

FADA Observation Tool

A	Facility Code		
B	Yearly Number		
C	From which register did you get the yearly number?	<input type="checkbox"/> Delivery, <input type="checkbox"/> Referred Out <input type="checkbox"/> Admission	
D	Monthly Number		
E	Date of Admission (DD/MM/YY)	___/___/___	
F	Observation Points observed	___1 ___2 ___3 ___4	
G	Did Health Care Worker consent to observation?	___Yes ___No	
1. On admission			
1a	Assisted with woman's care (check all that apply)	1a	<input type="checkbox"/> Doctor, <input type="checkbox"/> Nurse <input type="checkbox"/> A.N.M., <input type="checkbox"/> Other
1b	Was maternal temperature obtained?	1b	<input type="checkbox"/> Yes, Temp: ___ <input type="checkbox"/> No
1c	Was maternal blood pressure obtained?	1c	<input type="checkbox"/> Yes, BP: ___/___ <input type="checkbox"/> No
1d	Was partograph started?	1d	<input type="checkbox"/> Yes <input type="checkbox"/> No
1e	Was the paper checklist picked up during care?	1e	<input type="checkbox"/> Yes <input type="checkbox"/> No
1f	Was the paper checklist picked up after the care was given?	1f	<input type="checkbox"/> Yes <input type="checkbox"/> No
1g	Was the checklist poster observed during care?	1g	<input type="checkbox"/> Yes <input type="checkbox"/> No
1h	Was a birth companion present?	1h	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Just before delivery			
2a	Assisted with woman's care (check all that apply)	2a	<input type="checkbox"/> Doctor, <input type="checkbox"/> Nurse <input type="checkbox"/> A.N.M., <input type="checkbox"/> Other
2b	Was Oxytocin administered?	2b	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b(i)	If Yes, was it intramuscular (IM)?	2b(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b(ii)	If Yes, was it intravenous (IV)?	2b(ii)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c	Was Misoprostol administered?	2c	<input type="checkbox"/> Yes <input type="checkbox"/> No
2d	Was water used to clean hands just before delivery?	2d	<input type="checkbox"/> Yes <input type="checkbox"/> No
2e	Was soap used to clean hands just before delivery?	2e	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f	Was alcohol rub used just before delivery?	2f	<input type="checkbox"/> Yes <input type="checkbox"/> No
2g	Were clean gloves used at the time of delivery?	2g	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h. Were the following available at the bedside:			
2h(i)	Clean towel	2h(i)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h(ii)	Clean scissors/ blade to cut cord	2h(ii)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h(iii)	Clean cord ligature/tie	2h(iii)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h(iv)	Aspiration bulb or Mucus extractor	2h(iv)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h(v)	Neonatal Bag and mask	2h(v)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h(vi)	Clean pads for mother	2h(vi)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2i	Was the paper checklist picked up during care?	2i	<input type="checkbox"/> Yes <input type="checkbox"/> No
2j	Was the paper checklist picked up after the care was given?	2j	<input type="checkbox"/> Yes <input type="checkbox"/> No

2k	Was the checklist poster observed during care?	2k	___ Yes ___ No
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3. Within one minute after delivery			
3a	Assisted with woman's care (check all that apply)	3a	___ Doctor, ___ Nurse ___ A.N.M., ___ Other
3b	Was Oxytocin administered?	3b	___ Yes ___ No
3c	Was Methergine administered?	3c	___ Yes ___ No
3d	Was Misoprostol administered?	3d	___ Yes ___ No
3e	Did baby give a healthy cry?	3e	___ Yes ___ No
3f	Was neonatal bag and mask required for baby?	3f	___ Yes ___ No
3g	Was neonatal bag and mask used on baby?	3g	___ Yes ___ No
3h	Was a birth companion present?	3h	___ Yes ___ No
4. Within one hour after delivery			
4a	Assisted with woman's care (check all that apply)	4a	___ Doctor, ___ Nurse ___ A.N.M., ___ Other
4b	Was newborn weight taken?	4b	___ Yes ___ No
4c	Was newborn temperature taken?	4c	___ Yes, Temp: ____ ___ No
4d	Was baby placed skin-to-skin on mother's abdomen?	4d	___ Yes ___ No
4e	Was the baby still skin-to-skin at 1 hour?	4e	___ Yes ___ No
4f	Was breastfeeding initiated?	4f	___ Yes ___ No
4g	Was the paper checklist picked up during care?	4g	___ Yes ___ No
4h	Was the paper checklist picked up after the care was given?	4h	___ Yes ___ No
4i	Was the checklist poster observed during care?	4i	___ Yes ___ No
5. Were any of the following observed at any time?			
5a	Was maternal temperature obtained at any time?	5a	___ Yes, Temp: ____ ___ No
5b	Was maternal blood pressure obtained at any time?	5b	___ Yes, BP: ____/____ ___ No
5c	Was Magnesium Sulphate given to mother at any time?	5c	___ Yes ___ No
5d	Was antibiotics given to mother at any time?	5d	___ Yes ___ No
5e	Was antibiotics given to baby at any time?	5e	___ Yes ___ No
5f	Was antiretroviral given to mother at any time?	5f	___ Yes ___ No
5g	Was antiretroviral given to baby at any time?	5g	___ Yes ___ No
5h	Was the mother referred out at any point during your observation?	5h	___ Yes, before delivery ___ Yes, after delivery ___ No, not referred
5i	Date of Delivery (DD/MM/YY)	5i	____/____/____
5j	Was there a maternal death at any point during your observation?	5j	___ Yes ___ No
5k	Was there a stillbirth or neonatal death at any point during your observation?	5k	___ Yes ___ No

5l	Was a cesarean section performed?	5l	___ Yes ___ No
5m	Data entry completed	5m	___ Yes ___ No
6. Would you like to highlight this record for the FADA TL		6.	___ Yes ___ No
6a	Comments		