THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

STANDARDS-BASED MANAGEMENT AND RECOGNITION FOR IMPROVING QUALITY IN MATERNAL AND NEWBORN CARE

QUALITY IMPROVEMENT STANDARDS FOR HEALTH CENTRES AND DISPENSARIES

ASSESSMENT TOOL

October 2013

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Introduction to Standards-Based Management and Recognition

SBM-R is a practical management approach to improve the performance and quality of health services. SBM-R consists of:

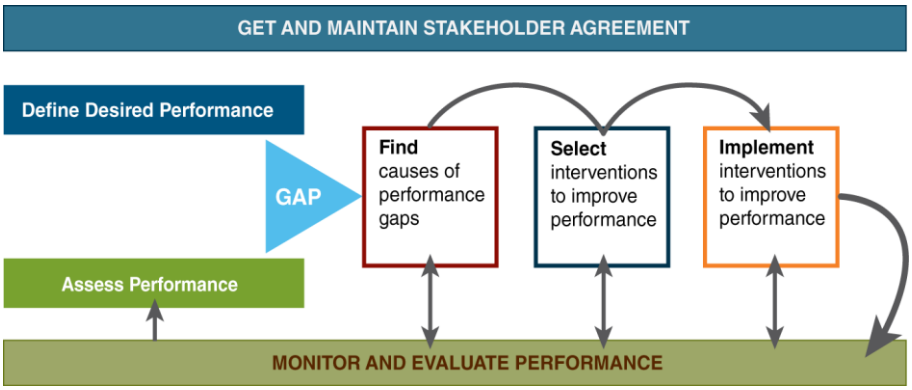
1. Systematic utilization of performance standards as the basis for the organization and functioning of these services.
2. Rewarding of compliance with standards through recognition mechanisms.

SBM-R follows four basic steps:

- Setting standards of performance in an operational way
- Implementing the standards through a streamlined and systematic methodology
- Measuring progress to guide the improvement progress towards these standards
- Recognizing achievements

This process begins with the development of evidence-based operational standards in a specific area of health delivery, in this case, maternal and newborn care. The performance standards developed are included in the assessment tool and can be used for self, peer, internal and external assessment at the facility level.

Figure 1. Cycle of Performance Improvement



The implementation of the assessment tool leads to the identification of performance gaps that need to be reduced or eliminated. Local health managers and providers then analyze the causes of the gaps and identify and implement appropriate interventions to correct them—for example, a lack of knowledge and skills, an inadequate enabling environment (resources and policies, etc.) or lack of motivation to close these gaps.

Local health authorities are encouraged to focus on action and begin with simple interventions (the “low hanging fruit”) in order to achieve early results, create momentum for change and gradually acquire change management skills to address more complex gaps.

Partial improvements are rewarded during the process using a combination of measures, including feedback and social recognition (e.g., ceremonies, symbolic rewards). The global achievement of compliance with standards by the facility is acknowledged through a mechanism that should involve institutional authorities and the community.

The Assessment Tool and Instructions on How to Use It

The purpose of these tools is to facilitate the process of improving the quality of maternal and newborn care using a Standards-Based Management and Recognition (SBM-R) approach.

DESCRIPTION OF THE TOOL

The performance assessment tool:

- Lists key performance standards organized by area of program support.
- Includes verification criteria for each performance standard that is easily observable with "Y" for Yes, "N" for No and "NA" for Not Applicable answer options. (Where there are a lot of verification criteria these may be detailed on another page).
- Objectively establishes the desired level of performance.
- Measures actual level of performance when applied to a facility or institution.
- Helps identify performance gaps.

In this tool, there are six areas of standards:

SECTION	AREAS
1	Normal Labour, Delivery and Immediate Newborn Care
2	Management of Antenatal, Intrapartum and Postpartum Complications
3	Postpartum and Newborn Care
4	Infrastructure and Human Resources
5	Support Systems

HOW TO USE THE ASSESSMENT TOOL

The assessment tool should be used to conduct assessments in the facility. In each area, the standards have specific instructions about how and where to collect/verify the information needed, and the number of observations required. The three methods of data collection are:

1. direct structured observation,
2. document review, and
3. interviews or clinical simulations.

When using *direct structured observation*:

- Introduce yourself and explain the reason for the assessment.
- Use the assessment tool to guide the observation.
- Do not provide feedback during the assessment.
- Be objective and respectful during the assessment.

When doing *document review*:

- Introduce yourself and explain the reason for the assessment.
- Identify correct sources of information (e.g., administrative forms, statistical records, service records).
- Review the documents using the assessment tool.
- Question individuals responsible for these areas to complement and or clarify information.
- Be objective and respectful during the assessment.

When conducting *interviews or observing clinical simulations*:

- Introduce yourself and explain the reason of the assessment.
- Identify a staff that typically carries out the activities or procedures.
- Interview the staff using the assessment tool.
- Probe to get precise information; do not assume responses.
- Ask the person to show documents, equipment, or materials as appropriate.
- Be objective and respectful during the assessment.

How to fill out the assessment tool

- Immediately register the information collected.
- Register “Y,” “N,” or “NA” in the corresponding column. Do not leave any verification criteria blank.
- Register “Y” if the procedure is performed or item exists as it is described.
- Register “NA” when the required condition does not exist or when the verification criteria can be assessed by an alternative method.
- Register “N” if the procedure is not performed or not performed correctly.

In the example below, the first verification criteria is **“Y”** because during the observation the provider checked to see if the placenta is complete. In the same example, the fourth verification criterion is “NA” because the required condition did not exist (there was no tear to repair).

STANDARD	VERIFICATION CRITERIA	Y, N, NA	COMMENTS	SCORE
The provider adequately performs immediate postpartum care	Observe a woman during a delivery and determine whether the provider (in the labour or delivery rooms):			1 point
	Checks to see whether the placenta is complete (maternal and foetal sides, plus membranes)	Y		
	Informs the woman what she is going to do before proceeding, then carefully examines the vagina and perineum	Y		
	Gently cleans the vulva and perineum with clean water (warm, if possible) or a non-alcohol antiseptic solution	Y		
	Sutures tears if necessary	N/A		
	Covers the perineum with a sanitary pad	Y		
	Ensures that the baby is well covered, is with the mother and has began to suckle	Y		

In the example below, all verification criteria were **"N"** because the required items were not available.

STANDARD	VERIFICATION CRITERIA	Y, N, NA	COMMENTS	SCORE
The provider has available the basic equipment to perform resuscitation of the newborn	Determine whether the provider has assembled:			0 points
	▪ Aspiration bulb or suction catheter	N		
	▪ Newborn Ambu bag	N		
	▪ Newborn mask size 1	N		
	▪ Newborn mask size 0	N		

In the example below, the site was awarded **"0"** points because the second verification criterion was not met.

STANDARD	VERIFICATION CRITERIA	Y, N, NA	COMMENTS	SCORE
The provider adequately performs immediate postpartum care	Observe a woman during a delivery and determine whether the provider (in the labour or delivery rooms):			0 points
	▪ Checks to see whether the placenta is complete (maternal and foetal sides, plus membranes)	Y		
	▪ Informs the woman what she is going to do before proceeding, then carefully examines the vagina and perineum	N		
	▪ Gently cleans the vulva and perineum with clean water (warm, if possible) or a non-alcohol antiseptic solution	Y		
	▪ Sutures tears if necessary	Y		
	▪ Covers the perineum with a sanitary pad	Y		
	▪ Ensures that the baby is well covered, is with the mother and has begun to suckle	Y		

How to score the assessment tool and summarize the results

Scoring using the assessment tool:

- Each standard is worth one point.
- For each standard to be met, all of the verification criteria should be "Yes" or "Not Applicable."

How to summarize the results:

- Summarize the results using the summary at the end of each section.
- Write the number of standards achieved per area and in total.
- Calculate and write the percentage of standards achieved per area and in total by dividing the number of standards achieved by the total number of standards in each area, and multiplying the results by 100 (e.g. 6/12 x 100 = 50%). Apply the same process for the general total, divide total number of standards achieved by the total number of standards (e.g. 25/50 x 100 = 50%). Fractions of percentages (e.g., 27.67%) have limited value and are not statistically significant so round up or down (e.g., 28%).

N°	AREAS	NUMBER OF STANDARDS	NUMBER OF STANDARDS ASSESSED	STANDARDS ACHIEVED	
				NUMBER	%
1.	Normal Labour, Childbirth and Immediate Newborn Care	20			
2.	Management of Antenatal, Intrapartum and Postpartum Complications	12			
3.	Postpartum Care for a Woman and the Neonate	8			
4.	Infrastructure and Human Resources	8			
5.	Support System (Laboratory, Pharmacy, Management)	13			
	GENERAL TOTAL	**61**			

Usually for the facility to obtain recognition, it should reach at least 80% for level 1 and 70% for level 2 compliance with the standards overall.[1]

[1] Certain standards have been identified as ESSENTIAL for a facility to be recognized; these are within Areas 1 and 2 and are marked with an asterisk (*).

Types of Assessments

A baseline assessment and then continuous measurement of progress is used as a mechanism to guide the process, inform managerial decisions and reinforce the momentum for change. Through continuous measurement, managers, providers and communities can monitor progress, assess success of intervention, identify gaps and introduce necessary adjustments to their plans. Measurement makes it possible to present managers and providers with quantitative targets. Achieving and making sustainable progress against these targets has an important motivating effect for those involved in the improvement process.

Continuous measurement is based on the implementation of *periodic assessments* using the performance assessment tool. The assessments can be:

- **Self-assessments:** Conducted by individual providers on their own work. The provider uses the performance assessment tool as a job aid to verify if she/he is following the recommended standardized steps during the provision of care. These assessments can be conducted as frequently as desired or needed.
- **Internal assessments:** Implemented internally by facility staff. Internal assessments can be performed by a group of colleagues or health facility staff using the tool to assess the work among themselves (i.e., "peer assessment"). Internal assessments can also be conducted by managers/supervisors using the tool to periodically assess the service being improved. It is recommended this type of assessment to occur every three to four months.
- **External assessments:** Implemented by an assessor who is external to the health facility. These assessments are usually conducted by central, regional and district level of Ministry of Health. They can be conducted in the form of facilitative supervision when the purpose of the visit is to provide support for identification of performance gaps and interventions.

  Verification assessments: Is an external assessment which occurs when the purpose of the visit is to confirm compliance with recommended standards of care for recognition. In case of verification assessment, it is desirable that representatives of the clients and communities served are involved in the process in an appropriate way.

Development of Action Plans and Organization of Teams

After every assessment, the facility staff should develop operational plans to guide implementation of the improvement process. These plans are relatively simple tools that outline the gaps and their causes that need to be eliminated, the specific intervention to be conducted, the persons involved, the timeframe for the task and any potential support that may be needed. The identification of the responsible persons and the setting of the timeframe are extremely important because they allow better follow-up of activities in the plan. Operational plans should be developed upon analysis of the results of the baseline or follow-up monitoring assessments by the team of facility providers and managers working in different areas of service provision being improved.

It is important to understand that the process is usually initiated by a small group of committed persons because it is uncommon to find immediate widespread support for new initiatives. Therefore, it is important to find those committed persons for the initiative and incorporate them in the initial improvement efforts.

A key task of the initial group of committed persons is to organize teams to implement the improvement process. Most service delivery processes depend on team efforts rather than a single provider; therefore, it is important to expand the group of committed people beyond champions. Teams should be organized by specific area of the assessment tool. Each area team should analyze the results of the performance assessment in their respective area, develop an operational plan accordingly and implement and monitor improvement activities.

It is recommended to work with a network of services/facilities rather than implementing the process in isolation. Working within a network of similar services or facilities promotes an exchange of experience and provides mutual support, thus supporting the achievement of positive changes.

The process emphasizes bottom-up action, client and community involvement. A key purpose of the SBM-R process is to provide local health workers, managers and the community in which they serve with practical tools to empower them and increase their ability to strengthen the health service delivery process.

In addressing the identified gaps, the teams should remember that there are gaps that:

- Do not require significant cause analysis because the solution is simple and obvious (e.g., designation of a person in charge of a task, replacing broken equipment, relocation of supplies and equipment to make them more available at point of use).
- Are caused by factors under local/facility control and could be eliminated with the mobilization of local resources (e.g., modification of some internal procedures, redistribution of workload within the facility, internal reallocation of resources, establishing continuing education program in a facility, implementation of some kind of incentives).
- Are caused by factors that are outside the local/facility control and usually require the mobilization of significant external resources (e.g., change of policies, salary increase, staff hire to increase manpower, provision of additional budgets, physical plant remodelling/construction).

As mentioned earlier, teams should begin with the easier gaps and gradually undertake the more complex gaps.

SUMMARY SHEET

REGION: _____ **FACILITY NAME:** _____

ASSESSORS: _____ **ASSESSMENT TYPE:** BASELINE
INTERNAL
EXTERNAL
VERIFICATION

DATE: _____

N°	AREAS	NUMBER OF STANDARDS	NUMBER OF STANDARDS ASSESSED	STANDARDS ACHIEVED	
				NUMBER	%
01	Normal Labour, Childbirth and Immediate Newborn Care	**20**			
02	Management of Antenatal, Intrapartum and Postpartum Complications	**12**			
03	Postpartum Care	**8**			
04	Infrastructure and Human Resources	**8**			
05	Support Systems	**13**			
	GENERAL TOTAL	**61**			

ACTION PLAN

STANDARD/GAP	CAUSE	INTERVENTION	RESPONSIBLE PERSON	SUPPORT REQUIRED AND SOURCE	TIMELINE
1.					
2.					
3.					
4.					

Integrated Performance Standards for Maternal and Newborn Care—MOHSW Tanzania

Area 1: Normal Labour, Delivery and Immediate Newborn Care

Facility Name: _____ District: _____ Region: _____

Type of Facility: _____

Date of Assessment: _____ (day/month/year)

Assessor(s) Name(s) and designation:

1. _____

2. _____

3. _____

4. _____

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NLD-01 The provider prepares equipment, supplies and the environment to conduct clean and safe deliveries	01	Makes sure that the delivery room is clean **(free of dust, cobwebs, blood, other secretions)**			
	02	Makes sure that the delivery room is cleaned according to standard procedure **(SEE DETAILS BELOW)**			
	03	Checks and looks for supplies and equipment to conduct normal deliveries **(SEE DETAILS BELOW)**			
NLD-02 The provider performs a quick check and rapid initial assessment of the pregnant women in labour to identify complications and prioritize care	Observe the provider to determine if s/he assesses each woman individually on arrival as follows:				
	01	Determines if birth is imminent (desire to bear down, perspiration, anxiety)			
	Asks the pregnant woman/relative upon arrival in the hospital whether she has or has had any of the following danger signs**: (Provide chair if needed)**				
	02	▪ Vaginal bleeding			
	03	▪ Severe difficulty breathing			
	04	▪ Fever			
	05	▪ Severe abdominal pain or looks very ill			
	06	▪ Convulsions or unconscious			
	07	▪ Severe headache/blurred vision			
	08	▪ Assures **immediate** attention in the event of any of the above signs			
	09	▪ Records the information on woman's clinical history			
NLD-03 The provider communicates with the woman and her companion in a cordial manner	01	Greets the woman and her relative(s) in a friendly and culturally accepted manner			
	02	Ensures that she/he speaks the language spoken by the woman or seeks someone who can assist in this regard			
	03	Introduces her/himself, counterchecking the woman's name and the companion			
	04	Explains the procedures to the client and her companion			

NLD-01 (02): Standard Cleaning Procedures

- Cleaning personnel must use PPEs; utility gloves, mask, plastic/rubber apron, protective eye wear, shoes or boots
- Floors are wet mopped with a disinfectant solution (0.5% chlorine solution+ soap)using the two-bucket or three-bucket techniques
- Walls are cleaned with a clean cloth or mop wet in a cleaning solution
- Chairs, lamps, tables, table tops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution
- Non-critical equipment (e.g., Stethoscope and blood pressure cuffs) must be wiped with a damp cloth with water and detergent; if the equipment is visibly soiled with blood or body fluids or the patient is under contact precautions, it must be cleaned and disinfected before re-use.

NLD-01 (03): Supplies and Equipment for Normal Deliveries

- A sterile delivery-set
  - Oxytocin 10IU for each delivery and syringes
- One leak-proof container with 0.5% chlorine solution for decontamination
- One leak-proof container with a plastic bag to dispose the placenta
- One leak-proof container with a plastic bag for medical waste (gauze, etc.)
- One sharps disposal container a point of use to dispose of needle and syringe
- One leak-proof container to dispose of soiled linen
- **An emergency tray containing:**
  - IV fluids R/L or N/S.
  - Cannulae gauge 14, 16 or 18
  - Giving set
  - Urethra catheter and urinary bag
  - Plaster
  - Haematological bottle
  - Inj. Magnesium Sulphate 20% or 50%

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NLD-04 The provider properly reviews and fills out the clinical history of the woman in labour	01	Asks and records on the woman's clinical history in a confidential and private environment			
	02	Asks for client's biographical and social information			
	03	Checks last normal menstrual period (LNMP) and estimated date of delivery (EDD) and calculates gestational age			
	04	Asks about the woman's obstetric history **(DETAILS ON THE NEXT PAGE)**			
	05	Asks the woman about her current labour **(DETAILS ON THE NEXT PAGE)**			
	06	Asks about general medical and surgical history			
	07	Asks if the woman has history of allergies (foods, drugs, etc.)			
	08	Asks about use of medications, including natural and herbal remedies			
	09	Asks for signs, symptoms and diagnosis of sexually transmitted infections, HIV and TB **(DETAILS ON THE NEXT PAGE)**			
	10	Records the information on clinical history			
NLD-05 The provider properly conducts the physical examination	01	Prepares equipment, supplies and the environment: the room is cleaned according to standards (free of dust, cobwebs, blood and other secretions)			
	02	Ensures privacy during the entire process of the provision of care, at least during examination **(DETAILS ON THE NEXT PAGE)**			
	03	Explains the procedure to the woman and her companion and encourages her/them to ask questions			
	04	Tells the woman to urinate and tests urine for albumin			
	05	Performs hand hygiene **(DETAILS ON THE NEXT PAGE)**			
	06	Takes or delegates taking of vital signs to assistant **(DETAILS ON THE NEXT PAGE)**			
	07	Checks the conjunctiva and palms of hands for anaemia; if signs or symptoms of anaemia, takes a blood sample, and sends it for haemoglobin test			
	08	Excludes signs of TB and HIV			
	09	Registers findings in the clinical history			

NLD-04 (04): Obstetric History

- Number of pregnancies
- Number of abortions
- Number of normal deliveries
- Number of caesarean sections
- Number of children born alive
- Number of stillbirths
- Number of children alive
- Number of children who died during the first month
- Number of children who died after first month
- Date and outcome of the last pregnancy

NLD-04 (05): Questions about Current Labour

- When the painful regular contractions began
- How frequently they are occurring
- Whether her "membranes has ruptured"; if so, when, what colour and smell
- Whether she feels the baby's movements
- Whether she has any doubts or concerns about her labour, and responds using easy-to-understand language

NDL-04 (09): Signs and Symptoms of TB

- Coughing for two weeks or more
- Sputum containing blood stain
- Having night fever
- Night sweating
- Weight loss

NLD-05 (02): Privacy Measures

- Woman remains covered with a sheet
- Area is separated with curtains, sheets or screens, as appropriate
- The minimum number of individuals are present during examinations and birth (the provider attending the birth and a family member—i.e., the individual chosen by the woman)

NLD-05 (05): Hands Hygiene

- Washes hands with water and soap for 25 -30 seconds, paying attention to areas under the fingernails and between the fingers; dries hands with an individual clean towel or air dries them

OR

- Rubs both hands with approximately 5 ml of alcohol hand rub 70%, paying attention to the areas under the fingernails and between the fingers, until dry

NLD-05 (6): Vital Signs:

- Blood pressure
- Pulse rate
- Respiration rate
- Temperature

NLD-05 (06): Vital Signs

- Temperature
- Pulse rate
- Blood pressure
- Respiratory rate

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NLD-06 The provider properly conducts the obstetric examination between contractions	01	Observes the shape and size of the abdomen and checks for the presence of scars and other skin lesions			
	02	Avoids examining the woman during a contraction			
	03	Determines foetal lie and presentation			
	04	Identifies degree of engagement by abdominal palpation (from five to zero fingers above the pubis)			
	05	Evaluates uterine contractions (frequency and duration over a 10-minute period)			
	06	Auscultates foetal heart rate (FHR)			
	07	Records all findings in the chart/file and partograph			
NLD-07 The provider properly conducts a vaginal examination	01	Explains to the woman in easy-to-understand language what she is going to do and reassures her			
	02	Performs hand hygiene			
	03	Puts sterile gloves on both hands			
	04	Gently conducts a vaginal examination **(DETAILS ON THE NEXT PAGE)**			
	05	Covers the woman and explains to her the findings and what they mean			
	06	Washes hands after removing gloves			
	07	Records the results of the vaginal examination on the clinical note and partograph			

NLD-07 (04): Vaginal Examination

- Cleanses the perineum:
  - Using the hand that will not be used for the pelvic examination, takes a swabs, and cleans the perineum using downward motion starting, near then middle
  - Povidine or Chlorhexidine may be used
  - Uses the thumb and index finger of the non-exam hand to separate the labia
- Examines the vulva (ulcers, blood, liquid, secretions)
- Assesses cervical dilatation, presentation and position, moulding and station of presenting part

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NLD-08 The provider provides counselling and testing the woman in labour with unknown HIV and Syphilis status	01	Assess confidentiality			
	02	Discuss with the client about MTCT of HIV			
	03	Get consent from the client			
	04	Conduct counselling and rapid test			
	05	Performs HIV and Syphilis screening according to National algorithm			
	06	Provide Negative or Positive results			
	07	Give results to client's HIV status ▪ Positive results: More counselling and education ▪ Negative results: Counselling as well as to be tested again after three months			
	08	Arrange for follow-up counselling, including care and support, disclosure and partner testing, care and follow-up for the baby			
	09	If a Syphilis result is positive the provider tells the woman that this disease is curable she will receive the management with her spouse and their newborn baby			
	10	Registers findings in the clinical note			
NLD-09 The provider decides and implements appropriate supportive care during labour, according to the findings of the history and physical exam	01	Discusses the care decisions with the woman (and her companion, if possible)			
	Instructs the woman about the importance of:				
	02	▪ Going to the toilet often to empty her bladder			
	03	▪ Taking liquids and light foods whenever she wants			
	04	▪ Walking and changing positions according to her desire and comfort			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)		COMMENTS	SCORE
NLD-10 The provider uses the partograph to monitor labour and make adjustments to care	01	Records patient information on **(DETAILS ON THE NEXT PAGE)**				
	02	Records required partograph information every half an hour starting on **"0"** hour and transfer if in Active phase. **(DETAILS ON THE NEXT PAGE)**				
	03	Records temperature and blood pressure every four hours.				
	04	Records required partograph information at every vaginal examination (every four hours or less according to evolution of labour) **(DETAILS ON THE NEXT PAGE)**				
	05	Records input and output				
	06	Records the time of the above observations				
	Adjusts care according to the parameters encountered:					
	07	▪ If parameters are normal, continues care as planned (walk about freely, hydration, light food if desired, change positions, screen for HIV if not done etc.) **OR**				
	08	▪ If parameters are not normal, identifies complications, records the diagnosis and makes adjustments to care				
NLD-11 The provider prepares to assist the birth *[2]	Observe TWO women in labour and determine whether the provider (in the labour or delivery rooms) has prepared the following:					
	01	Provider prepares a sterile delivery set and other essential materials **(DETAILS ON THE NEXT PAGE)**				
	02	Allows the woman to give birth in the position she wants/desires and in the same bed where she has laboured (if possible)				
	03	Ensures privacy of the woman **(DETAILS ON THE NEXT PAGE)**				
	04	Encourages the woman to empty her bladder				
	05	Explains to the woman how to support herself and manage the bearing down process (when and how)				
	06	Encourages and speaks kindly to the woman during labour				
	07	Continues monitoring the labour and plotting all parameters in the partograph				

[2] Standards marked with * must be achieved to receive recognition

NLD-10 (01): Partograph Details

Patient information's:
- Name
- Gravida and parity
- Hospital number
- Date and time of admission
- Time of ruptured membranes
- Date and time of onset of labour

NLD-10 (02): Information to be Recorded Every Half Hour
- Foetal heart rate
- Uterine contractions
- Maternal pulse rate
- Amount of IV solution with Oxytocin in drops/minute if the woman was commenced on Oxytocin

NLD-10 (04): Documentation at Every Vaginal Examination
- Records the condition of the membranes and characteristics of the amniotic fluid
- Plot the degree of moulding if cephalic presentation
- Graphs cervical dilation

Information to be Recorded Every Four Hours
- Descent of the presenting part (abdominal)
- Cervical dilatation
- **Vital signs:**
  - Blood pressure
  - Temperature
  - Respiration rate

Information to be Recorded Whenever Necessary (when it happens)
- Intake and output

NLD-11 (01) Sterile Delivery Set

Sterile tray containing:
- Two haemostats (clamps)artery forceps
- A pair of scissor for cutting the cord
- One cord clamp or sterile tape or sterile tie
- Two sterile towels (one to be placed under the woman's buttocks, one to receive the baby) and at least one clean dry cloth to cover the baby
- One receiver for placenta
- Sterile gauze to clean baby's mouth and nose
- One syringe with 10 IU of oxytocin
- Two pairs of sterile gloves
- Sterile swabs and gauze for cleaning baby's eyes, mouth and nose

NLD-11 (03) Privacy Measures
- Woman remains covered with a sheet
- Area is separated with curtains, sheets or screens, as appropriate

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)		COMMENTS	SCORE
NLD-12 The provider assists the woman to have a safe and clean birth* **Two health providers should be observed**	01	Monitors, or has assistant monitor, foetal heart rate every 15 minutes during second stage				
	02	Puts on personal protective equipment				
	03	Washes hands with soap and water and dries them, or applies alcohol hand rub				
	04	Puts on 2 pairs of sterile gloves				
	05	Cleanses the perineum with water or a non-alcoholic antiseptic solution				
	06	Allows the woman to bear down when she feels the desire (not forcing her to bear down)				
	07	Performs an episiotomy only if necessary (breech, shoulder dystocia, vacuum, poorly healed perineum scar, foetal distress, or prematurity)				
	08	Allows the head to spontaneously crown while guarding the perineum				
	09	After the emergence of the head, asks the woman to briefly refrain from bearing down (open mouth breathing)				
	10	Wipes the baby's eyes using sterile swabs starting inward outwards				
	11	Wipes the baby's mouth and nose using sterile gauze				
	12	Assists in delivering the baby **(DETAILS ON THE NEXT PAGE)**				
NLD-13 The provider provides immediate newborn care* ***Two health care providers should be observed***	01	Dries baby gently, assesses the baby's breathing, changes wet towel/cloth for a clean dry one (if baby requires help to breathe refer to **NLD-19**)				
	02	Assesses the APGAR Score of the baby **(DETAILS ON THE NEXT PAGE)**				
	03	Informs mother of the sex of her child and shows sex of baby to mother				
	04	Notes time of delivery and records later				
	05	Places the baby to mother for skin-to-skin contact on abdomen and between breasts and covers/wraps the baby and her mother together.				

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)		COMMENTS	SCORE
	06	Removes one pair of gloves or changes				
	07	After 2–3 minutes, clamps the cord in two places near the umbilicus and cuts the cord				

NLD-12 (12): Delivering the Baby:
Steps during the Second Stage

- Quickly palpates to determine cord around the neck; if it is loose, slides it over the baby's head; if it is very tight, clamps it in two places and cuts it before unravelling it from around the baby's neck
- Allows spontaneous external rotation without manipulation
- Carefully takes the baby's head in both hands and applies gentle downward traction until the anterior shoulder has emerged **(no neck holding)**
- Guides the baby's head and chest upward until the posterior shoulder has emerged
- Holds the baby by the trunk and deliver the baby by lateral flexion towards the mother's abdomen on a dry sterile towel

NDL-13 (02): APGAR Score

A Appearance—Colour
P Pulse—Heart Beat
G Grimance—Reflex to stimulation
A Activity—Muscle tone
R Respiration rate—Breathing

***NB*: Determine APGAR Score within 1 minute and after 5 minutes**

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NDL-14 The provider adequately performs active management of the third stage of labour* **Two health providers should be observed**	01	Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions)			
	02	Tells the woman that she will receive an injection of oxytocin			
	03	Administers 10 IU of oxytocin IM within 1 minute of birth or Inj. Ergometrine if the woman has no High blood pressure or Misoprostol 600mcg orally if the above mentioned drugs are not available (after counselling for side effects)			
	04	Performs controlled cord traction **(DETAILS ON THE NEXT PAGE)**			
	05	After expulsion of the placenta, massages the uterus with one hand on a clean/sterile cloth over the abdomen, until the uterus contracts firmly			
	06	Examines the placenta and membranes to check if complete			
	07	Measures blood loss; if the woman's condition is affected by the blood loss, decide immediate action			
	08	Registers findings in the clinical note			
NLD-15 The provider adequately performs immediate postpartum care*	01	Informs the woman what she is going to do before proceeding, then carefully examines the vagina and perineum			
	02	Gently cleanses the vulva and perineum with clean water or a non-alcoholic antiseptic solution			
	03	Measures blood loss; if the woman's condition is affected by the blood loss take appropriate action			
	04	Suture tears, if present			
	05	Checks if the uterus is well contracted; if not, massages fundus			
	06	Covers the perineum with a clean sanitary pad			
	07	Makes sure the woman is comfortable (clean, hydrated and warmly covered)			
	08	Ensures the baby is well covered, is with the mother and has began to suckle within an hour of birth			

NLD-14 (04): Procedure for Controlled Cord Traction

- Re-clamp the cord near the perineum
- Hold the cord and clamps with one hand
- Place the other hand on the woman's symphysis pubis (over the sterile towel) and gently push upward in the direction of her abdomen
- Maintain firm traction on the cord and wait for the uterus to contract
- Upon contraction, apply firm and sustained downward traction on the cord with counter force above the pubis to guard the uterus, until the placenta is expelled
- If this manoeuvre does not provide immediate results, cease to apply traction, holding the cord and clamp until the next contraction
- Repeat controlled cord traction while simultaneously applying counter pressure above pubis to guard uterus
- With both hands, assist in the expulsion of the placenta, by turning it over in the hands, without applying traction, "teasing out" the membranes

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NLD-16 The provider properly disposes of the used instruments and medical waste after assisting the birth	01	Puts on gloves while disposing of used instruments and medical waste			
	02	Discards the placenta in a leak-proof container with a plastic liner			
	03	Disposes of medical waste (gauze, etc.) in a plastic container with a plastic liner			
	04	Puts the soiled linen in a leak-proof container			
	05	Opens (un-hinges) all instruments and immerses them in a 0.5% chlorine solution for 10 minutes			
	06	Disposes of the needle and syringe in a puncture-resistant container			
	07	Properly disposed the placenta into placenta pit or incinerator.			
	08	Wipes down all surfaces with 0.5% chlorine solution			
	09	Removes gloves by turning inside out and places them in a container with a plastic liner			
	10	Performs hand hygiene after removing gloves			
	11	Registers findings and events in clinical records			
NLD-17 The provider properly monitors the newborn in immediate postpartum period	01	Checks that the baby is warm			
	02	If cold, follows procedure for warming the baby up **(DETAILS ON THE NEXT PAGE)**			
	03	Continues to observe baby for any problems			
	04	Checks and records the baby's weight			
	05	Counter checks bleeding from the cord			
	06	Puts name tag to the baby with mother's number or name written down			
	07	Applies tetracycline ointment 1% in both of the baby's eyes within first hour of life			
	08	Put on cap and socks to maintain warmth			
NLD-18 The provider closely monitors the woman for at least two hours after the birth	01	Keeps the woman in the delivery or postnatal ward to be monitored for at least two hours after the birth, checking the woman's vital signs, bleeding and ensuring both mother and baby are comfortable			
	02	Monitors specific indicators in the woman every 15 minutes in the first hour **(DETAILS ON THE NEXT PAGE)**			

	03	Monitors specific indicators in the woman every 30 minutes in the second hour **(DETAILS ON THE NEXT PAGE)**			
	04	Asks the woman if she has passed urine within the two hours after delivery and encourages her to do so whenever she wishes			
	05	Records the information on the woman's clinical record			

NLD-17 (02): Procedure for Warming Up the Baby

- Verify body temperature by checking axillary temperature
- Make sure the baby is kept warm by maintaining skin-to-skin contact
- If skin-to-skin contact is not possible, re-wrap the baby, including the head, and place the baby under a heat source or incubator
- Continue to monitor temperature on an hourly basis or until temperature stabilizes

NLD-18 (02): Postpartum Monitoring

Initially check mother for:

- Uterine tone
- Vaginal bleeding
- Blood pressure
- Pulse rate

Check mother every 15 minutes in first hour for:

- Uterine tone
- Vaginal bleeding Blood pressure
- Pulse rate

NLD-18 (03): Monitors Specific Indicators in the Woman Every 30 minutes in the Second Hour

- Uterine tone
- Vaginal bleeding
- Bladder distension
- Blood pressure
- Pulse rate

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NLD-19 The provider effectively demonstrates correct technique for newborn resuscitation (If an opportunity to observe with a baby is not possible ask the provider to demonstrate all steps using a doll)* **Note 1: This standard must be observed immediately following birth**	01	Informs the mother about the situation and calls for help			
	02	Dries and removes wet towels, quickly wraps and covers the baby, except for the face and the upper portion of the chest			
	03	Positions the head in slightly extended position, suctions the mouth then nose			
	04	Checks for respiratory effort and colour			
	05	If the baby does not breathe, quickly initiates ventilation			
	06	Places the mask on the baby's face so that it covers the chin, mouth, and nose			
	07	Checks the seal by ventilating two or three times and observing the rise of the chest			
	08	If the baby's chest is rising, ventilates at a rate of 40 breaths per minute, and observes the chest for an easy rise and fall			
	09	If the baby's chest is not rising, determines why, rectifies problem and continues to ventilate			
	10	Ventilates for 1 minute then quickly assesses the baby for spontaneous breathing and colour; if breathing is normal, stops ventilating, and gives to mother and continue to monitor			
	11	If the baby is not breathing after 1 minute or is not breathing well reposition the head, suction and open the mouth, reapply the mask			
	12	If the baby is not breathing and the heart rate is normal or slow, continues ventilation with oxygen if available, organizes transfer and refers baby to a tertiary care centre, if possible			
	13	If the baby's heart rate is normal, and the breathing is irregular or slow, continue to ventilate until the baby is breathing well; stops ventilating and monitors baby with mother			
	CARE AFTER SUCCESSFUL RESUSCITATION				
	14	Keeps the baby skin-to-skin with the mother until the baby's condition is stable			
	15	Monitors the baby's respiratory rate and observe for other signs of illness			
	16	Provides reassurance to the mother			
	17	Washes hands thoroughly			
	18	Compete records with details of resuscitation			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
NLD-20 The provider effectively demonstrates post-resuscitation tasks	1	Disassembles the bag and mask and soaks all parts in 0.5% chlorine solution for 10 minutes for decontamination			
	2	Soaks suction catheters and/or Penguin sucker in 0.5% chlorine solution for 10 minutes			
	3	Washes them thoroughly in soapy water			
	4	Rinses the parts carefully with clean water to remove all remaining detergent			
	5	Leaves the items to dry before reassembling correctly (test functions)			
	6	Progresses to sterilize or high level disinfection of the bag and mask			

TOTAL STANDARDS:	**20**
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS MET:	

Integrated Performance Standards for Maternal and Newborn Care—MOHSW Tanzania

Area 2: Management of Complications during Labour and Delivery

Facility Name: _____ District: _____ Region: _____

Type of Facility: _____

Date of Assessment: _____ (day/month/year)

Assessor(s) Name(s) and designation:

1. _____

2. _____

3. _____

4. _____

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
MCLD-01 The provider conducts rapid assessment and identifies shock	01	Performs a rapid evaluation of the general condition of the woman, including vital signs **(DETAILS ON THE NEXT PAGE)**			
	02	Records all findings in the woman's file/chart			
	03	Diagnoses shock according to signs and symptoms **(DETAILS ON THE NEXT PAGE)**			
MCLD-02 The provider conducts immediate management and care of shock	01	Shouts for help			
	02	Urgently mobilizes all available personnel			
	03	Makes sure airway is clear, clearing with suction if necessary			
	04	Positions on left side and elevates the patient's legs			
	05	Administers oxygen with mask (6–8 litres) **(LIST OF EQUIPMENT ON THE NEXT PAGE)**			
	06	Replaces fluids according to condition **(DETAILS ON THE NEXT PAGE)**			
	07	Covers the woman with blanket to keep her warm			
	08	Inserts indwelling urinary catheter **(DETAILS ON THE NEXT PAGE)**			
	09	Collects and sends urgent urine for protein, glucose and micro-organisms			
	10	Takes blood and sends for urgently Hb, grouping and x-matching			
	11	Checks and records vital signs every 15 minutes until condition improves			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
MCLD-03 The provider correctly continues management according to woman's response to initial treatment	01	Assesses the woman's response to the immediate treatment **(DETAILS ON THE NEXT PAGE)**			
	02	Ensures all observation charts are accurate and up to date (intake/output, vital signs, medication)			
	03	Makes the appropriate decisions if the conditions improve (pulse of 90 or less, systolic BP of 100 mmHg or more, at least 30 ml of urine per hour and less anxiety/confusion) **(DETAILS ON THE NEXT PAGE)**			
	04	Makes the appropriate decisions if conditions do not improve **(DETAILS ON THE NEXT PAGE)**			
MCLD-04 The provider correctly manages the cause of hypovolemic shock	01	Identifies the underlying cause of shock			
	02	Addresses correctly the identified cause of hypovolemic shock **(DETAILS ON THE NEXT PAGE)**			

MCLD-01 (01): Vital Signs

- Temperature
- Blood pressure
- Pulse rate

MCLD-03 (01):Evaluating the woman's response to the immediate treatment:

- Pulse rate
- BP
- Mental status (confusion)
- Fluid balance
- Keeps the woman warmly covered

MCLD-01 (03) Symptoms and Signs of shock:

- Fast, weak pulse (110 per minute or more)
- Low blood pressure (systolic <90mm Hg)
- Pallor especially of inner eyelid, palms and lips
- Sweatiness and cold clammy skin
- Rapid breathing (rate 30 or more)
- Anxiousness, confusion or unconsciousness
- Scanty urine output (<30mls per hour)
- Respiration rate

MCLD-03 (01): Evaluating the Woman's Response to the Immediate Treatment

- Re-assess the woman every 15 minutes:
  - Pulse rate
  - BP
  - Mental state (confusion)
  - Fluid balance
- Keeps the woman warmly covered

MCLD-03 (03): What to Do if the Conditions Improve? (Pulse rate of 90 or less, systolic BP of 100 mmHg or more, at least 30 ml of urine per hour and less anxiety/confusion)

- Adjust IV infusion to 1 litre over a six-hour period (60 drops/minute)
- Continue to monitor vital signs and loss of blood every 30 minutes

MCLD-03 (04): What to Do if the Conditions Do Not Improve

- Infuse NS/RL rapidly until condition improves
- Continue to administer oxygen 6–8 litres/minute
- Continue to monitor vital signs and fluid balance

MCLD-04 (01): How to Identify the Cause of Shock

- Perform vaginal obstetric examination if needed
- Propose diagnosis or identify cause of bleeding (according to **4Ts**)
  - Tone
  - Tear
  - Tissue
  - Thrombin

MCLD-04 (02): Next Steps if Shock is Identified

- Perform specific actions to stop the bleeding
- Perform blood transfusion as soon as possible.
- Decide referral to specialty service (ICU, surgical facility etc.), if needed
- Record information related to findings and procedures performed on the clinical notes

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
MCLD-05 The provider correctly manages incomplete abortion	01	Correctly diagnoses incomplete abortion **(DETAILS ON THE NEXT PAGE)**			
	02	Takes and registers vital signs **(DETAILS ON THE NEXT PAGE)**			
	03	Manages shock as appropriate			
	04	Administers antibiotics, if infection (fever >38°C, tender uterus, foul-smelling vaginal discharge)			
	05	Evacuates the uterus using manual vacuum aspiration (if less than 12 weeks gestation) or dilatation and curettage			
	06	Conducts post abortion counselling (FP, nutrition, hygiene)			
	07	Records all information in clinical note			
MCLD-06 The provider performs the general management of postpartum haemorrhage (PPH) *[3]	01	The provider performs and records the basic information to support the diagnosis of PPH **(DETAILS ON THE NEXT PAGE)**			
	02	Vital signs are immediately measured and recorded **(DETAILS ON THE NEXT PAGE)**			
	03	Calls for help **(DETAILS ON THE NEXT PAGE)**			
	04	Administers 10 IU of oxytocin IM and massages uterus			
	05	Covers the woman			
	06	Starts oxygen at 6–8 litres/minute			
	07	Starts two IV lines using 14 to 18 gauge Cannula			
	08	Takes a blood sample for haemoglobin, cross-matching and clotting test			
	09	Replaces fluids as appropriate **(DETAILS ON THE NEXT PAGE)**			
	10	Monitors vital signs every 15 minutes **(DETAILS ON THE NEXT PAGE)**			
	11	Performs bladder catheterization			
	12	Monitors fluid intake and output			

[3] Standards designated with a * must be achieved to receive recognition

MCLD-05 (01): Required Information for Supporting an Incomplete Abortion Diagnosis:

- Amenorrhoea or gestational age of 20 weeks or less
- Prolonged and/or heavy vaginal bleeding
- Lower abdominal pain and/or cramping
- Vital signs
  - Blood pressure low
  - Pulse rate high and rapid
- Open cervical Os
- Clear recording of the diagnosis or suspicion of incomplete abortion
- Assessment for shock

MCLD-05 (02): Vital Signs

- Temperature
- Blood pressure
- Pulse rate
- Respiration rate

MCLD-06 (01): Information to Support PPH Diagnosis

- Heavy vaginal bleeding (over 500 mls) within the first 24 hours after childbirth (immediate PPH)

OR

- Increased vaginal bleeding after the first 24 hours after delivery (secondary/delayed PPH)

MCLD-06 (02) and MCLD-06 (10): Vital Signs

- Temperature
- Blood pressure
- Pulse rate
- Respirations rate

MCLD-06 (03): Signs of Shock (call for help if these are found)

- Weak, fast pulse (110 or more per minute)
- Systolic BP less than 90 mmHg
- Pallor
- Cold and perspiring /clammy skin
- Rapid breathing, confusion or unconsciousness

MCLD-06 (09): Procedure for Fluid Replacement

- Initiate IV infusion with saline or Ringer's lactate
- Infuse 1 litre in each line over a 15–20 minute period (wide open rate)
- Administer at least two additional litres of solution during the first hour
- Continue to replace volume IV according to blood loss

MCLD-06 (01) Information to Support PPH diagnosis

- Heavy vaginal bleeding(over 500mls) within the first 24hours after childbirth (immediate PPH) or
- Increased vaginal bleeding after the first 24 hours after delivery (secondary/delayed PPH)

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
MCLD-07 The provider performs the specific management of the cause of the PPH*	01	Identifies the cause of bleeding and initiates specific management immediately according to **4Ts** (verified by observation, role play, interview, or clinical records)			
	02	Manages bleeding using the appropriate procedure if bleeding is due to retained placenta or placental fragments **(DETAILS ON THE NEXT PAGE)**			
	03	Manages bleeding using the appropriate procedure if bleeding is due to uterine atony **(DETAILS ON THE NEXT PAGE)**			
	04	Manages bleeding using the appropriate procedure if bleeding is due to perineal or cervical tears **(DETAILS ON THE NEXT PAGE)**			
	05	Manages bleeding using the appropriate measures if secondary/delayed PPH **(DETAILS ON THE NEXT PAGE)**			
	06	Refers the woman if condition does not improve—accompanied by donors and correct documentation			
MCLD-08 The provider performs follow-up of PPH*	01	Monitors uterine contraction, vital signs and bleeding every 15 minutes during the first two hours then every 30 minutes for four hours			
	02	Measures intake and output hourly			
	03	Performs clotting test (bedside clotting time over 7 minutes) if bleeding persists			
	04	Replaces volume and transfuses if necessary			
	05	Manages coagulopathy as appropriate			
	06	Measures haemoglobin 24 hours after bleeding has been controlled			
	06	If haemoglobin is less than 20% or haemoglobin less than 8.5g/dl, a woman is given iron sulfate and folic acid orally or FEFOL 1 tablet BD for a period of three months.			
	07	Explain to the woman and her companion what has happened			
	08	Records all information in the patient's chart			

MCLD-07 (02): Procedure for Management of PPH (when bleeding is due to *retained placenta*)

- Explain to the woman what you are going to do, then
- Administer another dose of oxytocin 10IU IM and attempt to deliver placenta with repeat controlled cord traction (with counter traction on uterus)
- If this maneuver fails, performs manual extraction of placenta
- In the event of manual removal of placenta, administer Ampicillin 1gm start. Then 500mg IV 6hrly, Gentamycin 80mg IV 12hrly, PLUS metronidazole 500mg IV 8hrly for 24hrs, then Amoxillin capsules 500mg,+metronidazole tablets 400mg every 8 hrs for 5 days

MCLD-07 (03): Procedure for Management of PPH (when bleeding is due to *uterine atony*)

- Explain to the woman what you are going to do, then
- Perform uterine massage
- Administer oxytocin 20 IU in 1 litre of saline solution, 60 drops/minute, and ergometrine 0.2mg IM or IV (if the woman is not hypertensive)
- Continue to administer oxytocin 20 IU in 1 litre of saline solution, 40 drops/minute, up to a maximum of 3 litres of solution with oxytocin, if necessary, and ergometrine 0.2mg IM or IV 15 minutes every four hours, (if the woman is not hypertensive)
- If bleeding continues, perform bi-manual uterine compression
- If bi-manual fails, apply abdominal aorta compression with palpation of femoral pulse
- If bleeding continue **refer** for surgical intervention

MCLD-07 (04): Procedure for Management of PPH (when bleeding is due to *perineal or cervical tears*)

- Explain the problem and tell the woman what you are going to do
- Assembles suturing tray
- Immediately suture the tears using Lidocaine injection first

MCLD-07 (05): Managing Bleeding if Secondary/Delayed PPH

- Identify and remove any retained products of conception
- Massage the uterus
- If there is infection, give prescribed broad spectrum antibiotics, such as:
  - Chloramphenicol 1g IV for 48 hours, then 500mg QID for five days
  - Metronidazole 500mg IV for 48 hours, then 400mg orally for five days
  - Gentamycin 80mg IM BD for five days

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)		COMMENTS	SCORE
MCLD-09 The provider correctly manages severe pre-eclampsia and/or eclampsia prior to referral (if a case is not observed check patient records) * ***Two service provider should be observed or interviewed***	01	There is a record with basic information that supports the diagnosis of severe pre-eclampsia and/or eclampsia **(DETAILS ON THE NEXT PAGE)**				
	02	If BP is 160/110mmHg or more, or in cases of eclampsia, there is a record that magnesium sulfate treatment was initiated immediately				
	03	IV line was started with saline or Ringer's lactate solution				
	04	If BP is 160/110 mmHg or more, anti-hypertensive was given **(DETAILS ON THE NEXT PAGE)**				
	05	Correctly administers the initial dosing of magnesium sulfate **(DETAILS ON THE NEXT PAGE)**				
	06	Correctly administers the maintenance dose of magnesium sulfate **(DETAILS ON THE NEXT PAGE)**				
	07	Refers patient to higher level of care accompanied by relative and a skilled provider				
MCLD-10 The provider correctly recognizes obstructed labour	01	Monitors labour by use of partograph with early recognition of obstructed labour based on data from the partograph showing prolonged labour. **(DETAILS ON THE NEXT PAGE)**				
	02	Rehydrates the patient to maintain normal plasma volume and prevent or treats dehydration and ketosis				
	03	Inserts indwelling urinary catheter and monitors input/output				
	04	Decides on early referral to facility with surgical capacity				
MCLD-11 The provider correctly manages prolonged second stage of labour	Review a case record or interview a provider to verify that the prerequisites for performing a vacuum delivery are met:					
	01	▪ The presentation is vertex				
	02	▪ The foetus is at term				
	03	▪ The cervix is fully dilated				
	04	▪ Foetal head at least at 0 station or not more than 2/5 above the symphysis pubis				

MCLD-09 (01): Required Information for Supporting an Eclampsia or Pre-eclampsia Diagnosis

- **Severe pre-eclampsia:**
  - BP >160/110 mmHg or more
  - 20 weeks or more of gestation
  - Proteinuria 2+ or above
  - Epigastric pain and/or vomiting
  - Hyper-reflexia
  - Oliguria
- **Eclampsia:**
  - Convulsions
  - Diastolic BP 90 mmHg or more
  - 20 weeks or more of gestation
  - Proteinuria 2+ or more

Documentation of Loading dose of Magnesium Sulphate:

- Shout for help
- IV: slow IV injection of 4gms of 20% Magnesium Sulphate (20mls of 20% solution) over 5 minutes
- IM: 10gms of 50% Magnesium sulphate – 5gms (10ml with 1ml of 2% lignocaine) in each buttock by deep IM
- In the event of a second convulsion after 15 min., administers 2g of 20% magnesium sulphate in solution (4 ml of 50% MgSO4 + 6mls of water for injection) IV over a 5-minute period

MCLD-09 (04): Antihypertensive Treatment (if diastolic BP is 110mmHg or more)

Plan 1:

- Hydralazine 5 mg IV slowly over 3-4 minutes; repeat at 30 minute intervals (DO NOT give more than 20mg in total) or 12.5mg IM every 2 hours, until diastolic BP stabilizes between 90 and 100 mmHg

OR

Plan 2:

- Nifedipine retard 10 mg orally 4 hourly repeating the dose if the diastolic BP is still more than 110 until diastolic Blood pressure is between 90–100 mmHg.

MCLD-09 (06): Documentation of Maintenance Dose of Magnesium Sulfate

- Prior to administration of the maintenance dose records show:
  - Respiration more than 16/minute
  - Patellar reflexes are present
  - Urine output more than 30 ml/hour
  - Administers 5 g of 50% magnesium sulphate solution with 1 ml of 2% lidocaine IM alternately in each buttock every 4 hours, providing there are no complications
  - Documents Maintenance dose of Magnesium sulphate
  - Continues with magnesium sulphate for 24 hours following birth or the most recent convulsion
  - Simultaneously, there is record of:
    - Bladder catheterization
    - Intake and output monitoring every shift
    - Monitoring of vital signs (i.e., BP, pulse, breathing)
    - Monitoring of fetal heart rate
    - Performance and evaluation of clotting tests
    - If there were convulsions, birth took place within 12 hours following the convulsion or, in the absence of convulsions, within 24 hours

MCLD-09 (05): Correctly administers the Loading dosing of Magnesium Sulphate

- Shout for help
- IV: slow IV injection of 4gms of 20% Magnesium Sulphate (20mls of 20% solution) over 5 minutes
- IM: 10gms of 50% Magnesium sulphate – 5gms (10ml with 1ml of 2% lignocaine) in each buttock by deep IM

MCLD-10 (01): Obstructed Labor

Evidence-Based Decision-Making for Obstructed Labour:

- If the baby is alive, the baby will be delivered immediately to avoid trauma to mother and baby
- If rupture of the uterus is suspected and the health centre can perform CEmONC do Caesarian Section
- If the uterus was intact, presentation is vertex, the cervix is fully dilated, foetus at term and the descent is 0/5, delivered the baby by vacuum extraction
- If at dispensary or Health Centre which does not provide CEmONC and obstructed labour is suspected refer immediately

Data Supporting Diagnosis of Obstructed Labour:

- No advance of the presenting part despite strong uterine contractions
- Fetal distress
- Maternal distress
- Bandl's ring
- Third degree molding/caput
- Presenting part not applied to cervix
- Dehydration
- Raise in temperature
- Slow or no advance of cervix dilatation

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
MCLD-12 The provider correctly manages puerperal sepsis	01	Diagnoses puerperal sepsis based on clinical criteria **(DETAILS ON THE NEXT PAGE)**			
	02	Monitors and records vital signs			
	03	Monitors fluid balance with input/output chart			
	04	Prescribes general care measures; i.e., client in bed but in upright position			
	05	Checks uterus for involution			
	06	Prescribes IV fluids and broad spectrum antibiotics for seven days			
	07	Refers to higher level facility if condition does not improve			

MCLD-12 (01): Diagnosis of Puerperal Sepsis

- Continuous fever during at least 24 hours or recurring within the first 10 days after delivery
- Increased pulse rate
- Increased respiration
- Offensive lochia
- Sub-involution of the uterus
- Headache and general malaise
- Pelvic pain
- Pain, swelling, and pus discharge from laceration or episiotomy or incision

TOTAL STANDARDS:	**12**
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS MET:	

Integrated Performance Standards for Maternal and Newborn Care—MOHSW Tanzania

Area 3: Postnatal Care for the Mother and Neonate—Inpatient

Facility Name: _____ District: _____ Region: _____

Type of Facility: _____

Date of Assessment: _____ (day/month/year)

Assessor(s) Name(s) and designation:

1. _____

2. _____

3. _____

4. _____

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
PNC-01 The provider treats the woman in a cordial and culturally accepted manner	01	Greets the woman and her companion in a cordial manner			
	02	Introduces her/himself and counter checks the woman's name			
	03	Always calls her by name			
	04	Speaks using easy-to-understand language for the client			
	05	Explains to the woman what is going to be done and encourages them to ask questions			
	06	Encourages the woman and her companion/husband to ask questions and responds to them effectively			
PNC-02 The provider conducts routine physical examination of the woman	01	Checks and looks for the minimum required equipment and supplies for providing postnatal care **(DETAILS ON THE NEXT PAGE)**			
	02	Checks clinical history - if not complete, asks the woman and completes all information required **(DETAILS ON THE NEXT PAGE)**			
	03	Washes hands with soap and water and dries them or uses alcohol-based solution			
	04	Assures privacy with good ventilation			
	05	Assesses general condition, including the posture of the client, vital signs, conjunctiva for pallor and jaundice and ask about bladder and bowel function			
	06	Examines breasts for engorgement, tenderness, cracked/sore and inverted nipples			
	07	Gives advice if any breast problem encountered			
	08	Palpates the abdomen for involution of uterus, tenderness and distension inspect the scar if C/S was performed			
	09	Washes hands and wear examination gloves before conducting perineum examination			
	10	Examines the perineum for inflammation, status of episiotomy/tears, lochia for colour, amount, consistency and odour			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
	11	Removes gloves , washes hands with soap and water and dries them or uses alcohol-based solution			
	12	Checks legs for tenderness, redness or swelling			
	13	Records findings in the client note			

PNC-02 (01): Minimum Equipment and Supplies for Postnatal Care

- Sterile disposable gloves
- Sphygmomanometer (blood pressure equipment)
- Thermometer
- Examination gloves
- Tape measure
- Weighing scale
- Sanitary pads
- Hand rub
- Stationary
- Exam couch

IP equipment (bucket 0.5% chlorine, waste container with leak-proof plastic bag, sharps disposal container)

PNC-02 (02): Information Required for Clinical History

- General health
- Obstetric history
- Date and time of delivery
- Type of delivery
- Where and who delivered the baby?
- Any complications at delivery or since?
- Baby—gestation; weight; condition, any problems?

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
PNC-03 The provider educates and counsels the mother about proper care during the puerperium	01	Advises the mother of the need to report to the health facility when any danger sign is observed during the puerperium **(DETAILS ON THE NEXT PAGE)**			
	02	Advises the mother on health dietary practices **(DETAILS ON THE NEXT PAGE)**			
	03	Advises the mother on personal and environmental hygiene **(DETAILS ON THE NEXT PAGE)**			
	04	Advises the mother on HIV and malaria prevention **(DETAILS ON THE NEXT PAGE)**			
	05	Counsels the partner and other family members on psycho-social support of the mother **(DETAILS ON THE NEXT PAGE)**			
	06	Gives vitamin A, FeFoL and other prescribed medicines			
PNC-04 The provider is able to counsel clients regarding postpartum contraception and Lactational Amenorrhea Method (LAM)	Observe providers counselling clients, or interview staff regarding how they provide this specific type of counselling to verify:				
	01	▪ Promotion of exclusive breastfeeding and demonstration of understanding that variety contraceptive methods can be used while breastfeeding			
	02	▪ Knowledge of three LAM criteria (no menstrual bleeding since baby born; baby is given only breast milk; baby less than 6 months old)			
	03	▪ Knowledge of the difference between breastfeeding women and women who use LAM as their method of family planning			
	04	▪ Demonstration of understanding of how soon fertility can return in non-breastfeeding and breastfeeding women (who are not using LAM)			
PNC-05 The provider communicates with the woman her follow-up clinic visits 1st visit within 7 days	01	Reviews with the woman and her companion/husband on the danger signs of the mother **(DETAILS ON THE NEXT PAGE)**			
	02	Informs them that the woman must report to the nearest health centre if any of the danger signs are experienced			
	03	Gives date for her next routine postpartum visit, preferably within seven days, encouraging she come even if no danger sign			
	04	Discusses with the woman and her companion which health centre to attend, emphasizing escort			
	05	Emphasizes the importance of postpartum check-up for both the mother and the newborn baby			
	06	Pays attention to special postpartum clients and manages and/or refers her to special clinic (e.g., HIV-positive, adolescent, sick mothers/baby)			

PNC-03 (01)and PNC-05 (01): Danger Signs for the Mother During Puerperium

- Excessive PV bleeding
- Convulsions
- Breathing difficulties
- Severe headache
- Severe abdominal pains
- Foul smelling lochia
- Fever and too weak to get out of bed
- Heart palpitations/excessive tiredness
- Urine dribbling or pain on micturition
- Perineal pain or draining pus
- Painful or redness in breasts

PNC-03 (02): Dietary Recommendations

- Nutrition (animal proteins, legumes, green vegetables, fats, carbohydrates, fruits and vitamins)
- Importance of taking regular meals containing mixed foods
- Importance of taking enough fluids, 2–3 litres of water
- Exclusive breastfeeding and other infant feeding options where appropriate

PNC-03 (03): Hygiene Recommendations

- Perineal care (wiping from front to back, sitz bath, changing pads)
- Adequate rest and sleep
- Kegel exercises

PNC-03 (04): HIV and Malaria Prevention Recommendations

- Importance of knowing one's HIV status to prevent mother-to-child transmission
- Prevention, testing and management of HIV and AIDS
- Prevention of malaria (use of insecticide-treated bed nets)

PNC-03 (05): Recommendation for the Partner and Family Members

- Need for assistance with daily household tasks
- Need for postnatal and under-five visits
- Family planning
- Testing of HIV/AIDS if was not done before or for repetition after three months if the first test was negative
- Resumption of sexual activity at least after 6 weeks
- Timely use of health facility in case of any complication(s)
- Immunization
- Nutrition

PNC-04 (03): Difference between Breastfeeding and LAM as the Family Planning Method

- Breast feeding is a method of Infant feeding not a family planning method
- LAM is a family planning method that uses a pattern of breast feeding that can effectively suppress ovulation and prevent pregnancy by adhering the criteria (no menstrual bleeding since baby born; baby is given only breast milk; baby is less than 6 months old)

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
PNC-06 The provider properly assesses condition of the neonate **(before discharge)**	01	Prepares the minimum equipment and supplies for assessment of the neonate **(DETAILS ON THE PREVIOUS PAGE)**			
	02	Washes and dries hands and wears examination gloves			
	03	Keeps the baby warm (proper wrapping)			
	04	Checks weight			
	05	Checks temperature, respiration and heart rate			
	06	Assesses the neonate from head to toe to exclude abnormalities **(DETAILS ON PAGE BELOW)**			
	07	Checks elimination pattern			
	08	Checks and discusses with the mother on breastfeeding pattern, emphasising on-demand feeding			
PNC-07 The provider properly manages the neonate	01	Gives immunization (BCG, Polio 0)			
	02	Gives ARV prophylaxis syrup where necessary			
	03	Demonstrates the proper positioning and attachment of the baby on the breast			
	04	In the event of danger sign/illness or serious abnormality or low birth weight/prematurity, refers and/or arranges transfer to higher centre or special clinic with proper referral note			
	05	Provides treatment to the baby born from Syphilitic mother even if she was treated during ANC visits.			
	06	Records all findings in baby chart			

PNC-06 (01): Equipment and Supplies for the Assessment of the Neonate

- Examination gloves
- Measuring tape
- Weighing scales
- Thermometer ntainer)

PNC-06 (06): Examination of the Newborn, Head to Toe

- General appearance

HEAD TO TOE ASSESSMENT:

- **Head**:
  - Caput succedenum
  - Cephalohaematoma
  - Measures head circumference
- **Eyes**:
  - Bleeding
  - Jaundice
  - Any discharge
- **Mouth**:
  - Cleft palate
  - Harelip
  - False teeth
  - Also tongue tie
- **Arms**:
  - Elb's pararysis
  - Extra finger digits
    Any fracture
- **Abdomen**:
  - Bleeding from the cord
  - Distension and omphalocelle
- **Back**:
  - Spina bifida or Meningocelle
- **Genitalia**:
  - Imperforated anus
  - Menstrual bleeding if female baby
- **Lower limbs**:
  - Fracture
  - Extra digits
  - Tallipes or webbed fingers
- **Length**:
  - Measured baby's length (normal range 47–50 cm)

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
PNC-08 The provider counsels the mother on baby care	01	Advises the mother to bring the baby to the health facility immediately when she sees any danger signs of the baby **(DETAILS ON THE NEXT PAGE)**			
	02	Counsels on the importance of keeping the baby warm, proper positioning of the baby to avoid suffocating, and keeping the baby in a safe environment			
	03	Advises on the importance of preventing diseases: completion of immunization, protecting the baby from infection through hand washing and personal hygiene, appropriate care of the cord and baby bathing/skin hygiene			
	04	Promotes exclusive breastfeeding, demonstrates positioning and attachment of the baby to the breast; if breastfeeding would not be advisable, gives alternative feeding options			
	05	Advises the mother to combine her postpartum visits together with the baby			
	06	Records findings in the chart			

PNC-08 (01): Advises the Mother to Bring the Baby to the Health Facility Immediately when She Sees any Danger Signs of the Baby

- Poor suckling/feeding
- Persistent/abnormal crying
- Lethargy
- Purulent eye or cord discharge
- Yellow discolouration of eyes, skin or mucous membranes
- Failure to pass stool or urine
- Skin pustules
- Breathing difficulties
- Not feeding at all
- Bleeding
- Convulsions
- Diarrhoea
- Fever or feels cold
- Very small just born

TOTAL STANDARDS:	**8**
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS MET:	

Integrated Performance Standards for Maternal and Newborn Care—MOHSW Tanzania

Area 4: Infrastructure and Human Resources

Facility Name: _____ District: _____ Region: _____

Type of Facility: _____

Date of Assessment: _____ (day/month/year)

Assessor(s) Name(s) and designation:

1. _____

2. _____

3. _____

4. _____

STANDARD	N°	VERIFICATION CRITERIA			OBSERVATION (Y, N, NA)	COMMENTS	SCORE
HUMAN RESOURCES							
IHR-01 The health facility has the minimum human resources for providing basic emergency obstetric and newborn care	Verify the presence of at least (per shift):		**H/CENTRE**	**DISPENSARY**			
	01	AMO	1	-			
	02	Clinical Officer	1	1			
	03	Clinical Assistant	1	1			
	04	Assistant Nursing Officer	1				
	05	Enrolled Nurse	2	1			
	06	Laboratory Assistant	1	1			
	07	Medical Attendants	2	1			
	08	Electrician/Maintenance Staff	1	-			
	09	Driver, if transport available	1	-			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
PHYSICAL STRUCTURE, FURNITURE, AND EQUIPMENT					
IHR-02 The examination area for admission/registration is equipped with furniture and equipment that are suitable for use	Verify in the examination area the existence of:				
	01	▪ Good ventilation (open windows, fan and heating if needed)			
	02	▪ Enough light			
	03	▪ Working running tap water with soap and tissue			
	04	▪ One table			
	One chair/stool each for:				
	05	▪ Provider			
	06	▪ Client			
	07	One table for OB-GYN examination (with plastic cover)			
	08	Two-step stepladder			
	09	Gooseneck lamp or low level adjustable light			
	10	Dividing curtain or screen (to ensure client privacy)			
	11	Cabinet for storing materials			
	12	Clinical thermometer			
	13	Sphygmomanometer			
	14	Stethoscope			
	15	Feotalscope			
	16	Tape measure			
	17	Wheelchair			
	18	Toilets for clients			
	19	Register book			
	20	Covered waste container			
	21	Refrigerator (in or near the examining room)			
	22	Wall clock			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
IHR-03 Area where providers give group educational skills is adequate	Verify whether:				
	01	▪ The area is well ventilated (open windows, fan, and heating if needed)			
	02	▪ There are working sinks with running tap water (in or near the area)			
	03	▪ There is enough source of light			
	04	▪ There are sufficient chairs and space for one companion for each pregnant woman			
	05	▪ There is sufficient space for pregnant women to be able to walk around			
	06	▪ There is safe water to drink if pregnant women wishes			
	07	▪ There are accessible, working toilets (in or near the area)			
	08	▪ There is a covered waste container			
	09	▪ There is a workspace for provider with table			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
IHR-04 The area designated for labour and delivery is adequate	Verify whether:				
	01	▪ The area is well ventilated (open windows, fan, and heating if needed)			
	02	▪ There is a working running tap water with liquid soap and tissues			
	03	▪ Temperature is pleasant			
	04	▪ Low-level, adjustable light / head torch			
	05	▪ There are at least two delivery beds with plastic cover			
	06	▪ There is at least one pillow on each bed			
	07	▪ There is a wall clock			
	08	▪ There is an IV stand			
	Verify the existence of:				
	09	▪ Oxytocin			
	10	▪ At least 3 delivery kits (in or near the delivery room)			
	11	▪ Two kits for episiotomy/repair of perineum/vagina/cervix (in or near the delivery room)			
	12	▪ Sterile gloves			
	13	▪ Suture materials			
	14	▪ Syringes and needles			
	15	▪ Instrument table or stand			
	16	▪ Sphygmomanometer			
	17	▪ Stethoscope			
	18	▪ Foetoscope			
	19	▪ Clinical thermometers			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
IHR-05 The area for immediate newborn care is adequate	Verify the existence of:				
	01	▪ Enough source(s) of light			
	02	▪ Overhead heat source available			
	03	▪ Working running tap water with soap and tissues (in or near the area)			
	04	▪ Clean firm surface			
	05	▪ Tape measure			
	06	▪ Sterile clamp or thread to tie the umbilical cord			
	07	▪ Thermometer			
	08	▪ Scale for weighing the neonate (in or near the area)			
	Equipment for newborn resuscitation:				
	09	▪ Electric or manual aspiration apparatus			
	10	▪ Newborn ambubag			
	11	▪ Newborn mask size 0			
	12	▪ Newborn mask size 1			
	13	▪ Source of oxygen supply—for health centre			
	14	▪ Wall clock			
IHR-06 The in-patient maternity ward is adequate for providing postpartum care	Verify whether:				
	01	▪ The area is well ventilated (open windows, fan and heating if needed)			
	02	▪ The area has enough source of light			
	03	▪ There is only one woman in each bed			
	04	▪ There are enough seats for mothers			
	05	▪ Mothers have easy access to bathrooms and toilets (in or near the area)			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
IHR-07 Bathrooms in the labour, delivery and postpartum areas are adequate	Verify that the bathroom has:				
	01	▪ A door that locks			
	02	▪ A working running tap water			
	03	▪ Soap for hand washing			
	04	▪ Bathroom tissue or supply of water for perineal cleansing			
	05	▪ Container with red plastic liner for waste			
	06	▪ Working toilet with tank			
IHR-08 Toilets for staff are sufficient*	Verify that the toilets has:				
	01	▪ Two toilets—one for male staff and one for female staff			
	02	▪ A door that locks			
	03	▪ A working running tap water			
	04	▪ Liquid soap and tissues			
	05	▪ Covered container with red plastic liner for waste in female toilets			
	06	▪ Working toilet			

TOTAL STANDARDS:	**8**
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS MET:	

Integrated Performance Standards for Maternal and Newborn Care—MOHSW Tanzania

Area 5: Support Systems

Facility Name: _____ District: _____ Region: _____

Type of Facility: _____

Date of Assessment: _____ (day/month/year)

Assessor(s) Name(s) and designation:

1. _____

2. _____

3. _____

4. _____

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
PHARMACY					
SS-01 The pharmacist or equivalent person properly manages a requisition system for provision of drugs and medical supplies	01	Determines reorder levels for each drug			
	02	Places the reorders to the appropriate depot			
	03	Follows up the reorders to ensure their delivery within one month, or one week in case of emergency orders			
	04	Reconciles the reorders by confirming that delivered drugs tally with the requests, and signs the good receipt note			
	05	Updates the bin cards with the new available stock			
SS-02 The pharmacist or equivalent person properly stores and manages the drugs and medical supplies	01	Ensures that the storage room is properly ventilated during working hours			
	02	Ensures that the storage room is not humid and temperature is under 25°			
	03	Ensures that the storage room is protected from direct sunlight			
	04	Keeps the storage area in good order and clean			
	05	Stores drugs on shelves and properly labels them			
	06	Ensures safety using a “lock and key” system			
	07	Controls stock using bin cards			
	08	Keeps drugs within their expiration date and uses “first in—first out” and “first expire—first out” system			
	09	Follows standard operating procedures for distribution of drugs within the facility			
SS-03 The pharmacist or equivalent person ensures that the pharmacy has enough stock of basic drugs for at least one month	01	Ensures availability of essential analgesics and anaesthetics **(DETAILS ON THE NEXT PAGE)**			
	02	Ensures availability of antibiotics and antimalarial drugs **(DETAILS ON THE NEXT PAGE)**			
	03	Ensures availability of essential anticonvulsants, anti-hypertensive, and diuretics **(DETAILS ON THE NEXT PAGE)**			
	04	Ensures availability of intravenous electrolytic solutions **(DETAILS ON THE NEXT PAGE)**			
	05	Ensures availability of drugs for maternal and newborn care **(DETAILS ON THE NEXT PAGE)**			
	06	Ensures availability of vaccines **(DETAILS ON THE NEXT PAGE)**			

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
	07	Ensures availability of ARVs for PMTCT (tablets and syrup)			
	08	Ensures availability of contraceptives **(DETAILS ON THE NEXT PAGE)**			

SS-03 (01): Essential Analgesics and Anaesthetics

Anaesthetics General and Pre-Operative Drugs:
- Halothane (inhaler)
- Nitrous oxide or other general anaesthetic agent
- Oxygen (gas)
- Ketamine (injection)
- Thiopental (injection)
- Atropine (injection)
- Diazepam (injection, tablets)

Anaesthetics—Local:
- Lidocaine, 1% to 5%, with and without epinephrine

Analgesics:
- Acetylsalicylic acid (tablets)
- Paracetamol (tablets, suppository, syrup)
- Pethidine or codeine or diclofenac or morphine (injection)

SS-03 (02): Antibiotics and Antimalarial drugs
Anti-Infection Agents, and Antibiotics
- Amoxillin (tablets, syrups)
- Ampicillin (injection, capsules, oral suspension) or penicillin "G" (injection) (if either of the two is in stock, the answer is "YES", specify in comments which is/are in stock)
- Benzathine Penicilline (injection)
- Penicilline "V" tablets, phenoxy methyl Penicilline
- Cefritiazone (injection) and tabs Ciproflaxin
- Chloramphenical (injection, Cream oral suspension)
- Clotrimazole (cream, Suspension, pessaries)
- Miconazole (tablets, jelly)
- Fluconazole (injection)
- Doxycycline (Capsules)
- Gentamycine (injection)
- Metronidazole (tablets, syrup, injection)
- Erythromycine(tablets, capsules, syrup)
- Tetracycline ophthalmic ointment 1%
- Sulfamethoxazole-trimethoprim (tablets, syrup, injection) (Co-trimoxazole)

Antimalarial Drugs:
- Sulfadoxine-pyrimethamine (SP)
- Lumefantrine Artemether (Alu)
- Quinine (tablets)
- Quinine (injection)
- Artemether (injection)

Antihelminthics:
- Mebendazole or Albendazole

SS-03 (03): Essential Anticonvulsants, Antihypertensives, and Diuretics

Anticonvulsants:
- Magnesium Sulphate(Injection)
- Caicium gluconate (for toxicity, injection)
- Diazepam (injection, tablets)

Anti-hypertensives (may be only one of the followings):
- Hydralazine (injection, tablets)
- Methyldopa (tablets)
- Nifedipine (tablets)

Diuretics:
- Frusemide injection or tablets)

SS-03 (05): Drugs for Maternal and Newborn Care
- Oxytocin (injection)
- Ergometrine (injection)
- Misoprostol (tablets)

Antianaemias:
- Ferrous Sulfate (tablets, syrup)
- Folic Acid (tablets)

Antiallergics:
- Epinephrine (injection)
- Phenergan (injection, tablets)

Antidiabetics Agents:
- Insulin (injection)
- Oral antidiabetic agents

SS-03 (04): Intravenous Electrolytic Solutions
- 5% glucose, isotonic (solution)
- Normal Saline
- Distilled water (injection)
- 50% or 25% or 10% Dextrose
- Ringers Lactate (Hartmann's Solution)

SS-03 (06): Vaccines
- Tetanus(injection) Tetanus Toxoid
- Polio (oral)
- BCG (injection)
- DPT – PENTA Vaccine
- Measles, Rotavirus vaccine, Pneumococcal vaccine
- Diluents

SS-03 (08): Contraceptives
- Oral contraceptives
- Injectable
- IUCDs
- Condoms
- Implants

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
LABORATORY					
SS-04 The facility manager or lab staff prepares the laboratory for sample taking and processing	01	Ensures availability of a laboratory assistant to conduct essential and emergency laboratory tests as per national policy			
	02	Ensures that the blood sampling area, furniture and equipment are kept clean and disinfected			
	03	Ensures availability of Infection Prevention and Control (IPC) supplies **(DETAILS ON THE NEXT PAGE)**			
SS-05 The facility manager or lab staff ensures that the laboratory is equipped for performing the basic tests	01	Ensures availability of equipment and supplies to perform haematocrit tests **(DETAILS ON THE NEXT PAGE)**			
	02	Ensures availability of equipment and supplies to perform haemoglobin **(DETAILS ON THE NEXT PAGE)**			
	03	Ensures availability of equipment and supplies to perform white blood cell count **(DETAILS ON THE NEXT PAGE)**			
	04	Ensures availability of equipment and supplies to perform thick and thin smear **(DETAILS ON THE NEXT PAGE)**			
	05	Ensures availability of equipment and supplies to perform coagulation tests **(DETAILS ON THE NEXT PAGE)**			
	06	Ensures availability of equipment and supplies to perform glucose test **(DETAILS ON THE NEXT PAGE)**			
	07	Ensures availability of equipment and supplies to perform routine urinalysis **(DETAILS ON THE NEXT PAGE)**			
	08	Ensures availability of syphilis test kits reagents			
	09	Ensures availability of pregnancy test kits			
	10	Ensures availability of equipment and supplies to perform rapid test and confirmation test for HIV **(DETAILS ON THE NEXT PAGE**)			

SS-04 (03): Infection Prevention Supplies

- Running water, soap and paper towel; or dispenser of alcohol hand rub 70%
- Disinfectant solutions for blood sampling
- Disposable gloves (one pair for each procedure)
- Puncture-proof container for needles
- Deposits with properly coloured bags for contaminated and non-contaminated waste
- Buckets for decontamination
- Utility heavy gloves

SS-05 (01): Minimum Laboratory Tests Equipment and Supplies for Basic Haematocrit tests (Manual Procedure)

- Centrifuge for micro-haemoglobin
- Table to read results
- Heparinized capillary tubes or unheparinized tube if blood is collected with EDTA
- Ethanol 70% (Methylated Spirit 70%)
- Lancets or syringes and needles
- Capillary tube sealer
- Cotton wool
- Sharps container
- Examination gloves/Latex
- Register

SS-05 (02): Haemoglobin

- Haemoglobin counter/metre with cuvette
- Pipette
- Haemoglobin reagents
- Distilled water
- Haemoque machine with cuvette
- EDTA tubes

SS-05 (03): White Blood Cell Count (Manual Procedure)

- Neubauer chamber
- White blood cell solution
- Capillary tube
- Cover Slips for Neubauer
- Container with 0.5% chlorine solution

SS-05 (04): Thick and Thin Smear

- Binocular microscope with x 100 objective immersion lens
- Immersion oil
- Smear slides and cover slips
- Timer
- Drying tray
- Methanol
- Ethanol 70%
- Field stain A
- Field stain B
- Pasteur pipette or dropper
- Lancet or needles
- Antiseptic
- Cotton swabs
- Sharps container
- Waste container with bin liner
- Gloves

SS-05 (05): Coagulation Tests

***NOTE*: If the Health facility does not perform CEmONC**

This procedure of Bleeding Time and clotting Time (bedside) by using incubator

SS-05 (06): Glucose Tests (Manual Procedure)

PUT "YES" if the facility has one among these:

1)

- Spectrophotometer/Glucometer
- Calibrated pipette for 5–50 µl
  - **NOTE:** This equipment should be calibrated by TBS according to the manufacturer's instructions
- Calibrated pipette for 50–200 µl
- Calibrated pipette for 200–1000 µl
- Pipette tips
- Yellow tips
- Blue tips
- Glass tube 12 x 75 mm
- Test tube holder
- Distilled water
- Reagents
- Centrifuge
- Test tubes without anticoagulants
- Pasteur pipettes

OR

2)

- Glucoplus with its Strips

SS-05 (07): Urine Tests

PUT" YES" if the facility has one among these:

1)

- Multi sticks strips
- Centrifuge tubes
- Glass slides and cover slips
- Binocular microscope with all objectives (x 10 x 40 x 100)
- Pasteur pipette
- Centrifuge
- Tube rack
- Test tubes
- Test tube holder

OR

2)

- Formaldehyde
- 500 ml—1 litre measuring cylinder
- Spectrophotometer

SS-05 (10): HIV Tests

- HIV testing reagents according to current testing algorithms
- Domestic refrigerator

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
SS-06 The facility manager ensures that the facility is suitable for the comfort and safety of clients and staff	01	Ensures that the facility has clearly visible external and internal signs to facilitate client information and flow			
	02	Ensures that the facility is handicapped accessible (e.g., has wheelchair ramps, bathrooms are suitable for handicapped clients)			
	03	Ensures that the reception and waiting area is clean and adequate **(DETAILS ON THE NEXT PAGE)**			
	04	Prepares and communicates to personnel general written policies/procedures for infection prevention practices in the hospital **(DETAILS ON THE NEXT PAGE**)			
	05	Ensures that toilets for clients and staff are clean and functional **(DETAILS ON THE NEXT PAGE)**			
	06	Ensures that the facility has enough seats for clients and staff			
	07	Ensures proper cleaning of all rooms according to schedule **(DETAILS ON THE NEXT PAGE)**			
	08	Organizes client-flow systems for antenatal care services, women in labour and other reproductive health services			
SS-07 The facility manager ensures appropriate provision of critical supplies for basic emergency obstetric care services	01	Organizes and implements a supply requisition system			
	02	Ensures adequate storage of supplies, including stock control			
	03	Manages supply provision to ensure a six-week minimum stock of supplies **(DETAILS ON THE NEXT PAGE)**			

SS-06 (03): Expected Characteristics of the Reception and Waiting Area

- Room has adequate number of seats for clients and staff
- There is a desk and file cabinet for receptionist
- Room is well ventilated
- Room is well lighted
- A TV set with VCR is available
- Educational materials are available

SS-06 (04): Policies/Procedures for Infection Prevention

- Isolation
- Safe injection
- Safe blood
- Visiting hours
- Housekeeping
- Waste management:
  - Placenta pit
  - Incinerator

SS-06 (05): Expected Characteristics of Bathrooms and Toilets

- Separated bathrooms for clients and staff
- Client toilets separated for males and females
- Toilet doors lock
- Sinks, taps and toilets are functioning and having running water
- Soap is available
- Paper towel is available
- Tissue is available
- A dust bin is available
- Toilets are clean, and are properly cleaned according to schedule or when necessary

SS-06 (07): Standard Cleaning Procedures

- Cleaning personnel must use utility heavy gloves, mask, plastic/rubber apron, protective eyewear and shoes
- Floors are wet mopped with a disinfectant solution (0.5% chlorine solution + soap) using the two-bucket or three-bucket techniques
- Walls are cleaned with a clean cloth or mop wet in a cleaning solution
- Chairs, lamps, tables, tabletops, lights, top of doors and counters must be wiped with a damp cloth, containing disinfectant cleaning solution
- Non-critical equipment (e.g., stethoscope and blood pressure cuffs) must be wiped with a damp cloth with water and detergent; if the equipment is visibly soiled with blood or body fluids or the patient is under contact precautions, it must be cleaned and disinfected before reuse

SS-07 (03): Expected List of Supplies Available at Any Time

- Sterile gloves
- Examination gloves
- Heavy-duty gloves
- Cotton and gauze
- Bandages/ adhesive plaster
- Syringes and needles
- Lab materials
- Pillows
- Robes/gowns for patients
- Venipuncture supplies
- Paper towel
- Soap or detergent
- Hand soap
- Alcohol hand rub 70–90%
- Coloured plastic bags for waste
- Stationary and forms
- IV giving sets
- IV cannulae gauge 14, or 16, or 18
- Foley Catheters—mixed sizes
- Catheter bags
- Toniquet

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
SS-08 The facility manager ensures that basic management systems are working	01	Organizes a referral system that tracks clients transferred to/from other health units			
	02	Organizes a scheduling system for clients considering staff availability and estimated number of new and follow-up clients			
	03	Organizes the client flow, specifying the responsible persons and procedures to be completed in each step			
	04	Organizes lines of authority and internal communication through organogram and monthly staff meetings			
	05	Ensures that clear and updated job descriptions are known and understood by every staff member			
	06	Organizes and tracks progress for the implementation of annual plans			
	07	Organizes a system for assessing client satisfaction periodically			
	08	Keeps track of key input, process and outcome indicators according to national guidelines			
SS-09 The facility manager ensures sufficient materials and supplies for IPC in the facility are present	01	Verifies bulk stock in main store, pharmacy, and other areas if there is adequate in the last three months **(DETAILS ON THE NEXT PAGE)**			
	02	IPC supplies are included in the facility budget			
SS–10 The facility has well-functioning referral system in place	Verify through document review and interview:				
	01	Referral forms are available and accurately documented			
	02	Protocols are posted or available and accessible for references before referral			
	03	Copy of the referral form is available for follow-up			
SS-11 The facility management ensures ambulance is clean and available	01	Verifies if the ambulance is free of blood, body execrators and fluids on bed/stretcher, walls, floor, ceiling and seats			
	02	Ready-to-use emergency tray and equipment /supplies are available			
	03	Verifies if personal protective gear and other supplies are available in the ambulance **(DETAILS ON THE NEXT PAGE)**			

SS-09 (01): Infection Prevention Supplies

- Sterile gloves
- Disposal gloves
- Utility gloves
- Disposable needles and syringes
- Masks
- Goggles
- Sufficient linen (sheets, surgical scrubs, drapes)
- Mopping buckets with mops
- Gumboots or enclosed shoes
- Plastic bags
- Detergents
- Brushes
- Antiseptics: Cetrimide and chlohexidine gluconate (2%–4%), e.g., savlon, Hibitane, Iodine (1%–3%)
- Chlorine solution or powder
- Safety box

SS-11 (03): Personal Protective Gear

- Gloves
- Masks
- Goggles or face shield
- Plastic apron
- Head caps
- Boots
- Gowns

STANDARD	N°	VERIFICATION CRITERIA	OBSERVATION (Y, N, NA)	COMMENTS	SCORE
SS-12 The facility manager ensures that waste is properly handled and disposed	01	Ensures the appropriate disposal of waste according to its nature in the respective coloured bags			
	02	Ensures that staff handling waste bags and puncture-proof containers use all the recommended protection equipment			
	03	Ensures the daily collection of bags and puncture-proof containers when 3/4ths full			
	04	Ensures that waste products are disposed according to national guidelines			
SS-13 The facility has linkage with community and community organisations within its catchment area	Verify through interview and review of records that:				
	01	There is a record (with minutes) of periodic facility management committee meetings between the facility and the community organization representatives			
	02	There is a schedule and reports of the outreach activities in the catchment area			
	03	There is a system of conducting client exit and community representative surveys to determine client satisfaction			
	04	The community committee meets with hospital management as per schedule; action plans and implementation are documented			

TOTAL STANDARDS:	**13**
TOTAL STANDARDS OBSERVED:	
TOTAL STANDARDS MET:	

Summary of All Standards

AREA 1: NORMAL LABOUR, DELIVERY, AND IMMEDIATE NEWBORN CARE

	STANDARD	SCORE
1.	The provider prepares equipment, supplies, and the environment to conduct clean and safe deliveries.	
2.	The provider performs a quick check and rapid initial assessment of the pregnant women in labour to identify complications and prioritize admissions.	
3.	The provider communicates with the woman and her companion in a cordial manner.	
4.	The provider properly reviews and fills out the clinical history of the woman in labour.	
5.	The provider properly conducts the physical examination between contractions and if time allows.	
6.	The provider properly conducts the obstetric examination between contractions if time allows.	
7.	The provider properly conducts a vaginal examination.	
8.	The provider provides counselling and testing the woman in labour with unknown HIV and Syphilis status.	
9.	The provider decides and implements appropriate supportive care during labour, according to the findings of the history and physical exam.	
10.	The provider uses the partograph to monitor labour and make adjustments to care.	
11.	The provider prepares to assist the birth.	
12.	The provider assists the woman to have a safe and clean birth.	
13.	The provider provides immediate newborn care.	
14.	The provider adequately performs active management of the third stage of labour.	
15.	The provider adequately performs immediate postpartum care.	
16.	The provider properly disposes of the used instruments and medical waste after assisting the birth.	
17.	The provider properly monitors the newborn in immediate postpartum period.	
18.	The provider closely monitors the woman for at least two hours after the birth.	
19.	The provider effectively demonstrates correct technique for resuscitation.	
20.	The provider effectively demonstrates post-resuscitation tasks.	
	TOTAL	

AREA 2: MANAGEMENT OF COMPLICATIONS DURING LABOUR AND DELIVERY

	STANDARD	SCORE
1.	The provider conducts rapid assessment and identifies shock.	
2.	The provider conducts immediate management and care of shock.	
3.	The provider correctly continues management according to woman's response to initial treatment.	
4.	The provider correctly manages the cause of hypovolemic shock.	
5.	The provider correctly manages incomplete abortion.	
6.	The provider properly performs the general management of postpartum haemmorhage (PPH).	
7.	The provider properly performs the specific management of the cause of the PPH.	
8.	The provider properly performs follow-up of PPH.	
9.	The provider correctly manages severe pre-eclampsia and/or eclampsia.	
10.	The provider correctly recognizes obstructed labour.	
11.	The provider correctly manages prolonged second stage of labour.	
12.	The provider correctly manages puerperal sepsis.	
	TOTAL	

AREA 3: POSTNATAL CARE FOR THE MOTHER AND NEONATE

	STANDARD	SCORE
1.	The provider properly assesses condition of the neonate before discharge.	
2.	The provider properly manages the neonate.	
3.	The provider counsels the mother on baby care.	
4.	The provider communicates with the woman her follow-up clinic visits.	
5.	The provider educates and counsels the mother about proper care during the puerperium.	
6.	The provider is able to counsel clients regarding postpartum contraception and LAM.	
7.	The provider treats the woman in a cordial and culturally accepted manner. ***(1st visit within 7 days)***	
8.	The provider conducts routine physical examination of the woman.	
	TOTAL	

AREA 4: INFRASTRUCTURE AND HUMAN RESOURCES

	STANDARD	SCORE
1.	The health facility has the minimum human resources for providing emergency obstetric and newborn care.	
2.	The examination area for admission/registration is equipped with furniture and equipment that are suitable for use.	
3.	Area where providers give group educational skills is adequate.	
4.	The area designated for labour and delivery is adequate.	
5.	The area for immediate newborn care is adequate.	
6.	The in-patient maternity ward is adequate for providing postpartum care.	
7.	Bathrooms in the labour, delivery and postpartum areas are adequate.	
8.	Toilets for staff are sufficient.	
	TOTAL	

AREA 5: SUPPORT SYSTEMS

	STANDARD	SCORE
1.	The pharmacist or equivalent person properly manages a requisition system for provision of drugs and medical supplies.	
2.	The pharmacist or equivalent person properly stores and manages the drugs and medical supplies.	
3.	The pharmacist or equivalent person ensures that the pharmacy has enough stock of basic drugs for at least one month.	
4.	The facility manager or lab staff prepares the laboratory for sample taking and processing.	
5.	The facility manager or lab staff ensures that the laboratory is equipped for performing the basic tests.	
6.	The facility manager ensures that the facility is suitable for the comfort and safety of clients and staff.	
7.	The facility manager ensures appropriate provision of critical supplies for basic emergency obstetric care services.	
8.	The facility manager ensures that basic management systems are working.	
9.	The facility manager ensures sufficient materials and supplies for infection prevention in the hospital.	
10.	The facility has well-functioning referral system in place.	
11.	The facility management ensures hospital ambulance is clean and available.	
12.	The facility manager ensures that waste is properly handled and disposed.	
13.	The facility has linkage with community and community organisations within its catchment area.	
	TOTAL	