

Checklist for Standardization of Birthing Units Labour Rooms V5

Assessment Form-Birthing Unit

Checklist has been designed to standardize birthing units at all delivery points across Telangana State

Standardization of Birthing Units by up-gradation of existing Labour Rooms or creation of new Labour Rooms by using the following methodology in different scenarios:

Scenario-1: Where there is space within the campus - Construction of new units may be planned as per the Standard LDR guidelines.

Scenario-2: Where space is available adjacent to the existing labour room, labour room should be expanded to meet specifications as per the standard LDR guidelines.

Scenario-3: Where new construction is not possible and no additional space is available for labour rooms: Every effort should be made to ensure that labour room space is re-organized as per the guidelines.

The prime focus at present is on:

SPACE AND LAYOUT

EQUIPMENT AND ACCESSORIES

AESTHETICS OF THE HEALTH FACILITY

Labour Room Standardization - Infrastructure & Equipment

A. General Information

A.1. State: Telangana

A.2. Name of the District:

- ☐ Adilabad
- ☐ Bhadrachari Kothagudem
- ☐ Hyderabad
- ☐ Jagtial
- ☐ Jangaon
- ☐ Jayashankar Bhupalpalli
- ☐ Jogulamba Gadwal
- ☐ Kamareddy
- ☐ Karimnagar
- ☐ Khammam
- ☐ Komaram Bheem Asifabad
- ☐ Mahabubabad
- ☐ Mahabubnagar
- ☐ Mancherial
- ☐ Medak
- ☐ Medchal Malkajgiri
- ☐ Nagarkurnool
- ☐ Nalgonda
- ☐ Nirmal
- ☐ Nizamabad
- ☐ Peddapalli
- ☐ Rajanna Sircilla
- ☐ Ranga Reddy Shamsabad
- ☐ Sangareddy
- ☐ Siddipet
- ☐ Suryapet
- ☐ Vikarabad
- ☐ Wanaparthy
- ☐ Warangal (Rural)
- ☐ Warangal (Urban)
- ☐ Yadhadri

A.3. Name of the Health Facility:

A3.1. If others, please specify:

A.4. Type of Facility:

- ☐ Teaching Hospital
- ☐ District Hospital
- ☐ Community Health Centre
- ☐ Area Hospital
- ☐ Maternal and Child Health Centre
- ☐ Primary Health Centre
- ☐ 24X7 PHC
- ☐ SBBM
- ☐ UPHC

A.5. Level of facility:

A.6. Date of visit:

» A.7. Assessor Information - 1**A.7.1. Name of the Assessor:**

A.7.2. Designation of the Assessor:

- ☐ Consultant
- ☐ Supdt.
- ☐ RMO
- ☐ PO
- ☐ OBG
- ☐ EE
- ☐ DE
- ☐ JE
- ☐ Others

A.7.2.1. If others, please specify:

A.7.3. Organization of the Assessor:

- ☐ H&FW
- ☐ UNICEF
- ☐ ACCESS Health
- ☐ IIPH
- ☐ JHPIEGO
- ☐ TSMSIDC
- ☐ Others

A.7.3.1. If others, please specify:

A.7.4. Mobile number:

Hints: Do not use '0' and '+91' before the phone number

A.7.5. Email ID:

A.7.6. Signature:**Do you want to add another Assessor?**

- ☐ Yes
- ☐ No

» A.7. Accessor Information - 2**A.7.1. Name of the Assessor:**

A.7.2. Designation of the Assessor:

- ☐ Consultant
- ☐ Supdt.
- ☐ RMO
- ☐ PO
- ☐ OBG
- ☐ EE
- ☐ DE
- ☐ JE
- ☐ Others

A.7.2.1. If others, please specify:

A.7.3. Organization of the Assessor:

- ☐ H&FW
- ☐ UNICEF
- ☐ ACCESS Health
- ☐ IIPH
- ☐ JHPIEGO
- ☐ TSMSIDC
- ☐ Others

A.7.3.1. If others, please specify:

A.7.4. Mobile number:

Hints: Do not use '0' and '+91' before the phone number

A.7.5. Email ID:

A.7.6. Signature:**Do you want to add another Assessor?**

- ☐ Yes
- ☐ No

» A.7. Assessor Information - 3**A.7.1. Name of the Assessor:**

A.7.2. Designation of the Assessor:

- ☐ Consultant
- ☐ Supdt.
- ☐ RMO
- ☐ PO
- ☐ OBG
- ☐ EE
- ☐ DE
- ☐ JE
- ☐ Others

A.7.2.1. If others, please specify:

A.7.3. Organization of the Assessor:

- ☐ H&FW
- ☐ UNICEF
- ☐ ACCESS Health
- ☐ IIPH
- ☐ JHPIEGO
- ☐ TSMSIDC
- ☐ Others

A.7.3.1. If others, please specify:

A.7.4. Mobile number:

Hints: Do not use '0' and '+91' before the phone number

A.7.5. Email ID:

A.7.6. Signature:

A.7.7. Name of the Superintendent/RMO/AMO:

A.7.8. Is there an Obstetrician available?☐ Yes☐ No**A.7.8.1. Name of the Obstetrician:**

A.7.9. Name of the TSMSIDC Engineer:

A.7.10. Designation of the Engineer:☐ EE☐ DE☐ JE

» A.8. Birthing Unit (BU) Data is the basis for calculating the space/infrastructure needs. Hence it is the first step for assessment.

» » A.8.1. Statistics of the Birthing Unit**A.8.1.1. Average number of Vaginal Deliveries conducted in the past 3 months:**

A.8.1.2. Average number of Vaginal Deliveries per month:

A.8.1.3. Average number of C-Sections (Elective+ Emergency) conducted in the past 3 months:

A.8.1.4. Average number of C-Sections (Elective+ Emergency) per month:

A.8.1.5. Average number of Still births occurred in the past 3 months:

A.8.1.6. Average number of Still births per year:

A.8.1.7. Average number of Maternal Deaths occurred in the past 3 months:

A.8.1.8. Average number of Maternal Deaths per year:

A.9. Is the facility conducting deliveries of HIV positive women?☐ Yes☐ No**A.9.1. If yes then, how many in the past 1 year:**

A.10. Blood Bank:☐ Yes☐ No**A.10.1. If yes, License No:**

A.10.2. If yes, Validity date of License No.:

yyyy-mm-dd

A.10.3. Remarks:

A.11. Blood Storage Unit:☐ Yes☐ No**A.11.1. If yes, License No:**

A.11.2. If yes, Validity date of License No.:

yyyy-mm-dd

A.11.3. Remarks:

» A.12. Estimated number of labour tables

A.12.1. Number of Deliveries/Month:

A.12.2. Number of Labour Tables required as per standard for LDR concept labour room:

A.12.3. Number of Labour Tables required as per standard for conventional staging labour rooms:

A.12.4. Number of conventional labour tables present:

A.12.5. Are there any LDR labour tables present?☐ Yes☐ No**A.12.5.1. If yes, how many LDR labour tables present?**

A.12.5.2. If yes, out of the LDR labour tables, how many are functional:

A.12.5.3. If yes, out of the LDR labour tables, how many are non-functional:

A.12.5.4. If yes, out of the non-functional LDR labour tables, how many are in repairable condition:

A.12.5.5. Number of additional LDR labour tables needed:

A.12.5.5. Number of additional LDR labour tables needed:

A.12.6. Total number of beds in the facility:

A.12.7. Total number of beds dedicated to post partum ward:

A.12.8. Total number of beds needed in the post partum ward:

A.13. Comments, if any:

B. Infrastructure**» The Standard Birthing unit must have the following protocols****» » B.1. Aesthetics/Beautification of the Health facility****B.1.1. Is there fencing?**☐ Yes☐ No

B.1.2. Is there gardening?

- ☐ Yes
- ☐ No

B.1.3. Are the walls painted newly (White wash)?

- ☐ Yes
- ☐ No

B.1.4. Are there IEC posters?

- ☐ Yes
- ☐ No

B.1.5. General cleanliness of the Health facility?

- ☐ Yes
- ☐ No

» » B.2. Reception/Help Desk**B.2.1. Is there a Registration/Help desk?**

- ☐ Yes
- ☐ No

B.2.2. Is there any waiting area for patients and attendants?

- ☐ Yes
- ☐ No

B.2.3. Seating arrangement in the form of fixed chairs for 10-20 persons in the waiting area:

- ☐ Available
- ☐ Requires repair
- ☐ Not available

» » B.3. Pre Triage Area/Labour Ancillary area**B.3.1. Are there bi-lingual signages directing to triage/labour room/OT?**

- ☐ Yes
- ☐ No

B.3.2. Hand Washing Stations:

- ☐ Yes
- ☐ No

B.3.3. Staff Rooms/Duty/Changing room:

- ☐ Yes
- ☐ No

B.3.4. Ultra Sound Machine:

- ☐ Yes
- ☐ No

B.3.5. Functional side lab:

- ☐ Yes
- ☐ No

B.3.6. Gowning & preparation room:

- ☐ Yes
- ☐ No

B.3.7. Sub store:

- ☐ Yes
- ☐ No

B.3.8. Clean utility area:

- ☐ Yes
- ☐ No

B.3.9. Dirty Utility area:

- ☐ Yes
- ☐ No

B.3.10. Toilets in Triage:

- ☐ Yes
- ☐ No

» » B.4. Main Labour Area**B.4.1. Labour Delivery Recovery Room (LDR):**

- ☐ Yes
- ☐ No

B.4.2. Conventional Staging Labour Room:

- ☐ Yes
- ☐ No

B.4.3. New Born Care Area (NBCA):

- ☐ Yes
- ☐ No

B.4.4. Nurse Station:

- ☐ Yes
- ☐ No

B.4.5. High Dependency Unit:

- ☐ Yes
- ☐ No

B.4.5.1. If no, is there space available for construction:

- ☐ Yes
- ☐ No

» » B.5. Isolation Labour Room**B.5.1. Availability of Isolation Labour Room:**

- ☐ Yes
- ☐ No

» » B.6. Operation Theatre (OT) Complex**B.6.1. Is there an exclusive OT for Labour room cases?**

- ☐ Yes
- ☐ No

B.6.1.1. If no, mention number of total surgeries including C-section performed in the past 3 months:

B.6.1.2. If no, mention the number of C-Section performed in common OT in the past 3 months:

» » B.7. NBSU/SNCU**B.7.1. Is there New Born Stabilization Unit (NBSU)?**

- ☐ Yes
- ☐ No

B.7.2. Is there Special Neonatal Care Unit (SNCU)?

- ☐ Yes
- ☐ No

B.7.3. Is there a recovery room?

- ☐ Yes
- ☐ No

B.7.4. Is there a maternity ward?

- ☐ Yes
- ☐ No

B.7.4.1. If yes, number of beds available in the maternity ward?

B.7.5. Is there KMC ward available?☐ Yes☐ No**B.7.5.1. If no, is there space available to create a KMC ward?**☐ Yes☐ No**» » B.8. Waiting/Registration Area****B.8.1. Two toilets, one for men and another for women:**☐ No renovation required☐ Renovation required☐ New construction needed**» » B.9. Triage/Examination Room****B.9.1. Is there a triage/examination room?**☐ Yes☐ No**B.9.1.1. Is there an examination cum triage room to receive and examine the pregnant woman?**☐ Yes☐ No**B.9.1.2. Beds available:**☐ Yes☐ No**B.9.1.2.1. If yes, number of beds:**

B.9.1.3. Adequate provision for movement and privacy:☐ Yes☐ No**B.9.1.4. Screens either hard/soft partitions present between beds:**☐ Yes☐ No

B.9.1.5. A cabinet for storing essential supplies (preferably transparent):

- ☐ Yes
- ☐ No

B.9.1.6. Hand washing station available:

- ☐ Yes
- ☐ No

B.9.1.7. Attached toilet for patients available:

- ☐ Yes
- ☐ No

B.9.1.7.1. If yes, is it functional?

- ☐ Yes
- ☐ No

» » B.10. Labour Room Infrastructure**B.10.1. Is there any buffer area/separate room before entry into labour room?**

Hints: Buffer area is to be created using screens/temporary structure for the privacy

- ☐ Yes
- ☐ No

» B.11. MAIN LABOUR ROOM AREA**» » B.11.1. SPACE AND LAYOUT OF LABOUR ROOM****B.11.1.1. Is there required space and layout available for labour room?**

Hints: Each LR to have minimum dimension of 120 - 150 Sq. ft. Providing 100 Sqft to accommodate labour table and rest of space for ancillary areas.

- ☐ Yes
- ☐ No

B.11.1.1.1. If yes, dimensions of the LR/LDR?

Hints: In Sq. ft.

B.11.1.2. Is the distance of labour table from wall 3 ft. all around?

- ☐ Yes
- ☐ No

B.11.1.3. Is there more than one labour table?

- ☐ Yes
- ☐ No

B.11.1.3.1. If yes, 6 Ft between the tables in case of 2 or more tables:

- ☐ Yes
- ☐ No

B.11.1.4. Does the labour room have a granite counter at a height of 3.5 to 4 Ft, breadth of 2 Ft running the full length of the shortest wall to keep equipment and supplies?

- ☐ Yes
- ☐ No

» » B.11.2. WALLS OF THE LABOUR ROOM**B.11.2.1. Whether the tiles in the labour room are extending upto the ceiling?**

- ☐ Yes
- ☐ No

B.11.2.2. The colour of tiles in labour room is white/ off-white with seamless joints:

- ☐ Yes
- ☐ No

» » B.11.3. FLOOR OF THE LABOUR ROOM**B.11.3.1. Anti-skid vitrified tiles or natural stone size 2'x2' or > 2' Colour: White or off white:**

Hints: If under construction advise seamless joints

- ☐ Yes
- ☐ No

» » B.11.4. CEILING OF LABOUR ROOM**B.11.4.1. Is ceiling of labour room intact and white in colour?**

- ☐ Yes
- ☐ No

» » B.11.5. ENTRY DOOR OF THE LABOUR ROOM**B.11.5.1. Entry door of the labour room is to be opaque and not see through:**

Hints: Powdered coated Aluminium doors. Preferably One large (3/5th of width) and another small (2/5th of width).

- ☐ Yes
- ☐ No

B.11.5.2. Entry door with hydraulic door closure:

- ☐ Yes
- ☐ No

B.11.5.3. Entry door with two door frames of size 7'x4'ft:

- ☐ Yes
- ☐ No

» » B.11.6. WINDOWS OF THE LABOUR ROOM**B.11.6.1. Whether each window of size 3'x 2.5' available?**

Hints: Preferable each window should have 2-panel sliding doors. The outside panel should be fixed and should have half ground glass and half mesh. The second panel should be moving with frosted glass and a lock Plain glass not allowed in the labour room. No window glass or pane should be broken.

☐ Yes☐ No**B.11.6.1.1. If yes, type of window glass/pane:**☐ Frosted glass☐ Transparent**» » B.11.7. ATTACHED FUNCTIONAL TOILET FOR LABOUR ROOM****B.11.7.1. Whether there is an attached toilet for labour room?**☐ Yes☐ No**B.11.7.1.1. If yes, Running water 24/7:**☐ Yes☐ No**B.11.7.1.2. If yes, A western style toilet:**☐ Yes☐ No**B.11.7.2. Ventilator with frosted glass and mesh and exhaust fan:**☐ Yes☐ No**» » B.11.8. ANCILLARY AND BUFFER AREA****B.11.8.1. Is a hand washing station provided?**☐ Yes☐ No**B.11.8.2. A granite/stone/stainless steel sink of dimension of min 18"X18"X 9" with sloping walls:**☐ Yes☐ No**B.11.8.3. Elbow-operated taps:**☐ Yes☐ No**B.11.8.4. Running water 24/7:**☐ Yes☐ No

B.11.8.5. Liquid Soap dispenser:

- ☐ Yes
- ☐ No

B.11.8.6. Hand washing protocol posters to be displayed on the wall above the hand washing area:

- ☐ Yes
- ☐ No

B.11.8.7. Shoe Changing Area with 2 separate Shoe racks for street/sterile sleepers :

Hints: 1 on each side - for outside foot wear and another for sterile foot wear

- ☐ Yes
- ☐ No

» B.12. Staff Room**B.12.1. Whether staff room available?**

- ☐ Yes
- ☐ No

B.12.1.1. If yes, Doctors room available:

- ☐ Yes
- ☐ No

B.12.1.2. If yes, SN room available:

- ☐ Yes
- ☐ No

B.12.1.3. If yes, Class 4 room available:

- ☐ Yes
- ☐ No

B.12.2. In staff room, whether lockers for staff to keep personal belongings:

- ☐ Yes
- ☐ No

B.12.3. In staff room, whether attached functional toilet available:

- ☐ Yes
- ☐ No

» B.13. Nursing Station: Every service area should have a nursing station (1-Triage, 1-LR, 1- Recovery room)**B.13.1. Functional nursing station available inside triage:**

- ☐ Yes
- ☐ No

B.13.2. Functional nursing station available inside labour room:

- ☐ Yes
- ☐ No

B.13.3. Functional nursing station available inside maternity ward:

- ☐ Yes
- ☐ No

B.13.4. Does nursing station have a cupboard for storing documents and supplies?

- ☐ Yes
- ☐ No

B.13.5. Does a nursing station have a white board on the wall besides the nursing station?

- ☐ Yes
- ☐ No

B.13.6. Is there sub store room available?

- ☐ Yes
- ☐ No

B.13.6.1. If yes, Is there cabinet and storage racks for storing supplies?

- ☐ Yes
- ☐ No

B.13.6.2. If yes, Is there a refrigerator?

- ☐ Yes
- ☐ No

B.13.7. Clean utility area for preparation and storage of sterile autoclaved supplies:

- ☐ Yes
- ☐ No

B.13.8. Is there dirty utility area?

- ☐ Yes
- ☐ No

» B.14. Biomedical Waste Management**B.14.1. How is the bio medical waste disposed?**

- ☐ By third party
- ☐ By the hospital authority

B.14.2. Are there biomedical waste bins available in triage area/examination room?

- ☐ Yes
- ☐ No

B.14.3. Are there biomedical waste bins available in labour room?

- ☐ Yes
- ☐ No

B.14.4. Are there biomedical waste bins available in maternity ward?

- ☐ Yes
- ☐ No

B.14.5. Are there Colour coded bags used for disposal of biomedical waste?

- ☐ Yes
- ☐ No

B.14.6. Whether Biomedical waste is segregated and disposed off as per the guidelines?

- ☐ Yes
- ☐ No

B.14.7. Whether 0.5% chlorine solution is prepared daily?

- ☐ Yes
- ☐ No

B.14.8. Are instruments de-contaminated with 0.5% chlorine?

- ☐ Yes
- ☐ No

» B.15. General specifications**B.15.1. Is there a minimum of 200 Lux and above illumination in labour area?**

- ☐ Yes
- ☐ No

B.15.2. Is there a minimum 400-500 Lux lighting over labour table under the focus light?

- ☐ Yes
- ☐ No

B.15.3. Is there a minimum of 150 Lux in attached rooms?

- ☐ Yes
- ☐ No

B.15.4. Is there a minimum of 150 Lux in washrooms?

- ☐ Yes
- ☐ No

B.15.5. Is there a minimum of 75 Lux in passages?

- ☐ Yes
- ☐ No

B.15.6. Ceiling light:

- ☐ Yes
- ☐ No

B.15.7. Apart from ceiling light is there any movable shadow less light/focus light/wall mounted:

- ☐ Yes
- ☐ No

B.15.8. Is there a power backup for the labour room?

- ☐ Available and functional
- ☐ Available but not functional
- ☐ Not available

B.15.9. Is there an air-conditioner in labour room?

- ☐ Available and functional
- ☐ Available but not functional
- ☐ Not available

B.15.10. Is there a ceiling mounted fan for every labour table?

- ☐ Available and functional
- ☐ Available but not functional
- ☐ Not available

» B.16. New-born Care Area (NBCA)**B.16.1. Is there New-born Care area (NBCA) with in the Labour room?**

- ☐ Yes
- ☐ No

B.16.1.1. If yes, is it accessible within 5 seconds?

- ☐ Yes
- ☐ No

B.16.2. Is the radiant warmer placed in a way that it has free space on three sides?

Hints: Radiant warmer @ 1 RW for 4 labour table (the RW should be placed in a way that it has free space on three sides)

- ☐ Yes
- ☐ No

B.16.3. Paediatric resuscitator bag (volume 250 ml) with masks of 0 and 1 size -1 for each warmer:

- ☐ Yes
- ☐ No

B.16.4. Is mucus extractor available?

- ☐ Yes
- ☐ No

B.16.4.1. If yes, Specify the type:

- ☐ Red rubber re-usable
- ☐ Disposable
- ☐ De-lees
- ☐ Penguin

B.16.5. Is pre-warmed towel available?

- ☐ Yes
- ☐ No

B.16.6. Is shoulder roll available?

- ☐ Yes
- ☐ No

B.16.7. Is paediatric stethoscope available?

- ☐ Yes
- ☐ No

B.16.8. Is a digital clock with room temperature display-1 available?

- ☐ Yes
- ☐ No

B.16.9. Is there an Oxygen Cylinder available in the vicinity of NBCA?

- ☐ Yes
- ☐ No

B.16.10. Is there an Oxygen Concentrator available in the vicinity of NBCA?

- ☐ Yes
- ☐ No

B.16.11. Is resuscitation poster placed adjacent to the warmer available?

- ☐ Yes
- ☐ No

B.17. Comments, if any:

C. Equipment and Accessories for Labour Rooms**» C.1. Labour Table specs****C.1.1. Is there height adjustment (preferably hydraulic pump) available?**

- ☐ Yes
- ☐ No

C.1.2. Is there trendelenburg/reverse positions Hand grip available?

- ☐ Yes
- ☐ No

C.1.3. Is there calf & leg support (lithotomy position)SS IV rod available?

- ☐ Yes
- ☐ No

C.1.4. Is there steel basin attachment and adjustable side rails available?

- ☐ Yes
- ☐ No

» C.2. Accompaniments of Labour Table**C.2.1. Is mattress available on each of the labour table?**

- ☐ Yes
- ☐ No

C.2.2. Is a pillow available for each of the labour table?

- ☐ Yes
- ☐ No

C.2.3. Is Macintosh available for each of the labour table?

- ☐ Yes
- ☐ No

C.2.4. Is there Stepping stool available for each of the labor table:

- ☐ Yes
- ☐ No

C.2.5. Is there Yellow coloured bin for each of the labor table:

- ☐ Yes
- ☐ No

C.2.6. Is there Focus light for each of the labor table:

- ☐ Yes
- ☐ No

C.2.6.1. If yes, number of focus lights present:

C.2.6.2. If yes, out of the present focus lights, how many are functional:

C.2.6.3. If yes, out of the present focus lights, how many are non-functional:

C.2.6.4. Out of the non-functional, how many are repairable:

C.2.6.5. How many focus lights needed:

C.2.7. A seat for birth companion:

☐ Yes

☐ No

C.2.8. Kelly pad/ Brass V drape to collect blood and amniotic fluid:

☐ Yes

☐ No

C.2.9. Suction apparatus (minimum of two in number):

☐ Yes

☐ No

C.2.9.1. If no, how many suction apparatus are present:

C.2.9.2. If no, how many suction apparatus are needed:

C.2.10. Equipment for adult resuscitation:

☐ Yes

☐ No

C.2.10.1. If yes, is adult resuscitation kit functional?

☐ Yes

☐ No

C.2.10.2. If not functional, is it repairable?

☐ Yes

☐ No

C.2.10.3. How many adult resuscitation kits needed:

C.2.11. Equipment for neonatal resuscitation:

☐ Yes

☐ No

C.2.11.1. If yes, is neonatal resuscitation kit functional?

☐ Yes

☐ No

C.2.11.2. If not functional, is it repairable?☐ Yes☐ No

C.2.11.3. How many neonatal resuscitation kits needed:

C.2.12. Stainless steel /Metallic Delivery trolley:☐ Yes☐ No**C.2.12.1. If yes, how many Stainless steel/Metallic Delivery trolleys are present:**

C.2.12.2. Number of Stainless steel/Metallic Delivery trolleys needed:

C.2.13. IV drip stand:☐ Yes☐ No**C.2.13.1. If yes, how many IV drip stands:**

C.2.13.2. Number of IV drip stands needed:

C.2.14. Screen/Partition between two labour tables:☐ Yes☐ No**C.2.15. Autoclave drums for instruments, linen, gloves, cotton, gauge, threads, sanitary pads:**☐ Yes☐ No**» C.3. Autoclaved delivery set****C.3.1. Autoclaved delivery mother and baby set(tray 1 and tray 2) for each delivery table:**☐ Yes☐ No**C.3.2. Autoclaved episiotomy tray set(tray 3) for each delivery table:**☐ Yes☐ No**C.3.3. Extra Autoclaved baby tray near NBCC:**☐ Yes☐ No

C.3.4. Medicine tray 1 for each labour room service area:

- ☐ Yes
- ☐ No

C.3.5. Emergency drug tray 1 for each labour room service area:

- ☐ Yes
- ☐ No

C.3.6. Refrigerator/ Mini Refrigerator for labour room-1:

- ☐ Yes
- ☐ No

C.3.7. New born digital weighing machine 1 per labour room complex:

- ☐ Yes
- ☐ No

C.3.8. Pulse oximeter available:

- ☐ Yes
- ☐ No

C.3.8.1. If yes, number of pulse oximeters available:

C.3.8.2. If yes, number of pulse oximeters functional:

C.3.8.3. Number of pulse oximeter non-functional:

C.3.8.4. Out of non-functional, how many are repairable:

C.3.8.5. Number of pulse-oximeter needed:

C.3.9. Oxygen cylinder:

- ☐ Yes
- ☐ No

C.3.10. Wheel chair/patient's trolley:

- ☐ Yes
- ☐ No

» » C.3.11. Other Equipment and Accessories

C.3.11.1. Fetal Doppler (1/ 4 LT):☐ Yes☐ No**C.3.11.1.1. If yes, number of Fetal Dopplers available:**

C.3.11.1.2. Number of Fetal Dopplers functional:

C.3.11.1.3. Number of Fetal Dopplers non-functional:

C.3.11.1.4. Out of non-functional how many are repairable:

C.3.11.1.5. Number of Fetal Dopplers needed:

C.3.11.2. Fetoscope (1 /4 LT):☐ Yes☐ No**C.3.11.2.1. If yes, number of Fetoscopes available:**

C.3.11.2.2. Number of Fetoscopes functional:

C.3.11.2.3. Number of Fetoscopes non-functional:

C.3.11.2.4. Out of non-functional how many are repairable:

C.3.11.2.5. Number of Fetoscopes needed:

C.3.11.3. Autoclaved delivery trays based on number of deliveries/day + 30% extra:☐ Yes☐ No**C.3.11.4. Stethoscope -1/ 4 LT:**☐ Yes☐ No

C.3.11.5. Digital BP instrument-1 per 4 LTs:

- ☐ Yes
- ☐ No

C.3.11.6. Conventional BP instrument-1 per 4 LTs:

- ☐ Yes
- ☐ No

C.3.11.7. Adult digital thermometer -1 per 4 LT, 2-traige & 2 spare:

- ☐ Yes
- ☐ No

C.3.11.8. Glucometer-2 (1 for triage & 1 for 8 labour tables):

- ☐ Yes
- ☐ No

C.3.11.8.1. If no, how many Glucometers are present:

C.3.11.8.2. If no, how many Glucometers are needed:

C.3.11.9. Protein Urea test kit (No. of deliveries /day) +30% extra:

- ☐ Yes
- ☐ No

C.3.11.10. Baby digital thermometer-1 per 4 LT, 2-traige & 2 spare:

- ☐ Yes
- ☐ No

» C.4. General Items**C.4.1. Colour Coded buckets/bins [yellow, red, White and blue]. With color-coded bags and biomedical waste segregation and disposal -Poster to be displayed above the bins:**

- ☐ Yes
- ☐ No

C.4.2. Hub cutter 1 per service unit (Triage, labour room, maternity ward, OT):

- ☐ Yes
- ☐ No

C.4.3. Autoclave -1 number:

- ☐ Yes
- ☐ No

C.4.3.1. If yes, is it functional?

- ☐ Yes
- ☐ No

C.4.3.2. If not functional, is it repairable?

- ☐ Yes
- ☐ No

C.4.3.3. How many Autoclave needed:

C.4.4. Digital Baby weighing scale:

- ☐ Yes
- ☐ No

C.4.5. SS Cheattles forceps in SS steel container 1 per service area:

- ☐ Yes
- ☐ No

C.4.5.1. If Yes, number of SS Cheattles forceps in SS steel container present:

C.4.5.2. Number of SS Cheattles forceps in SS steel container needed:

C.4.5.2. Number of SS Cheattles forceps in SS steel container needed:

C.4.6. Fly trapper:

- ☐ Yes
- ☐ No

C.4.7. Utility gloves + Gum boots:

- ☐ Yes
- ☐ No

» C.5. Cleaning protocol**C.5.1. Twin Tubs with 18 x 24 inches:**

Hints: Plastic buckets of which the inner bucket is perforated or fenestrated for chlorine solution

- ☐ Yes
- ☐ No

C.5.2. Three bucket system for mopping / Mops -3 numbers:

- ☐ Yes
- ☐ No

C.6. Comments, if any:

D. Equipment and Accessories for ISOLATION/SEPTIC Labour Rooms**» D.1. Labour Table specs****D.1.1. Height adjustment (hydraulic pump preferably):**☐ Yes☐ No**D.1.2. Trendelenburg /reverse positions:**☐ Yes☐ No**D.1.3. Hand grip, Calf & leg support (lithotomy position):**☐ Yes☐ No**D.1.4. SS IV rod , Steel basin attachment and adjustable side rails:**☐ Yes☐ No**» D.2. Accompaniments of Labour Table****D.2.1. Mattress should be in three parts and seamless in each part with a thin cushioning at the joints, detachable at perineal end. It should be washable and water proof with disposable draw sheet. pillow (numbers as per case load), Macintosh:***Hints: Extra mattress as spare*☐ Yes☐ No**D.2.2. Stepping stool for each table:**☐ Yes☐ No**D.2.3. Yellow coloured bin for each table:**☐ Yes☐ No**D.2.4. Focus light:**☐ Yes☐ No**D.2.5. A seat for birth companion:**☐ Yes☐ No**D.2.6. Brass V drape to collect blood and amniotic fluid:**☐ Yes☐ No

D.2.7. Suction apparatus:

- ☐ Yes
- ☐ No

D.2.8. Equipment for adult resuscitation:

- ☐ Yes
- ☐ No

D.2.9. Equipment for neonatal resuscitation:

- ☐ Yes
- ☐ No

D.2.10. IV drip stand:

- ☐ Yes
- ☐ No

D.2.11. Autoclaved delivery set for each delivery:

- ☐ Yes
- ☐ No

D.2.12. New born weighing machine 1 number:

- ☐ Yes
- ☐ No

D.2.13. Pulse Oximeter 1 number:

- ☐ Yes
- ☐ No

D.2.14. Oxygen cylinder:

- ☐ Yes
- ☐ No

D.2.15. Wheel chair/patient's trolley:

- ☐ Yes
- ☐ No

» » D.2.16. Other Equipment and Accessories**D.2.16.1. Hand-held fetal Doppler 1 number:**

- ☐ Yes
- ☐ No

D.2.16.2. Fetoscope 1 number:

- ☐ Yes
- ☐ No

D.2.16.3. Autoclaved delivery tray:

- ☐ Yes
- ☐ No

D.2.16.4. Stethoscope -1:

- ☐ Yes
- ☐ No

D.2.16.5. Protein Urea test kit 2 number:

- ☐ Yes
- ☐ No

D.2.16.6. BP instrument -1 number:

- ☐ Yes
- ☐ No

D.2.16.7. Adult digital thermometer -1 number:

- ☐ Yes
- ☐ No

» D.3. Equipment and Accessories for the New Born Care**D.3.1. Baby digital thermometer-1 number:**

- ☐ Yes
- ☐ No

D.3.2. Baby forehead thermometer-1 number:

- ☐ Yes
- ☐ No

D.3.3. Paediatric resuscitator bag (volume 250 ml) with masks of 0 and 1 size -1 number:

- ☐ Yes
- ☐ No

D.3.4. Digital baby weighing scale:

- ☐ Yes
- ☐ No

» D.4. General Items**D.4.1. Digital Wall clock with room temp display or Wall clock with seconds hand -1 number:**

- ☐ Yes
- ☐ No

D.4.2. Wall mounted thermometer for measuring room temp - 1 number:

- ☐ Yes
- ☐ No

D.4.3. Colour coded buckets/bins [Yellow, Red, White and Blue] with colour-coded bags and biomedical waste segregation and disposal - Poster to be displayed above the bins:

- ☐ Yes
- ☐ No

D.4.4. Hub cutter 1 number:

- ☐ Yes
- ☐ No

D.4.5. SS Cheattles forceps 1 number:

- ☐ Yes
- ☐ No

D.4.6. Fly trapper:

- ☐ Yes
- ☐ No

D.4.7. Utility gloves + Gum boots:

- ☐ Yes
- ☐ No

» D.5. Cleaning protocols**D.5.1. Twin buckets: Plastic buckets of which the inner bucket is perforated or fenestrated for chlorine solution:**

- ☐ Yes
- ☐ No

D.5.2. Three bucket system for mopping -1 number:

- ☐ Yes
- ☐ No

D.6. Comments, if any:

E. Human Resource**E.1. Is there any Obstetricians available?**

- ☐ Yes
- ☐ No

E.1.1. Number of posts sanctioned for Obstetricians:

E.1.2. Number of Obstetricians in position (Regular):

E.1.3. Number of Obstetricians in position (Contract Basis):

E.1.4. Total number of Obstetricians working:

E.1.5. Number of post vacant for Obstetricians:

E.2. Is there any Anaesthetist available?☐ Yes☐ No**E.2.1. Number of posts sanctioned for Anaesthetist:**

E.2.2. Number of Anaesthetist in position (Regular):

E.2.3. Number of Anaesthetists in position (Contract Basis):

E.2.4. Total number of Anaesthetists working:

E.2.5. Number of posts vacant for Anaesthetist:

E.3. Is there any Paediatrician available?☐ Yes☐ No**E.3.1. Number of posts sanctioned for Paediatricians:**

E.3.2. Number of Paediatricians in position (Regular):

E.3.3. Number of Paediatricians in position (Contract Basis):

E.3.4. Total number of Paediatricians working:

E.3.5. Number of post vacant for Paediatricians:

E.4. Are there any MOs available?

☐ Yes

☐ No

E.4.1. Number of posts sanctioned for MOs:

E.4.2. Number of MOs in position (Regular):

E.4.3. Number of MOs in position (Contract Basis):

E.4.4. Total number of MOs working:

E.4.5. Number of post vacant for MOs:

E.5. Are there any SNs available?

☐ Yes

☐ No

E.5.1. Number of posts sanctioned for SNs:

E.5.2. Number of SNs in position (Regular):

E.5.3. Number of SNs in position (Contract Basis):

E.5.4. Total number of SNs working:

E.5.5. Number of post vacant for SNs:

E.6. Are there any ANMs available?

☐ Yes

☐ No

E.6.1. Number of posts sanctioned for ANMs:

E.6.2. Number of ANMs in position (Regular):

E.6.3. Number of ANMs in position (Contract Basis):

E.6.4. Total number of ANMs working:

E.6.5. Number of post vacant for ANMs:

E.7. Are there any LTs available?☐ Yes☐ No**E.7.1. Number of posts sanctioned for LTs:**

E.7.2. Number of LTs in position (Regular):

E.7.3. Number of LTs in position (Contract Basis):

E.7.4. Total number of LTs working:

E.7.5. Number of post vacant for LTs:

F .Training**F.1. Obstetricians trained in Dakshatha:**☐ Yes☐ No**F.1.1. If yes, number of Obstetricians trained in Dakshatha:**

F.1.2. Name(s) of the Obstetricians trained in Dakshatha:

F.2. Obstetricians trained in PPIUCD (Post Part Intra Uterine Contraceptive Device):☐ Yes☐ No

F.2.1. If yes, number of Obstetricians trained in PPIUCD (Post Part Intra Uterine Contraceptive Device):

F.2.2. Name(s) of the Obstetricians trained in PPIUCD (Post Part Intra Uterine Contraceptive Device):

F.3. Obstetricians trained in DPL (Double Puncture Laparoscopy):☐ Yes☐ No**F.3.1. If yes, number of Obstetricians trained in DPL (Double Puncture Laparoscopy):**

F.3.2. Name(s) of the Obstetricians trained in DPL (Double Puncture Laparoscopy):

F.4. MOs trained in BeMOC (Basic Emergency Obstetric Care Training):☐ Yes☐ No**F.4.1. If yes, number of MOs trained in BeMOC (Basic Emergency Obstetric Care Training):**

F.4.2. Name(s) of the MOs trained in BeMOC (Basic Emergency Obstetric Care Training):

F.5. MOs trained in Dakshatha:☐ Yes☐ No**F.5.1. If yes, number of MOs trained in Dakshatha:**

F.5.2. Name(s) of the MOs trained in Dakshatha:

F.6. MOs trained in NSSK(Navjat Shishu Suraksha Karyakramam):☐ Yes☐ No

F.6.1. If yes, number of MOs trained in NSSK (Navjat Shishu Suraksha Karyakramam):

F.6.2. Name(s) of the MOs trained in NSSK (Navjat Shishu Suraksha Karyakramam):

F.7. MOs trained in FIMNCI (Facility based Integrated Management of Neonatal and Childhood Illness):☐ Yes☐ No**F.7.1. If yes, number of MOs trained in FIMNCI (Facility based Integrated Management of Neonatal and Childhood Illness):**

F.7.2. Name(s) of the MOs trained in FIMNCI (Facility based Integrated Management of Neonatal and Childhood Illness):

F.8. MOs trained in MINILAP:☐ Yes☐ No**F.8.1. If yes, number of MOs trained in MINILAP:**

F.8.2. Name(s) of the MOs trained in MINILAP:

F.9. MOs trained in IUCD (Intra Uterine Contraceptive Device):☐ Yes☐ No**F.9.1. If yes, number of MOs trained in IUCD (Intra Uterine Contraceptive Device):**

F.9.2. Name(s) of the MOs trained in IUCD (Intra Uterine Contraceptive Device):

F.10. SN trained in SBA (Skilled Birth Attendant):☐ Yes☐ No

F.10.1. If yes, number of SN trained in SBA (Skilled Birth Attendant):

F.10.2. Name(s) of the SN trained in SBA (Skilled Birth Attendant):

F.11. SN trained in Dakshatha:

☐ Yes

☐ No

F.11.1. If yes, number of SN trained in Dakshatha:

F.11.2. Name(s) of the SN trained in Dakshatha:

F.12. SN trained in NSSK (Navjat Shishu Suraksha Karyakramam):

☐ Yes

☐ No

F.12.1. If yes, number of SN trained in NSSK (Navjat Shishu Suraksha Karyakramam):

F.12.2. Name(s) of the SN trained in NSSK (Navjat Shishu Suraksha Karyakramam):

F.13. SN trained in IMNCI (Integrated Management of Neonatal and Childhood Illness):

☐ Yes

☐ No

F.13.1. If yes, number of SN trained in IMNCI (Integrated Management of Neonatal and Childhood Illness):

F.13.2. Name(s) of the SN trained in IMNCI (Integrated Management of Neonatal and Childhood Illness):

F.14. ANMs trained in SBA (Skilled Birth Attendant):

☐ Yes

☐ No

F.14.1. If yes, number of ANMs trained in SBA (Skilled Birth Attendant):

F.14.2. Name(s) of the ANMs trained in SBA (Skilled Birth Attendant):

F.15. ANMs trained in Dakshatha:

☐ Yes

☐ No

F.15.1. If yes, number of ANMs trained in Dakshatha:

F.15.2. Name(s) of the ANMs trained in Dakshatha:

F.16. ANMs trained in NSSK (Navjat Shishu Suraksha Karyakramam):

☐ Yes

☐ No

F.16.1. If yes, number of ANMs trained in NSSK (Navjat Shishu Suraksha Karyakramam):

F.16.2. Name(s) of the ANMs trained in NSSK (Navjat Shishu Suraksha Karyakramam):

G. Checklist of Documents

G.1. Assessment form with signatures of the team members (Assessor, Supt, OBG, EE):

☐ Yes

☐ No

G.1.1. If no, reasons for not attesting /enclosing documents:

G.1.2. Name of the team member responsible:

G.2. Sketch/CAD of the layout:

☐ Yes

☐ No

G.2.1. If no, reasons for delay:

G.2.2. Name of the team member responsible:

G.3. Estimated budget for the project:☐ Yes☐ No**G.3.1. If no, reasons for delay:**

G.3.2. Name of the team member responsible:

G.4. Photographs of the health facility:☐ Yes☐ No**G.4.1. If no, reasons for delay:**

G.4.2. Name of the team member responsible:

G.5. Whether sketch/CAD for existing plan available:☐ Yes☐ No**G.5.1. If yes, Image:****G.5.2. Comments:**

G.6. Whether sketch/CAD for proposed modified plan available:☐ Yes☐ No

G.6.1. If yes, Image:**G.6.2. Comments:**

Image of Entrance of the health facility*Hints: Please take an appropriate image.***Image of Waiting area***Hints: Please take an appropriate image.***Image of Labour room (Covering entire labour room)***Hints: Please take an appropriate image.***Image of Post natal ward***Hints: Please take an appropriate image.***Other image if any***Hints: Please take an appropriate image.***Other image if any***Hints: Please take an appropriate image.***Please ensure that co-ordinates are captured under clear sky.**

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)

