

# IMMEDIATE CARE AT BIRTH

## Select the objective:

1. Observe a health worker carrying out immediate care at birth.
2. Carry out immediate care at birth.

Name of observer: ..... Date: .....

Mode of delivery (mark as appropriate):

☐ Spontaneous Vaginal Delivery      ☐ Ventouse      ☐ Forceps      ☐ Caesarian section

	Yes	No
Called out time of delivery/delivered onto abdomen.....	<input type="checkbox"/>	<input type="checkbox"/>
Dried the baby thoroughly, removed wet cloth .....	<input type="checkbox"/>	<input type="checkbox"/>
Placed the baby skin-to-skin and covered with a hat and dry cloth .....	<input type="checkbox"/>	<input type="checkbox"/>
Assessed breathing .....	<input type="checkbox"/>	<input type="checkbox"/>
Checked for second fetus .....	<input type="checkbox"/>	<input type="checkbox"/>
Uterotonic given to mother. Sterile gloves used for clamping and cutting cord .....	<input type="checkbox"/>	<input type="checkbox"/>
Clamped and cut cord (waited 1–3 minutes or until pulsating stops) .....	<input type="checkbox"/>	<input type="checkbox"/>
Continued skin-to-skin contact and monitoring .....	<input type="checkbox"/>	<input type="checkbox"/>
Handled the baby gently.....	<input type="checkbox"/>	<input type="checkbox"/>
Attached newborn identification label .....	<input type="checkbox"/>	<input type="checkbox"/>
Supported early initiation of breastfeeding .....	<input type="checkbox"/>	<input type="checkbox"/>
Ensured safe positioning of the baby skin-to-skin.....	<input type="checkbox"/>	<input type="checkbox"/>
Provided respectful care and effective communication .....	<input type="checkbox"/>	<input type="checkbox"/>
Completed partograph and birth record .....	<input type="checkbox"/>	<input type="checkbox"/>
Any other observations:		
.....		
.....		

*Be discreet and do not disturb the working staff or the privacy and dignity of the mother.*

*You may see practices that are not best practices, do NOT criticize. Instead, reflect how changes can be made and discuss them during debriefing away from clinical area.*

## Discuss together

What did you observe?  
 What was done well?  
 Problems identified?  
 Change needed?

**Complete QI template**