



RAPID Assessment

23 – 30 May, 2013

District Yamuna Nagar

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

Table of Contents

Sr. No.	Content	Page No.
1.	Objectives	2
2.	Materials and Methods	2
3.	List of facilities visited	2-3
4.	General findings of District	3-4
5.	Quantitative findings of facilities	5-11
6.	Qualitative findings of facilities	
6 a.	General Hospital, Yamuna Nagar	12
6 b.	SDH, jagadhari	13
6 c.	ESI, Hospital, Jagadhari	14
6 d.	CHC Mustafabad	14-15
6 e.	CHC Radaur	16
6 f.	CHC Sadhaura	16-17
6 g.	CHC Khizrabad	17-18
6 h.	CHC Naharpur	18
6 i.	CHC Bilaspur	18-19
6 j.	PHC Sabepur	19
6 k.	PHC Arnaully	19-20
6 l.	PHC Kalanaur	20
6 m.	PHC Mugalwali	20-21
6 n.	PHC Kot Mustaka	21
6 o.	PHC Chachrauli	21-22
6 p.	PHC Bhambhol	22
6 q.	PHC Rasulpur	22-23
6 r.	PHC Buria	23
6 s.	PHC Kharwan	24
6 t.	PHC Allahar	24-25
6 u.	PHC Haibatpur	25
6 v.	Sub-Centre Jathlana (Delivery Hut)	25-26
6 w.	Sub-Centre Mandebar (Delivery Hut)	26
6 x.	Sub-Centre Kait (Delivery Hut)	26-27
6 y.	Sub-Centre Sandhali (Delivery Hut)	27
6 z.	Sub-Centre Gumthala Rao (Delivery Hut)	27-28
6 aa.	Sub-Centre Shadipur (Delivery Hut)	28
6 ab.	Sub-Centre Tigri (Delivery Hut)	28
6 ac.	Sub-Centre Gadhola (Delivery Hut)	28-29
6 ad.	URCH Hamida (Delivery Hut)	29
6 ae.	General Recommendations for Sub-centres and Delivery Huts	29



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.

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 30 facilities in the district, from 25th May, 2013 to 30th May, 2013, including General Hospital, Sub-Divisional Hospital, ESI 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, Yamuna Nagar
2.	Sub Divisional Hospital, Jagadhari
3.	ESI, Hospital, Yamuna Nagar
4.	CHC Mustafabad
5.	CHC Radaur
6.	CHC Sadhaura
7.	CHC Khizrabad
8.	CHC Naharpur
9.	CHC Bilaspur
10.	PHC Sabepur
11.	PHC Arnaully
12.	PHC Kalanaur
13.	PHC Mugalwali
14.	PHC Kot Mustaka
15.	PHC Chachrauli



16.	PHC Bhambhol
17.	PHC Rasulpur
18.	PHC Buria
19.	PHC Kharwan
20.	PHC Allahar
21.	PHC Haibatpur
22.	Sub-Centre Jathlana (Delivery Hut)
23.	Sub-Centre Mandebar (Delivery Hut)
24.	Sub-Centre Kait (Delivery Hut)
25.	Sub-Centre Sandhali (Delivery Hut)
26.	Sub-Centre Gumthala Rao (Delivery Hut)
27.	Sub-Centre Shadipur (Delivery Hut)
28.	Sub-Centre Tigri (Delivery Hut)
29.	Sub-Centre Gadhola (Delivery Hut)
30.	URCH Hamida (Delivery Hut)

The findings of district Yamuna Nagar in general are as follows:

1. There are well constructed Primary Health Centres (Bhambhol, Arnaully, Sabepur) with adequate staff (at least one staff nurse posted) and well-equipped labour rooms to conduct deliveries and provide essential newborn care, but no deliveries conducted for years altogether.
2. Radiant warmers in many PHCs are lying unused.
3. Baby clothes (clean sheets for drying and wrapping newborns) are not available in most of the facilities.
4. Room thermometers to know the exact temperature of the delivery room are not available in most of the facilities. Low reading clinical thermometers (alcohol thermometers) to check the temperature of newborns are not available.
5. Vitamin K for newborn is not available in many facilities.
6. Disposable D Lee Mucus Extractors are cheap and best devised for suction when electric or foot operated suction machines are either not available or cannot be used, but in most of the facilities Disposable D Lee Mucus Extractors are not available.
7. Effective hand washing (washing hands following six golden steps) before delivery is not in practice.
8. Record of essential services provided to the newborn immediately after birth is not kept at any of the facilities. Baby notes on essential newborn care are not maintained.
9. Use of double gloves during delivery and newborn care process is not in practice.
10. Use of oxytocin for induction/augmentation of labour is still in practice which has to be discouraged.
11. In most of the facilities the neonates are delivered in a tray and taken away from the mother after immediate cord cutting.



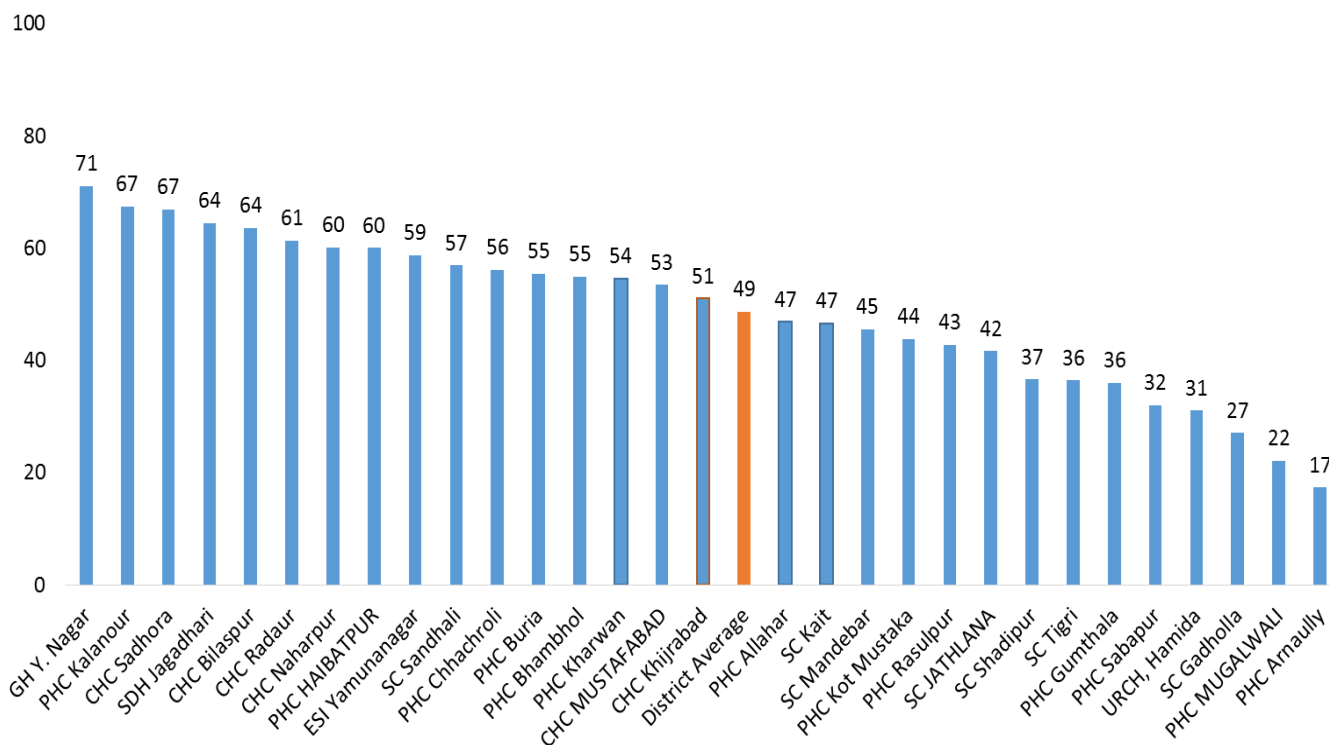
12. In most of the facilities suction of every new born, regardless of her/his condition, is rampant in practice.
13. Even after widespread campaign for exclusive breast feeding and initiation of early breast feeding (within one hour of birth), the breastfeeding usually begins after one hour of birth in most of the facilities.
14. Thermal care is considered as one of the most important component of essential newborn care which is best advocated through skin-to-skin contact between mother and newborn, but not in practice in majority of facilities.
15. There are standard infection prevention protocols for disinfection and sterilization of the equipment and instruments used routinely but in most of the facilities these protocols are not being adhered to.
16. Rational and adequate display of Information, Education & Communication (IEC) materials and Job Aids is essential to reflect the correct message to the beneficiaries as well as to the providers, this was lacking in majority of the facilities.
17. The bed head tickets or Case sheets are not available in the delivery huts.
18. Knowledge of service providers for essential newborn care and resuscitation has room for great improvement.
19. The skills required for essential newborn care and resuscitation have been found below average in general. The chronology of these skills is of paramount importance and needs repeated refresher trainings.

Table 1. Quantitative Results and Scores (>75 Good, 50-75 Average, <50 Poor)

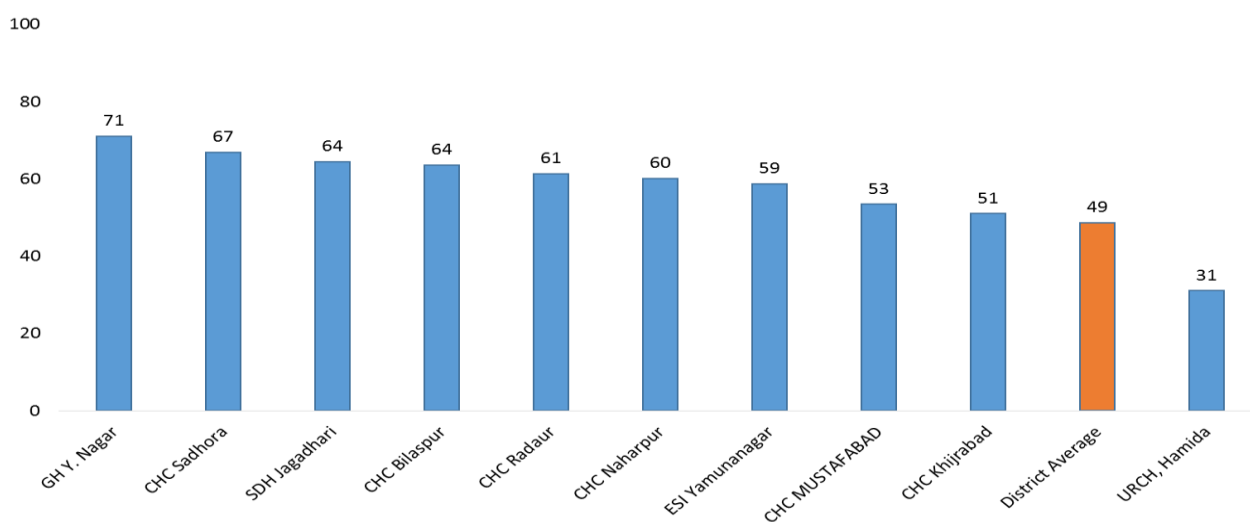
Name of Facility	Infrastructure	Delivery and Newborn Care Services	Essential Drugs Equipment and Supplies	Protocols/ Guidelines and Infection Prevention Knowledge	Provider Knowledge and Skills	Facility Overall Average
GH Y. Nagar	100	100	79	50	26	71
PHC Kalanour	83	91	80	34	48	67
CHC Sadhora	92	82	80	31	49	67
SDH Jagadhari	92	100	79	19	32	64
CHC Bilaspur	92	73	82	22	50	64
CHC Radaur	92	82	86	13	34	61
CHC Naharpur	83	82	76	25	34	60
PHC Haibatpur	83	73	71	47	26	60
ESI Yamunanagar	83	100	72	6	31	59
SC Sandhali	83	82	61	16	43	57
PHC Chhachroli	83	73	71	28	25	56
PHC Buria	92	73	76	13	24	55
PHC Bhambhol	83	82	55	19	35	55
PHC Kharwan	83	82	67	13	28	54
CHC Mustafabad	92	64	79	3	29	53
CHC Khijrabad	92	64	72	6	21	51
District Average	76	61	63	17	28	49
PHC Allahar	75	45	55	22	36	47
SC Kait	83	73	52	9	16	47

Name of Facility	Infrastructure	Delivery and Newborn Care Services	Essential Drugs Equipment and Supplies	Protocols/ Guidelines and Infection Prevention Knowledge	Provider Knowledge and Skills	Facility Overall Average
SC Mandebar	83	55	45	16	29	45
PHC Kot Mustaka	83	64	69	3	0	44
PHC Rasulpur	83	55	41	13	22	43
SC Jathlana	58	73	43	9	25	42
SC Shadipur	58	55	46	6	18	37
SC Tigri	58	55	48	6	15	36
PHC Gumthala	67	45	34	0	33	36
PHC Sabepur	25	0	69	31	34	32
URCH, Hamida	58	0	48	13	34	31
SC Gadholla	33	0	43	25	34	27
PHC Mugalwali	67	0	44	0	0	22
PHC Arnaully	25	0	55	6	0	17

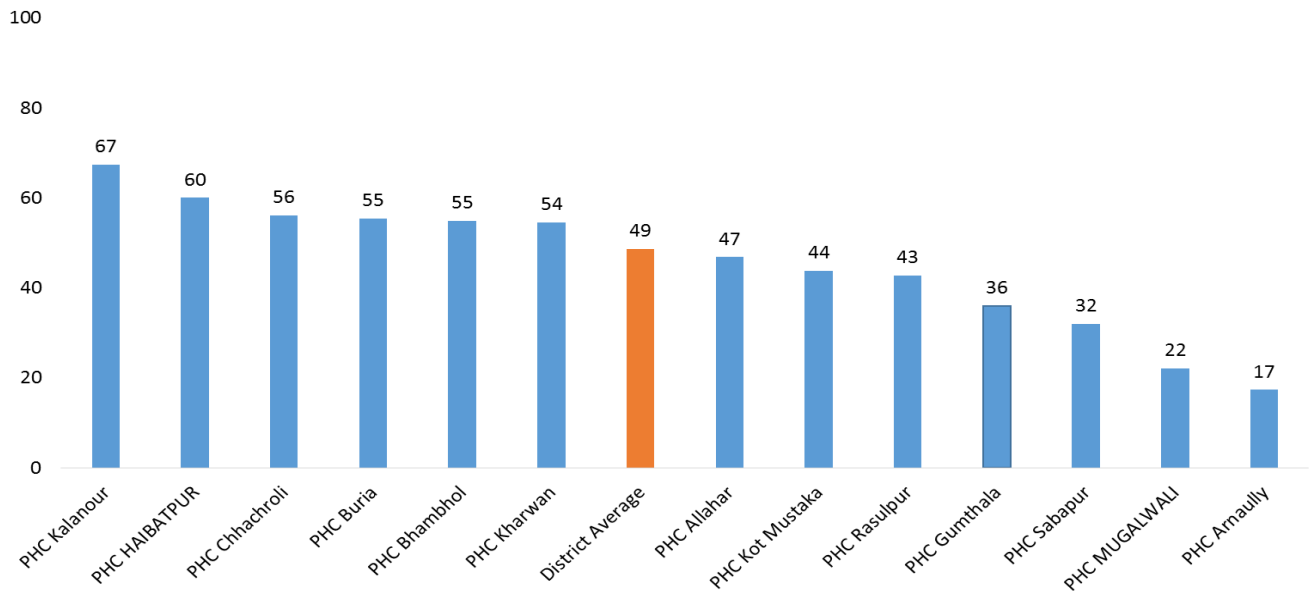
Graph 1. Overall Scores of facilities in Facility Readiness



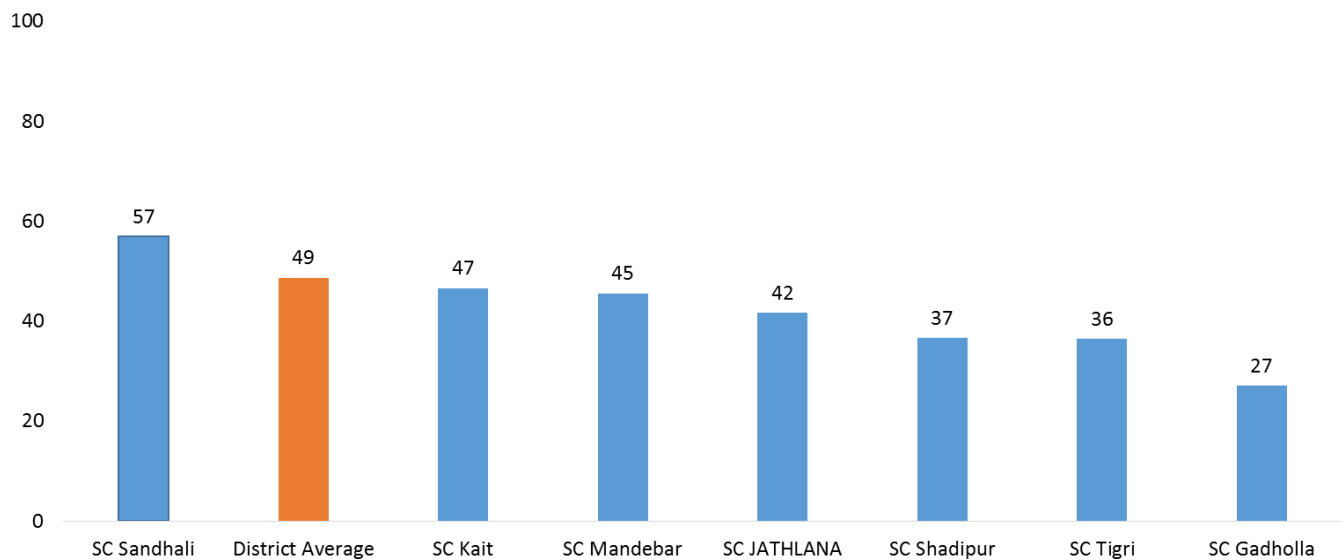
Graph II. Grading of GH, SDH, ESI Hosp., CHC and URCH for Facility Readiness (%)



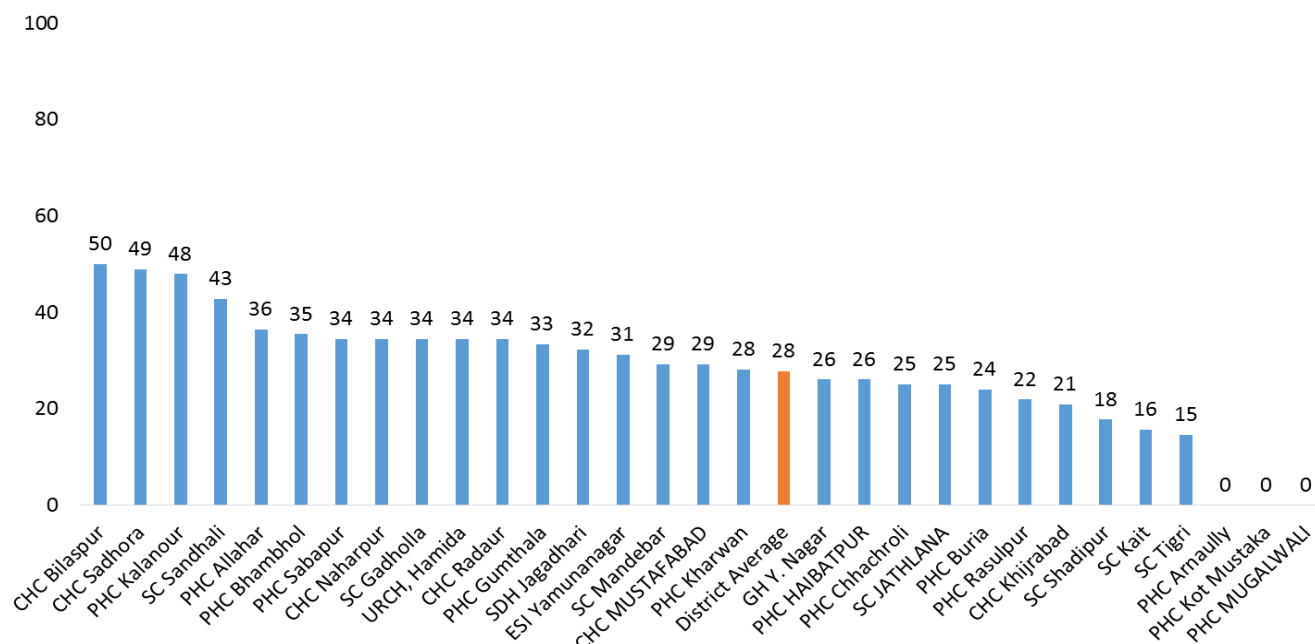
Graph III. Grading of PHCs for Facility Readiness (%)



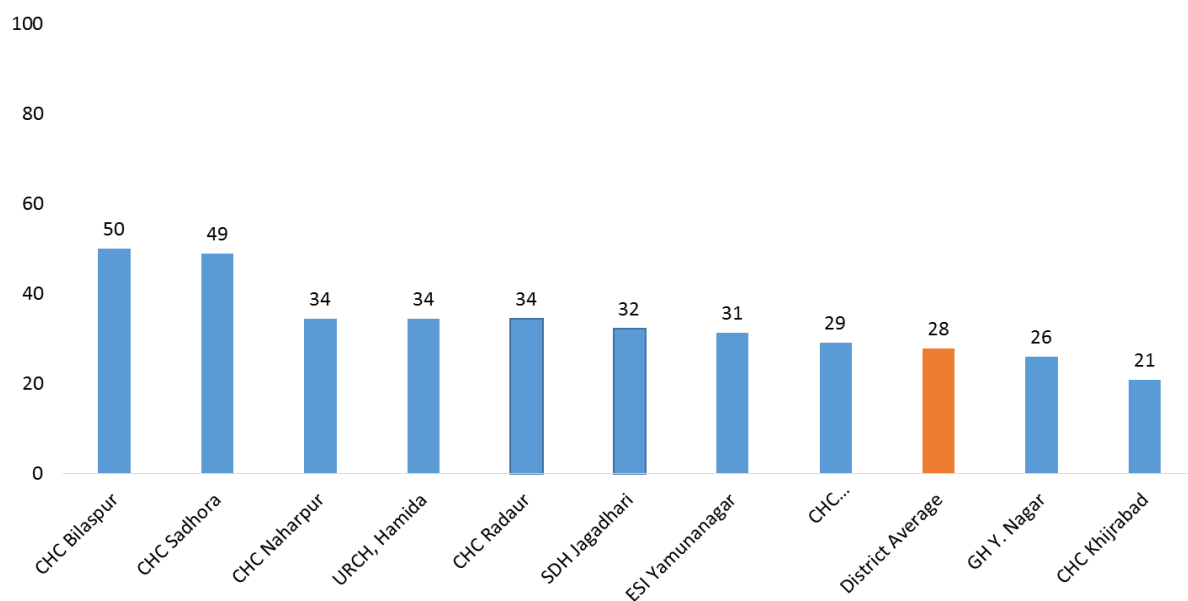
Graph. IV Grading of Sub-Centres for Facility Readiness (%)



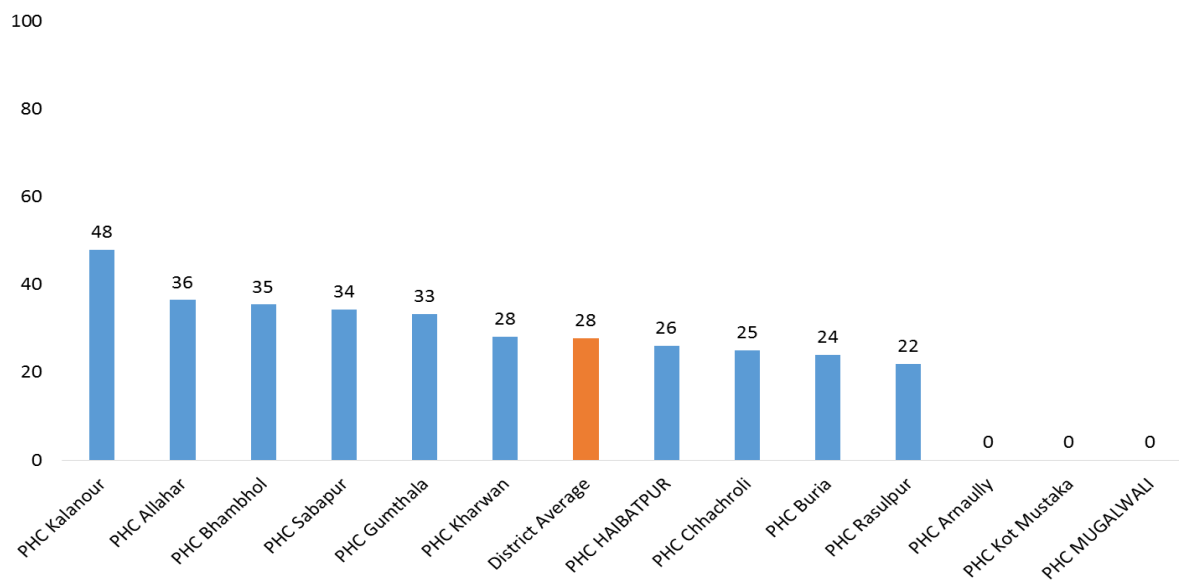
Graph V. Provider's knowledge and skills for Essential Newborn Care and Resuscitation (%)



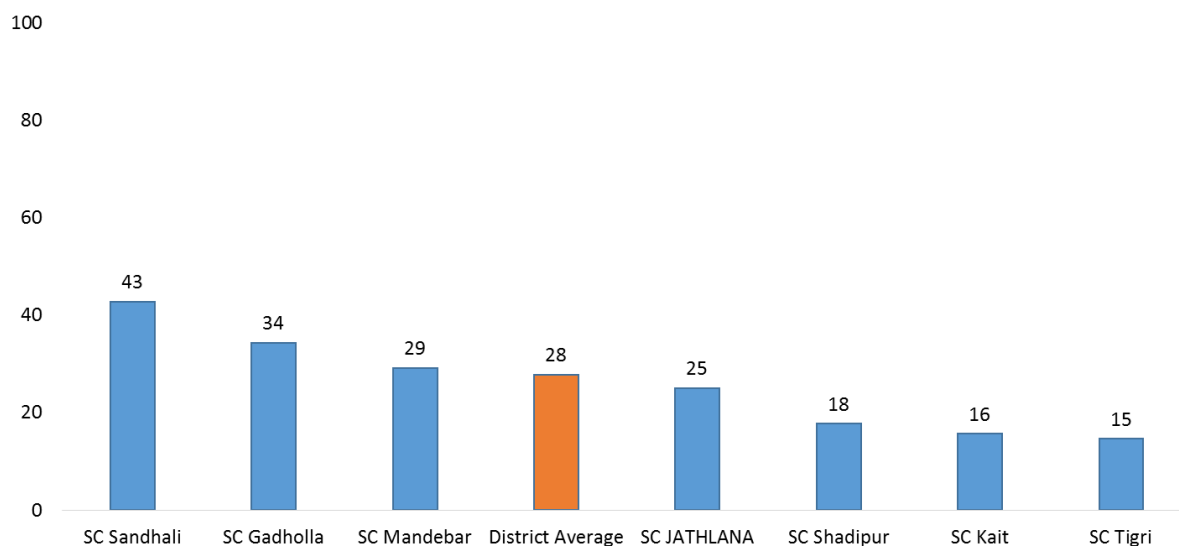
Graph VI. Provider's Knowledge and Skills at GH, SDH, ESI Hosp., CHCs and URCH level (%)



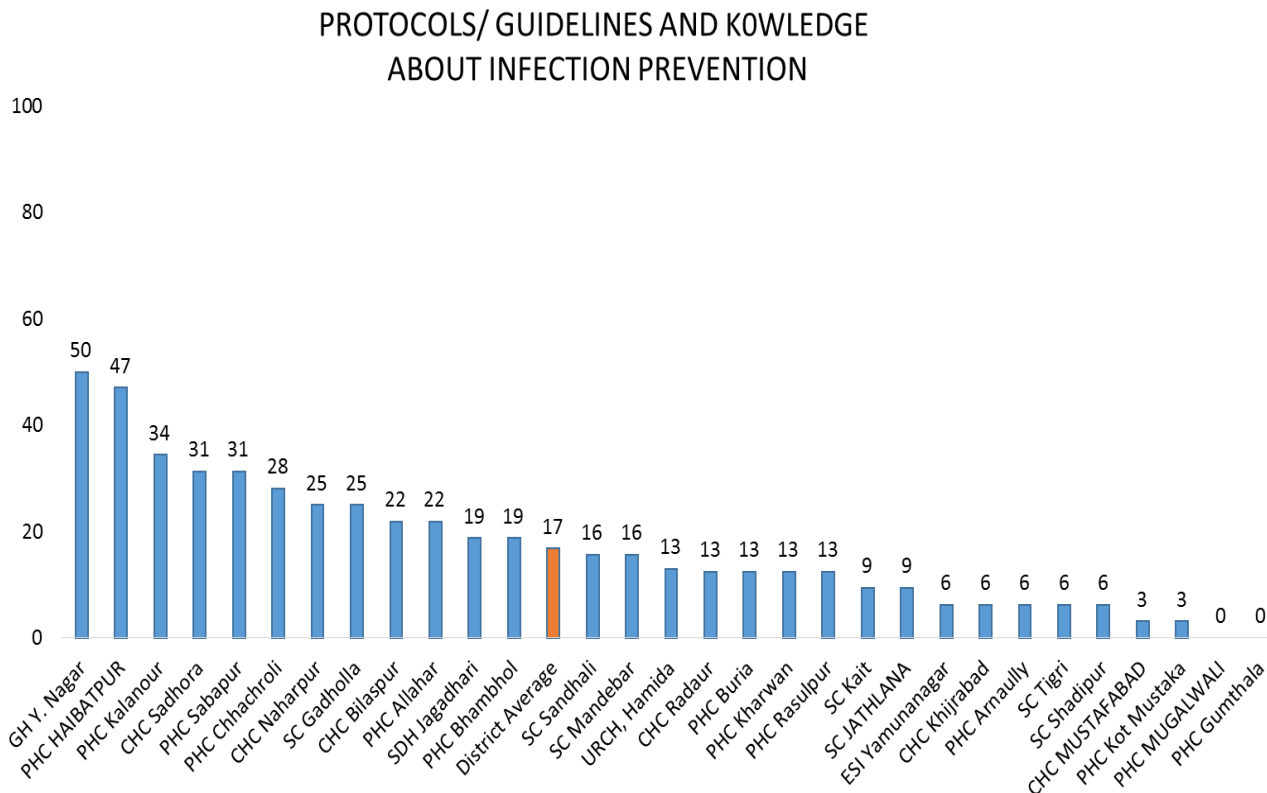
Graph VII. Provider’s Knowledge and Skills at PHC level (%)



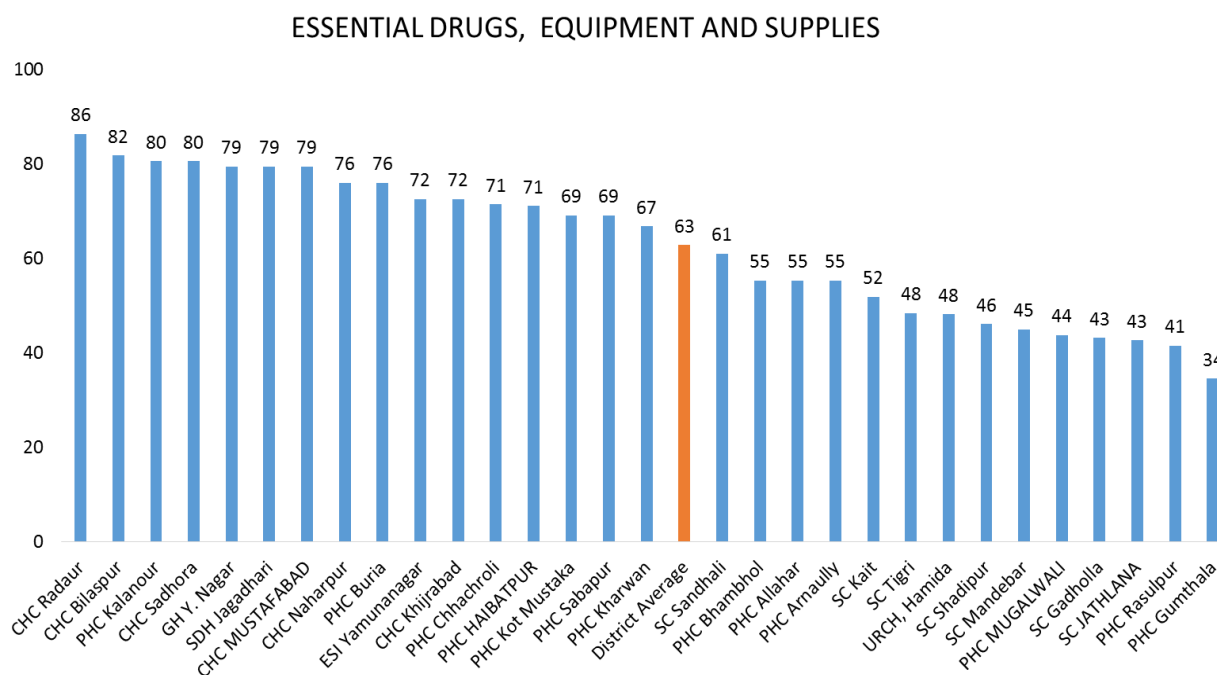
Graph VIII. Provider’s Knowledge and Skills at Sub-Centre level (%)



Graph IX. Providers' knowledge in infection prevention and hygiene



Graph X. Availability of Essential Drugs, Equipment and Other Supplies (%)





Qualitative Findings of Individual Facilities

1. General Hospital, Yamuna Nagar

- i. There is nothing like birth preparedness, before any normal delivery, in the labour room.
- ii. There is a defunct New Born Care Corner (NBCC) in the labour room which is used to keep the shaving razors and spanners.
- iii. The staff nurses in the labour room do not provide any care at all to the newborn, instead a staff nurse from Sick Newborn Care Unit (SNCU) is called just before delivery to receive the newborn and take care of her/him.
- iv. Bag and mask in the labour room was found in pathetic condition, kept with shaving razors, spanners and has not been cleaned for days.

Few Issues Related to Yashoda in General Hospital, Yamuna Nagar

- i. Yashodas' are compelled to do jobs (dusting of tables, washing of floors etc.) which are not proposed for them by UNOPS-NIPPI.
- ii. Yashodas have been recruited at the facility for counseling of mothers about maternal and newborn care and breastfeeding, but it has been observed that 2 Yashodas were posted at OPD registration counter to issue slips to the patients and to maintain patient's queue, and 2 Yashodas were posted at laboratory to distribute reports and payment slips. These assignments directly hampers care of mothers and newborns which is the objective behind recruitment of Yashoda.
- iii. Yashodas were deputed by labor room in-charge to clean surgical instruments and to clean episiotomy sutures of mother which are strictly prohibited in guidelines of Yashodas, because, Yashodas are not qualified to do such procedures and these practices may lead to untoward incidences in future.
- iv. Sometimes Yashodas were involved in procedures like cord clamping and cord cutting which also is not included in job responsibilities of Yashoda.
- v. Duty roster for Yashoda as recommended by NIPPI is not being followed at the facility.

Recommendations

- i. Birth preparedness is an integrated part of essential newborn care and should be done as per protocols; so, please switch on the radiant warmer half an hour before delivery with two clean sheets placed underneath for pre-warming regardless of weather. Maintain room temperature between 25°C to 30°C. Switch off the fans to avoid direct air draught to the newborn. Prepare the tray with necessary instruments, equipment, drugs and two pairs of disposable gloves, cord clamps and mucous extractor. Check for availability and functionality of sterilized self-inflating bag and mask (0, 1).
- ii. Make the Newborn Care Corner functional; the radiant warmer is for the thermal care of a newborn and not to keep anything else than newborn care instruments, so, remove shaving razors and spanner from there with immediate effect.



- iii. Labour room nurses are well trained for conducting deliveries as well as essential newborn care and if required, resuscitation. There seems no need to call a SNCU staff nurse to take care of every newborn. Call SNCU nurses only when there is doubt of some newborn complication.
- iv. Bag and masks (0, 1) provided in the labour room is for emergency and immediate resuscitation of the newborn; it has to be sterilized/autoclaved after every use.
- v. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- vi. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- vii. Yashodas have been appointed for counseling and support of the mother before, during and after delivery and not for issuing patient registration slips or making queues, clamping and cutting cord, giving out reports in laboratory and cleaning of surgical instruments. Yashodas must only be used for the work they are appointed for.

2. SDH Jagadhari

- i. SDH Jagadhari has an average delivery load of 110 deliveries /month.
- ii. The facility has 4 delivery tables (2 in Aseptic Labour Room, 1 in Septic Labour Room, 1 in Eclampsia Ward) and 5 Radiant warmers (1 in Aseptic Labour Room, 1 in Septic Labour Room, 1 in OT and 2 in Stabilization Unit).
- iii. Only 1 staff nurse posted who is trained for NSSK and F-IMNCI but not for SBA.
- iv. There is designated Stabilization Unit (NBSU) with two Radiant Warmers and 4 phototherapy Units) but not functional. NBSU has been kept under lock as there is no designated staff available to operationalize the NBSU.
- v. **Skills & Practices (Staff Nurses):**
 - Immediate Cord cutting in practice.
 - Skin to skin contact not in practice.
 - Taking every newborn to radiant warmer is a regular practice.
 - Knowledge about immediate care after birth is less than average.
 - Chronology of Resuscitation steps not known.
 - Skills for neonatal resuscitation are lacking.
 - Vitamin K is available in the facility but not being given to newborns.

Recommendations

- i. Functionalize NBSU.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).



3. ESI Hospital Jagadhari

- i. Effective hand washing technique is not in practice.
- ii. Use of double gloves during delivery process is not in practice.
- iii. Induction/augmentation of labour with oxytocin injection is still in practice.
- iv. Every newborn is received in a tray instead of keeping on mother's abdomen.
- v. Milking of cord and immediate cord cutting are commonly done and the newborn is separated from the mother immediately after delivery in each case.
- vi. Suction is done in each and every newborn regardless of her/his general condition.
- vii. Bag and mask have not been observed in the delivery room.
- viii. Vitamin K is not available.
- ix. Immunizing new born with BCG, Hepatitis B not in practice.
- x. Early initiation of breast feeding is not in practice.

Recommendations

- i. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- vi. Initiate breastfeeding within 30 minutes of birth.
- vii. Hepatitis B and BCG birth doses must be given to every newborn.

4. CHC Mustafabad

- i. Early initiation of breast feeding within 30 minutes is in practice
- ii. Every neonate separated from mother and kept in radiant warmer.
- iii. Administration of Vitamin K is not in practice
- iv. Milking and Immediate cord cutting is in practice
- v. Radiant warmer and automatic suction machine were not functional, technician was called and machinery was repaired as a part of onsite correction.



- vi. Referral rate of mother in labour is very high. No LMO is posted in CHC. Referral rate could be decreased if LMO is posted there

Month	Total Cases	Referred Cases
February	15	7
January	17	8
December	18	10

vii. Infection prevention

- Delivery table, radiant warmer, Kelly's pad were not clean (had blood stains)
- Instruments for delivery were rusted.
- Segregation of biomedical waste not done according to guidelines.
- Wearing double gloves during the delivery process is not in practice.
- Bag and mask had blood staining.

viii. Skills and Practices

- Knowledge of staff nurses about essential newborn care and resuscitation is below average and is reflected in their skills as well.
- Skills for newborn resuscitation lack grossly.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- v. Hepatitis B and BCG birth doses and OPV0 must be given to every newborn.



5. CHC Radaur

- i. Stethoscope with neonatal chest piece, low reading clinical thermometer, Vitamin K injection, Tetracycline eye drops are not available in the facility.
- ii. Immediate cord cutting and use of scissors for cord cutting is in practice.
- iii. Milking of cord is commonly done.
- iv. Skin-to-skin contact between mother and child established after 30-40 mins.
- v. Transferring of every child to the radiant warmer.
- vi. Suction of every newborn with suction machine is routinely done.
- vii. Knowledge on care given in 1st hour of birth is very poor.
- viii. Poor knowledge on assessing a sick/ill child.
- ix. Poor knowledge on infection prevention and hygiene.
- x. Providers possess poor resuscitation skills and lack grossly in chronology of resuscitation.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- v. Hepatitis B and BCG birth doses and OPV0 must be given to every newborn.

6. CHC Sadhaura

- i. Newborn resuscitation bag and masks kept unclean.
- ii. Suction has been done to all the newborns.
- iii. Practice of induction of labour with oxytocin prevalent.
- iv. No use of Radiant warmer in summer season.
- v. IEC materials are displayed properly.
- vi. Case sheets are not filled properly. Notes related to newborn are not available.
- vii. Staff nurses have good knowledge of Essential Newborn care and Resuscitation, but skills are not up to the mark and grossly lack in chronological presentation.
- viii. **Skills & Practices :**



- Immediate Cord cutting and taking baby away from mother immediately after birth is in practice.
- Skin to skin contact not in practice.

Recommendations

- i. Bag and mask must be kept clean; disinfect after each use; autoclave once a week.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- vi. Hepatitis B and BCG birth doses and OPV0 must be given to every newborn.
- vii. Keep complete case records of mother and write proper baby notes including the components of essential newborn care.

7. CHC Khijrabad

- i. Well-equipped and well-staffed facility with one LMO & 6 staff nurses with 24*7 delivery hut and average of 40 deliveries per month
- ii. No documentation on essential new born care in case records.
- iii. IEC materials and job aids for essential new born care are not available.
- iv. Infection prevention protocols are not followed in strict accordance with guidelines.
- v. Staff nurses are well trained and have good knowledge but lack in chronology of resuscitation skills.
- vi. Immediate cord cutting is in practice.
- vii. Skin to skin contact between mother and newborn immediately after delivery is in practice.
- viii. Administration of Vitamin K at birth and OPV 0, Hep. B, BCG in practice.

Recommendations

- i. Write notes on essential newborn care in case records.
- ii. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.



- iii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.

8. CHC Naharpur

- i. No MO posted against 4 sanctioned posts.
- ii. No Pharmacist against 2 sanctioned posts.
- iii. 24x7 Delivery services provided.
- iv. Skills & Practices Possessed by Staff Nurses:
 - Immediate Cord cutting in practice.
 - Suction done to every newborn irrespective of her/his condition.
 - Skin to skin contact between mother and newborn is not in practice.
 - Knowledge of service providers about essential newborn care and resuscitation is average.
 - Skills for neonatal resuscitation lack grossly.
 - Chronology of newborn resuscitation lacks during demonstration.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Suction is not required in newborns with good cry and normal respiration at birth; stop suction of every newborn.
- iii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iv. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.

9. CHC Bilaspur

- i. Milking and Immediate cord cutting is a usual practice.
- ii. Every baby separated from mother and taken to Radiant Warmer.
- iii. Administration of Vitamin K is not in practice.
- iv. Labour room staff not aware about operating of suction machine and radiant warmer.



- v. Knowledge and skills of providers for newborn care and resuscitation are below average.

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

10. PHC Sabepur

- i. Not a 24*7 PHC.
- ii. Only One Staff nurse posted, MO is on deputation to GH.
- iii. No delivery for one year.
- iv. Radiant warmer – Not functional.
- v. Cold chain room and Labour room together.
- vi. No privacy in labour room.
- vii. Disinfection protocols are not followed.
- viii. No post natal ward.
- ix. Staff nurse has good knowledge of essential newborn care and resuscitation, but skills lack in sequential presentation on mannequin.

Recommendations

- i. Staff nurse should start conducting deliveries and essential newborn care following current protocols.
- ii. Make radiant warmer functional.

11. PHC Arnaully

- i. Not a 24*7 PHC.
- ii. No delivery since 17/7/2012 in the facility.
- iii. Delivery room does not have delivery table.
- iv. Equipment like radiant warmer, oxygen cylinder etc. lying unused for long time.



- v. Staff nurse not available. On leave from 17/05/2013.
- vi. Vitamin K injection is not available.
- vii. Resuscitation mask no. 0 is not available.
- viii. All the delivery instruments are not available.
- ix. No autoclave in facility.
- x. Post Natal Ward not available.

Recommendations

- i. If delivery and newborn care services are not possible in this facility, shift the radiant warmer and other equipment to some other facility where these can be utilized.

12. PHC Kalanaur

- i. New born care corner established and functional.
- ii. Vitamin K not available.
- iii. Room thermometer available but not functional.
- iv. Mucus extractor not available.
- v. Case sheet and filling of partograph in practice
- vi. Maintained NBCC register.
- vii. IEC regarding new born resuscitation and breast feeding available.
- viii. Knowledge of the provider is good but skills of resuscitation not in chronological order.

Recommendations

- i. Provide functional room thermometer for labour room.
- ii. Provide disposable mucous extractors.
- iii. Provide vitamin K in the labour room. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

13. PHC Mugalwali

- i. NBCC established but staff not posted at facility.
- ii. Only one LHV and MO posted at facility.
- iii. No newborn and delivery care service provided in the facility.



Recommendations

- i. Post at least one staff nurse in the facility and start delivery and newborn care service in the facility.

14. PHC Kot Mustaka

- i. Well-equipped labour room with new born care corner.
- ii. One delivery table and one functional radiant warmer.
- iii. No staff nurses in position so only one delivery since September, 2012.
- iv. Average of **12 home deliveries** per month in the area belonging to the PHC.

Recommendations

- i. Post at least one staff nurse in the facility and start delivery and newborn care service in the facility.
- ii. Discourage home deliveries and encourage 100% institutional deliveries.

15. PHC Chhachrauli

- i. 24*7 delivery hut with 5 staff nurses.
- ii. Two delivery tables and one new born care corner placed in a small room.
- iii. No Documentation on essential new born care in case records.
- iv. IEC material for essential new born care not available.
- v. Infection prevention protocols not followed.
- vi. No birth preparedness done before delivery.
- vii. Skin to skin contact not in practice.
- viii. Immediate cord cutting in practice.
- ix. No drying & wrapping of the baby. Dirty baby cloth is not changed.
- x. Good practice of giving Vitamin-K, BCG, Hepatitis B, OPV-0.
- xi. Staff nurses are well trained and possess knowledge but lack skills of essential newborn care and resuscitation.

Recommendations

- i. Birth preparedness is an integrated part of essential newborn care and should be done as per protocols; so, please switch on the radiant warmer half an hour before delivery with two clean sheets placed underneath for pre-warming regardless of



- weather. Maintain room temperature between 25°C to 30°C. Switch off the fans to avoid direct air draught to the newborn. Prepare the tray with necessary instruments, equipment, drugs and two pairs of disposable gloves, cord clamps and mucous extractor. Check for availability and functionality of sterilized self-inflating bag and mask (0, 1).
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
 - iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
 - iv. Document essential newborn care services given in the case records.

16. PHC Bhambhol

- i. Well designed and equipped labour room with Newborn Care Corner.
- ii. No deliveries conducted in past 2 years.
- iii. All equipments lying unused i.e. Labour table, Radiant Warmer etc.
- iv. **Human Resources:** One LMO and one staff nurse posted.
- v. **Skills & Practices:**
 - Immediate Cord cutting practice.
 - Suction done to every newborn irrespective of her/his condition.
 - Skin to skin contact between mother and newborn is not in practice.
 - Knowledge of service providers about essential newborn care and resuscitation is average.
 - Skills for neonatal resuscitation lack grossly.
 - Chronology of newborn resuscitation lacks during demonstration.

Recommendations

- i. Make rational use of infrastructure and equipment provided.
- ii. Start delivery and newborn care services as soon as possible.

17. PHC Rasulpur

- i. Radiant warmer is available but not functional.
- ii. Autoclave is not available in the facility.
- iii. Wall clock in labour room is non-functional.
- iv. Vitamin K injection is not available.
- v. Gentian Violet paint unavailable.
- vi. 2% gluteraldehyde not available.
- vii. Filling of partograph not in practice.
- viii. Cleaning of baby with wet cloth after delivery.
- ix. Milking of cord in practice.



- x. Immediate cord cutting and transferring of every neonate to the radiant warmer in a tray is commonly done.
- xi. Resuscitating every new born regardless of general condition.
- xii. Knowledge on infection prevention and hygiene is poor.
- xiii. Knowledge and skills for essential newborn care and resuscitation are below average.

Recommendations

- i. Make radiant warmer and wall clock functional.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

18. PHC Buria

- i. Facility is well equipped for essential newborn care and resuscitation.
- ii. Use of Oxytocin to induce labour, even in absence of obstetrician/LMO.
- iii. The newborn is delivered in a tray and shifted to radiant warmer after immediate cord cutting. Milking of cord is also in practice.
- iv. Chronology of essential newborn care and resuscitation is not clear to the providers. Resuscitation skills are also below average.
- v. Knowledge on care given in 1st hour of birth is very poor.
- vi. Poor knowledge on assessing a sick/ill child.
- vii. Poor knowledge on infection prevention and hygiene.

Recommendations

- i. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Discourage milking of cord.



19. PHC Kharwan

- i. Well-equipped labour room with established Newborn Care Corner.
- ii. 24x7 Delivery services available.
- iii. Human Resource: One MO and two staff nurses posted in the facility.
- iv. Skills & Practices:
 - Immediate Cord cutting practice
 - Suctioning of every newborn
 - Taking every newborn to warmer
 - Skin to skin contact not in practice
 - Skills for neonatal resuscitation lacking
 - Chronology of Resuscitation steps not present

Recommendations

- i. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- ii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iii. Discourage milking of cord and suction for every newborn.
- iv. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

20. PHC Allahar

- i. The average delivery load is 2 deliveries per month. The labour room was not clean. The delivery table is rusted with torn macintosh and no kelly's pad. Radiant warmer is not in use. The labour room had spot lamp and was in unusable condition. 2 D. Lee. Mucous extractors present in delivery tray had fungus in them. The delivery instruments were rusted. Injectables in labour room have crossed expiry date. Neonatal face mask of size 1 was not available.
- ii. During visit - The spot lamp was made to be placed in appropriate position by the visiting team. Delivery instruments were made to wash. Use of bleaching powder was advocated. Radiant warmer was put to use. Proper record keeping was advocated.
- iii. Induction of labour with oxytocin is still in practice
- iv. Practice of separating every newborn from mother is common.
- v. Use of double gloves during the process of delivery is not in practice
- vi. Immediate cord cutting is in practice



- vii. Resuscitation skills are below average.
- viii. Vitamin K is not available

Recommendations

- i. Unclean mucous extractors and expired injectables must be disposed immediately.
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.
- v. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).

21. PHC Haibatpur

- i. Well maintained labour room with 2 delivery tables.
- ii. Newborn Care Corner with one radiant warmer.
- iii. Vitamin K is not available
- iv. **Practices and skills:**
 - Knowledge and skill of essential newborn care are average.
 - Resuscitation skills are found to be good.
 - Practice of separating every newborn from mother and taking to NBCC despite good cry.
 - Delivery of newborn on mother's abdomen is not in practice.

Recommendations

- i. Provide Vitamin K injection. Start giving Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term neonates).
- ii. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
- iii. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
- iv. Discourage milking of cord and suction for every newborn.

22. Sub-Centre Jathlana

- i. Running water supply is not available in the facility.
- ii. Induction/augmentation of labour with tab. Misoprostol is in practice.



- iii. Practice of separating new born from mother and taking to the newborn corner is a common practice.
- iv. Milking of cord and immediate cord cutting is in practice.
- v. Baby cradle has been kept in the labour room which is not required at all.
- vi. Record keeping is very poor. Delivery notes and newborn care notes are not put on paper.
- vii. Disposable mucous extractors are not available in delivery hut.
- viii. Infection prevention protocols are not adhered to strictly.

23. Sub- Centre Mandebar

- i. Room thermometer not available in the facility.
- ii. Post natal bed not present in the facility and delivery table is being used as post natal bed.
- iii. Vitamin K injection, for newborn, not available.
- iv. Display of IEC material, protocols and guidelines is not adequate.
- v. Case sheets for mother and newborn are not available.
- vi. Induction/augmentation of labour by injecting Oxytocin is rampant.
- vii. Immediate cord cutting and transferring of every new born to the newborn care corner is commonly done.
- viii. Skin-to-skin contact between mother and newborn is not in practice.
- ix. Breast feeding support not provided by the providers.
- x. Partographs filled after delivery.
- xi. Stay of not more than 6 hours post-delivery in the facility.
- xii. Poor knowledge of infection prevention and hygiene.
- xiii. LBW babies are not managed by the ANMs and are referred.
- xiv. Knowledge on assessing and managing a child with infection/sepsis are poor.
- xv. Provider's resuscitation skills are poor.

24. Sub-Centre Kait

- i. 24*7 delivery hut with 1 regular ANM & 1 contractual ANM.
- ii. One delivery table & one post natal bed in delivery room.



- iii. Non availability of case sheets and room thermometer.
- iv. For New born care corner a crib is present below 200W bulb.
- v. Oxygen cylinder is available but without key.
- vi. Non availability of case records & partographs in the facility.
- vii. Practice of applying GV paint on umbilical stump is there.
- viii. No IEC material displayed for essential new born care.
- ix. Oxytocin is freely used for induction/augmentation of labor.
- x. Immediate cord cutting in practice
- xi. Lack of skills for essential new born care.
- xii. Skin to skin contact between mother and newborn immediately after birth is not in practice.
- xiii. Shifting all babies away from mother immediately after birth irrespective of condition of new born.
- xiv. Non availability of vitamin K.
- xv. OPV0, BCG and Hepatitis B not given at birth and locals don't bring their children to immunize later.
- xvi. ANM lacks newborn resuscitation skills.

25. Sub-Centre Sandhali

- i. Only one ANM posted.
- ii. Newborn care corner is non-existent. A fluorescent bulb is placed as baby warmer.
- iii. Cord cutting blade not available
- iv. Vitamin K is not available
- v. Bag & Mask available but kept unclean
- vi. Immediate Cord cutting in practice
- vii. ANM possesses average knowledge about essential newborn care and resuscitation.
- viii. The skills of essential newborn care and resuscitation lack in chronological presentation.

26. Sub-Centre Gumthala Rao

- i. NBCC established but ANM doesn't have knowledge about resuscitation.
- ii. Milking of cord is a usual practice.
- iii. Immediate cord cutting is a usual practice.



- iv. Every newborn brought to NBCC for essential care.
- v. Baby cradle is still in use, to be removed immediately.
- vi. Skills of ANM in essential newborn care and resuscitation lack grossly in chronological presentation.

27. Sub-Centre Shadipur

- i. Skin-to-skin contact between mother and newborn is not in practice.
- ii. Every newborn brought to NBCC for essential care.
- iii. Immediate cord cutting is in practice.
- iv. After cord cutting every baby is kept in metallic tray.
- v. Case sheets are not maintained.
- vi. Partographs are not filled.
- vii. Procedures for infection prevention and control are not followed.
- viii. Skills for resuscitation are very poor; ANM was not able to handle bag and mask.

28. Sub-Centre Tigri

- i. Skin-to-skin contact between mother and newborn is not in practice.
- ii. Every newborn brought to NBCC for essential care.
- iii. After cord cutting every baby is kept in metallic tray.
- iv. Immediate cord cutting is in practice
- v. Case sheets are not maintained for delivery cases.
- vi. Filling of partograph is not in practice.
- vii. Procedures for infection prevention and control are not followed in accordance with guidelines.
- viii. Knowledge and skills for essential newborn care and resuscitation are not up to the mark.

29. Sub-Centre Gadhola

- i. Only one ANM posted in the facility.
- ii. No delivery since 23/10/2012.
- iii. No labor table in the facility, examination table being used for delivery services.
- iv. No Room thermometer in the labor room.



- v. Knowledge of provider for essential newborn care is below average.
- vi. ANM not aware of the chronology of the newborn resuscitation procedure.

30. URCH Hamida

- i. Delivery room and postnatal ward are in one room.
- ii. It is a newly designated Delivery Hut
- iii. Human Resource:
 - One LMO posted.
 - All 3 staff nurses are deputed to GH
 - 3 ANMs available
 - No Deliveries till 30-05-2013
 - ANMs assessed for skills of ENBC&R
- iv. **Skills & Practices:**
 - Knowledge and skills of essential newborn care and resuscitation are average.
 - Skills for neonatal resuscitation lacking
 - Chronology of Resuscitation steps not present

General Recommendations for Sub-Centres/Delivery Huts

1. Follow infection prevention protocols in strict accordance. Advocate and monitor effective hand washing (6 golden steps for 2 minutes) in the birth attendants.
2. Advocate infection prevention and hygiene by using standard protocols.
3. Make it a practice/advocate to cut cord between 1 to 3 minutes of birth with disposable surgical blade in case the newborn vitals are within normal limits.
4. Skin to skin contact is best for thermal care of baby; it has to be provided to each and every normal newborn immediately after birth.
5. Discourage milking of cord and suction for every newborn.
6. Record keeping should be improved. Advocate filling of each and every detail about the services given to mother and newborn in the case sheets.