9) Store in a disinfected or sterile covered container						

		DATE				
INFECTION PREVENTION STEPS		RATING				
g. People attending birth						
1) Wash hands when touching mother or their own hair or clothes						
2) Wash if they get blood, mucus, body fluids, stool or dirt on hands						
3) Wash hands when they look dirty, after going to toilet, after blowing nose or coughing, before and after eating						
4) Wear clean clothes						
2. Storage area is clean and dry						
3. Use articles within one week of disinfecting						
E. PROTECT SELF FROM INFECTION:						
1. Wash hands at appropriate times						
2. Use protective clothing						
a. Cover your uniform with clean apron or gown for each delivery						
b. Change, cover, or wipe shoes when entering delivery area						
c. Change or wipe your shoes when leaving delivery area						
d. DO NOT GO BAREFOOT						
3. Wear appropriate gloves:						
a. High level disinfected or sterile gloves when performing						
1) vaginal examination						

		DATE				
INFECTION PREVENTION STEPS		RATING				
2) catheterization						
3) deliveries						
b. Clean gloves when:						
1) touching anything with blood or body fluids (example examining the placenta)						
2) you have a cut on your hand						
3) giving injection, drawing blood, or starting intravenous infusion						
4) cleaning mother during labor and after delivery						
5) caring for baby before it has been bathed						
c. Clean utility gloves when:						
1) washing equipment, instruments, furniture or floors						
4. Prevent splashes from blood or amniotic fluid:						
a. Artificially rupture membranes between contractions						
b. Milk and clamp umbilical cord before cutting						
c. WASH ALL BLOOD AND SPLASHES WITH SOAP AND WATER						
5. Prevent needle sticks :						
a. Handle needles carefully						
b. Place used needles in appropriate container						
c. Use needle holder when suturing						

		DATE				
INFECTION PREVENTION STEPS		RATING				
d. WASH NEEDLE STICKS WITH SOAP AND WATER, MAKE IT BLEED, AND THEN COVER.						
6. Handle placenta carefully :						
a. Wear gloves when handling						
b. Keep placenta in plastic bag or other container.						
c. Dispose by burning or burying (do not dispose in river)						
d. Advise home birth attendant and family how to handle						
1) best not to touch placenta with bare hands						
2) if placenta is handled with bare hands, soak placenta in 0.5% chlorine solution for at least 10 minutes						
Comments:						

**SKILL CHECKLIST
FIRST ANTENATAL VISIT**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MAKE PATIENT COMFORTABLE:						
1. Provide privacy						
2. Listen carefully to her						
3. Answer her questions						
4. Show that you respect her						
ASK / LISTEN:						
1. Who are you?						
2. How old are you?						
3. How many children have you had?						
a. Did you use FP? What method(s)? Did you like it?						
b. What FP method will you use postpartum?						
4. Any problems with past pregnancies or births ?						
a. Miscarriage / abortion						
b. Bleeding before delivery						
c. Bleeding too much after delivery						
d. Problem with the afterbirth (placenta)						
e. Cesarean section						
f. Baby died						
g. Health problem						
1) Elevated blood pressure						
2) Diabetes						
h. Problem with breast feeding						
5. How many months/weeks pregnant are you?						
a. Calculate due date correctly						
b. Calculate gestational age correctly						
6. Any problem in this pregnancy :						

		DATE				
PROBLEM SOLVING STEPS		RATING				
a. Tired						
b. No appetite						
c. Headache or visual change						
d. Severe nausea or vomiting						
e. Burning on urination						
f. Vaginal sores, itching, irritation or discharge with odor						
g. Shortness of breath						
h. Pain (severe) in the abdomen, back or legs						
i. Any vaginal bleeding						
j. Swelling in hands or face						
7. Are you taking any medicines now?						
a. Problem with medication / allergies to medicines						
b. Iron-folate every day						
c. Chloroquine, if applicable						
d. Advise best to avoid all medicines during pregnancy, unless prescribed by a midwife or doctor						
e. Advise for complaints of nausea, constipation or diarrhea from iron-folate: If taking 3 pills per day, take at different times (morning, afternoon, night) with meals DO NOT TAKE IRON PILLS WITH MILK, TEA OR COFFEE.						
8. Have you had tetanus injections?						
a. If yes, when was the last injection? Give booster every 10 years.						
b. If no, give injection and repeat at least one time during pregnancy						
9. Any other problems / concerns about this pregnancy						
LOOK / FEEL						
1. Explain procedure to mother before doing exam						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2. Wash hands						
3. Look at general health						
a. Energy level						
b. Happy or sad						
c. Skin condition						
d. Skeletal deformity						
4. Check weight and height						
5. Take blood pressure						
6. Look at conjunctiva and fingernails for paleness						
7. Look and feel for swelling						
a. Face						
b. Hands						
c. Ankles						
d. Do pitting edema test						
1) Press ankle with finger and look for dent						
2) If no dent (normal); if dent stays for a while (problem)						
8. Do knee reflex test						
a. Ask woman to sit on table/bed, legs hang freely						
b. Tell her you are going to gently hit her knee to make a test						
c. Feel for tendon right below knee cap						
d. Quickly tap tendon with knuckle or side of hand						
e. Look for small (normal) or brisk (problem) movement						
9. Feel for kidney tenderness						
a. Ask the woman to sit						
b. Tell her you are going to gently tap her back						
c. Gently tap over each kidney, using your fist						
d. If there is pain, (sign of kidney infection)						
10. LOOK / FEEL / LISTEN						
a. Breasts						

		DATE				
PROBLEM SOLVING STEPS		RATING				
1) lumps and scars						
2) talk about exclusive breast feeding						
b. Abdomen						
1) Baby growth-fundal height (compare gestational age and growth)						
2) Baby presentation / lie Feel:						
a) what part of baby in upper uterus						
b) baby's back						
c) what part of baby in lower uterus						
d) descent of baby's presenting part						
3) Baby heartbeat						
4) LOOK and FEEL lower abdomen						
a) look for sores						
b) feel for inguinal/femoral swelling, lymph nodes						
c) if painful, frequent urination or kidney tenderness, feel for tenderness of bladder						
11. Wash hands and put on gloves						
12. Look at the vulva						
a. Sores						
b. Discharge						
c. Bleeding						
13. Remove gloves and wash hands						
14. Laboratory tests, if needed						
a. Anemia test - visual screening (hemoglobin if available) at first visit and every 3 months						
b. Urine test for protein - if signs of pregnancy induced hypertension						
1) Acetic acid method:						
a) Fill the tube until 2/3 full of urine						
b) Heat urine until it boils						
c) Add 4 drops of 5% acetic acid						
d) Boil again if necessary						

		DATE				
PROBLEM SOLVING STEPS		RATING				
e) Assess protein presence correctly						
2) Other method or laboratory						
IDENTIFY PROBLEMS / NEEDS						
TAKE ACTION						
1. Discuss with mother problems / needs found						
2. Make plan of care with mother and family						
3. Provide care and counseling						
a. Dispense medicines as needed						
1) Iron-folate x 90 tabs						
2) Chloroquine, if necessary						
3) Tetanus Toxoid						
b. Explain danger signs of pregnancy :						
1) Any bleeding						
2) Headaches with visual problems						
3) Swelling of face or hands						
4) Abdominal pain						
5) Baby movement decreased						
c. Give "Early pregnancy" advice / counseling						
1) Body changes during pregnancy						
2) Nutrition						
3) Anemia and iron-folate						
a) How anemia affects mother and baby						
b) Iron-folate pills can both prevent and treat anemia						
c) Take a pill everyday with juice or fruit. Take at least 90 pills during the pregnancy. DO NOT TAKE WITH MILK, TEA OR COFFEE						
d) What to do if constipation, diarrhea, or nausea						
4) Cleanliness and exercise						
5) Rest and sleep						
a) rest at least one hour a day with feet up						
b) explain to family the need for the woman to rest						

		DATE				
PROBLEM SOLVING STEPS		RATING				
6) Avoid:						
a) Ill people						
b) Taking any medicines not given by midwife or doctor						
c) Strong fumes						
d) Smoke						
e) Chemicals						
7) Plan and prepare						
a) Plan to give the baby breast milk, it is the best food for a new baby.						
b) Prepare for delivery - supplies like clean bed clothes, perineal pads or cloths, soap, baby things						
c) Emergency transportation plan						
d) Money for any emergency						
e) Parents should plan their next pregnancy						
d. Set date of next antenatal visit, minimum visit schedule:						
1) First visit before 20 weeks						
2) Second visit at least once before 28 weeks						
3) Other visits at least twice after 28 weeks						
4) ADVISE WOMEN TO VISIT ANY TIME SHE HAS A DANGER SIGN OR A CONCERN						
4. Record findings on antenatal record						
Comments:						

**SKILL CHECKLIST
ANTENATAL REVISIT**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MAKE PATIENT COMFORTABLE:						
1. Provide privacy						
2. Listen carefully to her						
3. Answer her questions						
4. Show that you respect her						
ASK / LISTEN:						
1. Ask about any problems discussed at the last visit						
2. How are you feeling, sleeping, eating, and so forth?						
3. Have you had any of the following danger signs :						
a. Bleeding						
b. Headache						
c. Visual problems						
d. Swelling of face and hands						
e. Abdominal (epigastric) pain						
f. Baby does not move as much as usual						
4. Have you had other problems (pain with urination, tiredness, nausea and/or vomiting, unusual vaginal discharge or itching, or any other problem)?						
5. Iron pills: have you taken your iron, how much, how often, when taken, any side-effects?						
6. Look at the antenatal record and check need for tetanus injection						
7. Discuss / review expected weeks (months) of gestation						
8. Do you want to talk about anything?						
LOOK / FEEL						

		DATE				
PROBLEM SOLVING STEPS		RATING				
1. Explain procedure to mother before doing exam						
2. Wash hands						
3. Signs of general good health						
4. Check weight and compare to previous weight						
5. Take blood pressure						
6. Look at conjunctiva/fingernail beds						
7. Feel (pitting edema test) and look for swelling (face, hands, ankles)						
8. Feel baby's growth and fundal height (compare gestational age and growth)						
9. Feel baby's presentation and lie (when baby > 32 weeks)						
10. Listen to baby's heart rate						
11. Other (depending on today's concerns and physical exam, could include) :						
a. Knee reflex-test						
b. Kidney tenderness						
c. Laboratory tests :						
1) Anemia test - visual screening (Hemoglobin if available) every three months						
2) Urine protein if needed						
IDENTIFY PROBLEMS / NEEDS						
TAKE ACTION						
1. Discuss with mother problems / needs found						
2. Make plan of care with mother and family						
3. Provide care and counseling :						
a. Dispense medicines as needed						
b. Review danger signs of pregnancy						
c. Reinforce "Early Pregnancy" advice / counseling						
d. Review "During Pregnancy" advice / counseling						
1) Rest daily						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2) Enjoy / attend pregnancy						
3) Continue iron						
4) Iron to be taken postpartum also						
5) Breast feeding information						
6) Emergency transportation plan						
7) Family planning						
8) Reproductive tract infections						
e. Set date for next antenatal visit						
4. Record findings on antenatal record						
Comments :						

**SKILL CHECKLIST
ANTENATAL HOME VISIT**

		DATE				
PROBLEM SOLVING STEPS		RATING				
1. Get permission before the visit and agree on the time						
2. Meet the woman and her family:						
a. Find out who will be present for the birth						
b. Ask about feelings, worries about delivery and baby						
c. What will each person do during the birth process?						
d. Ask who will be the birth attendant and talk with her						
ASK / LISTEN: (Antenatal History)						
1. Who are you?						
2. How old are you?						
3. How many children have you had?						
a. Did you use FP? What method(s)? Did you like it?						
b. What FP method will you use postpartum?						
4. Any problems with past pregnancies or births ?						
a. Miscarriage / abortion						
b. Bleeding before delivery						
c. Bleeding too much after delivery						
d. Problem with the afterbirth (placenta)						
e. Cesarean section						
f. Baby died						
g. Health problem						
1) Elevated blood pressure						
2) Diabetes						
h. Problem with breast feeding						
5. How many months/weeks pregnant are you?						
a. Calculate due date correctly						
b. Calculate gestational age correctly						

		DATE				
PROBLEM SOLVING STEPS		RATING				
6. Any problem in this pregnancy :						
a. Tired						
b. No appetite						
c. Headache or visual change						
d. Severe nausea or vomiting						
e. Burning on urination						
f. Vaginal sores, itching, irritation or discharge with odor						
g. Shortness of breath						
h. Pain (severe) in the abdomen, back or legs						
i. Any vaginal bleeding						
j. Swelling in hands or face						
7. Are you taking any medicines now?						
a. Problem with medication / allergies to medicines						
b. Iron-folate every day						
c. Chloroquine, if applicable						
d. Advise best to avoid all medicines during pregnancy, unless prescribed by a midwife or doctor						
e. Advise for complaints of nausea, constipation or diarrhea from iron-folate: take pills with meals or half of the pills in the morning and half at night. DO NOT TAKE IRON PILLS WITH MILK, TEA OR COFFEE.						
8. Have you had tetanus injections?						
a. If yes, when was the last injection? Give booster every 10 years.						
b. If no, advise to get injection						
9. Any other problems / concerns about this pregnancy						
10. Explain (danger) signs that would require immediate care:						
a. Mother feels weak or tired all the time (especially after 8 th month)						
b. Severe headache, epigastric pain, swelling face/hands						
c. Bleeding like a monthly period or heavier						

		DATE				
PROBLEM SOLVING STEPS		RATING				
d. Severe belly pain or bad smell from vagina						
e. Constant pain in lower belly, sides or back that does not get better with rest						
f. Serious fever, pain, cough, vomiting, diarrhea						
g. Baby is moving less than normal						
10. If risk condition found, counsel the family						
11. Tell family how to contact you and ask to inform when labor begins						
LOOK / FEEL						
1. Explain procedure to mother before doing exam						
2. Wash hands						
3. Look at general health						
a. Energy level						
b. Happy or sad						
c. Skin condition						
d. Skeletal deformity						
4. Check weight and height						
5. Take blood pressure						
6. Look at conjunctiva and fingernails for paleness						
7. Look and feel for swelling						
a. Face						
b. Hands						
c. Ankles						
d. Do pitting edema test						
1) Press ankle with finger and look for dent						
2) If no dent (normal); if dent stays for a while (problem)						
8. Do knee reflex test						
a. Ask woman to sit on table/bed, legs hang freely						
b. Tell her you are going to gently hit her knee to make a test						

		DATE				
PROBLEM SOLVING STEPS		RATING				
c. Feel for tendon right below knee cap						
d. Quickly tap tendon with knuckle or side of hand						
e. Look for small (normal) or brisk (problem) movement						
9. Feel for kidney tenderness						
a. Ask the woman to sit						
b. Tell her you are going to gently tap her back						
c. Gently tap over her each kidney, using your fist						
d. If there is pain, (sign of kidney infection)						
10. LOOK / FEEL / LISTEN						
a. Breasts						
1) lumps and scars						
2) talk about exclusive breast feeding						
b. Abdomen						
1) Baby growth-fundal height (compare gestational age and growth)						
2) Baby presentation / lie Feel:						
a) what part of baby in upper uterus						
b) baby's back						
c) what part of baby in lower uterus						
d) descent of baby's presenting part						
3) Baby heartbeat						
4) LOOK and FEEL lower abdomen						
a) look for sores						
b) feel for inguinal/femoral swelling, lymph nodes						
c) if painful, frequent urination or kidney tenderness, feel for tenderness of bladder						
11. Wash hands and put on gloves						
12. Look at the vulva						
a. Sores						
b. Discharge						

		DATE				
PROBLEM SOLVING STEPS		RATING				
c. Bleeding						
13. Remove gloves and wash hands						
IDENTIFY PROBLEMS/ NEEDS						
1. Problems						
2. Needs						
TAKE APPROPRIATE ACTION						
1. If any risk found, counsel the woman and her family						
2. Review danger signs that require immediate care						
3. Look at and discuss the place planned for the birth						
a. Clean room for birth and urinating						
b. Clean clothing for mother in labor						
c. Clean cloths/rags to put under mother						
d. At least 4 clean baby blankets						
e. Clean water for washing, drinking						
f. A way to boil water						
g. Food and fluids for the mother						
4. Discuss equipment and supplies that will be needed:						
a. Soap, chlorine, alcohol, brush for scrubbing nails						
b. Bowls for washing and placenta						
c. Sterile ribbon or string for tying cord						
d. Clean, unopened packet of razor blades (to cut cord)						
e. Does HBA have what she needs for the delivery?						
5. Explain care of clothes and bedding after the delivery						
6. Explain that people with cold or illness should not attend delivery						
7. Explain that people who attend must bathe, wear clean clothes, wash hands often, and so on						
8. Give appropriate health advice and information						
9. Ask plan for disposal of placenta and explain safe handling						
10. Ask how they will decide time to call HBA/midwife and suggest if they do not know						

		DATE				
PROBLEM SOLVING STEPS		RATING				
11. Explain the different roles of midwife and HBA						
12. Offer support for the HBA						
13. Suggest the family inform you when labor begins						
14. Record findings on antenatal record						
Comments:						

**SKILL CHECKLIST
ADMISSION IN LABOR**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MAKE MOTHER AND FAMILY COMFORTABLE						
1. Greet the woman and her family respectfully						
2. Find a comfortable place for the woman to sit or lie						
3. Explain procedures to mother before doing						
4. Assess the progress of labor (short history if in late labor)						
ASK / LISTEN						
1. Have you received antenatal care, how many visits, with whom?						
2. What is your past pregnancy history?						
3. How old are you and other personal information?						
4. What is the history of this pregnancy?						
5. What is the medical history?						
6. When did labor pains begin, how often do they come?						
7. Has the bag of water (membranes) broken? What is the fluid color?						
8. Have you had any bloody show or bleeding?						

		DATE				
PROBLEM SOLVING STEPS		RATING				
9. Have you taken any medicines / treatment to increase or decrease your labor? What? What effect?						
10. Have you had any headache, visual changes (blurring or dizzy), or upper abdominal (epigastric) pain?						
11. When did you last eat?						
12. When did you last pass stool?						
LOOK / FEEL						
General Examination						
1. Explain why you need to do examination						
2. Ask woman to empty bladder						
3. Test urine specimen if : high BP, headache, pitting edema or edema of face / hands, epigastric (abdominal) pain, or visual changes						
4. Wash hands						
5. Take temperature, pulse, and blood pressure						
6. Assess general condition, including anemia and hydration status						
Abdominal Examination						
1. Explain the abdominal exam will help you decide the progress of labor and the condition of baby						
2. Look at the shape of uterus and for scars						

		DATE				
PROBLEM SOLVING STEPS		RATING				
3. Feel :						
a. Fundal height						
b. Presentation						
c. Engagement						
d. Descent						
e. Estimated size of baby						
f. Contractions for :						
1) Strength						
2) Duration						
3) Frequency						
g. Listen for and count fetal heart rate						
ALWAYS FEEL THE ABDOMEN FOR DESCENT AND POSITION OF THE BABY BEFORE YOU DO A VAGINAL EXAMINATION						
Vaginal Examination						
1. Make sure the woman has emptied her bladder						
2. Collect equipment						
3. Reassure and explain steps to woman and provide privacy						
4. Wash hands and put on high level disinfected or sterile gloves						
5. Position woman and cover her as much as possible						

		DATE				
PROBLEM SOLVING STEPS		RATING				
6. Look for discharge (blood, liquor, meconium) on her vulva and clothing						
7. Clean vulva washing front to the back						
8. Look at vaginal opening for :						
a. Discharge						
b. Bleeding (NO EXAM IF BLEEDING)						
c. Liquor						
d. Meconium						
e. Veins						
f. Sores						
g. Warts						
9. Hold woman's labia open with non-examining hand						
10. Insert index and middle finger into vagina gently (DO NOT TAKE YOUR FINGERS OUT UNTIL THE EXAM IS OVER), feel :						
a. Dryness and temperature of vagina						
b. Scarring of the vagina						
c. Cervix thickness (effacement)						
d. Cervix dilatation						
e. Status of membranes, if ruptured note :						
1) Color						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2) Presence of cord						
f. Presenting part						
1) Feel if engaged and moving down through pelvis						
2) Compare descent with descent by abdominal exam						
3) Feel for molding						
4) Decide position (ROA, LOT, other).						
Completing vaginal examination						
11. Remove hand						
12. Look for any discharge / blood on glove or from vagina						
13. Make woman comfortable						
14. Remove gloves and wash hands						
15. Help the woman return to a comfortable position						
16. Explain findings to woman and family						
17. Record findings on the partograph						
DECIDE NEEDS / PROBLEMS						
TAKE ACTION						
1. Admit woman if in labor or with complications						
2. Medical treatment for problems						
3. Education on activities during labor						

		DATE				
PROBLEM SOLVING STEPS		RATING				
4. Counseling on complications						
5. Laboratory tests / investigations						
6. Refer as needed						
7 Record actions on partograph						
Comments :						

**SKILL CHECKLIST
MONITOR LABOR PROGRESS
USING THE PARTOGRAPH**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MAKE MOTHER AND FAMILY COMFORTABLE						
1. Welcome and greet mother and family. Explain progress, encourage and reassure during labor.						
ASK / LISTEN (general well being)						
1. How are you doing?						
2. Where are you feeling the pain/ contractions?						
3. Is there anything you need or want?						
4. Start the labor record (partograph) by writing:						
a. Client information						
1) Name						
2) Gravida and Para						
3) Time membranes ruptured						
b. Date and time of arrival (admission)						
LOOK / FEEL						
A. Progress of Labor						
1. Cervical Dilatation						

		DATE				
PROBLEM SOLVING STEPS		RATING				
a. Vaginal exam every 4 hours or as indicated :						
1) Cervical dilatation						
2) Cervical effacement						
3) Position of head						
b. Record time of admission at the bottom of the graph, in front of the first square.						
c. Plot dilatation with X						
1) latent phase 0 to 2 cm (maximum 8 hours)						
2) active phase 3 to 10 cm (average 1 cm/hour)						
3) transfer from latent to active phase with broken line						
d. Progress is satisfactory (dilatation remains on or left of alert line)						
2. Descent of the Fetal Head (Abdominal) :						
a. Latent phase every 4 hours						
b. Active phase every hour and before vaginal exam						
c. Place your hand on the abdomen over the baby's head:						
1) Measure if all 5 fingers can cover the head = 5/5, 4 fingers = 4/5, 3 fingers = 3/5, 2 fingers = 2/5, 1 finger = 1/5						
2) Plot descent of head with an "O"						

		DATE				
PROBLEM SOLVING STEPS		RATING				
d. Interpret progress (satisfactory if fetal head descends)						
3. Uterine Contractions:						
a. Latent phase: feel the length (duration) and count how many (frequency) in 10 minutes every hour						
b. Active phase: feel the length (duration) and count how many (frequency) in 10 minutes every 30 minutes						
c. Plot contractions						
1) Length (duration) of contractions						
a) < 20 seconds shade with dots						
b) 20-40 seconds shade with diagonal lines						
c) > 40 seconds shade solid						
2) Frequency - shade one square for each contraction felt in 10 minutes						
a. Decide progress (satisfactory if contractions become more frequent and last longer)						
B. Fetal Condition						
1. Fetal heart rate (beat)						
a. Listen/count every 30 - 60 minutes						
b. Listen/count every 15 minutes IF :						
1) meconium present						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2) no amniotic fluid seen with rupture of membranes						
c. Record the rate at the top of partograph with a "•"						
d. Normal varies between 120-160						
2. Membranes (bag of waters) and liquor (amniotic fluid)						
a. LOOK for liquor at each vaginal examination						
b. Record on the partograph just below the fetal heart rate:						
1) clear liquor = "C"						
2) bloody liquor = "B"						
3) meconium-stained liquor = "M"						
4) absent (no) liquor = "A"						
5) intact membranes = "I"						
c. Normal liquor is clear						
3. Molding						
a. FEEL the sutures for molding at each vaginal examination						
b. Record on the partograph under liquor						
1) bones are separated, sutures can be felt = O						
2) bones are just touching = +						

		DATE				
PROBLEM SOLVING STEPS		RATING				
3) bones are overlapping but can be separated = ++						
4) bones are overlapping but can not be separated = +++						
c. Interpret molding (O is a sign the baby will fit into the mother's pelvis)						
C. Maternal (Mother's) Condition						
1. Pulse rate every 4 hours (normal 60-90)						
2. Blood pressure every 4 hours (normal between 90/60 and 140/90)						
3. Temperature every 4 hours (normal 37.2C)						
4. Urine						
a. check protein if signs of pre-eclampsia (normal no protein)						
b. volume (encourage passing every 2-4 hours)						
5. Drugs and fluids						
a. oral fluids (offer every hour)						
b. intravenous fluids as indicated						
c. drugs as indicated						
6. Record maternal condition information at the bottom of the partograph						

		DATE				
PROBLEM SOLVING STEPS		RATING				
D. Recording of Observations and Action: Write observations and decisions on the cervical graph along the time line it occurs.						
IDENTIFY PROBLEMS / NEEDS						
1. Decide if in labor (start partograph)						
2. Decide if status normal or not normal :						
a. Labor						
1) Latent phase longer than 8 hours						
2) Active phase progress less than 1 cm/hour						
3) No fetal descent						
b. Baby						
1) Meconium present						
2) Abnormal fetal heart rate						
3) Abnormal fetal lie or position						
4) Marked (++ or more) molding						
c. Mother						
1) Abnormal vital signs						
2) Protein in urine						
3) Urine less then 50 cc or dark yellow						
3. Mother dealing / not dealing well with labor						

		DATE				
PROBLEM SOLVING STEPS		RATING				
TAKE ACTION						
1. Refer as needed using guidelines (protocols)						
2. Care for mother :						
a. Explain progress of labor						
b. Provide emotional support to mother/family						
c. Provide comfort measures						
1) Position of choice in labor, rub her back						
2) Encourage changing positions / walking / squatting, or other position.						
3) Advise mother not to lie flat on back						
d. Encourage drinking fluids every hour						
e. Encourage mother to empty bladder every 2 hours						
f. Encourage mother to empty bowel (do not give routine enemas)						
g. Provide for cleanliness of mother						
E. Back of Partograph:						
1. Top of the page						
a. record additional information about labor care						
b. write observations during labor						
c. write only information not recorded on the front of the partograph.						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2. Bottom part of the page						
a. record delivery information						
b. record third stage information						
c. record APGAR and baby information						
d. record any complications						
e. sign name and date						
Comments :						

**SKILL CHECKLIST
PROVIDE CARE TO MOTHER AND BABY
DURING SECOND STAGE OF LABOR**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MAKE SURE EVERYTHING IS CLEAN AND READY						
1. Put on protective apron and shoes (or shoe covers)						
2. Explain what you will be doing and what will happen during second stage labor						
3. Wash hands						
ASK / LISTEN (as needed)						
LOOK / FEEL						
1. Continue to monitor mother and baby:						
a. Every 30 minutes						
1) Mother's pulse						
2) Mother's B/P						
3) Mother's bladder (should urinate regularly)						
4) Give drink						
b. Every 15 minutes listen to baby's heartbeat (more often as deliver becomes closer)						
2. Help the mother to push effectively						

		DATE				
PROBLEM SOLVING STEPS		RATING				
a. Confirm second stage (cervix completely open)						
b. Wait for urge to push						
c. Help mother to get into good PUSHING position						
d. Help mother to push effectively (correctly)						
e. Encourage the mother in pushing						
3. Decide progress of pushing						
4. When head ready to crown, help the mother to get into good BIRTHING position						
5. Prevent tears/injury around the vaginal opening						
a. Explain when to push						
b. Explain when not to push						
c. Deliver						
1) If baby coming slowly, push with contraction						
2) If baby coming fast:						
a) ask mother to stop pushing with contraction						
b) ask mother to blow						
3) Maintain flexed head						
4) Deliver the baby's head slowly						
6. Feels for cord around the neck						
a. Loosen and slip over baby						

		DATE				
PROBLEM SOLVING STEPS		RATING				
b. Clamp and cut if very tight						
7. Wipe the baby's face						
a. If suctioning needed, suction baby's mouth first -- then its nose before the baby is delivered						
b. If meconium, use DeLee to suction the mouth, nose and pharynx before the chest has delivered and before the baby has taken its first breath						
8. Deliver the baby's shoulders						
a. Ask mother to push gently						
b. Deliver top shoulder						
c. Deliver bottom shoulder						
9. Deliver the baby and hand to the mother						
a. Put the baby on the mother's stomach						
1) If the baby is having problems breathing						
a) dry						
b) warm						
c) position						
d) suction						
e) stimulate						
f) See Resuscitation Guidelines						
2) If the baby is breathing handle gently						

		DATE				
PROBLEM SOLVING STEPS		RATING				
b. Dry (including face and eyes) with one cloth to stimulate and warm						
c. Cover with another cloth to keep warm						
10. Give baby APGAR score at 1 and 5 minutes						
a. Breathing						
b. Heartbeat						
c. Color						
d. Activity (muscle tone)						
e. Reflexes (cry)						
11. Care for umbilical cord to prevent blood splashing						
a. Put first clamp on closest to the baby						
b. Milk cord toward the placenta						
c. Put second clamp on closer to the placenta						
d. Cut the cord between the 2 clamps						
12. Encourage and help the mother to breast feed						
a. Wrap the baby (head and body) and let the mother hold it						
b. If baby is interested to suck, encourage the mother to give her breast						
IDENTIFY PROBLEMS/NEEDS						
1. Mother						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2. Baby						
TAKE ACTION						
1. Refer as needed according to guidelines						
2. Care for mother and baby						
3. Record information on:						
a. Delivery Register						
b. Birth Certificate						
c. Back of Partograph (bottom part)						
1) delivery information						
2) third stage information						
3) APGAR and baby information						
4) any complications						
5) sign name and date						
Comments:						

**SKILL CHECKLIST
CARE OF THE MOTHER
DURING THIRD STAGE OF LABOR**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MAKE SURE EVERYTHING IS READY						
1. Something to collect placenta						
2. Oxytocic ready in a syringe						
ASK / LISTEN						
1. ASK mother how she is feeling						
2. Explain what you will be doing and what will happen during third stage						
3. Empty bladder as needed						
4. Ask mother what position would be comfortable (semi- sitting or squatting)						
LOOK / FEEL						
1. Wait for signs of placental separation						
a. Look for small gush of blood from vagina when the placenta comes off the wall of the uterus						
b. Look for the umbilical cord to get a little longer as the placenta comes off the wall of the uterus and the placenta drops down closer to the vagina						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2. Check placenta is separated by looking for movement of the cord when you push the uterus up						
a. Find the bottom of the uterus						
b. Push the uterus up						
c. Notice where the string/clamp is (position)						
1) If the string/clamp stay in the same place, the placenta is probably separated						
2) If the string/clamp move up with the movement of the uterus the placenta may still be attached						
IDENTIFY PROBLEM / NEED						
TAKE ACTION						
1. If the cord moves up with the uterus, the placenta is still attached - wait and try again later						
2. If the cord does not move up with the uterus, the placenta is separated - deliver the placenta						
a. Use one hand to apply gentle pressure on the abdomen above the pubic bone to support the uterus						
b. Use other hand to guide placenta down and out						
1) Ask mother to push						
2) Be gentle, steady and smooth -- a sudden or hard pull can tear the cord						
3) Stop if placenta is not separated						
a) uterus moves down with placenta						

		DATE				
PROBLEM SOLVING STEPS		RATING				
b) cord does not get longer or placenta does not come						
c) mother says it hurts						
c. Deliver placenta and membranes slowly						
1) hold placenta with both hands						
2) twist placenta and membranes while delivering						
3. Massage (rub) the uterus as soon as the placenta and membranes are out to stimulate a contraction						
a. Expel blood and clots						
b. Feel the uterus to make sure it is small and firm						
c. Ask the mother to feel her uterus and show her how to massage it to make sure it stays hard so that the bleeding is not too much						
d. If the uterus is not firm, continue to rub it						
4. Give oxytocic to cause contraction of the uterus and reduce bleeding after childbirth						
5. Look at the placenta and membranes						
a. Wear gloves						
b. Is the placenta complete?						
c. Are the membranes complete?						
6. Record information in:						
a. Partograph						
b. Delivery register						

PROBLEM SOLVING STEPS		DATE				
c. Birth certificate						
Comments:						

**SKILL CHECKLIST
CARE OF THE MOTHER AND BABY
IN THE FIRST SIX HOURS AFTER
BIRTH**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MOTHER						
1.	Greet the mother and others respectfully					
2.	Obtain permission and explain the purpose for the visit					
ASK / LISTEN (to mother, family, HBA)						
1.	How do you feel?					
a.	Do you feel tired?					
b.	How much are you bleeding?					
c.	Have you had any problems with dizziness or pain?					
2.	If you (the midwife) were not at the birth, how was the mother's labor and delivery?					
a.	Who provided care?					
b.	Where did you labor (home, health center, or other)?					
c.	Who delivered you (the birth attendant) and where did you deliver?					
d.	Did you or the baby have any high risk conditions or pregnancy complications?					
e.	How did you deliver (spontaneously, by vacuum extraction, forceps, or C/S)?					
f.	Was the placenta delivered spontaneously or manually?					
g.	Was the placenta complete or was there anything unusual about the placenta, membranes or cord?					

		DATE				
PROBLEM SOLVING STEPS		RATING				
h	Were there any tears, or was an episiotomy done?					
i	Did you or your baby have any problems?					
LOOK/FEEL						
1.	Explain what you are going to do.					
2.	Wash hands					
3.	Take pulse and blood pressure:					
a.	If attended birth, every hour for 4 hours after delivery					
b.	At visit, if arrive more than 4 hours after delivery					
c.	Let her know what you have found					
4.	Check pad for color and amount of vaginal bleeding (explain what you are looking for):					
a.	If attended birth, every 15 minutes for 1 hour then every 30 minutes for 2 hours					
b.	At visit, if arrive more than 3 hours after delivery					
c.	Explain that it is important for her to watch how much she is bleeding now and in the next few days, to be sure there is no problem. If she bleeds more than one pad per hour, or if she has any clots, she should send someone to inform you immediately.					
5.	Feel uterus for position and firmness					
a.	If attended birth, every 15 minutes for 1 hour then every 30 minutes for 2 hours					
b.	At visit, if arrive more than 3 hours after delivery					
c.	Teach the mother, HBA and her family how to check uterus and rub to make it hard					
d.	Explain that the uterus should be hard. If it gets soft, there might be too much bleeding					
6.	Clean the mother, including the genitals, abdomen and thighs. Explain:					

		DATE				
PROBLEM SOLVING STEPS		RATING				
a.	Each time she passes urine or stool to wash with soap and clean water, from front to back, and to wash her hands before and after this.					
b.	She needs to change her perineal pad or cloth at least 2 x per day. She can use the cloths again if they are washed thoroughly, boiled and dried in the sun.					
7.	Look for tears around the vaginal opening (explain to the mother what you have found)					
8.	Encourage and assist mother to urinate					
a.	Explain that she should urinate often as a full bladder can keep her uterus from getting hard and she can bleed more					
b.	Ask her to feel her uterus and tell you if it feels hard. Watch her doing this to be sure she has understood.					
9.	Wash hands					
10.	Give liquid and food to the mother					
a.	Explain that her body needs food and liquids for strength and to help her bottom and womb heal quickly.					
b.	Encourage her to eat plenty of body building (protein) and energy (fats, grains, tubers) foods					
c.	Encourage her to drink at least every time she breast feeds					
11.	Explain findings from the exam to the mother, family, and/or HBA					
12.	Give the new family time alone					
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1.	Make a plan of care with mother family, and/or HBA based on the problems / needs identified					
2.	Refer if necessary					
3.	Provide counseling					

		DATE				
PROBLEM SOLVING STEPS		RATING				
a. Danger signs						
1) Too much bleeding						
2) Fever						
3) Abdominal pain or foul smelling lochia						
4) Convulsions						
b. Hygiene						
c. Nutrition (including taking iron folate for 40 days and drinking every time she breast feeds)						
d. Importance of rest						
4. Record information on the postpartum record						
BABY						
ASK / LISTEN (report from mother, family and/or HBA)						
1. How is the baby doing?						
2. If not at delivery ask: Were there any problems at birth or immediately afterward?						
LOOK / FEEL						
1. Examine baby in a clean place where mother and others can watch						
2. Keep baby warm and dry						
3. Wash hands						
4. Check:						
a. General appearance						
b. Cry						
c. Breathing (normal 30 - 40 breaths per minute)						
d. Heart rate (normal 120 - 160 per minute)						
e. Temperature (normal 36.5 - 37.2 °C) (Explain to the mother it is very important to prevent heat loss after delivery by keeping the baby covered, especially its head. Putting the baby "skin to skin" with the mother and covering them both can help. Do not bathe the baby immediately. Wait at least 12 hours, when baby's temperature is more stable)						

		DATE				
PROBLEM SOLVING STEPS		RATING				
f.	Weight (normal 2.5 - 4 Kg) (Tell the mother and family how much the baby weighs)					
g.	Head					
h.	Eyes (best to give eye prophylaxis as soon as possible and advise the mother that if the baby's eyes are swollen and sticky with discharge she should see you or a doctor right away)					
i.	Mouth					
	1) Check lips and feel inside the mouth					
	2) Look at sucking reflex while baby breast feeds					
	3) Advise mother to give only breast milk for the first 4 months and let him suck often.					
	4) Explain that the first milk in her breast (yellow liquid called colostrum) is very special and protects her baby from illness, like an immunization. So she must give all of this to the baby.					
j.	Spine					
k.	Limbs					
l.	Moro reflex					
m.	Skin					
n.	Cord					
	1) Show how to clean cord with alcohol until it falls off (5 - 7 days)					
	2) Explain that to keep the cord dry, give baby only "sponge" baths until the cord falls off					
o.	Genitalia					
p.	Anus and urethra					
	1) Check that the baby has urinated and had a bowel movement					
	2) Explain to the mother that the first stools are blackish and then become yellow within 3 - 5 days.					

		DATE				
PROBLEM SOLVING STEPS		RATING				
5. Wash hands						
6. Explain findings from the exam to the mother, family, and/or HBA						
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1. Make a plan of care with mother family, and/or HBA						
2. Refer if necessary						
3. Provide counseling						
a. Danger signs (for other signs see <i>Reference</i> , page 203)						
1) Not sucking or feeding well						
2) Does not wake up to suck						
3) Fever						
4) Watery stool						
b. Why and how to keep baby warm						
c. Cord care						
d. Breast feeding						
1) Put baby to breast soon after birth						
2) Show mother how to attach baby to breast						
3) Encourage mother to have baby sleep with her						
4) Encourage mother to feed baby:						
a) Only colostrum or breast milk						
b) Every 2 - 3 hours						
5) Avoid bottles and pacifiers						
6) Explain advantages of exclusive breast feeding						
e. For baby in poor condition, if indicated						
1) Keep baby warm						
2) Encourage baby to nurse						
3) Refer baby, mother and family to hospital						

		DATE				
PROBLEM SOLVING STEPS		RATING				
4) If possible, go with them to hospital						
f. For low birth weight baby, if indicated						
1) Keep baby warm and dry with mother						
2) If baby is able to suck and swallow, breast feed frequently						
3) If baby is unable to breast feed, REFER baby and mother to the hospital						
4) If baby does not gain weight by end of first week, refer with mother to hospital						
4. Arrange next visit at 3 days, sooner if needed						
5. Record information on baby's care record						
Comments:						

**SKILL CHECKLIST
CARE OF THE MOTHER AND BABY
3 DAYS AFTER DELIVERY**

		DATE			
PROBLEM SOLVING STEPS		RATING			
MOTHER					
ASK / LISTEN (to mother, family, and HBA):					
1.	General condition				
	a. How are you feeling today?				
	b. Do you have any problems or concerns?				
2.	Rest and sleep				
	a. Have you been able to rest and sleep?				
	b. If not, why?				
3.	Diet and fluids				
	a. What have you eaten today (or yesterday if this visit is in the morning)?				
	b. Are you drinking fluids every time you breast feed?				
4.	Fever - have you felt chilled or very hot?				
5.	Bowel and bladder action				
	a. When was the last time you urinated?				
	b. Do you feel like you have to urinate often?				
	c. Do you feel pain or burning when you urinate?				
	d. When did you have a stool?				
	e. Are your bowel movements normal?				
6.	Uterine discomfort - Have you felt any pain in your uterus / lower abdomen?				
7.	Lochia / discharge				
	a. How often do you need to change you perineal pad or cloth?				
	b. What color is the discharge?				

		DATE				
PROBLEM SOLVING STEPS		RATING				
c. Does the discharge smell bad?						
8. Any perineal pain						
a. Where is the pain (location)?						
b. Can you describe the pain (strong, constant, only happens when you urinate)?						
9. Breast feeding						
a. Is the baby attaching well?						
b. Is the baby sucking well?						
c. Are your breasts tender?						
d. Are your nipples sore?						
e. Do your breasts feel very full (engorged)?						
10. Feelings about the baby						
a. How do you feel about caring for the baby?						
b. Do you have any problems or questions about what you need to do to care for the baby?						
c. Are you happy you have your baby, or is your baby a "bother"?						
11. Understands newborn care - Do you feel comfortable holding and bathing the baby, and changing its diaper?						
12. Signs of depression - Do you feel sad or worried about anything?						
13. Taking medication						
a. Are you taking iron folate pills?						
b. Take the iron folate pills for 40 days						
LOOK/FEEL						
1. Wash hands						
2. Observe mother's relationship with her baby:						
a. Does she appear to enjoy physical contact with her baby?						
b. Does she use her full hand when she touches her baby (not just fingertips)?						

		DATE				
PROBLEM SOLVING STEPS		RATING				
c.	When feeding or holding her baby, are they turned toward each other?					
d.	Does she make eye contact with her baby?					
3.	Vital signs (explain to mother the results)					
a.	Temperature					
b.	Pulse					
c.	Blood pressure					
4.	Breasts					
a.	Engorgement					
b.	Nipples					
c.	Remind the mother the more the baby sucks, the better her milk supply will be. As the baby sucks every 2 - 3 hours, discomfort from engorgement will decrease, and how much her breasts produce will adjust to the baby's needs.					
5.	Uterus					
a.	Firm					
b.	Position and size					
c.	Tender					
d.	Ask the mother if she has felt her uterus since your last visit and what she found? Explain that the uterus will keep getting smaller during the next 2 weeks until it is almost as small as before her pregnancy.					
6.	Lochia					
a.	Amount					
b.	Color					
c.	Odor					
d.	Explain that her discharge should start to change color, becoming lighter red, then pink, then yellow and white. It should not have a bad smell. If her discharge remains red, or if it smells bad, she must inform you. If the discharge increases, she will need to rest more.					

		DATE				
PROBLEM SOLVING STEPS		RATING				
7.	Perineal area					
a.	Clean					
b.	Swelling					
c.	Discomfort					
d.	Remind her to wash each time she passes urine or stool with soap and water (from front to back). She should wash her hands before and after this. She must change her perineal pad/cloth at least twice a day. When possible, she should lie with her legs apart, so air can get to the area to help it heal.					
8.	Remove gloves and wash hands					
9.	Explain findings from the exam to the mother, family, and/or HBA					
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1.	Make a plan of care with the mother, family, and/or HBA based on the problems / needs identified					
2.	Refer if necessary					
3.	Provide counseling (general)					
a.	Danger signs					
1)	Too much bleeding					
2)	Fever					
3)	Abdominal pain or foul smelling lochia					
b.	Importance of giving not only good "physical" care to the baby, but also to show the baby love. The mother can teach the baby to love and trust by communicating her love					
c.	Postpartum exercises: to help her return to her healthy non-pregnant condition as soon as possible					
d.	Iron folate to be taken for 40 days to replace blood the mother lost during delivery					
e.	One Vitamin A capsule to be taken. Passes through her breast milk to help protect her baby from infections					

		DATE				
PROBLEM SOLVING STEPS		RATING				
f.	Nutrition: she needs to have a diet high in body building (protein) and energy (fats, grains, tubers) foods, and to drink every time she breast feeds					
g.	Importance of rest: getting enough rest will prevent problems with to little breast milk, bleeding too much, and depression. She should sleep at night and also take at least one nap during the day. If possible she should return to normal household duties slowly. Other family members must help with this until she is stronger.					
h.	Hygiene					
i.	Breast feeding: Again remind the mother of the importance of breast feeding and discuss what she can do for any breast feeding problems.					
4.	Provide counseling (selected) to mothers and families when:					
a.	Mother is not breast feeding					
b.	Mother has anemia					
c.	Mother had postpartum hemorrhage					
d.	Mother had eclampsia or pregnancy induced hypertension					
e.	Mother had sepsis					
f.	Mother has depression					
g.	Mother had miscarriage, stillbirth or newborn death					
5.	Plan follow-up at 2 weeks postpartum (sooner if needed)					
6.	Record information on the postpartum record					
BABY						
ASK / LISTEN (report from mother, family and/or HBA)						
1.	Breast feeding					
a.	How many times did your baby nurse since sunrise?					
b.	How many times did your baby breast feed during the night?					

PROBLEM SOLVING STEPS		DATE				
		RATING				
2. Sleep						
a. How much does your baby sleep?						
b. Explain it is normal for the baby to sleep most of the time in the first two weeks. Slowly, he will stay awake more between feedings. Place the baby on his side or back to sleep, without any pillow.						
3. Urination: how often does your baby wet?						
4. Stool						
a. What color is the stool and how often?						
b. Explain the baby's stool are normal if they are yellow and look "seedy". The stool can cause infection, so it should be cleaned up and put in a toilet / latrine or buried.						
5. Cord: has there been any discharge or smell from the cord?						
LOOK / FEEL						
1. Examine baby in a clean place where mother and others can watch						
2. Keep baby warm						
3. Wash hands						
4. Check:						
a. General appearance: active when awake						
b. Breathing easy (normal 30 - 40 breaths per minute)						
c. Temperature (normal 36.5 - 37.2 °C)						
d. Weight						
1) Explain to the mother that baby's lose weight at first, up to 10% of its birth weight. By day three or four the weight should start to increase again and be at least birth weight by the end of the first week						
2) Tell the mother how much her baby weighs and reassure her if it is less than the weight soon after birth						
e. Head: "soft spot" not depressed or bulging						

		DATE				
PROBLEM SOLVING STEPS		RATING				
f.	Eyes: No discharge					
g.	Mouth: check suck by observing how the baby breast feeds					
h.	Skin					
	1) Not yellow (jaundice) or blue (cyanosis)					
	2) If you see mild jaundice explain to the mother that the baby needs to breast feed every two hours and she must drink a lot of fluids. If the yellow does not go away in two more days, she must tell you.					
i.	Cord					
	1) No discharge or foul smell					
	2) Explain that until the cord falls off (day 5 - 7), it can get infected. So the mother should still clean it with alcohol and keep it dry.					
	3) The mother should let you know if there is any redness, discharge or bad smell					
5.	Wash hands					
6.	Explain findings from the exam to the mother, family, and/or HBA					
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1.	Make a plan of care with mother family, and/or HBA					
2.	Refer if necessary					
3.	Provide counseling					
a.	Hygiene					
	1) Sponge bathe your baby every other day (do not get cord wet)					
	2) Each time your baby urinates or passes stool, wash the perineal area with soap and water and dry well					
	3) Because a baby's stool may cause infection, it should be cleaned up and the stool disposed of safely					

		DATE				
PROBLEM SOLVING STEPS		RATING				
b. Breast feeding - is the baby getting enough?						
1)	Your baby should breast feed at least every 2 - 3 hours, even during the night					
2)	Your baby should wet at least 6 times in 24 hours and the urine should be clear to pale yellow in color					
3)	You should "exclusively breast feed" until your baby is at least 4 months old					
c. Sleep						
1)	For about 2 weeks after birth, many newborns sleep most of the time, especially during the day. Slowly you baby will start to stay awake more between feedings					
2)	Place your baby on his side or back to sleep (do not use a pillow)					
3)	A baby should sleep out of drafts but with some fresh air					
d. Cord						
1)	Until the cord dries and falls off, it can be a site of infection. It is important to keep the area around the cord clean and dry.					
2)	Clothing can cause irritation and infection					
3)	You should gently clean around the cord daily with alcohol until it falls off					
4)	After the cord falls off, wash the area with soap and water when bathing					
5)	She should tell you if the cord has a bad smell, redness around the cord, or discharge					
e. Jaundice						
1)	If your baby is a little yellow, drink lots of fluids and breast feed every two hours					
2)	If the jaundice does not begin to go away in two days or the baby's eyes, body, soles of feet, or palms of hand are very yellow, refer.					

		DATE				
PROBLEM SOLVING STEPS		RATING				
f. Immunizations: your baby will need within the first week:						
1) BCG to prevent tuberculosis						
2) Oral polio vaccine						
3) Hepatitis B vaccine						
4. Arrange next visit at 2 weeks, sooner if needed						
5. Record information on baby's care record						
Comments:						

**SKILL CHECKLIST
CARE OF THE MOTHER AND BABY
2 WEEKS AFTER DELIVERY**

		DATE			
PROBLEM SOLVING STEPS		RATING			
MOTHER					
ASK / LISTEN (to mother, husband, and/or other family):					
1. General condition					
a. How are you feeling today?					
b. Do you have any problems or concerns?					
2. Rest and sleep					
a. Have you been able to rest and sleep?					
b. If not, why?					
3. Diet and fluids					
a. What have you eaten today (or yesterday if this visit is in the morning)?					
b. Are you drinking fluids every time you breast feed?					
4. Fever - have you felt chilled or very hot?					
5. Bowel and bladder action					
a. When was the last time you urinated?					
b. Do you feel like you have to urinate often?					
c. Do you feel pain or burning when you urinate?					
d. When did you have a stool?					
e. Are your bowel movements normal?					
6. Uterine discomfort - Have you felt any pain in your uterus / lower abdomen?					
7. Lochia / discharge					
a. How often do you need to change your perineal pad or cloth?					

		DATE				
PROBLEM SOLVING STEPS		RATING				
b.	What color is the discharge?					
c.	Does the discharge smell bad?					
8.	Any perineal pain					
a.	Where is the pain (location)?					
b.	Can you describe the pain (strong, constant, only happens when you urinate)?					
9.	Breast feeding					
a.	Are you having any discomfort in your breasts (tenderness, pain, hot areas)?					
b.	Are your nipples sore or cracked?					
c.	Do you feel you have enough milk to satisfy the baby?					
10.	Feelings about the baby					
a.	How do you feel about caring for the baby?					
b.	Do you have any problems or questions about what you need to do to care for the baby?					
c.	Are you happy you have your baby, or is your baby a "bother"?					
11.	Understands newborn care - Do you feel comfortable holding and bathing the baby, and changing its diaper?					
12.	Signs of depression - Do you feel sad or worried about anything?					
13.	Taking medication					
a.	Are you taking iron folate pills?					
b.	Take iron folate pills for 40 days					
c.	Did you take the Vitamin A capsule?					
14.	Family planning needs					
a.	What method have you used before?					
b.	Were you happy with the method?					
c.	If not, why?					
d.	Do you want to have more children?					

		DATE				
PROBLEM SOLVING STEPS		RATING				
e. If you want to have another child, how long do you want to wait to become pregnant?						
LOOK/FEEL						
1. Wash hands						
2. Observe mother's relationship with her baby:						
a. Does she appear to enjoy physical contact with her baby?						
b. Does she use her full hand when she touches her baby (not just fingertips)?						
c. When feeding or holding her baby, are they turned toward each other?						
d. Does she make eye contact with her baby?						
3. Vital signs (explain to mother the results)						
a. Temperature						
b. Pulse						
c. Blood pressure						
4. Breasts (normal - soft and full, nipples not cracked or sore). Remind the mother the more the baby sucks, the better her milk supply will be.						
5. Uterus (normal - firm, at almost a nonpregnant size and not tender). Tell the mother what you have found.						
6. Lochia (normal - pinkish, decreasing in amount, and no foul smell). Tell the mother what you have found.						
7. Perineal area (normal - clean and if episiotomy, healing). Tell the mother what you have found.						
8. Remove gloves and wash hands						
9. Explain findings from the exam to the mother, family, and/or HBA						
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1. Arrange a private conversation with the mother and her husband, if possible.						

		DATE				
PROBLEM SOLVING STEPS		RATING				
2.	Make a plan of care with the mother and her husband (and/or other family) on the problems / needs identified					
3.	Refer if necessary					
4.	Provide counseling (general)					
a.	How to return to a healthy nonpregnant state most quickly (stress the importance of adequate rest, healthful food and exercise).					
b.	Why she should continue to take iron folate pills for 40 days					
c.	Ways to prevent pregnancy and reproductive tract infections (see FP Counseling Checklist on page 102 and information in Antenatal Care Topic in Reference on page 94).					
d.	Repeat any information given at previous visits, as necessary					
e.	If any problems or if mother / family feels it is needed then you will return for a visit before 6 weeks PP					
f.	The mother should inform you immediately if any danger signs occur:					
	1) Too much bleeding					
	2) Fever					
	3) Abdominal pain or foul smelling lochia					
5.	Provide counseling (selected) to mothers and families when:					
a.	Mother has a breast infection.					
	1) You should breast feed your baby frequently and give your baby the sore breast first. You will not infect the baby.					
	2) Get lots of rest and drink plenty of fluids					
	3) Place hot clean wet cloths on the sore breast before and after breast feeding					

		DATE				
PROBLEM SOLVING STEPS		RATING				
4) You will visit the mother every day until she is better. If she does not get better in two days or if she develops a fever, you will need to refer her.						
b. Mother has reproductive tract infection.						
1) Signs of infection in the mother include vaginal discharge that has a bad odor or that causes irritation or pain, sores in or around the vagina, or lower abdominal pain with fever.						
2) Sign of infection in the baby is eye discharge						
3) To help prevent reproductive infections review the information in the Antenatal Care Topic on page 94 in Reference with the mother / family.						
6. Plan follow-up at 6 weeks postpartum (sooner if needed)						
7. Record information on the postpartum record						
BABY						
ASK / LISTEN (report from mother, family and/or HBA)						
1. Breast feeding						
a. How often does your baby breast feed? (Normal is at least every 2 - 4 hours, even during the night)						
b. How often does your baby wet? (If he is drinking enough, he should wet six to eight times a day)						
c. Is your baby taking anything besides breast milk? (Your baby should only be receiving breast milk, and no water, milk or even a pacifier)						
2. Sleep: How much does your baby sleep at night and during the day?						
3. Stool						
a. What color is the stool?						
b. How often does your baby have a stool?						
4. Immunizations: Did your baby get immunizations (BCG, oral polio, Hepatitis B)?						

		DATE				
PROBLEM SOLVING STEPS		RATING				
LOOK / FEEL						
1.	Examine baby in a clean place where mother and others can watch					
2.	Keep baby warm					
3.	Wash hands					
4.	Check:					
a.	General appearance: active when awake					
b.	Breathing easy (normal 30 - 40 breaths per minute)					
c.	Temperature (normal 36.5 - 37.2 °C, skin warm to touch)					
d.	Weight (normal - more than at birth): Explain that weight gain tells if the baby is getting enough breast milk					
e.	Head: "soft spot" not depressed or bulging					
f.	Eyes: No discharge					
g.	Mouth: check suck by observing how the baby breast feeds, mucus membranes are moist					
h.	Skin: Not yellow (jaundice) or blue (cyanosis)					
i.	Cord : Off by 2 weeks after birth, no redness, discharge or odor					
5.	Wash hands					
6.	Explain findings from the exam to the mother, family, and/or HBA					
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1.	Make a plan of care with mother / family, and / or HBA					
2.	Refer if necessary					
3.	Provide counseling					
a.	Provide counseling according to needs identified					
b.	Immunizations: If the baby is not yet immunized, encourage the mother / family to take him for the first 3 immunizations:					
1)	BCG to protect him from tuberculosis (TB)					

		DATE				
PROBLEM SOLVING STEPS		RATING				
2) Oral polio vaccine to protect him from crippling polio						
3) Hepatitis B vaccine to protect him from the disease that causes jaundice and damages the liver						
4. Arrange next visit at 6 weeks, sooner if needed						
5. Record information on baby's care record						
Comments:						

**SKILL CHECKLIST
CARE OF THE MOTHER AND BABY
6 WEEKS AFTER DELIVERY**

		DATE				
PROBLEM SOLVING STEPS		RATING				
MOTHER						
ASK / LISTEN (to mother, family, and/or other family):						
1.	General condition					
	a. How are you feeling today?					
	b. Do you have any problems or concerns?					
2.	Rest and sleep					
	a. Have you been able to rest and sleep?					
	b. If not, why?					
3.	Diet and fluids					
	a. What have you eaten today (or yesterday if this visit is in the morning)?					
	b. Are you drinking fluids every time you breast feed?					
4.	Fever - have you felt chilled or very hot?					
5.	Bowel and bladder action					
	a. When was the last time you urinated?					
	b. Do you feel like you have to urinate often?					
	c. Do you feel pain or burning when you urinate?					
	d. When did you have a stool?					
	e. Are your bowel movements normal?					
6.	Uterine discomfort - Have you felt any pain in your uterus / lower abdomen?					
7.	Lochia / discharge					
	a. Are you still having any bleeding or spotting of blood?					
	b. What color is your discharge?					

		DATE				
PROBLEM SOLVING STEPS		RATING				
c. Does the discharge smell bad?						
8. Any perineal pain						
a. Where is the pain (location)?						
b. Can you describe the pain (strong, constant, only happens when you urinate)?						
9. Breast feeding						
a. Are you having any discomfort in your breasts (tenderness, pain, hot areas)?						
b. Are your nipples sore or cracked?						
c. Do you feel you have enough milk to satisfy the baby?						
10. Feelings about the baby						
a. How do you feel about caring for the baby?						
b. Do you have any problems or questions about what you need to do to care for the baby?						
c. Are you happy you have your baby, or is your baby a "bother"?						
11. Understands newborn care - Do you feel comfortable holding and bathing the baby, and changing its diaper?						
12. Signs of depression - Do you feel sad or worried about anything?						
13. Taking medication						
a. How many iron folate pills have you taken?						
b. Did you take the Vitamin A capsule?						
14. Family planning needs: If the following questions have not been asked, ask now:						
a. What method have you used before?						
b. Were you happy with the method?						
c. If not, why?						
d. Do you want to have more children?						
e. If you want to have another child, how long do you want to wait to become pregnant?						

		DATE				
PROBLEM SOLVING STEPS		RATING				
LOOK/FEEL						
1. Wash hands						
2. Assess mother's relationship with her baby:						
a. Does she talk with the baby (lovingly or as if he is a bother)?						
b. Does she have contact with the baby? (Watch the way she handles her baby. Mother's that have not bonded with their baby's tend to use fingertips instead of full hands when touching or feeding the baby)						
c. When feeding or holding her baby, are they turned toward each other?						
d. Does she make eye contact with her baby?						
3. Vital signs (explain to mother the results)						
a. Temperature						
b. Pulse						
c. Blood pressure						
4. Breasts (normal - soft and full, nipples not cracked or sore). Remind the mother that the baby goes through several growth periods when he needs more milk. When this happens he will want to suck all the time for about one day. This is not a sign that she does not have enough milk. Encourage her to let the baby suck so that her body will then make more milk.						
5. Uterus (normal - firm, at a nonpregnant size and not tender). Tell the mother what you have found.						
6. Lochia (normal - creamy and/or whitish, and no foul smell). Tell the mother what you have found.						
7. Perineal area (normal - clean and healed). Tell the mother what you have found.						
8. Remove gloves and wash hands						
9. Explain findings from the exam to the mother / family						

		DATE				
PROBLEM SOLVING STEPS		RATING				
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1. Make a plan of care with the mother and her husband (and/or other family) on the problems / needs identified						
2. Refer if necessary						
3. Start FP and / or FP counseling, if not already done (If mother is using LAM, remind her that the baby should breast feed ten times in 24 hours with one of these feeds at night). See FP Checklist on page 102.						
4. Provide counseling (general)						
a. How to return to a healthy nonpregnant state most quickly (remind the mother it is still important to have enough rest, healthful food and exercise).						
b. Ways to prevent reproductive tract infections (see information on preventing reproductive tract infections in Antenatal Care Topic on page 94 in Reference).						
c. Repeat any information given at previous visits as necessary						
5. If any problems or if mother / family feels it is needed plan a follow -up visit						
6. Record information on the postpartum record						
BABY						
ASK / LISTEN (report from mother / family)						
1. Breast feeding						
a. How often does your baby breast feed? (Normal is at least every 2 - 4 hours, even during the night)						
b. How often does your baby wet? (If he is drinking enough, he should wet six to eight times a day)						
c. Is your baby taking anything besides breast milk? (Your baby should only be receiving breast milk, and no water, milk or even a pacifier)						
2. Sleep: How much does your baby sleep at night and during the day?						

		DATE				
PROBLEM SOLVING STEPS		RATING				
3. Stool						
a. What color is the stool?						
b. How often does your baby have a stool?						
4. Immunizations: Did your baby get immunizations (BCG, oral polio, Hepatitis B)?						
LOOK / FEEL						
1. Examine baby in a clean place where mother and others can watch						
2. Keep baby warm						
3. Wash hands						
4. Check:						
a. General appearance: active when awake?						
b. Breathing easy (normal 30 - 40 breaths per minute)						
c. Temperature (normal 36.5 - 37.2 °C, skin warm to touch)						
d. Weight						
e. Head: "soft spot" not depressed or bulging						
f. Eyes: No discharge						
g. Mouth: check suck by observing how the baby breast feeds, mucus membranes are moist						
h. Skin: Not yellow (jaundice) or blue (cyanosis)						
i. Cord : No redness, discharge or odor						
5. Wash hands						
6. Explain findings from the exam to the mother / family						
IDENTIFY PROBLEMS/NEEDS						
TAKE APPROPRIATE ACTION						
1. Make a plan of care with mother / family						
2. Refer if necessary						
3. Provide counseling						
a. Provide counseling according to needs identified						

		DATE				
PROBLEM SOLVING STEPS		RATING				
b. Immunizations: If the baby is not yet immunized, encourage the mother / family to take him for the first 3 immunizations:						
1) BCG to protect him from tuberculosis (TB)						
2) Oral polio vaccine to protect him from crippling polio						
3) Hepatitis B vaccine to protect him from the disease that causes jaundice and damages the liver						
c. Encourage attendance at under-five clinic for growth monitoring and more immunizations:						
1) DPT at 2 months						
2) DPT again 1 - 2 months later (when baby is 3 or 4 months old)						
3) Measles at 9 months						
4. Arrange follow-up visit if needed						
5. Record information on baby's care record						
Comments:						

**SKILL CHECKLIST
FAMILY PLANNING COUNSELING**

		DATE				
PROBLEM SOLVING STEPS		RATING				
ASK / LISTEN:						
1.	Have you used a method in the past?					
2.	Were you happy with that method?					
3.	Do you want to have more children?					
4.	Would you like to have a child within the next 2 to 4 years?					
5.	Do you have a problem remembering to take a pill every day or use a method each time you have sex?					
6.	Is your partner willing to take an active role in using your family planning method?					
7.	Does your partner not want you to use family planning?					
8.	Do you have bleeding, besides your normal monthly bleeding that worries you or creates difficulties for you?					
9.	Do you have high blood pressure, severe headaches, or any medical problem that requires continual medication?					
10.	Do you feel embarrassed to touch your vagina?					
11.	Do you not feel comfortable asking your partner to avoid having sex for a period of time?					
12.	Are you concerned that your partner has had sex with others and may infect you with STDs?					
13.	Do you have more than one sex partner or have you had STDs?					
14.	Do you have sex quite often (several times a week)?					

		DATE				
PROBLEM SOLVING STEPS		RATING				
15. Do you have sex not very often?						
16. Are you breast feeding?						
LOOK/FEEL						
. If providing method now, review information from physical exam. Are there any conditions that could prevent use of a particular method?						
IDENTIFY PROBLEMS/NEEDS						
Identify with woman/couple the appropriate method based on information from ASK / LISTEN and LOOK / FEEL and using the two charts "Choosing the Best FP Method" and "FAMILY PLANNING METHODS FOR A BREAST FEEDING WOMAN" on pages 228-238 in Reference .						
TAKE APPROPRIATE ACTION						
1. For desired method, counsel and ask her to repeat:						
a. How it prevents pregnancy and its' effectiveness						
b. Advantages						
c. Disadvantages						
d. Side effects						
e. How to use the method						
f. When the method can be started						
2. Provide method or advise where they can go to get the method						
3. Make sure the woman understands.						
a. Have the woman repeat back to you how to use the method						
b. Ask if she has questions and provide answers						
4. Plan follow-up at 6 week postpartum visit (or other time as appropriate)						
5. Document results on the postpartum record						
Comments:						

SUMMERY OF PERFORMANCE

SKILL CHECKLIST									
Prevent Infection	DATE								
	RESULT								
First Antenatal Visit	DATE								
	RESULT								
Antenatal Revisit	DATE								
	RESULT								
Antenatal Home Visit	DATE								
	RESULT								
Admission In Labor	DATE								
	RESULT								
Monitor Labor Progress Using The Partograph	DATE								
	RESULT								
Provide Care To Mother And Baby During Second Stage of Labor	DATE								
	RESULT								
Care Of Mother During Third Stage of Labor	DATE								
	RESULT								
Care Of The Mother And Baby in First Six Hours After Birth	DATE								
	RESULT								
Care Of The Mother And Baby 3 Days After Delivery	DATE								
	RESULT								
Care Of The Mother And Baby Two Weeks After Delivery	DATE								
	RESULT								
Care Of The Mother And Baby Six Weeks After Delivery	DATE								
	RESULT								
Family Planning Counselling	DATE								
	RESULT								

