



World Health
Organization

Essential Newborn Care Course

Second edition



Clinical Practice Cards

INTRODUCTION

For Facilitators

Prepare in advance

- Obtain the permission of the in-charge or director and the consent of mothers who will participate.
- Explain clearly to mothers and families the purpose of the session and their important role. Thank them for their participation.
- Ensure clinical staff are prepared, and the ratio of facilitators to participants is respected. If too few newborns available, then spread clinical practices over a number of sessions.

Run the clinical practice

- Organize in groups as specified in ENCC at a Glance.
- Give clear instructions orienting participants to the objective and review the content of the clinical practice card.
- Communicate location, duration of session and time and location for debrief.
- Remain with participants ensuring:
 - respectful care and consent
 - no comments or disapproval while in the clinical setting
 - correct hand hygiene and infection prevention practices are followed.

Stop a participant if any dangerous or harmful practice, e.g., continuing to place a nasogastric tube when the newborn is coughing, gagging or desaturating.

Debrief

- Move away from the ward for discussions.
- Base discussion on the objective.
- Ask participants to give constructive, respectful feedback covering both content of care and experience of care for mothers and newborns.
- Demonstrate as necessary if participants had difficulties.

Link findings of clinical practice with quality improvement;
participants make notes to fill out quality improvement template.

PREPARING FOR CLINICAL PRACTICE

Instructions for facilitators

1. **Organize clinical practice in advance.**
2. **Identify mother and baby pairs** available for clinical practice (minimum requirement: one mother/baby for each group).
3. **Share Clinical Practice Cards with participants.**
4. **Give clear instructions** orienting participants on the objectives. Answer any questions. Include information about the equipment, environment, learner roles, time allotment and clinical situation. This will depend on the context of training and the size of the hospital or health facility, and whether in a humanitarian situation.
5. **Go through the Clinical Practice Cards** with participants and ensure they all understand what they are expected to do.
6. **Stress the importance of respectful communication and infection prevention.**
7. **Observe participants**, remain in the background and let them work without interference.
Do not correct every mistake. If help is required, do so in a way that does not embarrass the participant. Build learners' confidence.
8. **After the clinical practice, debrief away from the ward and discuss together.**
9. **Link findings of clinical practice with quality improvement session.**

The narrow columns can be used by facilitators or peers during the observation to tick whether all practices were applied. In certain cases not all actions will be applicable. Tick either the *Yes* or *No* box.

COMMUNICATION AND RESPECTFUL CARE

Select the objective:
1. Observe a health worker communicating with a mother and her family.
2. Communicate with a mother and her family.

Name of observer: _____ Date: _____

	Yes	No
Ensured privacy	<input type="checkbox"/>	<input type="checkbox"/>
Introduced self	<input type="checkbox"/>	<input type="checkbox"/>
Asked for consent	<input type="checkbox"/>	<input type="checkbox"/>
Used appropriate body language, same level as patient, eye contact, gestures showing interest, smile, nod	<input type="checkbox"/>	<input type="checkbox"/>
Used open questions, starting with How? When? What?	<input type="checkbox"/>	<input type="checkbox"/>
Minimal use of closed questions that elicit only yes/no answers	<input type="checkbox"/>	<input type="checkbox"/>
Avoided words that sound judgmental ("good", "bad", "normal", "wrong")	<input type="checkbox"/>	<input type="checkbox"/>
Gave clear information on mother and newborn and their care	<input type="checkbox"/>	<input type="checkbox"/>
Recognised and praised results/achievements of mother and baby)	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged meaningful participation* of mother and family	<input type="checkbox"/>	<input type="checkbox"/>
Recognised and praised progress results/achievements of mother and baby	<input type="checkbox"/>	<input type="checkbox"/>
Used listening skills	<input type="checkbox"/>	<input type="checkbox"/>
Accepted what mothers said and felt (for example "I can imagine you are worried")	<input type="checkbox"/>	<input type="checkbox"/>
Gave clear and simple information (for example avoided technical terms, checked understanding)	<input type="checkbox"/>	<input type="checkbox"/>
Helped mother and family identify solutions	<input type="checkbox"/>	<input type="checkbox"/>
Asked for and answered questions	<input type="checkbox"/>	<input type="checkbox"/>
Gave suggestions, not orders	<input type="checkbox"/>	<input type="checkbox"/>
Managed a difficult situation well (bad news, anger, frustration)	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately addressed any special needs (communication, language, disability, hearing, vision)	<input type="checkbox"/>	<input type="checkbox"/>

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Discuss together

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

COMMUNICATION AND RESPECTFUL CARE

Select the objective:

1. Observe a health worker communicating with a mother and her family.
2. Communicate with a mother and her family.

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

	Yes	No
Ensured privacy.....	<input type="checkbox"/>	<input type="checkbox"/>
Introduced self	<input type="checkbox"/>	<input type="checkbox"/>
Asked for consent	<input type="checkbox"/>	<input type="checkbox"/>
Used appropriate body language, same level as patient, eye contact, gestures showing interest, smile, nod.....	<input type="checkbox"/>	<input type="checkbox"/>
Used open questions, starting with How? When? What?	<input type="checkbox"/>	<input type="checkbox"/>
Minimal use of closed questions that elicit only yes/no answers.....	<input type="checkbox"/>	<input type="checkbox"/>
Avoided words that sound judgemental ("good", "bad", "normal", "wrong")	<input type="checkbox"/>	<input type="checkbox"/>
Gave clear information on mother and newborn and their care	<input type="checkbox"/>	<input type="checkbox"/>
Recognised and praised results/achievements of mother and baby)	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged meaningful participation* of mother and family	<input type="checkbox"/>	<input type="checkbox"/>
Recognised and praised progress results/achievements of mother and baby	<input type="checkbox"/>	<input type="checkbox"/>
Used listening skills	<input type="checkbox"/>	<input type="checkbox"/>
Accepted what mothers said and felt (for example "I can imagine you are worried")	<input type="checkbox"/>	<input type="checkbox"/>
Gave clear and simple information (for example avoided technical terms, checked understanding)	<input type="checkbox"/>	<input type="checkbox"/>
Helped mother and family identify solutions	<input type="checkbox"/>	<input type="checkbox"/>
Asked for and answered questions	<input type="checkbox"/>	<input type="checkbox"/>
Gave suggestions, not orders	<input type="checkbox"/>	<input type="checkbox"/>
Managed a difficult situation well (bad news, anger, frustration)	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately addressed any special needs (communication, language, disability, hearing, vision)	<input type="checkbox"/>	<input type="checkbox"/>

Discuss together

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

Complete QI template

PREPARATION FOR BIRTH

Select the objective:

1. Observe a health worker preparing for a birth and caring for mother.
2. Prepare for a birth (either for newborn care or both maternal and newborn care, depending on role).

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

Preparation for care of the mother:

	Yes	No
Prepared gloves, apron, mask and eye protection.....	<input type="checkbox"/>	<input type="checkbox"/>
Prepared sterile delivery set (including uterotonic)	<input type="checkbox"/>	<input type="checkbox"/>
Organised safe medical waste disposal (covered, segregated).....	<input type="checkbox"/>	<input type="checkbox"/>
Checked delivery room temperature (25-28°C) and eliminated drafts	<input type="checkbox"/>	<input type="checkbox"/>
Checked clock visible	<input type="checkbox"/>	<input type="checkbox"/>
Welcomed the mother and companion of choice and introduced self	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed mother's records	<input type="checkbox"/>	<input type="checkbox"/>
Explained procedures and gained consent	<input type="checkbox"/>	<input type="checkbox"/>
Practiced correct hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Checked for danger signs.....	<input type="checkbox"/>	<input type="checkbox"/>
Assessed presentation and fetal heart rate	<input type="checkbox"/>	<input type="checkbox"/>
Assessed stage and progress of labour	<input type="checkbox"/>	<input type="checkbox"/>
Documented on partograph and mother's record	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged mother to eat, drink and move around.....	<input type="checkbox"/>	<input type="checkbox"/>
Showed toilet, hand-washing and bathing facilities for mother's use	<input type="checkbox"/>	<input type="checkbox"/>
Respected mother's privacy, dignity, and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>

Preparation for care of the newborn:

Introduced self to mother and companion (if different health worker).....	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed mother's records and partograph for risk factors affecting newborn care.....	<input type="checkbox"/>	<input type="checkbox"/>
Identified a helper and reviewed the emergency plan	<input type="checkbox"/>	<input type="checkbox"/>
Confirmed delivery room temperature (25-28°C), good lighting, and clock visible.....	<input type="checkbox"/>	<input type="checkbox"/>
Performed hand hygiene with all persons present at the birth	<input type="checkbox"/>	<input type="checkbox"/>
Prepared an area for ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Organised newborn equipment and supplies within reach and checked function.....	<input type="checkbox"/>	<input type="checkbox"/>
Prepared newborn identification labels.....	<input type="checkbox"/>	<input type="checkbox"/>

Other observations, for example, organization and safety or access for mothers with disabilities:

.....

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

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

EXAMINATION OF THE NEWBORN

Select the objective:

1. Observe a health worker assessing, classifying, and preventing infection in a newborn baby.
2. Assess, classify, and prevent infection in a newborn baby.

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

	Yes	No
Introduced self to mother, explained the activity, and gained consent	<input type="checkbox"/>	<input type="checkbox"/>
Performed hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed mother's notes (antenatal and intrapartum)	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed newborn notes	<input type="checkbox"/>	<input type="checkbox"/>
Measured temperature	<input type="checkbox"/>	<input type="checkbox"/>
Assessed breathing (counted breaths for one minute, looked for chest indrawing, listened for grunting)	<input type="checkbox"/>	<input type="checkbox"/>
Observed newborn while quiet (colour, posture, movement)	<input type="checkbox"/>	<input type="checkbox"/>
Felt head and abdomen while quiet	<input type="checkbox"/>	<input type="checkbox"/>
Examined head to toe, front and back with inspection, palpation, and manipulation (look, listen, feel):		
- eyes and ears, nose and mouth (red reflex if possible)	<input type="checkbox"/>	<input type="checkbox"/>
- neck and clavicles, chest and back	<input type="checkbox"/>	<input type="checkbox"/>
- genitalia and anal opening	<input type="checkbox"/>	<input type="checkbox"/>
- extremities	<input type="checkbox"/>	<input type="checkbox"/>
- muscle tone and reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Weighed the baby	<input type="checkbox"/>	<input type="checkbox"/>
Measured head circumference	<input type="checkbox"/>	<input type="checkbox"/>
Noted any Danger Signs	<input type="checkbox"/>	<input type="checkbox"/>
Noted any possible congenital anomalies, birth injuries, or signs of infection	<input type="checkbox"/>	<input type="checkbox"/>
Classified the baby correctly	<input type="checkbox"/>	<input type="checkbox"/>
Provided eye care	<input type="checkbox"/>	<input type="checkbox"/>
Provided cord care	<input type="checkbox"/>	<input type="checkbox"/>
Provided vitamin K	<input type="checkbox"/>	<input type="checkbox"/>
Recorded findings on appropriate registers and forms	<input type="checkbox"/>	<input type="checkbox"/>
Informed mother of findings and responded to her questions	<input type="checkbox"/>	<input type="checkbox"/>
Handled the newborn gently	<input type="checkbox"/>	<input type="checkbox"/>

Discuss together

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

Complete QI template

INFECTION PREVENTION FOR NEWBORNS

Objective:

Observe infection prevention and control practices at points of care for newborns.

Name of observer:..... Date: Area Observed:

	Yes	No
Environment		
Is there sufficient bed capacity?	<input type="checkbox"/>	<input type="checkbox"/>
Is space and infrastructure organised for safety and zero separation?	<input type="checkbox"/>	<input type="checkbox"/>
Is the area appropriately lit and well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clean ¹ usable ² toilet for health workers (labelled)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clean usable toilet for mothers and families (labelled)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clean, usable, accessible ³ and appropriately lit bathing area for women?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a clean, usable and accessible toilet for women with disabilities (labelled)?	<input type="checkbox"/>	<input type="checkbox"/>
Are there functional hand hygiene stations ⁴ within 5 meters of latrines/toilets?	<input type="checkbox"/>	<input type="checkbox"/>
Is running water available at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Is safe drinking water available for women, labour companions, and family?	<input type="checkbox"/>	<input type="checkbox"/>
Environment		
Is alcohol-based handrub available at each bedside?	<input type="checkbox"/>	<input type="checkbox"/>
Are functioning hand hygiene stations at all points of care and at entry points?	<input type="checkbox"/>	<input type="checkbox"/>
Do hand hygiene stations have soap and clean towels or alcohol-based handrub?	<input type="checkbox"/>	<input type="checkbox"/>
Do health workers follow WHO guidance for hand hygiene?	<input type="checkbox"/>	<input type="checkbox"/>
Do mothers or caregivers wash their hands before touching their baby, breastfeeding, and after diaper changes?	<input type="checkbox"/>	<input type="checkbox"/>
What is the ratio of functional sinks to bed spaces?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning and disinfection		
Do floors and work surfaces appear clean?	<input type="checkbox"/>	<input type="checkbox"/>
Are toilets cleaned at least once each day, with a visible signed record?	<input type="checkbox"/>	<input type="checkbox"/>
Is resuscitation equipment appropriately disinfected (bag and mask)?	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective equipment (PPE) and waste management		
Is PPE available for health workers?	<input type="checkbox"/>	<input type="checkbox"/>
Do cleaning and waste disposal staff have appropriate PPE?	<input type="checkbox"/>	<input type="checkbox"/>
Are there functional closed labelled waste collection containers close to waste generation points: (circle) non-infectious (general) waste/infectious waste/sharps waste? ..	<input type="checkbox"/>	<input type="checkbox"/>

¹ **Clean:** absence of waste, visible dirt and excreta and insects. Environmental surfaces or objects contaminated with blood, other body fluids, secretions or excretions are cleaned and disinfected as soon as possible using standard hospital detergents/disinfectants.

² **Usable:** toilet/latrine should be within the grounds of the facility in a structure without major holes and with a door that is unlocked when not in use but can be locked from the inside. The hole or pit should not be blocked; water should be available for flush/pour toilets. There should be no cracks or leaks in the toilet structure.

³ **Accessible** as noted by safe clear of hazards and no steps: have sufficient space internal facilities for caregivers to support another person or for a wheelchair to turn around.

⁴ **A functional hand hygiene station** consists of soap and water with a basin/pan for washing hands, or alcohol-based handrub. Check that water is available from the tap. Water should not be chlorinated. There should be at least two hand hygiene stations in a ward with more than 20 beds. Alcohol-based handrub is NOT suitable for use at latrines.

Discuss together

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

Complete QI template

KEEPING THE NEWBORN WARM

Select the objective:

1. Observe a health worker measuring temperature of a newborn, explaining and applying measures to maintain temperature.
2. Measure temperature of a newborn, explain and apply measures to maintain temperature.

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

	Yes	No
Introduced self	<input type="checkbox"/>	<input type="checkbox"/>
Explained procedure and gained consent	<input type="checkbox"/>	<input type="checkbox"/>
Cleaned the thermometer	<input type="checkbox"/>	<input type="checkbox"/>
Practiced correct hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Continued skin-to-skin contact	<input type="checkbox"/>	<input type="checkbox"/>
If not in skin-to-skin contact, did not remove clothing	<input type="checkbox"/>	<input type="checkbox"/>
Put the tip of the thermometer high in the armpit (axilla) and held the arm against the chest while taking temperature	<input type="checkbox"/>	<input type="checkbox"/>
- 3–5 minutes for a mercury thermometer.....	<input type="checkbox"/>	<input type="checkbox"/>
- Until audible signal for a digital thermometer	<input type="checkbox"/>	<input type="checkbox"/>
Read the temperature and explained the findings to the mother	<input type="checkbox"/>	<input type="checkbox"/>
If temperature not normal, immediately informed the responsible person/s and took appropriate actions to improve thermal control	<input type="checkbox"/>	<input type="checkbox"/>
Recorded the temperature in the newborn's notes	<input type="checkbox"/>	<input type="checkbox"/>
Showed the mother how to check the baby's temperature	<input type="checkbox"/>	<input type="checkbox"/>
Showed the mother how to keep newborn warm and explained the importance of maintaining warmth	<input type="checkbox"/>	<input type="checkbox"/>
Used effective and respectful communication	<input type="checkbox"/>	<input type="checkbox"/>
Checked mother's understanding	<input type="checkbox"/>	<input type="checkbox"/>
Handled the baby gently	<input type="checkbox"/>	<input type="checkbox"/>

In case of temperature values out of the normal range (36.5–37.5 °C), inform the responsible health personnel and your facilitator and take appropriate corrective actions.

Discuss together

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

Complete QI template

BREASTFEEDING: ENSURING A GOOD START

Select the objective:

1. Observe a health worker supporting a mother for positioning and attachment.
2. Support a mother for better positioning, and improved attachment and answer any questions.

Mother's name: Date:

Baby's name: Age of baby:

Name of observer:

SIGNS THAT BREASTFEEDING IS GOING WELL

SIGNS OF POSSIBLE DIFFICULTIES

GENERAL OBSERVATIONS

Mother looks healthy ☐

Mother relaxed, comfortable,
back supported ☐

Signs of bonding between
mother and baby ☐

Mother looks ill or depressed ☐

Specify

Mother looks tense and uncomfortable ☐

No mother/baby eye contact ☐

Baby looks healthy ☐

Baby calm and relaxed ☐

Baby reaches or roots for breast if hungry ☐

Baby looks sleepy or ill ☐

Specify

Baby is restless or crying ☐

Baby does not reach or root ☐

Breasts look healthy ☐

No pain or discomfort ☐

Breast well supported with fingers
away from nipple ☐

Breasts look red, swollen or sore ☐

Breast or nipple painful ☐

Breast held with fingers* on areola ☐

BABY'S POSITION

Baby's head and body in line ☐

Baby held close to mother's body ☐

Baby's whole body supported ☐

Baby approaches breast, nose to nipple ☐

Baby's neck and head twisted to feed ☐

Baby not held close ☐

Baby supported by head and neck only ☐

Baby approaches breast, lower
lip/chin to nipple ☐

SIGNS THAT BREASTFEEDING IS GOING WELL

SIGNS OF POSSIBLE DIFFICULTIES

BABY'S ATTACHMENT

More areola seen above baby's top lip ☐

Baby's mouth open wide ☐

Lower lip turned outwards ☐

Baby's chin touches breast ☐

More areola seen below bottom lip ☐

Baby's mouth not open wide ☐

Lips pointing forward or turned in ☐

Baby's chin does not touch breast ☐

SUCKLING

Slow, deep sucks with pauses ☐

Cheeks round when suckling ☐

Baby releases breast when finished ☐

Mother notices signs of oxytocin reflex ☐

Rapid, shallow sucks ☐

Cheeks pulled in when suckling ☐

Mother takes baby off the breast ☐

No signs of oxytocin reflex noticed ☐

** Some women do and it does not interfere with good attachment and breastfeeding. Observers should know that fingers on areola could obstruct the ducts if held too tightly.*

When the mother is in a comfortable semi-reclined position, the baby is kept close to the mother in a ventral position by the force of gravity. The arms of the mother are free to move. In this laid-back position, attachment to the breast can be easier for the baby. However, any position in which the mother feels comfortable to breastfeed is completely acceptable.

Discuss together

What did you observe?

What was done well?

Problems identified?

Change needed?

Complete QI template

BREASTFEEDING: OVERCOMING DIFFICULTIES

Select the objective:

1. Observe health worker assessing a breastfeed, identifying a difficulty, and giving relevant practical support.
2. Assess a breastfeed, identify any difficulty and give relevant practical support.

Mother's name: Date:

Baby's name: Age of baby:

Name of observer:

SIGNS THAT BREASTFEEDING IS GOING WELL		SIGNS OF POSSIBLE DIFFICULTIES	
GENERAL OBSERVATIONS			
Mother looks healthy	<input type="checkbox"/>	Mother looks ill or depressed	<input type="checkbox"/>
Mother relaxed, comfortable, back supported	<input type="checkbox"/>	Specify	
Signs of bonding between mother and baby	<input type="checkbox"/>	Mother looks tense and uncomfortable	<input type="checkbox"/>
		No mother/baby eye contact	<input type="checkbox"/>
Baby looks healthy	<input type="checkbox"/>	Baby looks sleepy or ill	<input type="checkbox"/>
Baby calm and relaxed	<input type="checkbox"/>	Specify	
Baby reaches or roots for breast if hungry	<input type="checkbox"/>	Baby is restless or crying	<input type="checkbox"/>
		Baby does not reach or root	<input type="checkbox"/>
Breasts look healthy	<input type="checkbox"/>	Breasts look red, swollen or sore	<input type="checkbox"/>
No pain or discomfort	<input type="checkbox"/>	Breast or nipple painful	<input type="checkbox"/>
Breast well supported with fingers away from nipple	<input type="checkbox"/>	Breast held with fingers* on areola	<input type="checkbox"/>
BABY'S POSITION			
Baby's head and body in line	<input type="checkbox"/>	Baby's neck and head twisted to feed	<input type="checkbox"/>
Baby held close to mother's body	<input type="checkbox"/>	Baby not held close	<input type="checkbox"/>
Baby's whole body supported	<input type="checkbox"/>	Baby supported by head and neck only	<input type="checkbox"/>
Baby approaches breast, nose to nipple	<input type="checkbox"/>	Baby approaches breast, lower lip/chin to nipple	<input type="checkbox"/>

SIGNS THAT BREASTFEEDING IS GOING WELL

SIGNS OF POSSIBLE DIFFICULTIES

BABY'S ATTACHMENT

More areola seen above baby's top lip ☐

More areola seen below bottom lip ☐

Baby's mouth open wide ☐

Baby's mouth not open wide ☐

Lower lip turned outwards ☐

Lips pointing forward or turned in ☐

Baby's chin touches breast ☐

Baby's chin does not touch breast ☐

SUCKLING

Slow, deep sucks with pauses ☐

Rapid, shallow sucks ☐

Cheeks round when suckling ☐

Cheeks pulled in when suckling ☐

Baby releases breast when finished ☐

Mother takes baby off the breast ☐

Mother notices signs of oxytocin reflex ☐

No signs of oxytocin reflex noticed ☐

What difficulty was identified?

Explained problem and underlying cause

Counselled and supported mother appropriately for her breastfeeding problem
(painful nipple, blocked duct, mastitis, etc.)

Was pain treated correctly? Describe

*Observers should know that fingers on areola could obstruct the ducts if held too strongly.
Any position in which the mother feels comfortable to breastfeed is totally acceptable.*

Discuss together

What did you observe?

What was done well?

Problems identified?

Change needed?

Complete QI template

KANGAROO MOTHER CARE

Select the objective:

1. Observe a health worker supporting selected activities of kangaroo mother care.
2. Support a mother or caregiver for selected activities of kangaroo mother care.

Name of observer: Date:

Environment

Yes No

Are all small babies in kangaroo mother care position with a caregiver? ☐ ☐

If not skin-to-skin, how are the babies cared for?
.....

Do caregivers have a comfortable safe place to provide continuous kangaroo mother care? ☐ ☐

Are all babies secured with a wrap or binder? ☐ ☐

Are all babies wearing a hat? ☐ ☐

Is the temperature of the room between 25 - 28°C? ☐ ☐

Do caregivers have access to:

- hand hygiene, bathing facilities, and toilets? ☐ ☐

- food preparation? ☐ ☐

- space for family visits? ☐ ☐

Counselling and preparation

Counselled, explaining KMC using simple language WHY, WHAT and HOW ☐ ☐

Prepared materials with mother ☐ ☐

Demonstrated gentle safe handling and KMC positioning using mannequin ☐ ☐

Positioning for KMC

Performed hand hygiene with caregiver ☐ ☐

Assisted mother or caregiver for positioning of baby ☐ ☐

Observed and provided guidance to mother or caregiver for positioning and
securing independently..... ☐ ☐

Supported mother to:

- observe her baby's activity, breathing, colour, and temperature ☐ ☐

- perform hand hygiene ☐ ☐

- move newborn into good position for feeding ☐ ☐

- change diaper and safely dispose of waste ☐ ☐

- safely return baby to KMC position ☐ ☐

Collecting and using data

	Yes	No
Does the baby have clinical notes separate from the mother?	<input type="checkbox"/>	<input type="checkbox"/>
Have the following been recorded today?		
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>
Intake and output	<input type="checkbox"/>	<input type="checkbox"/>
Weight (and growth)	<input type="checkbox"/>	<input type="checkbox"/>
Mother's observations on her baby:		
Activity, breathing, colour, temperature	<input type="checkbox"/>	<input type="checkbox"/>
Feeding	<input type="checkbox"/>	<input type="checkbox"/>
Output	<input type="checkbox"/>	<input type="checkbox"/>
Health worker assessment of baby	<input type="checkbox"/>	<input type="checkbox"/>
Health worker assessment of mother's confidence and capabilities	<input type="checkbox"/>	<input type="checkbox"/>

Preparing for care at home

Has a health worker discussed the following with the caregivers?		
Growth, progress and plan of care for the baby in the facility	<input type="checkbox"/>	<input type="checkbox"/>
Home environment (household members, heating, water source, communication, transport)	<input type="checkbox"/>	<input type="checkbox"/>
Activities of daily living including sleep and safety at home	<input type="checkbox"/>	<input type="checkbox"/>
Discharge criteria, medical and developmental follow-up and community support	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions from mother and family	<input type="checkbox"/>	<input type="checkbox"/>

Dialogue with a mother practicing Kangaroo mother care

How do you feel about practicing KMC?

What information were you given?

When was this information given?

How old was your baby when KMC started?

What was explained about the position of the baby and method for securing the infant?

.....

How many hours per day does your baby receive KMC?

How is your family supporting you to provide KMC?

What do you do with the baby when you need to sleep, bathe or use the toilet?

What was explained about when your baby will be ready to go home?

What concerns do you have about taking your baby home?

.....

Discuss together

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

Complete QI template

BREAST MILK FEEDING: ALTERNATIVE METHODS

Select the objective:

1. Observe a health worker supporting a mother to give her newborn a cup or nasogastric feed.
2. Support a mother to feed her newborn by cup or nasogastric tube.

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

Support mother to safely feed her newborn by cup

	Yes	No
Performed hand hygiene.....	<input type="checkbox"/>	<input type="checkbox"/>
Measured the correct volume of breast milk	<input type="checkbox"/>	<input type="checkbox"/>
Noted baby's feeding cues (readiness to feed).....	<input type="checkbox"/>	<input type="checkbox"/>
Held the baby in a semi-upright, sitting position on her lap.....	<input type="checkbox"/>	<input type="checkbox"/>
Rested the cup lightly on the lower lip	<input type="checkbox"/>	<input type="checkbox"/>
Tipped the cup so that milk just reached the baby's lips.....	<input type="checkbox"/>	<input type="checkbox"/>
Controlled the flow of milk (did not pour milk into the baby's mouth)	<input type="checkbox"/>	<input type="checkbox"/>
Noted baby's feeding cues (stopping cues)	<input type="checkbox"/>	<input type="checkbox"/>
Brought up wind after the feed.....	<input type="checkbox"/>	<input type="checkbox"/>
Any other observations		

Support a mother to safely feed her newborn by nasogastric tube:

Performed hand hygiene.....	<input type="checkbox"/>	<input type="checkbox"/>
Measured the correct volume of milk	<input type="checkbox"/>	<input type="checkbox"/>
Held baby in semi upright sitting position.	<input type="checkbox"/>	<input type="checkbox"/>
Attached a syringe (without plunger) to the end of the tube	<input type="checkbox"/>	<input type="checkbox"/>
Pinched the tube closed next to the syringe while adding milk.	<input type="checkbox"/>	<input type="checkbox"/>
Adjusted the flow of milk by raising or lowering the syringe	<input type="checkbox"/>	<input type="checkbox"/>
Brought up wind after the feed.....	<input type="checkbox"/>	<input type="checkbox"/>
Any other observations:		

Discuss together

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

Complete QI template

BASIC RESUSCITATION OF THE NEWBORN

Observe interventions to help a newborn breathe at birth.

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

	Yes	No
Called out time of birth	<input type="checkbox"/>	<input type="checkbox"/>
Dried the baby thoroughly	<input type="checkbox"/>	<input type="checkbox"/>
Removed the wet cloth	<input type="checkbox"/>	<input type="checkbox"/>
Placed baby in direct skin-to-skin contact with mother	<input type="checkbox"/>	<input type="checkbox"/>
Recognized not crying/not breathing well	<input type="checkbox"/>	<input type="checkbox"/>
Covered baby's body and head	<input type="checkbox"/>	<input type="checkbox"/>
Stimulated to breathe	<input type="checkbox"/>	<input type="checkbox"/>
Cleared airway only if needed	<input type="checkbox"/>	<input type="checkbox"/>
Recognized not breathing	<input type="checkbox"/>	<input type="checkbox"/>
Called for help	<input type="checkbox"/>	<input type="checkbox"/>
Clamped or tied and cut the umbilical cord	<input type="checkbox"/>	<input type="checkbox"/>
Communicated with mother ("I am going to help your baby breathe.")	<input type="checkbox"/>	<input type="checkbox"/>
Moved baby to ventilation area and quickly covered	<input type="checkbox"/>	<input type="checkbox"/>
Positioned baby's head slightly extended and confirmed mask size.....	<input type="checkbox"/>	<input type="checkbox"/>
Ventilated (by 1 minute)	<input type="checkbox"/>	<input type="checkbox"/>
- Positioned mask to cover chin, mouth and nose	<input type="checkbox"/>	<input type="checkbox"/>
- Achieved good mask seal	<input type="checkbox"/>	<input type="checkbox"/>
- Gave ventilations at 40 breaths/min (30-50)	<input type="checkbox"/>	<input type="checkbox"/>
- Maintained good chest movement with each breath.....	<input type="checkbox"/>	<input type="checkbox"/>
- Recognized if chest not moving and took steps to improve ventilation	<input type="checkbox"/>	<input type="checkbox"/>
- Reapplied mask, repositioned head	<input type="checkbox"/>	<input type="checkbox"/>
- Cleared the airway and opened the mouth slightly	<input type="checkbox"/>	<input type="checkbox"/>
- Squeezed the bag harder.....	<input type="checkbox"/>	<input type="checkbox"/>
Recognized breathing	<input type="checkbox"/>	<input type="checkbox"/>
- Recognized breathing	<input type="checkbox"/>	<input type="checkbox"/>
- Assessed breathing rate and adequacy.....	<input type="checkbox"/>	<input type="checkbox"/>
- Stopped ventilation if more than 30 breaths per minute and no severe chest in-drawing.....	<input type="checkbox"/>	<input type="checkbox"/>
- Monitored breathing, colour, temperature with mother skin-to-skin	<input type="checkbox"/>	<input type="checkbox"/>
Recognized NOT breathing	<input type="checkbox"/>	<input type="checkbox"/>
- Checked heart rate after 1 minute of ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>
- Continued or improved ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>
Communicated with mother and family	<input type="checkbox"/>	<input type="checkbox"/>
Decided on advanced care (if needed)	<input type="checkbox"/>	<input type="checkbox"/>
Placed identity label.....	<input type="checkbox"/>	<input type="checkbox"/>
If baby did not survive gave culturally appropriate compassionate care	<input type="checkbox"/>	<input type="checkbox"/>
Completed appropriate registers and forms.....	<input type="checkbox"/>	<input type="checkbox"/>

* In situations away from a health facility you may need to kneel at newborn's head.

Discuss together

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

Complete QI template

DATA COLLECTION AND USE

Objective:

Follow the clinical record for mother and baby from birth through discharge from the health facility. Examine at least one example of each type of patient record. If a data collection tool is not available, note N/A next to the heading.

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

Admission register-data duplication and protection

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Antenatal records- data completeness

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Intrapartum and delivery summary - data use to guide care

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Newborn daily assessment

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Discharge summary

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Referral form

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Discuss together

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

Complete QI template

DISCHARGE AND FOLLOW-UP

Select the objective:

1. Observe a health worker assessing a newborn for discharge and counselling for home care and follow-up.
2. Assess a newborn for discharge and counsel for home care and follow-up.

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

	Yes	No
Introduced self	<input type="checkbox"/>	<input type="checkbox"/>
Explained process and encouraged active involvement of parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>
Used standardised discharge checklist	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed newborn's and mother's clinical record for:		
- vital sign stability	<input type="checkbox"/>	<input type="checkbox"/>
- birthweight/weight gain	<input type="checkbox"/>	<input type="checkbox"/>
- breastfeeding counselling and intake	<input type="checkbox"/>	<input type="checkbox"/>
- stool and urine output	<input type="checkbox"/>	<input type="checkbox"/>
- identified medical conditions/danger signs	<input type="checkbox"/>	<input type="checkbox"/>
Examined the newborn completely, with attention to screening:		
- red reflex of the eyes	<input type="checkbox"/>	<input type="checkbox"/>
- jaundice/other skin findings	<input type="checkbox"/>	<input type="checkbox"/>
- developmental dysplasia of the hip	<input type="checkbox"/>	<input type="checkbox"/>
- femoral pulses	<input type="checkbox"/>	<input type="checkbox"/>
- anal patency	<input type="checkbox"/>	<input type="checkbox"/>
Counselled for home care using appropriate educational materials/videos on:		
- danger signs	<input type="checkbox"/>	<input type="checkbox"/>
- responsive, nurturing care	<input type="checkbox"/>	<input type="checkbox"/>
- breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
- thermal care	<input type="checkbox"/>	<input type="checkbox"/>
- hygiene	<input type="checkbox"/>	<input type="checkbox"/>
- sleep	<input type="checkbox"/>	<input type="checkbox"/>
- how and where to complete birth registration	<input type="checkbox"/>	<input type="checkbox"/>
Completed discharge record with:		
- scheduled postnatal visits (immunisation, routine follow-up)	<input type="checkbox"/>	<input type="checkbox"/>
- scheduled referrals (developmental, medical, surgical as indicated)	<input type="checkbox"/>	<input type="checkbox"/>
- links to community care and parent support groups (as indicated)	<input type="checkbox"/>	<input type="checkbox"/>
- medications or treatments (as indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Observed mother's mood and interaction with baby	<input type="checkbox"/>	<input type="checkbox"/>
Confirmed parents' understanding	<input type="checkbox"/>	<input type="checkbox"/>
Asked for and answered questions	<input type="checkbox"/>	<input type="checkbox"/>

Discuss together

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

Complete QI template

