

## IMMEDIATE AND ESSENTIAL NEWBORN CARE CHECKLIST

Name of Supervisor \_\_\_\_\_  
 Visit \_\_\_\_\_

Date of

Site \_\_\_\_\_

This supervision checklist should be completed by the medical coordinator as needed to assure quality of services provided. After completing the checklist and reviewing the results, make sure to schedule time to provide feedback to the team.

<i>Tick the appropriate box, add comments if needed</i>	<b>Ye s</b>	<b>No</b>	<b>Comments</b>
<b>MATERNITY WARD</b>			
<b>CHECK AVAILABILITY OF THE FOLLOWING ITEMS:</b>			
1. Running water/Veronica bucket (bucket with a tap attachment)			
2. Basin for receiving used water			
3. Liquid soap or bar soap			
4. Individualized hand towels/hand drying equipment			
<b>OBSERVE:</b>			
5. Was proper hand washing done? (If no, please add comments.)			
<b>PREPARATION FOR A BIRTH FOR NEWBORN</b>			
<b>CHECK AVAILABILITY OF THE FOLLOWING ITEMS:</b>			
1. Resuscitation table clear			
2. Functioning bag and mask			
3. Penguin suction device			
4. At least 2 drying cloths			
5. Stethoscope (Paediatric)			
6. Cord ties/clamps			
7. Scissors			
8. Timer /clock			
9. Gloves (Sterile)			
10. 4% Chlorhexidine gel			
11. Baby weighing scale			

12. Tetracycline eye ointment			
13. Vitamin K1 Injection			
14. Immunization - BCG, Polio, HBV			
15. Wristbands/Name tags			
16. Functioning digital thermometers			
17. Baby Cap			
18. Baby Socks			
19. Napkin or small piece of soft cloth as napkin substitute			

**IMMEDIATE NEWBORN CARE** (Please note if observed a real case or simulation on model)

Check one: \_\_\_ Observation of real case OR \_\_\_ Simulation

	Ye s	No	Not applicab le	Comments
1. Baby dried thoroughly				
2. Breathing checked				
3. First wet towel discarded/ removed from the baby				
4. Time of birth called out and recorded				
5. Mother's breast/chest NOT washed				
6. Baby placed skin to skin with mother				
7. Baby covered with second cloth				
8. Delay in cord clamping 1-3 minutes if baby breathing				
9. Gloves changed				
10. 2 cord clamps/ties appropriately applied				
11. Cord cut in between both clamps				
12. Chlorhexidine applied correctly				
13. Breastfeeding initiated immediately				
14. Temperature check every 15 minutes for first 2 hours				
15. Baby weighed				
16. Weight recorded				
17. Baby classified according to weight correctly				
18. Eye ointment applied				
19. Vitamin k1 injection 1mg given IM				
20. BCG, POLIO, given				
21. Baby left on skin to skin for 1-2 hours				
22. Prolonged skin to skin continued for LBW babies				
23. Normal weight baby wrapped and given to mother				

***If baby not breathing/crying at birth, record the following:***

	Ye s	No	Not applicab le	Comments
24. Observe that the baby is not breathing/crying				
25. Baby dried thoroughly, still not crying				
26. Changed to dry towel				
27. Check mouth/nose for secretions				
28. Suction mouth first then the nose				
29. Baby still not crying stimulate by rubbing the back				
30. Baby still not breathing, cord cut (In 30 secs)				
31. Explain to mother and move baby to resuscitation table				
32. Call for help				
33. Newborn head placed in a slightly extended position				
34. Checks for secretions, clears the airway (mouth first then nose)				
35. Places correct size mask over the face of the newborn properly				
36. Checks the seal by ventilating twice, observes for chest rise				
37. If chest still not rising, repositions mask to improve seal				
38. Ventilates at 40 breaths/ minute				
39. Ventilates for 1 minute, observes for spontaneous breathing				
40. If spontaneously breathing, move to routine care while observing breathing				
41. Baby still not breathing spontaneously, continue ventilation				
42. Check HR: if <100/min, ventilation continued and advanced care sought				

**BEFORE DISCHARGE**

	Ye s	No	Not applicab le	Comments
1. Counsels mother on exclusive breastfeeding				
2. Counsels mother on immunization, hygiene, family planning				

3. Counsels mother on newborn danger signs				
4. Counsels mother on maternal danger signs				
5. Counsels mother on her nutrition				
6. Gives appointment for postnatal visit for mother and baby				

<b>Problems identified and their cause</b>	<b>Activities / Action points</b>	<b>Person responsible</b>