



Rapid Assessment

29 July, 2013 to 2nd August, 2013

District Kaithal

**Facility Readiness Assessment for Essential
Newborn Care and Resuscitation**

Child Health Division, NRHM, Haryana

in technical collaboration with



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Maternal and Child Health
Integrated Program



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1. Objectives:

1. Qualitative and quantitative assessment of readiness of our health facilities for essential newborn care and resuscitation.
2. To assess the quality of essential newborn care provided to each and every neonate immediately after birth.
3. To understand the existing knowledge, skills, attitudes and practices of the health service providers.
4. On job trainings to the service providers on novelties in essential newborn care and resuscitation.

2. Materials and Methods

1. A structured and tested assessment tool has been used to assess the facilities on 8 parameters viz. facility identification and infrastructure, availability of services, human resource, Equipment and supplies, Register and client case records, protocols and guidelines, individual case records, knowledge and practices.
2. Knowledge and skill assessment has been done on the newborn simulators (mannequins).
3. The current and ideal practices in essential newborn care and resuscitation have been demonstrated to the service providers on the mannequins.

Our teams visited 35 facilities in the district, from **29th July, 2013 to 2nd August, 2013**, including General Hospital, all CHCs and PHCs and the delivery huts with monthly delivery load of 3 or more. Following is the list of facilities visited:

Sr. No.	Name of Facility
1.	General Hospital, Kaithal
2.	CHC Guhla
3.	CHC Kalayat
4.	CHC Kaul
5.	CHC Pundri
6.	CHC Rajound
7.	CHC Siwan
8.	PHC Balu
9.	PHC Batta
10.	PHC Bhagal
11.	PHC Deoban
12.	PHC Dhand
13.	PHC Habri
14.	PHC Jakholi
15.	PHC Kangthali
16.	PHC Karora
17.	PHC Koerak



18.	PHC Kharkan
19.	PHC Kithana
20.	PHC Mundri
21.	PHC Padla
22.	PHC Pai
23.	PHC Rasina
24.	SC Balbera
25.	SC Khurana
26.	SC Matour
27.	SC Niwach
28.	SC Ramgarh
29.	SC Rohera
30.	SC Sajuma
31.	SC Sega
32.	SC Shimla
33.	SC Sirsal
34.	SC Tatiana
35.	SC Teek

4. The findings of district Kaithal in general are as follows:

1. Newborn drying and wrapping sheets are not available at many facilities.
2. Running water and toilets are not available in labour rooms in many facilities.
3. Appropriate hand washing stations are not available in most of the facilities.
4. Suction catheters are not available.
5. Disposable mucus extractors are not available. Reuse of mucus extractors is rampant in most of the facilities.
6. Shoulder roll not available.
7. Room thermometer in labour room not available in many facilities.
8. Autoclave available but not in use in many facilities.
9. Infection prevention and hygiene protocols for labour room and NBCC are not followed.
10. Suction of every new born is in practice in majority of facilities.
11. Immediate cord cutting and taking the newborn away from mother is in practice.
12. Every newborn is taken to radiant warmer regardless of his/her general condition.
13. Skin to skin contact between mother and newborn is not in practice.
14. Staff nurses in some of the facilities were not clear about the use of Bag and Mask.
15. Staff nurses are not conversant with pressure maintenance technique in electric suction machine.
16. Case sheets/files are not available in delivery huts.
17. Partograph not available in few delivery huts.
18. Case sheets do not have records of essential newborn care.



19. Knowledge of staff nurses and ANMs about essential newborn care and resuscitation is average and holds room for improvement.
20. Skills of essential newborn care and resuscitation are below average and lack grossly in chronological presentation. Use of bag and mask is the only priority in case of newborn asphyxia.
21. There are three designated Newborn Stabilization Units (NBSUs) but none of them is functional viz. CHC Rajound, CHC Kalayat, CHC Rasina.

4 a. Overall Training Status

Sr. No.	No. of Birth attendants	SBA	NSSK	IMNCI
1.	98	87	72	89

4 b. Status of Newborn Corners

Newborn Corners with Radiant Warmer	Newborn Corners with 200 W bulb	Total NBCCs Established	NBCCs still not established	Total Radiant Warmers available (except SNCU, NBSUs at Kalayat and Kaul)
17	13	27 (3 with both radiant warmer and 200 W bulb)	5	23

4 c. Availability of equipment and instruments in NBCCs (n=32)

Sr. No.	Equipment/Instrument	Available (No. of Facilities)	Not available (No. of Facilities)
1.	Self-Inflating Bag	30	2
2.	Mask Size '1'	30	2
3.	Mask Size '0'	28	4
4.	Shoulder Roll	21	11
5.	Suction Catheter	17	15
6.	Disposable Mucus Extractors	29	3
7.	Suction Machine	30	2
8.	Oxygen Cylinder	30	2
9.	Baby Sheets	31	1
10.	NBCC at appropriate place	27	5



4 d. Status of Designated Newborn Stabilization Units (NBSUs)

Sr. No.	Name of Institution	Status
1.	CHC Kalayat	Not Established/Not Functional
2.	CHC Rasina	Not Established/Not Functional
3.	CHC Rajaound	Not Established/Not Functional

5. Quantitative Analysis of various facilities (n= 31)

Table 1. Scores of facilities in various parameters and overall scores.

Name Of Facility	Infrastructure	Delivery and Newborn Care Services	Essential Drugs, Equipment and Supplies	Protocols and Guidelines	Knowledge about Infection Prevention	Provider Knowledge and Skills	Registers and Client Case Records	Facility's Overall Average
PHC Rasina	75	70	74	60	29	73	59	63
PHC Mundri	67	80	72	50	71	49	42	62
PHC Deoban	60	75	70	50	57	70	49	62
GH Kaithal	92	85	77	50	14	52	55	61
PHC Kangthali	69	65	67	60	29	63	69	60
PHC Keorak	71	70	69	60	29	55	59	59
CHC Siwan	81	75	74	30	43	44	63	58
PHC Habri	67	75	70	50	43	48	49	57

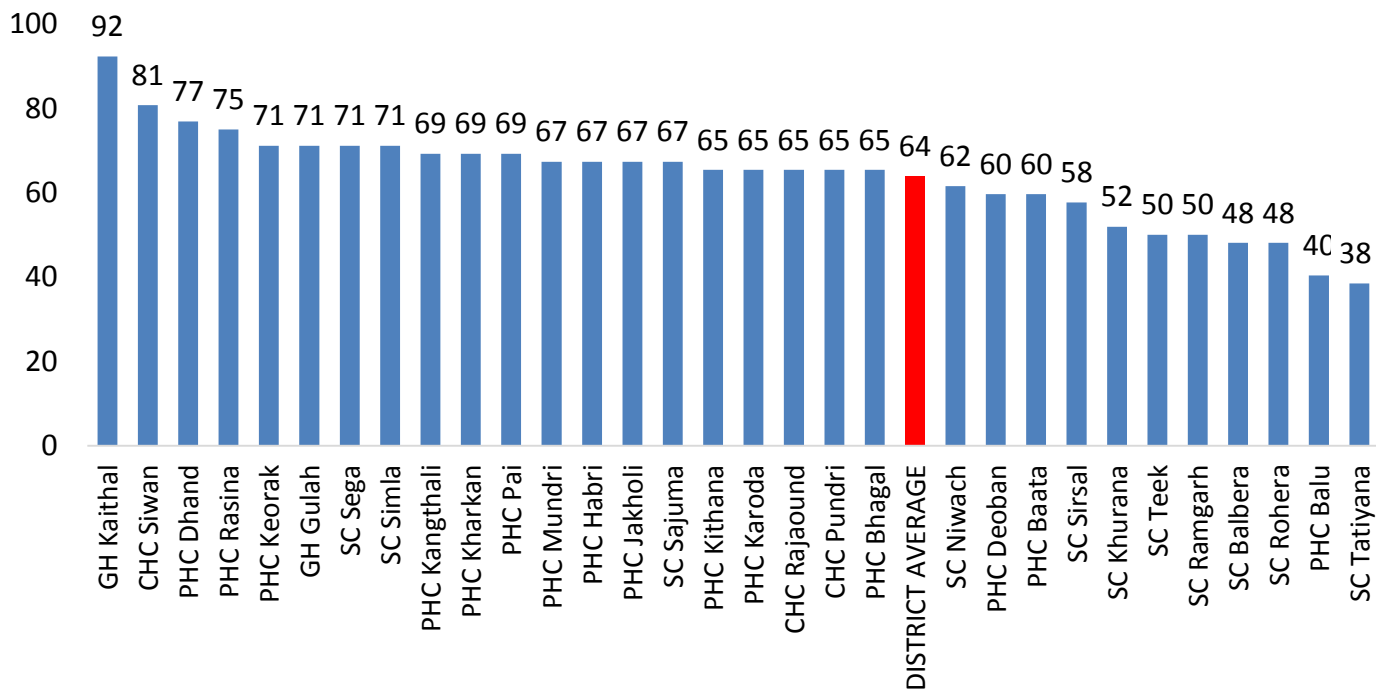


PHC Kithana	65	80	75	60	14	53	47	56
PHC Karoda	65	55	66	60	29	57	63	56
PHC Dhand	77	70	72	50	0	30	83	55
PHC Kharkan	69	70	66	40	14	69	52	54
PHC Pai	69	70	65	40	14	51	56	52
CHC Rajaound	65	75	69	50	0	55	40	51
GH Gulah	71	70	76	60	0	43	35	51
CHC Pundari	65	70	62	50	0	37	63	50
PHC Bhagal	65	75	66	40	14	44	42	50
District Average	64	68	63	45	18	47	35	49
PHC Jakholi	67	75	64	30	0	44	38	45
SC Teek	50	70	55	50	14	41	31	45
SC Niwach	62	65	60	40	43	36	0	44
PHC Batta	60	65	61	30	0	49	34	43
SC Khurana	52	70	53	40	14	45	22	42
SC Sirsal	58	60	57	30	29	47	12	42
SC Sega	71	70	63	50	0	30	0	41
SC Sajuma	67	70	62	20	14	47	0	40



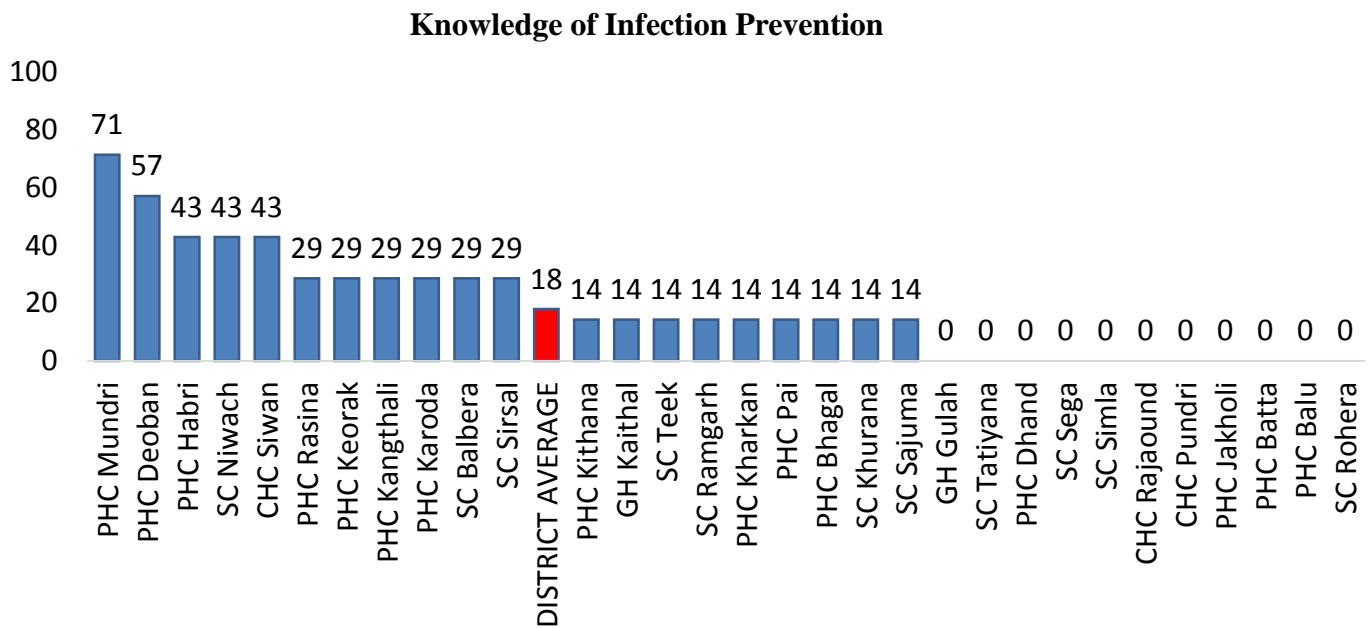
SC Balbera	48	60	51	50	29	37	0	39
SC Simla	71	65	50	50	0	19	0	36
SC Tatiana	38	55	49	60	0	46	0	35
SC Ramgarh	50	30	53	50	14	40	0	34
SC Rohera	48	60	44	20	0	40	13	32
PHC Balu	40	50	49	30	0	31	0	29

Graph 1. Status of Infrastructure (n=31)

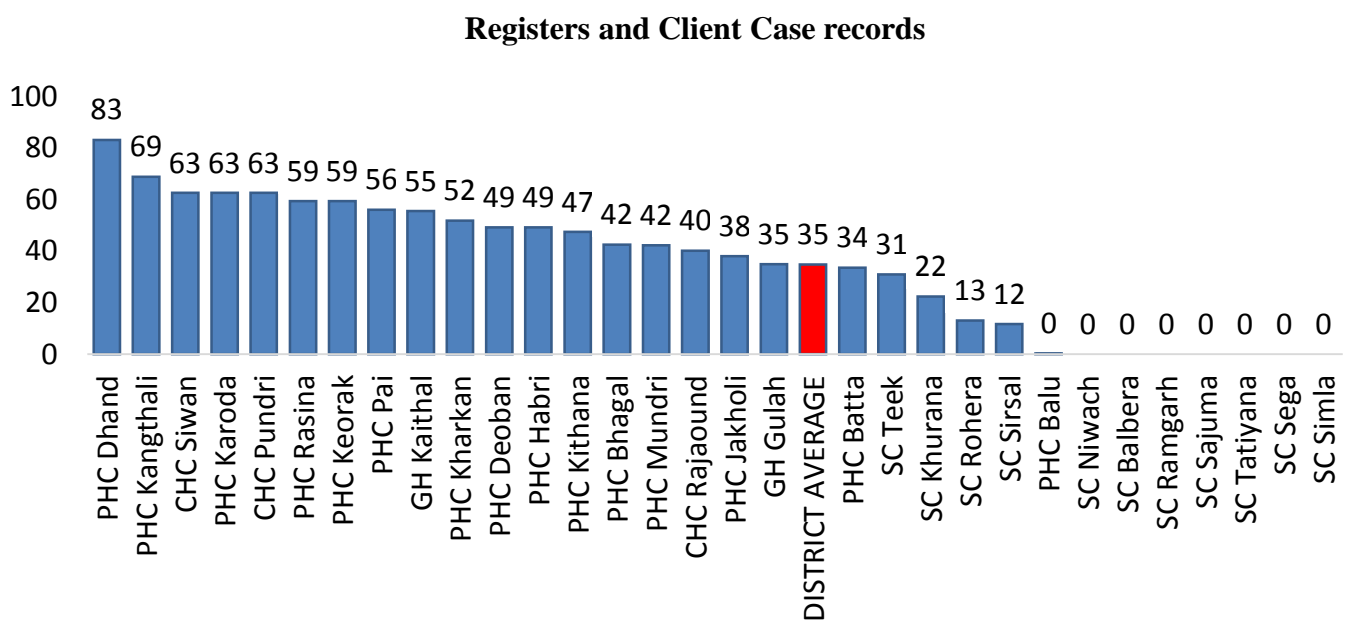




Graph 2. Scores of infection prevention knowledge in providers (n=31)

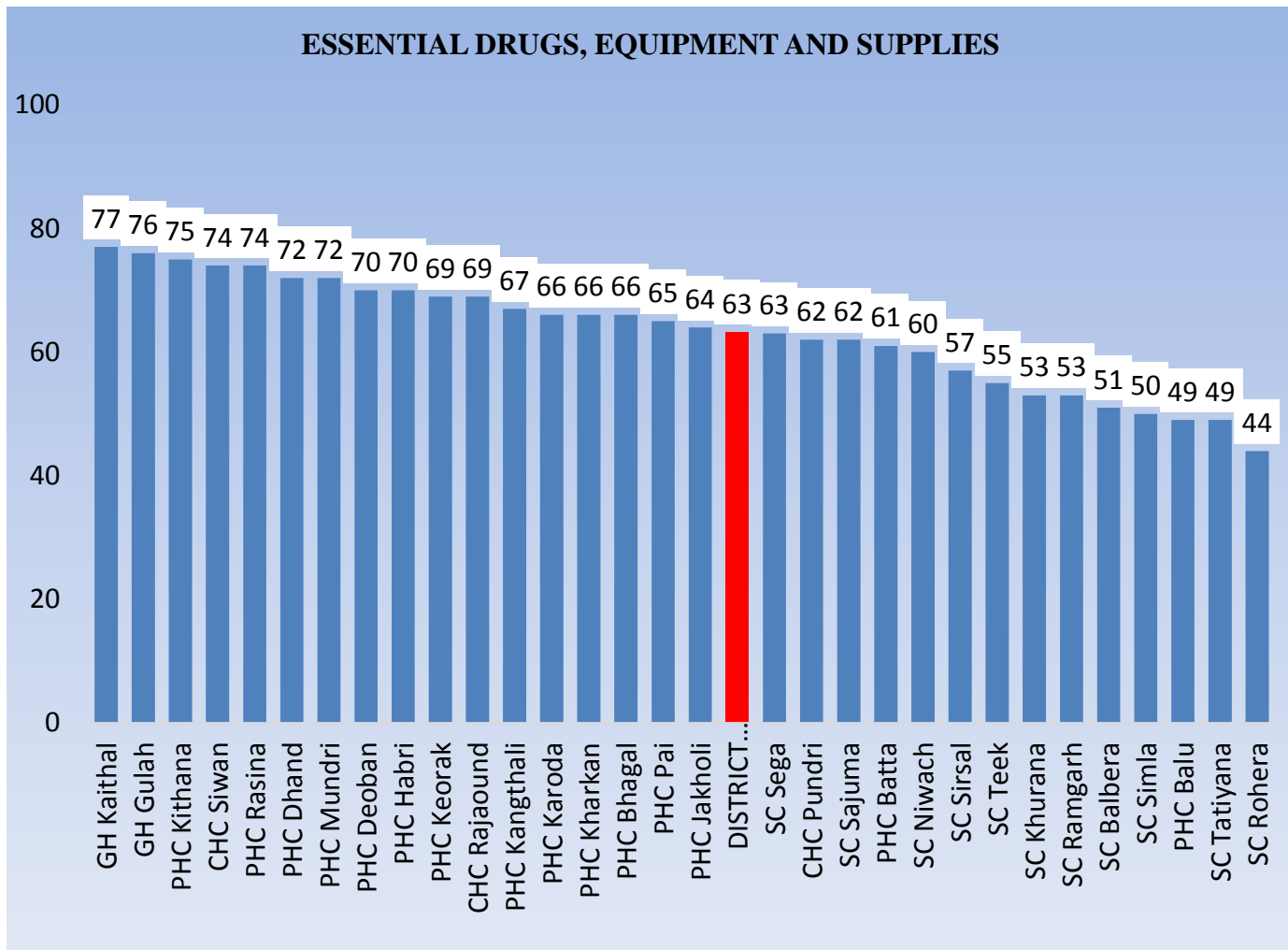


Graph 3. Status of Registers and Client Case record maintenance (n=31)



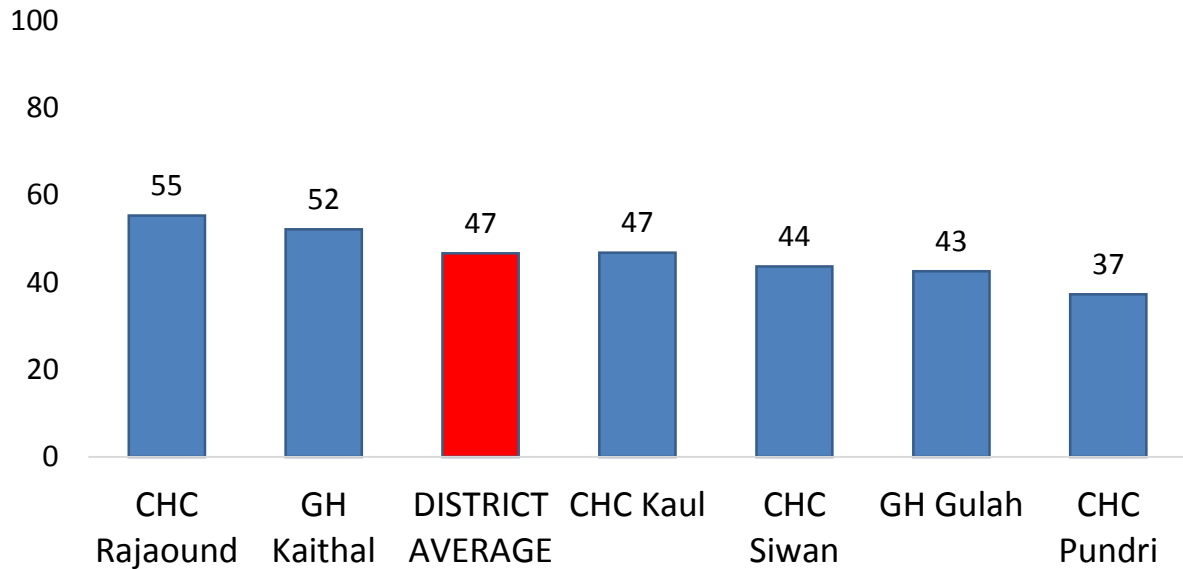


Graph 4. Availability of Essential Drugs, Equipment and Supplies (n=31)

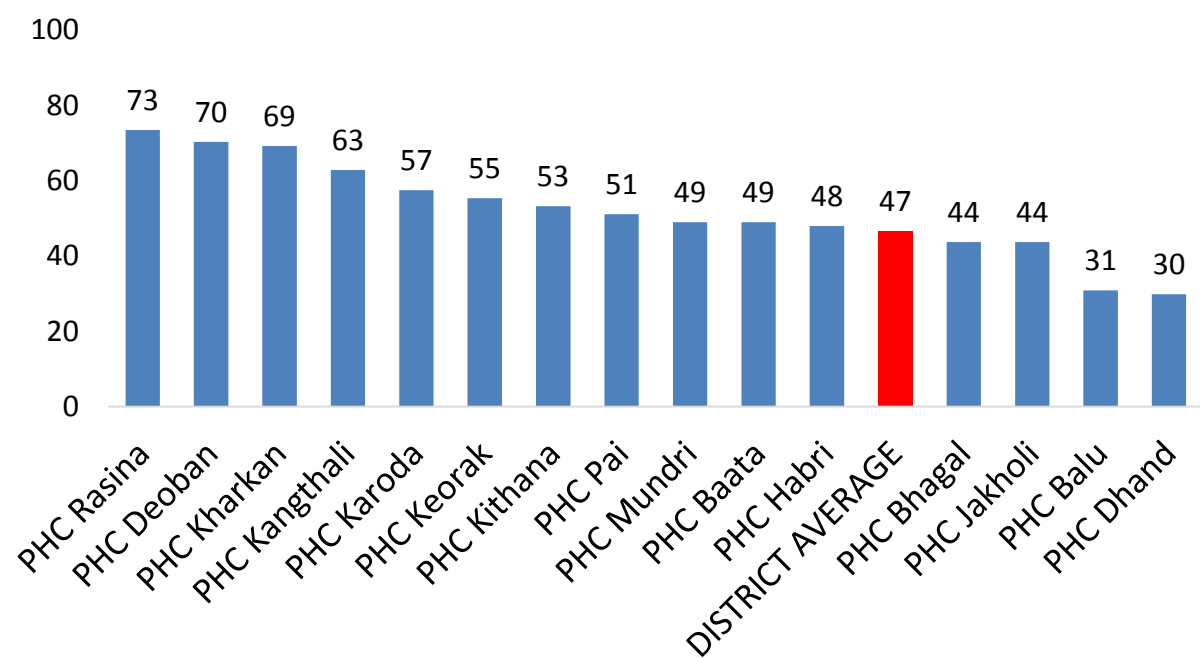




Graph 5. Status of GH and CHC in Essential Newborn Care and Resuscitation Knowledge and Skills (n=6)

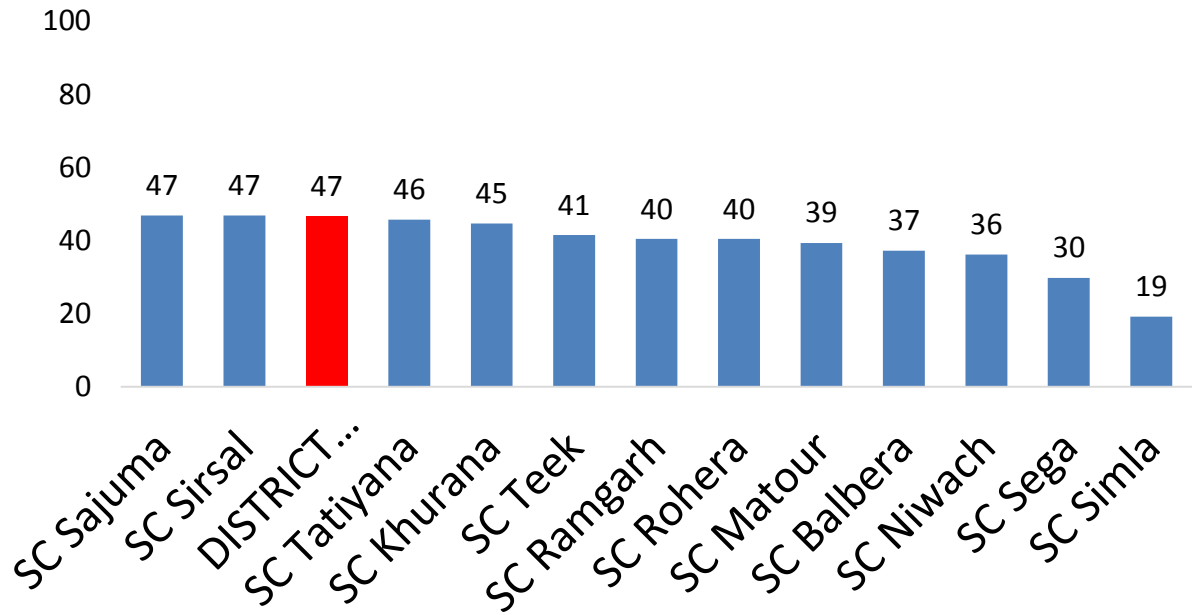


Graph 6. Status of PHCs in Essential Newborn Care and Resuscitation Knowledge and Skills (n=15)





Graph 7. Status of Sub-Centers in Essential Newborn Care and Resuscitation Knowledge and Skills (n=12)





6. Facility wise Qualitative Findings

a. GH, Kaithal

1. Average delivery load is 275/month.
2. Separate septic and aseptic labour rooms available.
3. Newborn corner established in both the labour rooms, but radiant warmer kept in septic labour room is not working and needs repair.
4. Newborn corner also established inside OT.
5. Biomedical Waste picking agency not coming on daily basis to collect placenta and other biomedical waste.
6. Lack of manpower in labour room. Only 5 staff nurses posted there.
7. Infection prevention protocols for disinfection/sterilization of bag and mask; suction apparatus, labour table; cord and mattress and other instruments not being followed.
8. Foot operated suction machine not available in labour room.
9. Electric suction machine was not working properly (creating more pressure than needed) at the time of visit.
10. Room thermometer not available in labour room.
11. Expiry medicines found in emergency tray of labour room. (Inj. Sodium Bicarbonate Exp. May 2013 and Inj. Promethazine Exp. Jan. 2013)

Practices:

12. Birth preparedness not in practice.
13. Radiant warmer not kept ON before delivery of newborn. Ambu bag not kept ready. Pre-warmed sheets not being used to receive baby.
14. Milking of cord and immediate cord cutting in practice.
15. Every newborn is taken to radiant warmer irrespective of baby's condition.
16. Skin to skin contact not being provided to newborn.
17. No documentation of services provided to newborn care.

Recommendations

1. Direct biomedical waste collecting agency to collect waste on daily basis.
2. Provide foot operated suction machine in labour room.
3. Follow infection prevention protocols as per guidelines.
4. Provide room thermometers in aseptic and septic labour rooms.
5. Remove expired drugs from labour room immediately. Develop a mechanism to remove expired drugs from drug store and labour room well in time so that any distribution/administration of expired drugs to the patients can be avoided.
6. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
7. Cut cord between 1-3 minutes after birth. Don't milk cord.
8. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.



9. Keep record of essential newborn care in the case sheets.
10. Promote peer learning among staff nurses. Plan for periodic refresher trainings.

b. CHC Guhla

1. CHC having no functional labour room due to space constraint (operating in rental building)
2. Practically not a delivery point
3. Services for deliveries are available in nearby PHC at Dhand
4. Separate register is maintained in PHC for the deliveries conducted by CHC staff
5. Cradle in post natal ward.
6. Hand washing not done properly.
7. There is practice of immediate cord cutting.
8. Transferring every child to the new born care corner is in practice.
9. Skin-to-skin contact is not practiced between mother and child.
10. Resuscitation skills were average.
11. Patient case records not being maintained properly.
12. Partograph not being filled properly.
13. Zero dose vaccine not being administered to all newborns.
14. Case sheets maintained and partograph is being filled but need improvements

Recommendations

1. Remove cradle from post natal ward.
2. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Administer birth doses of vaccines and Vitamin K to every newborn.
7. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
8. Promote peer learning among staff nurses. Plan for periodic refresher trainings.

c. CHC Kalayat

Findings

1. Good practice of administration of Vitamin K & OPV to every newborn.
2. Oxytocin issued to delivery is stored in refrigerator but in drug store it is not stored in refrigerator.
3. Bag and mask not appropriate. Zero no. mask not available.
4. Shoulder roll not available in delivery room.
5. Reuse of disposable mucus extractor in practice.
6. Gloves not available in adequate quantity.



7. Room thermometer not available.
8. Hand washing not done properly.
9. There is practice of milking of cord.
10. There is practice of immediate cord cutting.
11. Transferring every child to the new born care corner is in practice.
12. Skin-to-skin contact is not practiced between mother and child.
13. Resuscitation skills were average.
14. Patient case records not being maintained properly. ENC not being recorded.
15. Partographs not being filled.
16. Zero dose Hepatitis B and BCG vaccine not being administered to all newborns.
17. Infection prevention protocols not being followed.
18. There is practice of recapping needle. Hubs of used syringes not being cut immediately.

Staff nurses were trained in essential new born care and resuscitation. They were also provided knowledge about filling the partograph.

Recommendations

1. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
2. Provide room thermometers in labour room.
3. Provide mask of size '0' in NBCC.
4. Provide shoulder roll of appropriate size in labour room.
5. Provide disposable mucus extractors in labour room to avoid re-use.
6. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
7. Cut cord between 1-3 minutes after birth. Don't milk cord.
8. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
9. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
10. Promote peer learning among staff nurses. Plan for periodic refresher trainings.
11. Establish Newborn Stabilization Unit (NBSU) as per designation.

d. CHC Kaul

New building is under construction so labour room is not functional.

e. CHC Pundri

1. Labour room is well maintained. Cleaned on regular basis. Average delivery load is 30/month.
2. CHC not serving as NBSU, because of non-availability of space. New building is under construction.
3. Newborn corner is well established inside labour room.



4. Radiant warmer, suction apparatus, oxygen cylinder with mask, weighing machine, resuscitation kit, D. L. mucous extractors are available at NBCC.
5. Suction tube is not available at the facility; instead feeding tube is used for suction purpose.
6. 8 staff nurses and 1 nursing sister are in position at CHC and all are trained in SBA, NSSK and IMNCI.
7. Job aids related to MCH care are well displayed in labour room and post natal ward.
8. Infection prevention protocols for disinfection and sterilization of bag and mask, suction apparatus, cot and mattress are not being followed.
9. Registers are well maintained. Separate case sheets for mother and newborn are maintained. But there is no documentation of essential newborn care services provided to baby.
10. No record of immunization (Hep. B and OPV-0) in case sheets, although same is documented in delivery register.
11. Separate Newborn corner register is not available.
12. No documentation of any complication/congenital anomaly of newborn.
13. Vit. K although available in facility, is not being administered to newborns, because staffs are not aware of the dose and site for giving the injection.
14. Use of Oxytocin to induce labour is in practice.
15. Birth preparedness is not done as required.
16. Knowledge of staff nurses regarding essential newborn care services is good but practices are not being followed accordingly.
17. Practice of milking and early cord cutting and taking every newborn to warmer is being followed irrespective of the condition of baby.
18. Skin-to-skin contact on the mother's chest or abdomen is not in practice.
19. Knowledge and skills related to resuscitation lack chronological order.

Recommendations

1. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
2. Stop use of Oxytocin to induce/augment labour process.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
7. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case. Prepare separate NBCC register to enter record of newborns taken for special care at NBCC.



- Promote peer learning among staff nurses. Plan for periodic refresher trainings.

f. CHC Rajound

- CHC has a good delivery load of 40-50 deliveries per month.
- All Staff Nurses trained in SBA & NSSK but lack chronology of resuscitation skills.
- '0' size Neonatal Face Mask not available and disinfection of Bag and Mask not done.
- IEC in Labour Room available but at irrelevant places.
- Delivery Sets and other instruments autoclaved regularly but instruments should be checked as some are rusted and not fit for use.
- Delivery Register/Diet Register/ANC Register updated and maintained.
- Practice of taking every baby to the radiant warmer.
- Immediate cord cutting is in practice and clamp applied to the cord at the radiant warmer.
- Skin to skin contact not in practice.
- Vaccination of every baby done at birth but vaccines are stored in domestic refrigerator and site administered is buttocks.
- Vitamin K available but not administered due to lack of knowledge of dose/site.
- One room (ANC) not utilized and identified for establishment of Stabilization Unit in near future.

Recommendations

- Provide mask of size '0' at NBCC.
- UIP vaccines are to be stored in ILR and not in domestic refrigerator.
- Intra-muscular vaccine injections are to be given in antero-lateral aspect of mid-thigh and not in buttocks.
- Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
- Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
- Cut cord between 1-3 minutes after birth. Don't milk cord.
- Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
- Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case. Prepare separate NBCC register to enter record of newborns taken for special care at NBCC.
- Promote peer learning among staff nurses. Plan for periodic refresher trainings.
- Establish Newborn Stabilization Unit (NBSU) as per designation.

g. CHC Siwan

- Good infrastructure, well maintained labour room with separate septic and aseptic room
- Established NBCC.
- IEC displayed but insufficient & irrelevant.



4. Cleanliness good, methods of disinfection followed as per guidelines.
5. Hand washing station not appropriate.
6. Knowledge of staff nurses about essential new born care & resuscitation care is average.
7. Good practice of giving Vitamin K & to immunize every new born with BCG, Hepatitis B and OPV0.
8. Every newborn is taken to NBCC irrespective of newborn's condition.
9. Skin to skin contact between mother and newborn not in practice.
10. Immediate cord cutting in practice.

Recommendations

1. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
2. Cut cord between 1-3 minutes after birth. Don't milk cord.
3. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
4. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case. Prepare separate NBCC register to enter record of newborns taken for special care at NBCC.
5. Promote peer learning among staff nurses. Plan for periodic refresher trainings.

h. PHC Balu

1. Delivery room and equipment dirty.
2. No room thermometer available in delivery room.
3. Slippers not available outside delivery room
4. Hand washing not done properly.
5. There is practice of immediate cord cutting.
6. Transferring every child to the new born care corner is in practice.
7. Skin-to-skin contact is not practiced between mother and child.
8. Resuscitation skills were average.
9. Record keeping is poor.
10. Partograph were filled wrong.
11. Zero dose vaccine and Vitamin K not being administered to newborns.

Recommendations

1. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
2. Keep delivery room and equipment clean. Autoclave instruments after use.
3. Provide separate slippers for labour room.
4. Provide room thermometers in labour room.
5. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
6. Cut cord between 1-3 minutes after birth. Don't milk cord.



7. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
8. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
9. Start administering OPV-0, Hepatitis B and BCG birth doses to every newborn.
10. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
11. Promote peer learning among staff nurses. Plan for periodic refresher trainings.

i. PHC Batta

1. Bag and mask not available in delivery room
2. Shoulder roll not available
3. Room thermometer not available in delivery room
4. Biomedical waste segregation is not proper
5. Slippers not available outside delivery room
6. Hand washing not done properly.
7. There is practice of immediate cord cutting.
8. Transferring every child to the new born care corner is in practice.
9. Skin-to-skin contact is not practiced between mother and child.
10. Resuscitation skills were average.
11. Vitamin K not being administered to newborns.

Recommendations

1. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
2. Practice strict segregation of biomedical waste.
3. Provide room thermometers in labour room.
4. Provide Bag and masks of size '0' and '1' in NBCC.
5. Provide shoulder roll of appropriate size in labour room.
6. Provide disposable mucus extractors in labour room to avoid re-use.
7. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
8. Cut cord between 1-3 minutes after birth. Don't milk cord.
9. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
10. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
11. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
12. Promote peer learning among staff nurses. Plan for periodic refresher trainings.



j. PHC Bhagal

1. NBCC established but not technically correct.
2. Availability of Bleaching powder and 2% Gluteraldehyde
3. Cradle was there in post natal ward.
4. Mask no 1 is not available.
5. Skin to skin contact is not in practice.
6. Immediate cord cutting in practice.
7. Suctioning of every new born in practice.
8. Refresher for NSSK and SBA required.
9. Resuscitation skills are not in in chronological order.
10. Partograph is being filled regularly, but need improvement.

Recommendations

1. Remove cradle from post natal ward. Cradles are not recommended to place neonates.
2. Provide mask of size '0' at NBCC.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
7. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
8. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

k. PHC Deoban

1. Delivery Room kept clean and well maintained privacy but disinfection protocol not followed.
2. Slippers not available in the Labour Room.
3. Client Case Records and Registers well maintained.
4. 2 Staff Nurses recruited and both are trained in SBA and NSSK.
5. Lab is non-functional as Lab Technician is recruited but is on leave from 3 months.
6. Regular Staff Nurse, Class IV/Sweeper to be recruited against sanctioned post.
7. IEC for maternal and newborn care available but pasted at irrelevant places. Immediate interventions were done.
8. Room Thermometer not available and Wall Clock not functional.
9. Practice of taking every baby to the radiant warmer followed.
10. Mucous Extractor and Foot Suction available in the store but not utilized.
11. Immediate cord cutting is in practice.
12. Skin to skin contact not in practice.
13. Birth dose of Hep.B, BCG and Zero Polio not administered.



14. Vit.K available but not administered to every child at birth due to lack of knowledge – Site/Dose.

Recommendations

1. Provide slippers for labour room.
2. Provide room thermometer and wall clock in the labour room.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Administer OPV-0, Birth dose of Hep.B and BCG to every newborn.
7. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
8. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
9. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

1. PHC Dhand

1. Facility running in private building
2. There is no IPD in the facility
3. No Medical Officer posted in the facility
4. No Lab technician posted in the facility
5. Hand washing station need modifications
6. Delivery load around 15- 20.
7. **Skills & Practices :**
 - a. Cord cutting done between 1-3 minutes.
 - b. Cord cutting done with new blade every time.
 - c. Skin to skin contact in practice.
 - d. Skills for neonatal resuscitation lacking.
 - e. Chronology of Resuscitation steps not present.
 - f. Documentation of baby notes is satisfactory.

Recommendations

1. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
2. Cut cord between 1-3 minutes after birth. Don't milk cord.
3. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.



4. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
5. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
6. Promote peer learning among staff nurses in order to improve skills. Plan for periodic refresher trainings of birth attendants.

m. PHC Habri

1. Well maintained labour room with two delivery tables and availability of all necessary equipment and instruments.
2. Newborn Care Corner (NBCC) is there with one radiant warmer, one electric suction machine; one foot operated suction machine, disposable mucus extractors, oxygen cylinder, shoulder roll etc.
3. One 200 W bulb is also available as alternate source of heat in case of power failure.
4. Hand washing station is not appropriate. Raise the tap by at least 9 inches and provide elbow tap for convenient handling in case no help is available.
5. Infection prevention protocols are not followed in accordance with the guidelines.
6. Knowledge of one staff nurse about essential newborn care is good, but two others have average knowledge. Knowledge about newborn resuscitation is below average in all the staff nurses.
7. Skills of essential newborn care and resuscitation lack grossly in chronological presentation.
8. IEC materials are displayed but mostly at irrelevant places.
9. There is very little birth preparedness before delivery.
10. Immediate cord cutting is still in practice.
11. Hepatitis B, OPV0 and vitamin K are administered to every newborn.
12. Skin to skin contact between mother and baby is in practice.

Recommendations

1. Follow disinfection protocols in labour room and NBCC as per guidelines.
2. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
3. Cut cord between 1-3 minutes after birth. Don't milk cord.
4. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
5. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
6. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
7. Promote peer learning among staff nurses to improve knowledge and skills. Plan for periodic refresher trainings of birth attendants.



n. PHC Jakholi

1. No Medical Officer available. LMO posted is on maternity leave.
2. Bag and Mask kept in store. Shoulder roll not available.
3. Disinfection protocols for labour room and NBCC not followed.
4. Staff nurse skills average for,
 - a. Identification and monitoring of labour progress.
 - b. AMTSL.
5. Staff nurse skills poor for,
 - a. ANC.
 - b. Identification of High Risk Pregnancy.
 - c. Immediate care newborn.
 - d. Identification of infection in newborn.
 - e. New born Resuscitation.
 - f. special care provided to newborn below 2.5Kg.
6. Immediate cord cutting in practice.
7. Each newborn shifted to radiant warmer immediately after birth.
 - a. Skin to skin contact not in practice.
8. 102 not stationed at PHC.
9. IEC and Job aids for essential new born care and resuscitation not available.
10. Disinfection protocols for labour room and NBCC not followed.

Recommendations

1. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
2. Cut cord between 1-3 minutes after birth. Don't milk cord.
3. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
4. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
5. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants to improve their skills.

o. PHC Kangthali

Good points

1. NBCC well established.
2. Case records are filled for each delivery, includes documentation of essential new born care.
3. Vitamin K is in practice.
4. Well displayed IEC material.



Concerns

- Newborn taken to new born care corner irrespective of newborn's condition
- Skin to skin contact not given to new born
- Immediate cord cutting in practice
- Birth preparedness is lacking

Recommendations

1. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
2. Cut cord between 1-3 minutes after birth. Don't milk cord.
3. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
4. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
5. Promote peer learning among staff nurses in order to improve knowledge and skills. Plan for periodic refresher trainings of birth attendants to improve their skills.

p. PHC Karora

1. Shoulder roll need to prepare at NBCC
2. Need to create mechanism for expiry drugs
3. Disinfection knowledge were poor
4. Bio medical waste segregation not in common practice
5. Delivery and newborn records were poor
6. Milking of cord is common practice need to discourage

Recommendations

1. Need to prepare shoulder roll
2. Need to create mechanism for expiry drugs
3. Need to groom knowledge about disinfection and BME segregation
4. Need to complete and capture all events about delivery and newborn care and observation.

q. PHC Keorak

1. Well maintained PHC with an average delivery load of 15/month.
2. Newborn corner established inside labour room but the place of NBCC is not appropriate as the radiant warmer is placed at the entry door.



3. Radiant warmer, suction apparatus, oxygen cylinder, weighing machine, resuscitation kit, D.L. mucous extractor are available at NBCC.
4. **Tap of washbasin at hand washing area should be replaced with elbow operated one.**
5. Records are well maintained. Separate newborn corner register is available.
6. Case sheets do not contain notes on essential newborn care services provided to newborn.
7. **Bag and mask, suction apparatus, and other instruments must be disinfected with 2% gluteraldehyde after each use.**
8. Knowledge and skills of staff nurses related to essential newborn care is good. However they need handholding on resuscitation.
9. **Skin to skin contact between mother and newborn must be provided.**
10. Immediate cord cutting and milking of cord is in practice.
11. **Cord cutting delayed by 1-3 min's without its milking to be practiced.**
12. Immunization of every newborn with Hep. B vaccine and OPV is done.
13. Vitamin K is also given to every newborn which is a good practice.

r. PHC Kharkan

1. 102 not stationed at PHC.
2. IEC and Job aids for essential new born care and resuscitation not available.
3. Disinfection protocols for labour room and NBCC not followed.
4. Staff nurse skills good for,
 - a. ANC.
 - b. Identification of High Risk Pregnancy.
 - c. Identification and monitoring of labour progress.
 - d. AMTSL.
 - e. Immediate care newborn.
 - f. Identification of infection in newborn.
 - g. Special care provided to newborn below 2.5Kg.
5. Staff nurse skills poor for,
 - a. New born Resuscitation.
 - b. Skin to skin contact not in practice.

Recommendations

1. Follow disinfection protocols in labour room and NBCC as per guidelines.
2. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
3. Cut cord between 1-3 minutes after birth. Don't milk cord.
4. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.



5. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
6. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
7. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

s. PHC Kithana

1. Well established NBCC with Ambu Bag, Shoulder roll, oxygen cylinder, and Separate new disposable mucus extractor present at NBCC.
2. Separate foot slippers for labor room were not present.
3. Ambu bag is required to be autoclaved.
4. Staff nurse did not know use of warmer's probe (i.e. for baby's body temperature).
5. Elbow tap is required for labour room.

Recommendations

1. Provide separate slippers for labour room.
2. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
3. Cut cord between 1-3 minutes after birth. Don't milk cord.
4. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
5. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
6. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants to improve their skills.

t. PHC Mundri

1. Only two staff nurses posted. Roster is available, but staff nurses are on morning and evening duty only. At night no staff nurse is on duty/on call, local ANM comes to attend the deliveries at night.
2. Mechanism for non-distribution of expired drugs to patients is not in place.
3. Infrastructure is good. Well maintained labour room with two delivery tables, autoclave and other necessary equipment.
4. New Born Care Corner is well established with one radiant warmer, suction apparatus, oxygen cylinders and Bag and Mask (1).
5. Mask of number '0' is not available.
6. A 200 W bulb is also available as alternate source of heat in case of power failure.
7. IEC materials are displayed at various locations in PHC.
8. Immediate cord cutting is still in practice.



9. All the newborns are administered with OPV0, BCG and Hepatitis B birth doses and vitamin K.
10. Hand washing station in labour room is not appropriate. Height of tap should be increased at least by 8 inches and provide elbow operated tap.
11. Documentation, especially the case sheets (files) are not maintained properly. Temperature, pulse, blood pressure are not qualitative findings and need to be quantified during each examination. Also, case sheets do not contain detailed notes related to newborn. Maintain baby notes in detail.
12. Knowledge of one staff nurse and one ANM about Essential Newborn Care and Resuscitation is good but other staff nurse and ANM do not possess good knowledge.
13. Skills of one staff nurse about Essential Newborn Care and Resuscitation are good but other staff nurse and both ANMs lack grossly in chronological presentation.
14. Only a pair of baby sheets (dry sheets) is available. Provide more baby sheets to the labour room.

Recommendations

1. Provide sufficient number of baby sheets (dry sheets) in labour room.
2. Follow disinfection protocols in labour room and NBCC as per guidelines.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
7. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

u. PHC Padla

1. Infection prevention protocols are not followed as per guidelines. Inadequate hand washing before delivery.
2. IEC materials and job aids are displayed but mostly at irrelevant sites.
3. Hand washing station is inappropriate. The tap is very low for ideal hand washing. Increase the height of tap by at least 9 inches and provide elbow tap.
4. Labour room is well maintained with two labour tables, 5 delivery sets, autoclave, essential and emergency drugs.
5. Newborn Care Corner (NBCC) has been established with one radiant warmer, oxygen cylinder, suction apparatus, disposable mucus extractors, Bag and mask ('0' only).
6. Paediatric mask of number '1' is not available.
7. Immediate cord cutting is still in practice.
8. Practice of taking every newborn away from mother is rampant.



9. Knowledge of staff nurses about Essential Newborn Care and Resuscitation is below average. ANMs from sub-centres possess more knowledge than staff nurses.
10. Skills of staff nurses about Essential Newborn Care and Resuscitation are below average. One ANM possess better skills than staff nurses.

Recommendations

1. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
2. Provide paediatric mask of size '1'.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
7. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case. Prepare separate NBCC register to enter record of newborns taken for special care at NBCC.
8. Promote peer learning among staff nurses and ANMs in order to improve their knowledge and skills. Plan for periodic refresher trainings.

v. PHC Pai

1. Vitamin K is not available.
2. Suction Catheter is not available.
3. IEC material is properly displayed.
4. Disinfection protocols are not followed properly.
5. Immediate cord cutting is in practice.
6. Skin-to-skin contact not in practice.
7. ENBC/R skills are average.

Recommendations

1. Provide Vitamin K at labour room.
2. Provide disposable suction catheters.
3. Follow disinfection protocols in labour room and NBCC as per guidelines.
4. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
5. Cut cord between 1-3 minutes after birth. Don't milk cord.
6. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.



7. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
8. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
9. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

w. PHC Rasina

1. NBCC established but height of 200 W bulb is not appropriate.
2. Administration of Vitamin K to newborn was not in routine practice.
3. Disinfection knowledge was poor.
4. Suction of mouth and nose practiced for every newborn
5. Every baby is separated from mother after birth and kept at newborn corner or handed over to the relatives.

Recommendations

1. Put 200 W bulb in NBCC at appropriate height (between 18 inches to 24 inches).
2. Follow disinfection protocols in labour room and NBCC as per guidelines.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Suction is not indicated in every newborn. Don't do suction unless indicated.
6. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
7. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
8. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
9. Promote peer learning among staff nurses and ANMs in order to improve their knowledge and skills. Plan for periodic refresher trainings of birth attendants.

x. SC Balbera

1. NBCC not established
2. Unhygienic suction catheter
3. Separation of normal newborn and mother is common practice
4. Vit K administration not in common practice
5. Oxygen cylinder empty and kept at store room
6. Disinfection knowledge was poor
7. Only two baby sheets available at facility

Recommendations

1. Need to establish NBCC on priority.



2. Follow disinfection protocols as per guidelines.
3. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
4. Promote peer learning among staff nurses and ANMs in order to improve their knowledge and skills. Plan for periodic refresher trainings of birth attendants.
5. Need to de-learn few newborn and maternal care practices as discussed during visit.

y. SC Khurana

1. Two 100 W bulbs being used instead of one 200 W bulb in Newborn Care Corner.
2. SC is not provided with delivery case sheets.
3. Good display of Job aids inside labour room.
4. Disinfection protocols for labour room and NBCC not followed.
5. ANM has good knowledge about special care provided to newborn below 2.5Kg.
6. ANM skills average for
 - a. ANC.
 - b. Identification of High Risk Pregnancy.
 - c. Identification and monitoring of labour progress.
 - d. AMTSL.
7. ANM skills poor for
 - a. Immediate care newborn.
 - b. Identification of infection in newborn.
 - c. New born Resuscitation.
 - d. Skin to skin contact not in practice.
 - e. Immediate cord cutting in practice

Recommendations

1. Follow disinfection protocols in labour room and NBCC as per guidelines.
2. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
3. Cut cord between 1-3 minutes after birth. Don't milk cord.
4. Suction is not indicated in every newborn. Don't do suction unless indicated.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
7. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
8. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.



z. SC Matour

1. No electricity available for last 6 months.
2. No water available for last 6 months.
3. No delivery was conducted after February.
4. Cradle was present in post natal ward.
5. No NBCC established.

aa. SC Niwach

1. Good practice of giving vit K to every new born
2. Non availability of room thermometer and case records
3. ANM lacks essential newborn care and resuscitation skill
4. No birth preparedness.
5. Baby is taken to new born care corner irrespective of newborn's condition.
6. Skin to skin contact not given to new born.
7. Immediate cord cutting in practice.
8. No Documentation on essential new born care in case records.

Recommendations

1. Follow disinfection protocols in labour room and NBCC as per guidelines.
2. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
3. Cut cord between 1-3 minutes after birth. Don't milk cord.
4. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
5. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
6. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
7. Promote peer learning among staff nurses and ANMs in order to improve their knowledge and skills. Plan for periodic refresher trainings of birth attendants.

ab. SC Ramgarh

1. Spacious subcentre with 6 rooms but not utilized fully.
2. NBCC not functional – no equipment for warming.
3. Bag and mask not available.
4. Non availability of room thermometer and case records.
5. ANM not trained in SBA, NSSK.
6. Autoclave available but not functional.



7. Skin to skin contact not given to new born.
8. Immediate cord cutting in practice.
9. ANM lacks essential newborn care and resuscitation skill.
10. Cradle in labour room.

Recommendations

1. Remove cradle from labour room. Cradles are not recommended to place neonates.
2. Functionalize NBCC with provision of 200W bulb.
3. Provide bag and mask of sizes '0' and '1' at NBCC.
4. Arrange for SBA and NSSK trainings of ANMs
5. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
6. Cut cord between 1-3 minutes after birth. Don't milk cord.
7. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
8. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in anterio-lateral aspect of mid-thigh.)
9. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
10. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

ac. SC Rohera

1. NBCC was established onsite.
2. Disposable mucus extractors are not available; only one mucus extractor is available which is in reuse.
3. Case sheets are partographs are not maintained regularly
4. Autoclave not used regularly
5. Oxygen cylinder not available

Recommendations

1. ANM was advised to put a 200 watt bulb as a heat source for preventing hypothermia which should be placed almost one and half to two feet above the new born care corner
2. Provide disposable mucus extractors in delivery hut.
3. Case sheets and partographs are not maintained regularly. Regular supervision by the medical officer incharge of CHC and PHC should be done
4. Autoclave should be used regularly for ensuring infection prevention. Bag and mask should be autoclaved after each use.
5. Oxygen cylinder should be made available in the sub center.



ad. SC Sajuma

1. Non availability of Vitamin K, room thermometer and case records
2. IEC not displayed in facility.
3. Infection prevention protocols are not being followed.
4. ANM lacks essential newborn care and resuscitation skill
5. No birth preparedness.
6. baby is taken to new born care corner irrespective of newborn's condition
7. skin to skin contact not given to new born
8. immediate cord cutting in practice
9. No Documentation on essential new born care in case records

Recommendations

1. Follow disinfection protocols in labour room and NBCC as per guidelines.
2. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
3. Cut cord between 1-3 minutes after birth. Don't milk cord.
4. Suction is not indicated in every newborn. Don't do suction unless indicated.
5. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
6. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
7. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
8. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

ae. SC Segga

1. Staff:
 - a. 1 Regular, 1 RCH ANM
 - b. No MPHWS (M)
2. Delivery load around 2- 3
3. Cradle found in postnatal ward
4. Skills & Practices :
 - a. Cord cutting done between 1-3 minutes
 - b. Cord cutting done with new blade every time
 - c. Skin to skin contact in practice
 - d. Skills for neonatal resuscitation lacking
 - e. Chronology of Resuscitation steps not present

Recommendations

1. Remove cradle from postnatal ward.



2. Follow disinfection protocols in labour room and NBCC as per guidelines.
3. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
4. Cut cord between 1-3 minutes after birth. Don't milk cord.
5. Suction is not indicated in every newborn. Don't do suction unless indicated.
6. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
7. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
8. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
9. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

af. SC Shimla

1. No delivery in past 4 months.
2. NBCC not established.
3. 2 Delivery tables available.
4. Skin to skin contact not in practice.
5. Skills for neonatal resuscitation lacking.
6. Chronology of Resuscitation steps not present.
7. Electricity back up not available.

ag. SC Sirsal

1. Room thermometer is not available.
2. Cradle was there in post natal ward.
3. Hepatitis B is kept in refrigerator.
4. Less supply of magnesium sulphate.
5. Autoclave is available, but not in use due to electricity problem.
6. Disinfection protocols are not followed properly.
7. Immediate cord cutting is in practice.
8. Skin-to-skin contact not in practice.
9. Chronology of ENC/R is not clear.

Recommendations

1. Provide room thermometer in delivery hut.
2. Remove cradle from postnatal ward.
3. Ensure adequate supply of essential and emergency drugs.
4. Follow infection prevention protocols in labour room and NBCC as per guidelines.



5. Practice birth preparedness before each birth process to avoid eleventh hour hassles. Keep radiant warmer on, Bag and masks (0, 1) ready, pre-warmed dry sheets handy.
6. Cut cord between 1-3 minutes after birth. Don't milk cord.
7. Suction is not indicated in every newborn. Don't do suction unless indicated.
8. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
9. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
10. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
11. Promote peer learning among staff nurses. Plan for periodic refresher trainings of birth attendants.

ah. SC Tatiyana

1. Case sheets and partographs not available
2. Invertor or another source of power backup not available
3. No water supply in toilets
4. Sleepers not available
5. Infection prevention practices not followed
6. Light in labour room not adequate
7. Hand washing station not proper
8. IEC display not appropriate

Recommendations

1. Case sheets and partographs are not maintained regularly. Regular supervision by the medical officer in-charge of CHC and PHC should be done
2. Invertor as a power backup should be available in the sub center.
3. All infection prevention protocols should be followed.
4. A tube light should be made available for proper illumination in the labour room.
5. A new hand washing station to be made in the room adjacent to labour room
6. IEC display is not proper. IEC should be placed at the proper location.

ai. SC Teek

1. Newborn care corner was there, but not with sufficient space to provide care and not at right place.
2. Shoulder roll was not of appropriate size.
3. Foot operated suction machine was packed and never used.
4. Autoclave was also available at facility, but was never used for autoclave.
5. As per ANM, sometimes it is used to warm some water for personal use.
6. Room thermometer was not available in labor room.
7. Labor room slippers were not available.



8. Oxygen cylinder stand was not available.
9. Case sheets were not maintained.
10. Reconstruction is in progress in nearby shops for PHC. Need to reconsider this with Hospital Services Planning.

Recommendations

1. Space constraint can only be overcome by shifting into new setting. Arrange for adequate labour room and NBCC in new setting.