

OBSERVATION OF DELIVERIES

MANAGEMENT OF THE THIRD STAGE OF LABOR

#	QUESTION	RESPONSE →	SKIP																								
100	Country:																										
101	Name of observer	WRITE NAME:																									
102	Date of observation (DD/MM/YR)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center; margin-top: 5px;">D D M M Y Y</p>																									
103	Day of week:	SUNDAY.....1 MONDAY.....2 TUESDAY.....3 WEDNESDAY.....4 THURSDAY.....5 FRIDAY.....6 SATURDAY.....7																									
104	Geographical setting	URBAN.....1 RURAL.....2																									
105	Identification code for Health Facility:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; margin-top: 5px;">FACILITY ID CODE</p>																									
106	Type of Health Facility:	CENTRAL REFERRAL HOSP.....1 REGIONAL/PROVINCIAL HOSP.....2 DISTRICT HOSPITAL.....3 HEALTH CENTER.....4 OTHER.....5 Add additional codes for private facilities																									
107	Qualification of birth attendant:	OBSTETRICIAN.....1 OTHER PHYSICIAN.....2 CLINICAL OFFICER/MED. ASST.....3 MIDWIFE.....4 NURSE.....5 OTHER (SPECIFY)..... _____8																									
108	Is there more than one person assisting the delivery?	YES.....1 NO.....2																									
109	Age of woman	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: right; margin-top: 5px;">YEARS</p> DON'T KNOW.....98																									
110	Gravidity	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="margin-top: 5px;">DON'T KNOW.....98</p>																									

111	Parity	<input type="text"/> <input type="text"/>	DON'T KNOW.....98	
112	How was labor started?		SPONTANEOUS.....1 INDUCED.....2	114
113	Was the labor augmented?		YES.....1 NO.....2	
114	What drug was used for induction or augmentation?		OXYTOCIN.....1 OTHER (SPECIFY) 8	
115	Time of the delivery of the baby (USE 24 HR CLOCK)	<input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HR MIN	
116	Time the cord was clamped (USE 24 HR CLOCK OR INDICATE < 1 MINUTE)	<input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HR MIN LESS THAN 1 MIN.....01	
117	Was any uterotonic (oxytocin, ergometrine, prostaglandins) given to the mother during or after delivery of the baby (ie., not for induction or augmentation)?		YES.....1 NO.....2	136
118	If yes, time uterotonic was given?	<input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HR MIN	
119	Was oxytocin (non-combination) given to the mother during or after delivery of the baby?		YES.....1 NO.....2	123
120	If yes, how many international units?	<input type="text"/> <input type="text"/>	N OF I U	
121	If yes, by what route?		IM.....1 IV PUSH/IV INJECTION.....2 IV DRIP.....3 IV DRIP+IM.....4	
122	If yes, timing of administration:		DURING DEL. OF THE FETUS.....1 AFTER DEL. OF THE FETUS2 DURING DEL. OF THE PLACENTA.....3 AFTER DEL. OF THE PLACENTA.....4	
123	Was ergometrine (or other non-combination ergot preparation) given to the mother during or after delivery of the baby?		YES.....1 NO.....2	127

124	If yes, total dose?	0 .											
										N OF mgs			
125	If yes, by what route?	IM.....	1	IV PUSH/IV INJECTION.....	2	IV DRIP.....	3	IV DRIP+IM.....	4				
126	If yes, timing of administration:	DURING DEL. OF THE FETUS.....	1	AFTER DEL. OF THE FETUS	2	DURING DEL. OF THE PLACENTA.....	3	AFTER DEL. OF THE PLACENTA.....	4				
127	Was an oxytocin-ergometrine combination (such as syntometrine) given to the mother during or after delivery of the baby?	YES.....	1	NO.....	2					131			
128	If yes, total dose?												
										N OF ML			
129	If yes, by what route?	IM.....	1	IV PUSH/IV INJECTION.....	2	IV DRIP.....	3	IV DRIP+IM.....	4				
130	If yes, timing of administration:	DURING DEL. OF THE FETUS.....	1	AFTER DEL. OF THE FETUS	2	DURING DEL. OF THE PLACENTA.....	3	AFTER DEL. OF THE PLACENTA.....	4				
131	Were prostaglandins given to the mother during or after delivery of the baby?	YES.....	1	NO.....	2					136			
132	Type (SPECIFY GENERIC NAME):	MISOPROSTOL.....	1	OTHER PROSTAGLANDINS...8									
133	If yes, total dose?												
										N OF µg			
134	If yes, by what route?	ORAL.....	1	VAGINAL.....	2	SUBLINGUAL.....	3	RECTAL.....	4	INTRAMYOMETRIUM (UTERINE).....	5	INTRACERVICAL TABLETS/GEL... ..	6
135	If yes, timing of administration:	DURING DEL. OF THE FETUS.....	1	AFTER DEL. OF THE FETUS	2	DURING DEL. OF THE PLACENTA.....	3	AFTER DEL. OF THE PLACENTA.....	4				
136	Was the birth singleton or multiple?	SINGLETON.....	1	MULTIPLE.....	2								
137	While awaiting the placenta, was fundal pressure applied to deliver	YES.....	1	NO.....	2								

	the placenta?							
138	While awaiting the placenta, was uterine massage performed?	YES.....1 NO.....2						
139	While awaiting the placenta, was traction applied to the cord?	YES.....1 NO.....2	141					
140	While applying traction to the cord, was the uterus supported or pushed upward?	YES.....1 NO.....2						
141	Was there a manual removal of the placenta?	YES.....1 NO.....2						
142	Time of the delivery of the placenta?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: black;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <div style="display: flex; justify-content: space-around; width: 100%;"> HR MIN </div>						
143	Was uterine massage performed immediately following the delivery of the placenta?	YES.....1 NO.....2						
144	Was the uterus palpated at least two times in the 30 minutes following delivery of the placenta?	YES.....1 NO.....2						

ALL OBSERVATIONS: GO TO SECTION 2

During the course of the observation, please note if the following supplies are: 1) available *on the trolley*; Please note: in some cases there may not be a trolley. There may be a medicine tray or just some space used on a counter within reach of the health care providers; 2) if the supplies are available *on the labor and delivery unit*; By labor and delivery unit, we mean some place in the near vicinity to where the birth takes place, but not in the pharmacy. Respond to each of the questions A-E for each uterotonic drug/supply before continuing on to the next drug or supply.

#	SUPPLIES FOR OBSERVATION LIST	A AVAILABLE ON TROLLEY?	B AVAILABLE IN THE LABOR/ DELIVERY UNIT?	C IS IT STORED IN A COOLER?	D IS IT PROTECTED FROM LIGHT?	E QUANTITY?
201	Oxytocin :	YES, OXY.....1 NO.....2	YES.....1 NO.....2	YES..... 1 (GO TO #201E) NO.....2 NOT AVAIL- ABLE.....3	KEPT IN DARK.....1 IN DAYLIGHT, AWAY FROM DIRECT SUN.....2 IN DIRECT SUN.....3 OTHER:.....4 NOT AVAIL- ABLE.....5	IF YES, HOW MANY AMPOULES ? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENTER 0 IF NOT AVAILABLE ON UNIT
202	Ergometrine	YES, ERGO.....1 NO.....2	YES.....1 NO.....2	YES..... 1 (GO TO #202E) NO.....2 NOT AVAIL- ABLE.....3	KEPT IN DARK.....1 IN DAYLIGHT, AWAY FROM DIRECT SUN.....2 IN DIRECT SUN.....3 OTHER:.....4 NOT AVAIL- ABLE.....5	IF YES, HOW MANY AMPOULES? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENTER 0 IF NOT AVAILABLE ON UNIT
203	Syntometrine	YES, SYNTOME- TRINE.....1 NO.....2	YES.....1 NO.....2	YES..... 1 (GO TO #203E) NO.....2 NOT AVAIL- ABLE.....3	KEPT IN DARK.....1 IN DAYLIGHT, AWAY FROM DIRECT SUN.....2 IN DIRECT SUN.....3 OTHER:.....4 NOT AVAIL- ABLE.....5	IF YES, HOW MANY AMPOULES? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENTER 0 IF NOT AVAILABLE ON UNIT

#	SUPPLIES FOR OBSERVATION LIST	A AVAILABLE ON TROLLEY?	B AVAILABLE IN THE LABOR/ DELIVERY UNIT?	C IS IT STORED IN A COOLER?	D IS IT PROTECTED FROM LIGHT?	E QUANTITY?				
204	Misoprostol	YES, MISO-PROSTOL....1 NO.....2	YES.....1 NO.....2	YES..... 1 (GO TO #204E) NO.....2 NOT AVAIL-ABLE.....3	KEPT IN DARK.....1 IN DAYLIGHT, AWAY FROM DIRECT SUN.....2 IN DIRECT SUN.....3 OTHER:.....4 NOT AVAIL-ABLE.....5	IF YES, HOW MANY AMPOULES/TABLETS? <table border="1" style="width: 100px; height: 20px; margin: 5px 0;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table> ENTER 0 IF NOT AVAILABLE ON UNIT				
205	Other prostaglandins:	OTHER PROSTA-GLANDINS: (SPECIFY) _____1 NO.....2	YES.....1 NO.....2	YES..... 1 (GO TO #205E) NO.....2 NOT AVAIL-ABLE.....3	KEPT IN DARK.....1 IN DAYLIGHT, AWAY FROM DIRECT SUN.....2 IN DIRECT SUN.....3 OTHER.....:.....4 NOT AVAIL-ABLE.....5	IF YES, HOW MANY AMPOULES? <table border="1" style="width: 100px; height: 20px; margin: 5px 0;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table> ENTER 0 IF NOT AVAILABLE ON UNIT				
206	Needles	YES.....1 NO.....2	YES.....1 NO.....2			IF YES, HOW MANY NEEDLES? <table border="1" style="width: 100px; height: 20px; margin: 5px 0;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table> ENTER 0 IF NOT AVAILABLE ON UNIT				
207	Syringes	YES.....1 NO.....2	YES.....1 NO.....2			IF YES, HOW MANY SYRINGES? <table border="1" style="width: 100px; height: 20px; margin: 5px 0;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table> ENTER 0 IF NOT AVAILABLE ON UNIT				