

# SAFE CHILDBIRTH CHECKLIST



World Health  
Organization

## Check 1

## On Admission

Instructions:

1. Put the tick ☒ in appropriate box.
2. Follow the information given on right side for reference.

Mother's Temperature \_\_\_\_\_

Mother's Blood Pressure \_\_\_\_\_

Fetal Heart Rate \_\_\_\_\_

### Does Mother need referral?

- ☐ No
- ☐ Yes, organized

Refer to FRU if any of following danger signs are present and state reason on transfer note:

- Vaginal bleeding
- High fever
- Severe headache or blurred vision
- Convulsions
- Severe abdominal pain
- History of heart disease or other major illnesses
- Difficulty in breathing

### Partograph started?

- ☐ No, will start at  $\geq 4$ cm
- ☐ Yes

Start when cervix  $\geq 4$  cm,

- Every 30 min: plot contractions, FHS, and maternal pulse
- Every 4 hours: plot temperature, blood pressure, and cervical dilation in cm (cervix dilates  $\geq 1$  cm/hr)

### Does Mother need:

*Antibiotics?*

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if:

- Mother's temperature  $>38^{\circ}\text{C}$  ( $>100.4^{\circ}\text{F}$ )
- Foul-smelling vaginal discharge
- Rupture of membranes  $>12$  hrs without labor or  $>18$  hrs with labor
- Labor  $>24$  hrs or obstructed labor
- Rupture of membranes  $<37$  wks gestation

*Magnesium sulfate?*

- ☐ No
- ☐ Yes, given

Give first dose and then refer immediately to FRU if Mother has:

- If diastolic BP is  $\geq 110$  mm Hg and 3+ proteinuria
- Convulsions

### What is HIV Status of Mother?

- ☐ Positive
- ☐ Negative
- ☐ Status unknown, HIV test advised

If mother is HIV positive :

- Give Nevirapine
- If not available, refer the patient immediately after birth

### Are soap, water and gloves available?

- ☐ No
- ☐ Yes, I will wash hands and wear gloves for each vaginal exam

### ☐ Presence of Birth Companion at birth encouraged.

### ☐ Confirmed that Mother or Companion will call for help during labor if needed

Call for help if any of:

- Bleeding
- Severe abdominal pain
- Difficulty in breathing
- Severe headache or blurred vision
- Urge to push
- Cannot empty bladder frequently

Patient Name .....

Registration No. ....

Completed by ..... Date .....

## Check 2

## Just Before Pushing (or Before Caesarean)

Mother's Temperature \_\_\_\_\_  
Mother's Blood Pressure \_\_\_\_\_

Fetal Heart Rate \_\_\_\_\_

### Does Mother need:

#### *Antibiotics?*

- ☐ No  
☐ Yes, given

Give antibiotics to Mother if any of:

- Mother's temperature  $>38^{\circ}\text{C}$  ( $>100.4^{\circ}\text{F}$ )
- Foul-smelling vaginal discharge
- Rupture of membranes  $>18$  hrs with labor
- Labor  $>24$  hrs or obstructed labor now
- Cesarean section

#### *Magnesium sulfate?*

- ☐ No  
☐ Yes, given

Give first dose and then refer immediately to FRU if Mother has:

- If diastolic BP is  $\geq 110$  mm Hg and 3+ proteinuria
- Convulsions

### Confirm essential supplies are at bedside:

#### *For Mother*

- ☐ Gloves  
☐ Soap and clean water  
☐ Oxytocin 10 units in syringe  
☐ Pads for Mother

Prepare to care for Mother immediately after birth

1. Confirm single baby only (not multiple birth)
2. Give oxytocin IM within 1 minute
3. Massage uterus after placenta is delivered
4. Confirm uterus is contracted

#### *For Baby*

- ☐ Clean towel  
☐ Sterile scissors / blade to cut cord  
☐ Cord ligature  
☐ Mucus extractor  
☐ Bag-and-mask

Prepare to care for Baby immediately after birth

1. Keep the baby dry and warm, give IM Vit. K
2. If not breathing: stimulate and clear airway
3. If still not breathing:
  - a. Clamp and cut the cord
  - b. Ventilate with bag-and-mask
  - c. Shout for help (Pediatrician/LMO/CCSP trained service provider)

- ☐ **Assistant identified and ready to help at birth if needed.**

Completed by ..... Date .....

## Check 3

## Soon After Birth (within 1 hour)

Mother's Temperature \_\_\_\_\_

Mother's Blood Pressure \_\_\_\_\_

Baby's Temperature \_\_\_\_\_

Baby's Respiratory Rate \_\_\_\_\_

Baby's Weight \_\_\_\_\_

### Is Mother bleeding abnormally?

- ☐ No
- ☐ Yes, shout for help

If bleeding >500 ml, or 1 pad soaked in <5 min:

- Massage uterus
- Start I/V fluids
- Treat cause
- If placenta delivered or completely retained: give IM or I/V Oxytocin, stabilize, and refer to FRU
- If placenta is incomplete: remove if any visible pieces, and refer immediately to FRU

### Does Mother need:

*Antibiotics?*

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if manual removal of placenta performed, or if Mother's temperature >38°C (>100.4°F) and any of:

- Chills
- Foul-smelling vaginal discharge

*Magnesium Sulfate?*

- ☐ No
- ☐ Yes, given

Give first dose and then refer immediately to FRU if Mother has:

- If diastolic BP is  $\geq 110$  mm Hg and 3+ proteinuria
- Convulsions

### Does Baby need:

*Antibiotics?*

- ☐ No
- ☐ Yes, given

Give Baby antibiotics if antibiotics were given to Mother, or if Baby has any of:

- Breathing too fast (>60/min) or too slow (<30/min)
- Chest in-drawing, grunting, or convulsions
- Looks sick (lethargic or irritable)
- Too cold (Baby's temp <35°C and not rising after warming) or too hot (Baby's temp >38°C)

*Referral?*

- ☐ No
- ☐ Yes, organized

Refer Baby to FRU if:

- Any of the above (antibiotics indications)
- Baby looks yellow, pale or bluish

*Special care and monitoring?*

- ☐ No
- ☐ Yes, organized

Arrange special care / monitoring for Baby if any of:

- Preterm
- Birth weight <2500 gms
- Needs antibiotics
- Required resuscitation

*Nevirapine?*

- ☐ No
- ☐ Yes, given

If Mother is HIV+, follow local guidelines for baby (prophylaxis to be started within 12 hours after birth)

☐ **Started breastfeeding and skin-to-skin contact (if Mother and Baby are well). Importance of colostrum feeding explained.**

☐ **Danger signs explained and confirmed that Mother/Companion will call for help if danger signs appear. (Refer to "Danger Signs" given under Check 4).**

Completed by ..... Date .....

## Check 4

## Before Discharge

Mother's Temperature \_\_\_\_\_

Baby's Temperature \_\_\_\_\_

Mother's Blood Pressure \_\_\_\_\_

Baby's Respiratory Rate \_\_\_\_\_

### Is Mother's bleeding controlled?

- ☐ No: Treat, observe and refer to FRU if needed
- ☐ Yes

### Does Mother need antibiotics?

- ☐ No
- ☐ Yes: Give antibiotics  
and delay discharge

Give antibiotics to Mother if her temperature  $>38^{\circ}\text{C}$  or  $>100.4^{\circ}\text{F}$   
and any of:

- Chills
- Foul-smelling vaginal discharge

### Does Baby need antibiotics?

- ☐ No
- ☐ Yes: Give antibiotics,  
delay discharge, and  
refer to FRU

Give Baby antibiotics if Baby has any of:

- Breathing too fast ( $>60/\text{min}$ ) or too slow ( $<30/\text{min}$ )
- Chest in-drawing, grunting, or convulsions
- No movement on stimulation
- Too cold (Baby's temp  $<35^{\circ}\text{C}$  and not rising after warming) or too hot (Baby's temp  $>38^{\circ}\text{C}$ )
- Stopped breastfeeding well
- Umbilicus redness extending to skin or pus discharge

### Is Baby feeding well?

- ☐ No: Help in baby feeding, delay discharge and refer to FRU if needed
- ☐ Yes, teach Mother exclusive breastfeeding

☐ Home transport and follow-up for Mother and Baby arranged.

☐ Confirmed that BCG and Polio first dose given to Baby.

☐ Family planning options discussed  
and offered to Mother:

- |                        |                      |
|------------------------|----------------------|
| • LAM                  | • OCP                |
| • IUCD                 | • Condoms            |
| • Female Sterilization | • Male Sterilization |

☐ Danger signs explained and confirmed that Mother/Companion will seek help,  
if danger signs appear after discharge.

## Danger Signs

### ***Mother has any of:***

- Bleeding
- Severe abdominal pain
- Severe headache or blurred vision
- Breathing difficulty
- Fever or chills
- Difficulty in emptying bladder

### ***Baby has any of:***

- Fast / difficulty breathing
- Fever
- Unusually cold
- Stops feeding well
- Less activity than normal
- Whole body becomes yellow