

Modified WHO Safe Childbirth Checklist – 30 items

Checklist Item	Decision	Action
Does the mother need Fast Track Emergency Referral? - 1 Item		
'Golden Hour' Concept		
Is it a 'Red Flag' Situation? <ul style="list-style-type: none"> • Hemorrhage? • Fits? Visual disturbance? Headache ? • Blood Pressure above 170 / 120? • Severe Infection? • Obstructed Labour? 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrange Fast Track Emergency <u>Transfer to Hospital</u> AND Arrange Fast Track <u>Reception at Hospital</u>
On admission of the mother to the birth facility - 8 Items		
Does mother need Normal Referral?	<input type="checkbox"/> Yes, organized <input type="checkbox"/> No	According to facility's criteria
Partograph started?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start plotting when cervix ≥ 4 cm, then cervix should dilate ≥ 1 cm/hr. Every 30 min: plot heart rate, contractions, fetal heart rate. Every 2 hours: plot temperature. Every 4 hours: plot blood pressure Will start when ≥ 4 cm
Does mother need to start antibiotics?	<input type="checkbox"/> Yes, given <input type="checkbox"/> No	Give if temperature $\geq 38^{\circ}\text{C}$, foul-smelling vaginal discharge, rupture of membranes >18 hours, OR labor >24 hours
Does mother need to start magnesium sulfate?	<input type="checkbox"/> Yes, given <input type="checkbox"/> No	Give if (1) diastolic blood pressure ≥ 110 mmHg and 3+ proteinuria, OR (2) diastolic blood pressure ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, OR epigastric pain
Does mother need to start anti-retroviral medicine?	<input type="checkbox"/> Yes, given <input type="checkbox"/> No	Give if mother is HIV+ and in labor
Supplies available to clean hands and wear gloves for each vaginal exam	<input type="checkbox"/> Yes	
Birth companion encouraged to be present at birth	<input type="checkbox"/> Yes	
Confirm that mother/companion will call for help during labor if mother has a danger sign	<input type="checkbox"/> Yes	Call for help if bleeding, severe abdominal pain, severe headache, visual disturbance, urge to push, OR difficulty emptying bladder
Just before pushing (or before Cesarean) - 5 Items		
Does mother need to start antibiotics?	<input type="checkbox"/> Yes, given <input type="checkbox"/> No	Give if temperature $\geq 38^{\circ}\text{C}$, foul-smelling vaginal discharge, rupture of membranes >18 hours now, labor >24 hours now, OR cesarean section

Does mother need to start magnesium sulfate?	<input type="checkbox"/> Yes, given	Give if (1) diastolic blood pressure ≥ 110 mmHg and 3+ proteinuria, OR (2) diastolic blood pressure ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, OR epigastric pain
	<input type="checkbox"/> No	
Are essential supplies at bedside for mother? <ul style="list-style-type: none"> Gloves Soap and clean water Oxytocin 10 IU in syringe 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	Prepare to care for mother immediately after birth: (1) Exclude 2 nd baby, (2) Give oxytocin within 1 minute, (3) Controlled cord traction to deliver placenta, (4) Massage uterus after placenta is delivered
Are essential supplies at bedside for baby? <ul style="list-style-type: none"> Clean towel Sterile blade to cut cord Suction device Bag-and-mask 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	Prepare to care for baby immediately after birth: (1) Dry baby and keep warm, (2) If not breathing: stimulate and clear airway, (3) If still not breathing: cut cord, ventilate with bag-and-mask, (4) shout for help
Assistant identified and informed to be ready to help at birth if needed?	<input type="checkbox"/> Yes	
Soon after birth (within 1 hour) - 9 Items		
Is mother bleeding too much?	<input type="checkbox"/> Yes, shout for help	If bleeding ≥ 500 ml, or if ≥ 250 ml and severely anemic: massage uterus, consider additional uterotonic, start intravenous line, treat cause
	<input type="checkbox"/> No	
Does mother need to start antibiotics?	<input type="checkbox"/> Yes, given	Give if placenta manually removed, or if temperature $\geq 38^{\circ}\text{C}$ and any: foul-smelling vaginal discharge. lower abdominal tenderness, rupture of membranes >18 hours at time of delivery, OR labor >24 hours at time of delivery
	<input type="checkbox"/> No	
Does mother need to start magnesium sulfate?	<input type="checkbox"/> Yes, given	Give if (1) diastolic blood pressure ≥ 110 mmHg and 3+ proteinuria, OR (2) diastolic blood pressure ≥ 90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, OR epigastric pain
	<input type="checkbox"/> No	
Does baby need referral?	<input type="checkbox"/> Yes, organized	According to facility's criteria
	<input type="checkbox"/> No	
Does baby need to start antibiotics?	<input type="checkbox"/> Yes, given	Give if antibiotics were given to mother, OR if baby has any: <ul style="list-style-type: none"> breathing too fast (>60 breaths/min) or too slow (<30 breaths/min), chest in-drawing, grunting, convulsions, no movement on stimulation, OR too cold (temperature $< 35^{\circ}\text{C}$ and not rising after warming) or too hot (temperature $> 38^{\circ}\text{C}$)
	<input type="checkbox"/> No	
Does baby need special care and monitoring?	<input type="checkbox"/> Yes	Recommended if more than 1 month early, birth weight <2500 grams, needs antibiotics, OR required resuscitation
	<input type="checkbox"/> No	

Does baby need to start an anti-retroviral medicine?	<input type="checkbox"/> Yes, given	Give anti-retroviral medicine if mother is HIV+
	<input type="checkbox"/> No	
Started breastfeeding and skin-to-skin contact? (if mother and baby are well)	<input type="checkbox"/> Yes	
Confirm that mother/companion will call for help if:	<input type="checkbox"/> Yes	If: Mother has bleeding, severe abdominal pain, severe headache, visual disturbance, breathing difficulty, fever/chills, OR difficulty emptying bladder
Confirm that mother/companion will call for help if:	<input type="checkbox"/> Yes	If: Baby has fast or difficulty breathing, fever, unusually cold, stops feeding well, less activity than normal, OR whole body becomes yellow
Before discharge - 7 Items		
Is mother's bleeding controlled?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No,	Treat and delay discharge
Does mother need to start antibiotics?	<input type="checkbox"/> Yes, given	Give if temperature $\geq 38^{\circ}\text{C}$ and any: chills, foul-smelling vaginal discharge, OR lower abdominal tenderness
	<input type="checkbox"/> No	
Does baby need to start antibiotics?	<input type="checkbox"/> Yes, give antibiotics, delay discharge, and give special care or refer	<ul style="list-style-type: none"> • Give if breathing too fast (>60 breaths/min) or too slow (<30 breaths/min), • chest in-drawing, grunting, convulsions, no movement on stimulation, • too cold (temperature $<35^{\circ}\text{C}$ and not rising after warming) • or too hot (temperature $>38^{\circ}\text{C}$), • stopped breastfeeding well, OR umbilical redness extending to skin or draining pus
	<input type="checkbox"/> No	
Is baby feeding well?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	Help and delay discharge
<input type="checkbox"/> Family planning options discussed and offered to mother		
Confirm that mother/companion will call for help if:	<input type="checkbox"/> Yes	Mother has bleeding, severe abdominal pain, severe headache, visual disturbance, breathing difficulty, fever/chills, OR difficulty emptying bladder
Confirm that mother/companion will call for help if:	<input type="checkbox"/> Yes	Baby has fast or difficulty breathing, fever, unusually cold, stops feeding well, less activity than normal, OR whole body becomes yellow
Follow-up arranged for mother and baby	<input type="checkbox"/> Yes	