HB11	GN HELPING BABIES BREATHE	Checklist ID
V 1.5, 03/05/13	Delivery Observation Checklist	

This form should be completed by the HBB Master Trainer or Quality Improvement Monitor for preplanned and unannounced observations of ACTUAL deliveries. Use a separate form for each delivery observed. Record time in 24-hour format.

A. Delivery Team Information

HBB ID (if previously assigned)	**Profession***	**Previous Resuscitation Training:** time since most recent training^	**If previous resuscitation training:** 1 = HBB; 2 = ENC; 3 = NSSK; 4 = Other(specify)	**Is this person the delivery team leader?**~	**Comments/Specification**

***** 1 = Physician; 2 = Nurse; 3 = Midwife; 4 = ANM; 5 = Other (specify)

^ 0 = no resuscitation training; 1 = < 1 month; 2 = 1-4 months; 3 = 4-12 months; 4 = >12 months

~ 1= Yes; 2 = No

B. Labor Preparation

1. Were the following delivery or resuscitation items available?
   - 1a. Clean delivery kit — 1☐ Yes 2☐ No
   - 1b. Neonatal mask that fits the resuscitator device — 1☐ Yes 2☐ No
   - 1c. Resuscitator device (bag) — 1☐ Yes 2☐ No
   - 1d. Suction device (to clear the baby's airway) — 1☐ Yes 2☐ No

Before the baby is born did the delivery team leader:

2. Identify helper — 1☐ Yes 2☐ No 3☐ N/A
3. Explain roles to the helper — 1☐ Yes 2☐ No 3☐ N/A
4. Review the emergency plan with the helper — 1☐ Yes 2☐ No 3☐ N/A

Before the baby is born did all of the delivery team:

5. Wash their hands well with soap and water — 1☐ Yes 2☐ No 3☐ N/A
6. Put on clean gloves — 1☐ Yes 2☐ No 3☐ N/A

Before the baby is born did a member of the delivery team:

7. Prepare an area for ventilation — 1☐ Yes 2☐ No 3☐ N/A
8. Assemble all supplies and equipment — 1☐ Yes 2☐ No 3☐ N/A

C. Admission and Labor Information

1. Date and time of admission: ☐☐ - ☐☐ - ☐☐☐☐ ☐☐ : ☐☐
   (***Record time in 24-hour format***) d d m m yyyy Hours Minutes
2. Was fetal heart rate present at admission? 1☐ Yes 2☐ No 3☐ Not assessed
3. Was a heart rate present at delivery? 1☐ Yes 2☐ No 3☐ Not assessed
4. Presentation 1☐ Cephalic 2☐ Breech 3☐ Shoulder dystocia 4☐ Transverse 5☐ Other a. _____
5. Mode of delivery 1☐ SVD 2☐ C/S 3☐ Assisted Breach (ABD) 4☐ Vacuum 5☐ Forceps

D. Labor Complications

1. Multiple gestation 1☐ Yes 2☐ No
2. Prolonged labor 1☐ Yes 2☐ No
3. Obstructed labor 1☐ Yes 2☐ No
4. Preeclampsia 1☐ Yes 2☐ No
5. Eclampsia 1☐ Yes 2☐ No
6. Uterine rupture 1☐ Yes 2☐ No
7. Cord prolapse 1☐ Yes 2☐ No
8. Bleeding (i.e., placenta previa) 1☐ Yes 2☐ No
9. Sepsis 1☐ Yes 2☐ No
10. Maternal Infection 1☐ None 2☐ Uterine 3☐ Malaria 4☐ HIV 5☐ Other a._____
11. Other complications 1☐ Yes (Specify) a._____ 2☐ No

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E. Immediately at Birth

1. Date and time of birth: ☐☐ - ☐☐ - ☐☐☐☐ ☐☐ : ☐☐
   (***Record time in 24-hour format***) d d / m m / yyyy / Hours / Minutes

2. Is there meconium present? 1☐ Yes 2☐ No **Skip to E3**

   2a. If YES, was the baby's mouth and nose cleared FIRST, before any other action? 1☐ Yes 2☐ No 3☐ N/A (Select N/A/if the baby is crying vigorously)

3. Is the baby dried thoroughly? 1☐ Yes 2☐ No 3☐ N/A

4. Time of baby's first cry/breath: ☐☐ : ☐☐
   (***Record in 24-hour format***) Hours / Minutes

If baby crying and/or breathing, go to Section F. If baby not crying/breathing, skip to Section G.

F. Baby Is Breathing and/or Crying (Does not require resuscitation)

1. Is the baby kept warm? 1☐ Yes 2☐ No 3☐ N/A
1a. Wet cloth removed? 1☐ Yes 2☐ No 3☐ N/A
1b. Baby wrapped in 2nd dry cloth and/or hat? 1☐ Yes 2☐ No 3☐ N/A
1c. Birth attendant continues to check baby's breathing and/or crying? 1☐ Yes 2☐ No 3☐ N/A
2. Who cut the cord? 1☐Physician 2☐Nurse 3☐Midwife 4☐Other _____
3. When cutting the cord did the following occur:
   3a. Clean hands or gloves? 1☐ Yes 2☐ No 3☐ N/A
   3b. Delay cord cut 1-3 minutes? 1☐ Yes 2☐ No 3☐ N/A
   3c. Clamp or tie AND cut cord with clean materials/instruments? 1☐ Yes 2☐ No 3☐ N/A
4. Birth attendant encourages early breastfeeding: 1☐ Yes 2☐ No 3☐ N/A (Select N/A if breast feeding not possible due to maternal complications)

G. Baby Not Crying and/or Not Breathing

1. Positions head and clears airway? 1☐ Yes 2☐ No 3☐ N/A
2. Stimulates breathing by gently rubbing back? 1☐ Yes 2☐ No 3☐ N/A

If baby does NOT respond to initial resuscitation efforts:

3. Bag-and-mask ventilation (BMV) attempts begin w/in 60 seconds after birth? 1☐ Yes 2☐ No 3☐ N/A
4. Time resuscitation began: ☐☐ : ☐☐
   (***Record in 24-hr format***) Hours / Minutes
5. If necessary, was ventilation improved correctly? 1☐ Yes 2☐ No 3☐ N/A
6. Did prolonged BMV (*>10 minutes*) occur? 1☐ Yes 2☐ No 3☐ N/A
7. What was the final disposition of the baby at 1 hour post-delivery? 1☐ Survived 2☐ Transferred 3☐ Died

H. Form Completion

1. Date form completed: ☐☐ - ☐☐ - ☐☐☐☐
   d d / m m / y y y y
2. Name of person completing form: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
3. HBB Master Trainer or QI monitor ID: ☐☐☐☐☐☐