Dakshata

Checklist for Conducting Normal Delivery (II stage of labor), ENBC and AMTSL

S. No.	Task	Cases				
		1	2	3	4	5
1	**Getting ready** • Keep the equipment, supplies and drugs necessary for conducting a delivery ready: **For the provider** • Plastic apron, mask, shoe covers, goggles-1 each • Sterile gloves (no. 6½/7/7½)-2 pairs according to size of provider's hand • Functional light source **For the mother and the baby** • Delivery table with ma • ttress, pillow and disposable/linen sheet, Kelly's pad and foot stool • BP instrument and stethoscope- 1 each and functional • Foetoscope-1 • Thermometer-1 • Plastic sheet-1 • Pre-warmed towels for the baby-2 • Clock with second's hand on the wall-1 • Woman's record and partograph • Measuring tape-1 • Adhesive tape-1 • Delivery tray with lid containing: ➢ Sponge holding forceps-1 ➢ Artery forceps-2 and scissors-1 ➢ Urinary catheter (plain)-1 ➢ Cord ligatures-3 or cord clamp-1 ➢ De Lees mucus extractor-1 ➢ Stainless steel kidney tray 10 inches or SS bowl 10 inches diameter-1 ➢ Pads for mother-4 ➢ Sterile disposable needle and syringe 2 ml-1 ➢ Oxytocin injection-10 IU loaded in the sterile syringe/misoprostol tablets 600 mcg (out of the tray) ➢ Injection Vit. K loaded in a sterile syringe for the baby					

	• IV stand, IV set, normal saline/ringers lactate-1 each **Infection prevention equipment and supplies** • Swabs/pieces of gauze-at least 6-10 • Small bowl for cotton swabs and antiseptic lotion • Antiseptic solution (Povidone Iodine) freshly poured on the swabs • Leak proof container to dispose soiled linen-1 • Puncture proof container to discard needle and syringe-1/needle and hub cutter-1 • Colour coded plastic containers with biodegradable plastic liners to dispose of the placenta, contaminated and biomedical waste-1 each as per government guidelines • Plastic container with 0.5% chlorine solution for decontamination-1 **Baby resuscitation equipment and tray ready for use if required** Radiant warmer switched on half an hour prior to delivery **Sterile episiotomy tray** with its contents should be available in the labour room for use if indicated **Medicine and emergency drug trays** to be available in the labour room and **PPIUCD tray** in the labour room of facilities with PPIUCD trained providers					
	• Allows the woman to adopt the position of her choice					
	• Maintains privacy					
	• Tells the woman and her support person what is going to be done and encourages them to ask questions					
	• Listens to what the woman and her support person have to say					
	• Provides emotional support and reassurance					
2	**Conduction of delivery:** • Removes all the jewelry, watch and puts on a clean plastic apron, mask, goggles and shoes/shoe covers					
	• Places one clean plastic sheet from the delivery kit under the woman's buttocks					
	• Washes hands thoroughly with soap and water, air dries them					
	• Wears sterile gloves on both the hands and cleans the perineal area from above downward with cotton swabs dipped in antiseptic lotion					
	Delivery of the head once crowning occurs: • Keeps one hand gently on the head under the sub-pubic angle as it advances with the contractions to maintain					

	flexion • Supports the perineum with the other hand and covers the anus with a pad held in position by the hand • Tells the mother to take deep breaths and to bear down only during a contraction • Feels gently around the baby's neck for the presence of the umbilical cord, checks: ➢ If the cord is present and is loose around the neck, delivers the baby through the loop of the cord, or slips the cord over the baby's head ➢ If the cord is tight around the neck, places two artery clamps on the cord and cuts between the clamps, and then unwinds it from around the neck					
	Delivery of the shoulders and the rest of the body: • Waits for spontaneous rotation of the head and shoulders and delivery of the shoulders. This usually happens within 1–2 minutes • Applies gentle pressure downwards on the shoulder under the sub-pubic arch to deliver the top (anterior) shoulder • Then lifts the baby up, towards the mother's abdomen, to deliver the lower (posterior) shoulder • The rest of the baby's body follows smoothly by lateral flexion					
	Essential newborn care (ENBC) and initiation of Active management of third stage of labour (AMTSL): • Notes the sex and time of birth					
	• Places the baby on the mother's abdomen in a prone position with face to one side					
	• Looks for breathing or crying of the baby. If the baby is breathing or crying*****, proceeds immediately to dry the baby with a pre-warmed towel or piece of clean cloth. (Does not wipe off the white greasy substance–vernix, covering the baby's body)					
	• After drying, discards the wet towel or cloth after wiping the mother's abdomen also • Wraps the baby loosely in another clean, dry and warm towel. If the baby remains wet, it leads to heat loss					
	• **Initiates AMTSL:** Palpates the mother's abdomen to feel for foetal parts to exclude the presence of another baby to initiate the active management of third stage of labour • **A. Uterotonic drug:** Gives 10 units Oxytocin IM in the anterolateral aspect of the woman's thigh if she is at the health facility (preferred) or gives misoprostol tablets (600					

	mcg that is 3 tablets of 200 mcg each or a single tablet of 600 mcg) if it is a home delivery and oxytocin is not available • **Completes drying and wrapping of the crying baby and giving injection Oxytocin within the first minute after birth of the baby**					
	• **Continues ENBC:** Checks for cord pulsations • Clamps the cord with artery clamps at two places when cord pulsations stop. Puts one clamp on the cord at least 3 cms away from the baby's umbilicus and the other clamp 5 cms from the baby's umbilicus. • Cuts the cord between the artery clamps with a sterile scissors by placing a sterile gauze over the cord and scissors to prevent splashing of blood • Applies the disposable sterile plastic cord clamp tightly on the cord 2 cms away from the umbilicus just before the artery clamp (instrument) and removes the artery clamp on the side of the baby's abdomen; gently places and directs the other clamped cord end towards the contaminated waste bin under the labour table to avoid spillage • (In the absence of sterile disposable cord clamp, ties, clean thread ties tightly around the cord at approximately 2-3 cm and 5 cms from the baby's abdomen and cuts between the ties with a sterile, clean blade. If there is oozing, places a second tie between the baby's skin and the first tie) • Places the baby between the mother's breasts for warmth and skin to skin care. Tells the mother or the attendant to hold the baby in place to prevent falling • Puts the identification tag on the baby. Covers the baby's head with a cloth. Covers the mother and the baby with a warm cloth.					
3	**Continues active management of third stage of labour (AMTSL):** • **B. Controlled cord traction (CCT):** (attempts only when the uterus is contracted) ➢ Assures the woman that delivering the placenta will not hurt, because it is much smaller and softer than the baby ➢ Clamps the maternal end of the umbilical cord close to the perineum with an artery clamp					
	➢ Holds the clamped end with one hand and places the other hand just above the symphysis pubis, for counter traction on the uterus to prevent inversion					

	➢ Holds the cord with the help of the clamp and waits for a contraction ➢ Only during contractions, gently pulls the cord downwards and then downwards and forwards to deliver the placenta ➢ With the other hand, pushes the uterus upwards by applying counter traction. (If the placenta does not descend within 30-40 seconds of CCT, does not continue to pull on the cord. Waits for about 5 more minutes for the uterus to contract strongly, then repeats CCT with counter traction) ➢ As the placenta appears at the vaginal introitus, holds it with both hands and twists it clock wise to deliver it complete and prevents tearing of the membranes ➢ Gently keeps twisting the placenta with membranes so that they get twisted in to a rope and are expelled and slip out of the introitus intact and complete ➢ Places the placenta in a tray					
	• **C. Uterine massage:** ➢ Places the cupped palm on the uterine fundus and feels for the state of contraction ➢ If the uterus is soft and not-contracted, massages the uterine fundus in a circular motion with the cupped palm until the uterus is well contracted. A well contracted uterus feels like a cricket ball or the forehead ➢ When the uterus is well contracted, places her fingers behind the fundus and pushes down in one swift action to expel clots ➢ Estimates and records the amount of blood loss approximately ➢ Encourages the attendant to help the woman to breast feed					
	• **Examination of the lower vagina and perineum.** ➢ Ensures that adequate light is falling on the perineum ➢ With gloved hands, gently separates the labia and inspects the perineum and vagina for bleeding, laceration/tears ➢ If lacerations/tears are present, manages them as per the protocols (will be dealt with in detail during PPH) ➢ Cleans the vulva and perineum gently with warm water or an antiseptic solution and dries with a clean soft cloth ➢ Places a pad or clean, sun-dried cloth on the woman's perineum					

	➢ Removes soiled linen to make the woman comfortable and shifts her up to lie comfortably on the delivery table					
	• **Examination of the placenta, membranes and the umbilical cord:** • Maternal surface of the placenta: ➢ Holds the placenta in the palms of the hands, keeping the palms flat. Makes sure the maternal surface is facing up ➢ Checks if all the lobules are present and fit together ➢ After the maternal side has been rinsed carefully with water, it should shine because of the decidual covering ➢ If any of the lobes is missing or the lobules do not fit together, suspects that some placental fragments may have been left behind in the uterus • Foetal surface: ➢ Holds the umbilical cord in one hand and lets the placenta and membranes hang down like an inverted umbrella ➢ Looks for holes which may indicate that a part of the lobe has been left behind in the uterus ➢ Looks for the point of insertion of the cord, the point where it is inserted into the membranes and from where it travels to the placenta • Membranes : ➢ Puts one hand inside the membranes to open them and see for any holes or irregular edges other than the one from where the membranes ruptured and the baby came out ➢ Places the membranes together and makes sure that they are complete • Umbilical cord: ➢ Inspects the umbilical cord for two arteries and one vein. If only one artery is found, looks for congenital malformations in the baby					
	• **Decontamination and disposal of waste:** ➢ Disposes the placenta in the yellow coloured contaminated waste bin after removing the artery clamp ➢ Places the instruments used in 0.5% chlorine solution for 10 minutes for decontamination					
	➢ Decontaminates or disposes of the syringes and needles					
	➢ Immerses both the gloved hands in 0.5% chlorine solution o Removes the gloves by turning them inside out					

	○ For disposing of the gloves, places them in a leak proof container or red plastic bin ○ If the surgical gloves are to be re-used, submerges them in 0.5% chlorine solution for 10 minutes to decontaminate them					
	• Washes hands thoroughly with soap and water and air dries • Completes the records of the woman					
*	**Prepare for newborn resuscitation (NBR) if required:** Immediately after birth- • Prepare for newborn resuscitation (NBR) if required: Immediately after birth- • If the baby is not crying or not breathing, irrespective if the meconium is present or not, quickly applies suction to the mouth and then the nose to clear the airways while the baby is on the mother's abdomen and quickly dries the baby with the warm towel • **Assesses the baby's breathing:** • If the baby starts breathing well and the chest is rising regularly, between 30–60 times a minute, provides routine care • If the baby is still not breathing or is gasping, calls for help. Clamps the cord immediately, even before 1 minute and asks the co-provider to take the baby to the radiant warmer at the NBCC in the LR for further suction and resuscitation with bag and mask while she manages the third stage of labour • The steps of resuscitation (as described in the checklist for NBR) need to be carried out immediately					
	Immediate care of mother after delivery (within 2 hours of delivery- in or near the labour room): • Checks the uterus and vaginal bleeding at least every 15 minutes for the first 2 hours, massaging as and when necessary to keep it hard. Makes sure the uterus does not become soft (relaxed) after massage is discontinued. Ensures, the mother is comfortable and her vitals are normal. • Ensures the baby is breathing normally. Checks weight of the baby and gives injection Vitamin K intramuscular, 1 mg to > 1000 gms baby and 0.5 gm to the baby weighing < 1000 gms in the anterolateral thigh to prevent haemorrhagic disease of the newborn. • If both mother and baby are normal shift them together to the postpartum ward.					