Strengthening Maternal and Child Health Services in Eastern Visayas

Centre for Health Development - Eastern Visayas
Family Health Cluster
Basic Emergency Obstetric and Newborn Care (BEmONC)

Supportive Supervision at RHU/DHC - Check list 3: Knowledge and Application

Facility:	Date:

1. Practices (Observe skills. If no client, you could ask to simulate the situation)

Use DOH tools for observation as applicable

	Practices you observed	Who did it	All correct (Yes/No)	Areas to improve
1				
2				
3				
4				

2. Application of BEmONC signal functions and other skills learnt in the BEmONC Training. (In the last quarter)

In the last quarter, have you applied the following skills? (If no, select reason from the list below. Multiple answers possible)		Physician			Nurse			Midwife (BEmONC)			Is anybody doing? (Y/N)
		Yes	No	If no, Reason	Yes	No	If no, Reason	Yes	No	If no, Reason	
1)	Parenteral administration of Oxytocin										
2)	Parenteral administration of antibiotics										
3)	MgSO4 administration										
4)	Imminent breech delivery										
5)	Manual removal of retained products (incomplete abortion)										
6)	Manual removal of retained placenta										
7)	Dexamethasone for preterm labor										
8)	Newborn resuscitation										
9)	IV insertion										
10)	Suturing										

Midwives trained for Capacity enhancement

In the last quarter, have you applied the following skills? (If no, select reason from the list below. Multiple answers possible)		RHM 1			RHM 2			RHM 3			Is anybody doing? (Y/N)
		Yes	No	If no, Reason	Yes	No	If no, Reason	Yes	No	If no, Reason	
1)	Correct IE procedures										
2)	Active management of the 3rd labor										
3)	Essential Newborn care										
4)	IV insertion										
5)	Suturing										
6)	Newborn resuscitation										

Reasons for not performing (Multiple answers possible. write the corresponding letters)

If 'No case' is an answer, please ask if they could perform them should a case arise

a, Not trained
b. Afraid of doing it/ not confident
c. Forgot as never practiced
d. No cases
e. No medicine
f. No supply
g. not allowed
h. Others

3. Knowledge

・Select one or two topics depending on observed or felt needs and discuss with the staff, such as recent emergency case.

・All (1-4) should be covered within a year

・Use the discussion guide for the topic, attached to this form. Utilize the BEmONC manual as well.

Topics

1) Care of woman in labor/delivery, Use of partograph (Use actual partograph being recorded)
2) Active management of the third stage of labor, and the management of postpartum haemorrhage
3) Essential newborn care and newborn resuscitation
4) Pre-eclampsia, Eclampsia and its management
5) Any others

	Topic chosen	Areas to improve, if any.
1		
2		

Assessment Rate qualitatively based on the guide/BEmONC Manual

1	Actual Practices (Refer to 1)	V.Poor ( ), Poor( ), Good ( ), V.Good ( )				
2	BEmONC signal functions and enhanced skills for midwives		How many are done		How many are not done at all	
		BEmONC Team	of 10		of 10	
		Midwives trained	of 6		of 6	
		Whar are not performed and reasons for not being performed.				
3	Knowledge (Refer to 3)	V.Poor ( ), Poor( ), Good ( ), V.Good ( )				

Supervisor: _____

Supportive Supervision - Discussion guide

Use BEmONC manual as reference

1) Care of woman in labor/delivery, Use of partograph (Use actual partograph being recorded)

A *How do you know when a pregnant woman is in labor?*

- Regular uterine contractions
- Dilatation of cervix
- Discharge of blood and mucus
- Breaking of waters(ruptured membranes)

B *What would consist of good care of women in labor*

- Encourage the woman to drink and eat
- Encourage the woman to move about
- Encourage the woman to void urine, Why?
- Give emotional support and maintain good communication
- Woman allowed to have a companion of her choice
- Check signs of progress of labor and record them
- Record vital signs at determined intervals
- During delivery, woman's back propped up or left lateral position, Never leave the women lying flat. Why?

C *Partograph*

- Was it used only in active labor (the cervical dilatation is >=4 cm? & regular strong contractions 3 in 10 min.)
- Was the first IE (dilatation) charted on the alert line and observations recorded in the corresponding place?
- Was the cervical dilatation marked by 'X' and connected
- Was IE done every 4 hours unless indicated? What may be the indication for unscheduled IE?
- FHR checked and recorded every hourly. What is the normal range? What to do if abnormal?
- Maternal temperature and pulse taken and recorded every 4 hours unless indicated otherwise.
- Maternal BP taken and recorded hourly? What is normal range? If abnormal, what do you do?
- All other observation recorded
- Delivery/Birth summary noted
- Judgment on the progress of labor, and management

2) Active management of the third stage of labor, and the management of postpartum haemorrhage

A *Active management of the third stage of labor*

- Give oxytocin(10 IU, im) after the birth of the baby(but excluding another baby is in the uterus)
- Wait for the signs of separation of the placenta (uterus contracted, gash of blood, lengthening of the cord)
- Apply controlled cord traction and deliver the placenta and membranes.
- Describe how to do CCT (gentle and steady traction of the cord while applying counter traction above the symphysis pubis). Wait if the placenta does not descend, then repeat when the uterus contracts again.
- Check the placenta and membranes for completeness Why?
- Ensure the uterus is contracted and observe vaginal bleeding
- Check for laceration and suture
- Check for vital signs and record
- Know the danger signs (shock, bleeding, convulsions, headaches etc.)
- Encourage to void urine Why?
- Never leave mother and baby alone
- Attend to women's comfort

B *What do you do if the postnatal woman develops heavy bleeding? （C4)*

- Massage the fundus
- Insert an IV line, Give oxytocin (20 Units in IV fluid, at 60 drops per minutes) Maintenance dose 20 units, 30
- Empty the bladder, Catheterize if necessary
- Take blood for cross-matching
- Examine woman for lacerations and repair if not 3rd degree tear.
- Manually remove the retained placenta, if this is suspected
- Monitor vital signs
- Refer if necessary

3) Essential newborn care and newborn resuscitation

A *What immediate care do you give to the newborn (in order)*

- The baby is placed on the abdomen of the mother after the birth
- Immediate drying of the baby
- Clean the face and mouth but no suction
- Skin to skin contact and keep the baby warm
- Check for breathing (simultaneously with other action)
- Check for the color of the baby (simultaneously with other action)
- Cord is clumped when the pulsation stops
- No separation from the mother and initiate breast feeding
- Examination of Newborn and Standard Prophylaxis
- Check axillary temperature of the baby (know the normal temperature?)
- Give the vit.K i,m. (know the dose?)
- Give Hep B vaccination
- Give BCG vaccination
- Check weight
- Examine the baby head to toe and record

B *What do you do if the baby weighs less than 2.5 kg, what special care do you provide?*

- Make sure the baby is warm (Skin to skin/kangaroo care)
- Provide extra support for the mother to establish breast feeding
- Monitor ability of the baby to breastfeed
- Monitor baby for the first 24 hours
- Ensure infection prevention

C *What are the signs of sick newborn baby?*

- Less movement (poor muscle tone)
- Poor or no breastfeeding
- Hypothermia or hyperthermia
- Restlessness or irritability
- Difficulty breathing or fast breathing, chest in-drawing
- Deep jaundice
- Severe abdominal infection

D *Newborn resuscitation*

- Describe how to do it, and assess if it is correct (it should be done in the following steps)
- Explain to the mother and other significant persons
- keep baby warm
- clear airways, suction mouth then nose
- Positioning of the baby (face-up, the neck slightly extended)
- How to place the mask of ambubag
- How many times/ minute to ventilate/ squeeze the bag (40 times/min.)
- Pause and determine if the baby is breathing spontaneously
- If no breathing or gasping at all after 20 minutes of ventilation, stop ventilation, Explain to the parents
- Record all

4) Pre-eclampsia, Eclampsia and its management

A *Signs and symptoms of Pre-Eclampsia/Eclampsia (C3)*

- Hypertension What is the normal range?
- Severe headache
- Blurred vision
- Epigastric pain
- Protein in urine

B *What is the definition ?*

- Severe pre eclampsia (C3)
- Pre eclampsia

C *How do you manage severe eclampsia (C3)*

- Give MgSo4, what is the dose (B13)
- Give hydralazine (B14) What is the dose? (B14)
- Refer urgently to hospital

D *How do you care if the woman is convulsing*

- Protect woman from fall and injury
- Manage airway (B9)
- After convulsions, help woman onto her left side
- Insert IV line and give fluids very slowly
- Give MgSO4 (B14)
- If diastric BP >110mmhg, give hydralazine
- Refer urgently to hospital

For observation of skills, use the DOH monitoring tools as applicable.