Every Newborn Action Plan Metrics Linked with Ending Preventable Maternal Mortality

Data Collector Training Programme Module 3:

Observation: Labour & Delivery
Session Planning

- **Purpose:** Ensure L&D observers know and understand how to conduct themselves, and their work, in accordance with the project guidelines and training handbook.

- **Target Audience:** Observers & supervisors

- **Length of session:**
  - Presentation: part i (60 mins) + Activity I (45 mins)
  - Presentation: part ii (75 mins) + Activity J (120 mins)

- **Type of session:** (classroom / practical)

- **Resources / tools required:**
  - Projector, slide deck, training handbook, group exercise sheet, tablets with app installed for at least 50% of participants, L&D section of variable dictionary, marker pens and paper.
Aims & Learning Outcomes

1. To know how to conduct yourself and your work in accordance with the project guidelines and training handbook.
2. To be familiar with the logistics of data collection on the L&D ward.
3. To understand current clinical guidelines for key interventions on L&D.
4. To introduce the data collection app and the required data for collection.
5. To revise what to do during a life-threatening event where local staff do not take appropriate action.
PRESENTATION:
PART I
(60 MINUTES)
Recap on roles and responsibilities

- Identify mothers on the L&D ward who have been assigned for observation by Tracking Officer via the app

- Ensure you are well positioned for observation of the relevant parts of the delivery, including observing the birth, and baby once born

- Have a thorough understanding of the L&D ward observation tool and how to enter data on the app, including how to observe and enter data on mother and baby simultaneously, and how to switch between mothers if observing two women at similar time

- Ensure the information on the baby eg resuscitation procedures are observed and the outcome documented in the app.
Interaction with mothers and health care workers

- Mothers should be aware as little as possible of your presence
- If family members are present they too should not be inconvenienced by your presence
- Do not communicate at any time with the mother or family members

- Health care staff should be able to attend to the delivery exactly as they would if you were not there
- Health care staff should not have to ask you to move or reposition yourself please think of this before they do!
- Do not communicate with the midwife or health care worker attending the mother. The only exception is in the case of a clinical incident, as detailed in another module
Logistics of data collection

Golden Rules:

- Do not talk to or ask questions of the mother/family members/health care workers on the KMC ward.
- If you did not observe the information then enter “don’t know” into the app, DO NOT try and collect it from elsewhere (e.g. looking at the notes/register or asking the mother/health care worker).
- If a mother/family member/health care worker tries to talk to you about anything to do with the study you should reply with “I am sorry I am not able to discuss any further” and refer them to your supervisor for further details.
Logistics of data collection

Space will be limited!
Know the data collection app well so you are aware of what and when you need to observe so you can be well positioned

If possible replace with photos from the study LD ward/OT
Data flow and location

Consented but not observed

L&D ward
- L&D observer
- Resus
- ENC
- Uterotonic
- PPH

Consented mothers

Operating theatre
- ACS
- Neonatal infection note verification
- Treatment of neonatal infection

L&D register extractor
- L&D ward indicators

KMC ward
- KMC observer
- KMC register extractor
- KMC ward indicators

PNC ward

Sepsis ward
- Neonatal infection note verification
- Treatment of neonatal infection

Discharge
- Interviewer
- All interventions

Consented mothers

Refused consent

Born else-where

Consented mothers

All interventions
Data to be collected

- You will be collecting data through labour, birth, and the immediate postpartum period.

- Observation will commence from admission to labour and delivery ward/operating theatre and conclude when mother and baby are discharged to a different ward.

- You do not need to be present the entire first stage. It is good practice to check in on the mother every 15 minutes to ensure you are aware of the stage of progression of the labour and do not miss any periods during which you should be collecting data.

- If you are observing more than one woman at a time it is important that you are aware of the progression of each woman’s labour, ensuring that you are present to collect the following data.
Data to be collected

Data to be collected on the L&D fall in to five different groups which are reflected in the 5 different tabs on the app.

1. L&D 1\textsuperscript{st} & 2\textsuperscript{nd} stage
2. Newborn
3. Resuscitation
4. 3\textsuperscript{rd} stage & PPH
5. L&D Discharge & Outcome

You may move between tabs as required.
Clinical Update for Third Stage of Labour & Neonatal Resuscitation.
Labour and Delivery Observations

#EveryNewborn #Endingstilbirths #maternalhealth
Aims & Structure of this session

To revise current clinical practise for key labour and delivery interventions:

1. **Third stage of labour**
   - Routine administration of uterotonic
   - Management of postpartum haemorrhage
   - Manual Removal of Placenta (to treat PPH)

2. **Neonatal Resuscitation**
   - Helping Babies Breathe
   - Correct size and position of mask
   - Correct Position of newborn head
1. THIRD STAGE OF LABOUR
Active management of the third stage of labour
Oxytocin administered with or following delivery. Controlled cord traction. Uterine massage after delivery of placenta

Blood loss > 500ml: Postpartum haemorrhage

- Brisk bleeding
- Blood pressure falling
- Pulse failing
- Resuscitation
  - 2 large-bore IV needles
  - Oxygen by mask
  - Monitor BP, urine output
  - Team Approach!

The four T’s

- Soft uterus (TONE)
  - Carboprost (Heamabate) 0.25mg IM
  - Misoprostol (Cytotec) 1000,mcg PR
  - Methylergonovine 0.2mg IM

- Genital tract tear (TRAUMA)
  - Inversion of uterus
  - Fistula
  - Suture lacerations
  - Drain haematomas > 3cm
  - Replace inverted uterus

- Placenta partial or completely retained (TISSUE)
  - Manual Removal
  - Curettage
  - Methotrexate

- Blood not clotting (THROMBIN)
  - Replace Factors
  - Fresh frozen plasma
  - Recombinant factor villa
  - Platelet transfusion

Blood loss > 1000 to 1500 mls
- Massive haemorrhage
- Transfuse RBCs, platelets, and clotting factors (if avail), support BP with vasopressors
- Transfer for anaesthesia, haematology, surgery: Uterine packing / tamponade / Vessel embolisation, ligation, and compression sutures. Hysterectomy
2. NEONATAL RESUSCITATION
Neonatal Resuscitation

- As per observation checklist.

**Correct size and mask position:**

- **Correct**
  Covers mouth, nose, and chin but not eyes

- **Incorrect**
  Too large: covers eyes and extends over chin
  Too small: does not cover nose and mouth well
Correct Positioning of the Head

A: Incorrect (hyperextension)

B: Incorrect (flexion)
ACTIVITY I: Review of observation checklist and discussion on key clinical issues

Handout: Variable Dictionary (in App or print out)

Objective: To allow L&D observers to review the variable dictionary and identify and discuss any clinical procedures that are different from their current routine practise.

Time: 45 minutes

Instructions:
Please split into groups of 3-4 people and review the Variable Dictionary. Please identify and discuss:
Any areas of practise that differ from your own
Any questions
Any clinical content you are unsure of
Possible solutions for any issues you think may arise
PRESENTATION: PART II (75 MINUTES)
Content and flow of L&D app

Identifying the woman for observation

To identify the mother and make sure you select the correct mother from the list for observation you should match the mother and the entry on the app by the following information:

- Mother’s name/s
- Mothers address
- Mother’s date of birth (age)

Click on the study ID of the woman from the list of women you are allocated for observation.
## Entering Data

### Labour and Delivery

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Hospital ID</th>
<th>Name</th>
<th>Age</th>
<th>Locations</th>
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<tbody>
<tr>
<td>1030000002</td>
<td>999</td>
<td>holly</td>
<td>11 years</td>
<td>L &amp; D, OB, MRS, DE, ACS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1030000001</td>
<td>112</td>
<td>yyggyyg</td>
<td>24 years</td>
<td>L &amp; D, OB, MRS, DE</td>
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<tr>
<td></td>
<td></td>
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</table>
## Entering Data

### Labour and Delivery

<table>
<thead>
<tr>
<th>Study ID</th>
<th>yyygggggg</th>
<th>Age: 24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital ID</td>
<td>112</td>
<td>Leve1, hhjj, ghhjj, yyyhh</td>
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</tbody>
</table>

### L&D 1ST & 2ND STAGE

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Resus</th>
<th>3rd Stage &amp; PPH</th>
<th>L &amp; D Discharge &amp; Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know</td>
<td>Observed-Done</td>
<td>Observed-Not Done</td>
<td></td>
</tr>
</tbody>
</table>
## Entering Data

<table>
<thead>
<tr>
<th>L&amp;D 1ST &amp; 2ND STAGE</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Observation Start**: Observation Place
- **Fetal HS Check 1**
- **Fetal HS Check 2**
- **Fetal HS Check 3**
- **Fetal HS Check 4**
- **Partograph 1**
- **Partograph 2**
- **Partograph 3**
- **Partograph 4**
- **Liquor Check**
- **Liquor Type**
- **Liquor Smell Type**
- **Mode of Delivery (started)**
- **Mode of Delivery (final)**
- **Decision CS**
- **Consent CS**
- **1st Incision**
- **Indication - Foetal Distress**
- **Indication - Failure Lab Prog**
- **Indication - APH**
- **Indication - Hypertension**
- **Indication - Other (Specify)**
- **Number of Birth**
# EveryNewborn

## Entering Data

<table>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don't Know</td>
<td>Observed-Done</td>
<td>Observed-Not Done</td>
<td></td>
</tr>
<tr>
<td>Child Serial</td>
<td>One</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Baby Delivered</th>
<th>Place of Birth</th>
<th>Mode of Birth</th>
<th>Outcome at Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>*Baby Cry</td>
<td>*Baby Breath</td>
<td>Baby HR Check</td>
</tr>
<tr>
<td>Cord Clump or Tie</td>
<td>*Cord Cut</td>
<td>*Cord Apply</td>
<td>Cord Apply Type</td>
</tr>
<tr>
<td>*Baby Dry</td>
<td>*Baby Skin to Skin</td>
<td>*Baby Wrap</td>
<td>Baby Wrap Type</td>
</tr>
<tr>
<td>*Breast Feeding</td>
<td>Birthweight Measured</td>
<td>Baby Weighing Scale</td>
<td>Weight in Gram</td>
</tr>
</tbody>
</table>

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www.everynewborn.org #EveryNewborn
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<td>Observed-Not Done</td>
<td></td>
</tr>
</tbody>
</table>

**Child Serial: ** One

<p>| | | | |</p>
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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>*Resus Start</td>
<td>Resus Table Shift</td>
<td>Provider Call for Help</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stimulation Done</td>
<td>Stimulation Outcome</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MTN Check</td>
<td>MTN Check Outcome</td>
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<td></td>
</tr>
<tr>
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<tr>
<td>Suction Done</td>
<td>Suction Type</td>
<td>Suction Outcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bag &amp; Mask Initiated</td>
<td>Mask Position</td>
<td>Mask Size</td>
<td>Head Position</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Bag Mask Inflation Start (R1)</td>
<td>Bag Mask Inflation End (R1)</td>
<td>Breaths # (R1)</td>
<td>Breaths Per Minute (R1)</td>
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<tr>
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<tr>
<td>Check Chest Movement</td>
<td>Head Reposition</td>
<td>Check Heart Beat</td>
<td>Bag Mask Outcome</td>
</tr>
<tr>
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<tr>
<td>Oxygen Given</td>
<td>Endotracheal Intubation</td>
<td>Chest Compression</td>
<td>Additional Resus Other</td>
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<td></td>
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<tr>
<td>Drug 1</td>
<td>Type 1</td>
<td>Drug 2</td>
<td>Type 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Resus Stop</td>
<td>Number Involved</td>
<td>Counsel Mother/Family</td>
<td>Resus Outcome Final</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>*Uterotonic Given After Delivery</td>
<td>Type</td>
<td>Route</td>
<td></td>
<td></td>
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<tr>
<td>*Placenta Delivered</td>
<td>Placenta Checked</td>
<td>Bleeding after Delivery</td>
<td>Provider Call for Help</td>
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</tr>
<tr>
<td>Counsel Mother</td>
<td>*Uterotonic Given for PPH</td>
<td>Uterotonic Type</td>
<td>Uterotonic Route</td>
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</tr>
<tr>
<td>Check for Tears</td>
<td>Catheter Established Before PPH</td>
<td>Catheter Established After PPH</td>
<td>Urine Output Monitor</td>
<td></td>
</tr>
<tr>
<td>IV Channel Established Before PPH</td>
<td>IV Channel Established After PPH</td>
<td>Vital Sign Monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bimanual Compression</td>
<td>Antibiotic Given</td>
<td>Antibiotic Type</td>
<td>Antibiotic Route</td>
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</tr>
<tr>
<td>Analgesia Given</td>
<td>Analgesia Type</td>
<td>Analgesia Route</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Removal of Placenta (MRP)</td>
<td>Hanc Washing for MRP</td>
<td>Sterile Gloves for MRP</td>
<td>Balloon Tamponade</td>
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<tr>
<td>NASG</td>
<td>PPH Management Stop</td>
<td>Number Involved</td>
<td>PPH Management Outcome</td>
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1. Mothers condition at discharge
   - Alive
   - Dead
   - Mother not discharged

**Final status of this observation**

6. What is the status of the observation?
   - Complete
   - Partially incomplete
   - Totally incomplete

8. Do you want to report any incident?
   - Yes
   - No

[SAVE -> CONTINUE](#)
### Content and Flow of the Checklist

**Final status of this observation**

11. **What is the status of the observation?**
   - □ Complete
   - □ Partially incomplete
   - □ Totally incomplete

12. **Why partially incomplete or totally incomplete?**
   - □ Provider related
   - □ Patient related
   - □ Observer related
   - □ Tab or App related

Please mention: baby seriously ill

13. **Do you want to report any incident?**
   - □ Yes  □ No

If yes, then what is the incident? malpractice by HCW

14. **Write down the serial number of the incident form.**
    678

[SAVE -> CONTINUE]
Content and flow of L&D app

Observing simultaneously occurring events

- For example a mother experiencing a PPH while her baby is being resuscitated
- This will occur rarely
- When it does occur:
  1. Alert your supervisor to the situation and ask them to help you with the observation
  2. If the supervisor is not available for the observation they will ask the tracking officer to assign another observer to help you
  3. You and the second observer should then coordinate between you to ensure that as much of the required observation is carried out

- If you do miss some of the observation you can enter this information the 5th tab as well as giving some detail on why it occurred.
Content and Flow of the Checklist

Observation

Labour and Delivery

Study ID: 103000003
Age: 26 years
Hospital ID: 566

yuhhhg
KUSHTIA, gggg, fgg, gggg
Summary:
Life-Threatening Event where no appropriate action is being taken

- **When should I intervene?**
  During any life-threatening scenario where local staff are not taking the appropriate action, or when instructed by a clinical alert.

- **What should I do?**
  You should follow the procedure algorithm for these events, instructions provided by a clinical alert will direct you to the correct part of the algorithm.

- **What is a clinical incident form?**
  This is a mandatory form that should be completed with support from your supervisor and in all cases indicated by the procedure algorithm.

- **What next?**
  Your supervisor will contact the named responsible from hospital management team and ensure they have a copy of the clinical incident form. This form will also be used as part of incident review management at facility, country and international level.
Procedure

If Clinical Alert Flag appears during your observation, follow instruction to either:

- Alert health-worker responsible
- CALL FOR HELP
  INSERT name & how to contact senior clinical staff

Life threatening event occurs & no appropriate action is initiated

- Appropriate action taken by facility staff
- Continue observation

Health-worker does not take appropriate action

- Appropriate action taken by facility staff
- Continue observation

Help does not come immediately

- Help arrives, but does not implement appropriate actions
- Complete clinical incident form & follow up with data quality supervisor

Provide direct clinical care

Complete clinical incident form & follow up with data quality supervisor
Activity J: Practise with simulation/video

**Handout:** Tablets with the L&D checklist open

**Objective:** To give trainees the opportunity to practice completing the L&D checklist on the tablet using observation of either a simulation or video of a birth.

**Time:** 120 minutes

**Trainee Materials:** Stop watch and tablet with the L&D checklist open

**Instructions:**
Using the L&D checklist on the tablet enter the relevant data from the video/simulation of a birth

After a group discussion shall be help on:
- What was the experience of observing labour and delivery?
- What was the experience of using the tablet to collect data on labour and delivery?
- What was difficult?
- What was easy?
- What would you do differently next time?