

Pregnancy, Childbirth, Postpartum & Newborn Care Course

Clinical Practice for Participants

Participants Instructions & Task Sheets

General Information

This information applies to ALL Clinical Practices

1. Group organization

Participants will be divided into three groups for Clinical Practice:

- Two facilitators with 6 participants and a clinical assistant.

2. General information for participants

a. During clinical practice participants have to perform and/or observe the following tasks in antenatal OPD, labor room, postnatal ward and skilled lab. Schedule and the location of these skills is as under:

Task No	Task title	Location	Day of the Course
1	Quick Check	OPD	Day 2
2	Checking Temperature, Pulse and Respiration	Ward	
3	Checking Blood Pressure	Ward	
4	Passing IV Cannula	Skills Lab	
5	Giving I/M Injection	Skills Lab	
6	Giving Magnesium Sulphate	Skills Lab	
7	Giving Inj Diazepam	Skills Lab	
8	Female Catheterization	Skills Lab	Day 3
9	Repair the Tear	Skills Lab	
10	Calculate Expected Date of Delivery (EDD) & Period of Gestations (PoG)	OPD	
11	Asses the pregnant woman (Taking Antenatal History)	OPD	
12	Abdominal Examination in Third Trimester and Fetal Heart Sounds	Ward	
13	Looking for Pallor/Anaemia	Ward	Day 5
14	Examination of Women in Labour using D2	Labour Room	
15	Normal Vaginal Delivery	Labour Room	
16	Delivery of Placenta	Labour Room	
17	Vaginal Examination	Skills Lab	
18	Partograph	Skills Lab	Day 6
19	Manual Removal of Placenta	Skills Lab	
20	Breech Delivery	Skills Lab	
21	Stuck Shoulders	Skills Lab	Day 7
22	Mutiple/Twin Birth	Skills Lab	
23	Post Partum Examination of Mother	Ward	
24	Breast Feeding Observation	Ward	

b. Participants will work in groups of 6 with two facilitator and a clinical assistant.

- c. The clinical assistant will arrange where to meet and prepare each group before the clinical practice.
- d. At this meeting each group will be told:
 - Where they will begin the clinical work,
 - What they will see
 - What they will do
 - What order they should carry out tasks
 - How they should work.
- e. Each participant will be given:
 - A task sheets with instructions
 - In addition participants should take with them:
 - Pen/pencil and notebook
 - PCPNC Guide
- f. After each task is, completed participants will have a short discussion with the facilitator or clinical assistant about what they have seen or done. This should be in a quiet, private part of the clinical area, away from the mothers. Chairs in a public waiting area should not be used, unless they are available.
- g. During tasks the facilitator or clinical assistant will assess the participants. If the task is not completed satisfactorily, it may have to be repeated.
- h. Participants will only pass the course if they attend all sessions and pass the assessed tasks.
- i. Participants can also make notes of what they see, of anything of interest or questions related to the topic, which they would like to discuss later with their trainers, facilitators and colleagues in the Practice Review session.

Important points:

- Participants **MUST NOT** discuss individual cases they visit in the clinical area.
- Participants **MUST** speak quietly.
- Participants **MUST** wear name badges and appropriate clothing in the clinical area.
- If any problems or questions during the clinical practice, participants must first consult clinical facilitator.

Task 1: Quick Check

Instructions for participants

- Duration: 30 mins
- Location: OPD

- Do quick check of three women using PCPNC Guide
- Record any **DANGER SIGN** that you find in the form below
- Find relevant cross references for the treatment & advice
- Write in the case record form as provided below

Case Record Form

Name of patient: _____ Husband Name: _____

Clinic record number:

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT

Case Record Form

Name of patient: _____ Husband Name: _____

Clinic record number:

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT

Case Record Form

Name of patient: _____ Husband Name: _____

Clinic record number:

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT

Task 2: Checking Temperature, Pulse and Respiration

Instructions for participants

- Duration: 15 mins
- Location: Group A in OPD, Group B in Ward and Group C in Ward

- ❑ Records the Temperature, Pulse and Respiration of three patients in the clinical practice session.
- ❑ Please observe standard precautions and communication skills while performing this task
- ❑ Inform your facilitator when you complete this task

Patient no.	Temperature	Pulse	Respiration

Task 3: Blood Pressure

Instructions for participants

- Duration: 15 mins
- Location: Group A in OPD, Group B in Ward and Group C in Ward

- Please observe standard precautions and communication skills while performing this task
- Measure blood pressure of three patients in the clinical practice session.
- Inform your facilitator when you complete this task

Patient No	Blood Pressure reading

Task 4: Passing IV Cannula

Instructions for participants

- Duration: 10 mins
- Location: Group A, B and C in Skills lab

- Practice insertion of IV Cannula on a model
- Inform your facilitator when you complete this task
- Please observe standard precautions and communication skills while performing this task

Task 5: Giving I/M Injection

Instructions for participants:

- Duration: 20 mins
- Location: Group A, B and C in Skills Lab

Checklist for demonstration of giving I/M Injection	
Observe the following being carried out	
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.	
Greet the patient and ask permission	
Place in comfortable position	
Recheck the name and expiry of injection vial of ampule to be given	
Put the syringe needle into the vial. Do not touch the outside of container	
Draw the required amount of medicine into the syringe	
Hold the syringe upright pointing toward roof	
Remove the bubble from syringe by lightly tapping the side	
Push the syringe plunger until air comes out and medicine begins to spill from the tip of needle	
Put the syringe on a prepared tray or container	
Clean area where injection is to be given with alcohol swab	
I/M injection in buttock/gluteus maximus muscle given in upper outer quadrant	
I/M injection on arm given in upper outer quadrant of deltoid	
Before injecting the medicine, pull back on plunger to see if blood enters the syringe <ul style="list-style-type: none"> • If no, inject the medicine slowly • If yes, withdraw slowly and start again 	
Dispose off the syringe properly	
Thank & cover the patient	

- Perform the procedure of IM Injection on Mannequin in the skills Lab
- Inform your facilitator when you complete this task
- Please observe standard precautions and communication skills while performing this task

Task 6: Giving Magnesium Sulphate

Instructions for participants:

- Duration: 10 mins
- Location: Group A, B and C in Skills lab

Checklist for Demonstration of giving Magnesium Sulphate	
Observe the following being carried out	
Ask patient permission as appropriate	
Place in comfortable position	
Clean area where injection is to be given with alcohol swab	
Recheck name/expiry date of injection vial/ampoule of MgSO ₄ to be given	
Prepare MgSO ₄ injection given in quantity and dilution as given in PCPNC guide B13 For IM injection: Add 1ml of 2% lignocaine to 10 ml of 50% MgSO ₄ solution in 10ml syringe. For IV injection: Make 20% solution by adding 8 ml (4g) of 50% solution to 12 ml sterile water, in a 20ml syringe.	
IV/IM Combined loading dose: Give either 20 ml of 20% MgSO ₄ slowly IV over 15 to 20 minutes	
If 20% solution is not available, then make 20% solution by above method. Never give undiluted 50% solution IV.	
Then give 5g of MgSO ₄ IM (preparation given above) in upper outer quadrant of each buttock.	
If unable to give IV, give IM only loading dose: Add 1ml of 2% lignocaine to 10 ml of 50% MgSO ₄ solution in 10ml syringe.	
While giving IV loading dose watch immediate effects of flushing feeling heat.	
Rub the area followed by IM injection in both buttocks	
Dispose off the syringe properly	
Thank & cover the patient	
Wash your hands properly	

- Perform the procedure of giving MgSO₄ on Mannequin in the skills Lab
- Inform your facilitator when you complete this task
- Please observe standard precautions and communication skills while performing this task

Task 7: Giving Injection Diazepam

Instructions for participants:

- Duration: 10 mins
- Location: Group A, B and C in Skills lab

Checklist for demonstration of giving Inj Diazepam	
Observe the following being carried out	
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.	
Greet the patient and ask permission	
Place in comfortable position	
Clean area where injection is to be given with alcohol swab	
Recheck the name and expiry of injection vial of ampoule to be given	
Give diazepam vial containing 10 mg in 2 ml slowly over 2 minutes in already secured IV line	
Dispose off the syringe properly	
Thank & cover the patient	
Wash your hands properly	

- Perform the procedure of giving Diazepam in the skills Lab
- Inform your facilitator when you complete this task
- Please observe standard precautions and communication skills while performing this task

Task 8: Female Catheterization

Instructions for participants:

- Duration: 10 mins
- Location: Group A, B and C in Skills lab
- Observe the female catheterization in the clinical practice session.

Checklist for demonstration of female catheterization	
Observe the following being carried out	
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.	
Greet the patient and ask permission	
Place in comfortable position	
Put new examination or high – level disinfected surgical gloves on both hands	
Clean the external genitalia.	
Insert catheter into the urethral orifice and allow urine to rain into a sterile receptacle, and measure and record amount.	
Secure catheter and attach it to urine drainage bag.	
Immerse both gloved hands in 0.5% chlorine solution. Remove gloves by turning them inside out.	
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.	

- Perform the procedure of female catheterization on mannequin in the skills Lab
- Inform your facilitator when you complete this task
- Please observe standard precautions and communication skills while performing this task

Task 9: Repair the tear

Instructions for participants

- Duration: 15 mins
- Location: Group A, B and C in Skills lab
- Observe the episiotomy procedure while facilitator is demonstrating.

Checklist for demonstration of Episiotomy repair	
Observe the following being carried out	
Wash hands	
Examine the tear and determine the degree: If the tear is not bleeding, leave the wound open.	
Clean the perineal area.	
Give Local anesthesia. Infiltrate beneath the skin of perineum & into perineal muscles using about 10 ml of 0.5% lignocaine	
Aspirate (pull back on the plunger) to be sure that no vessel has been penetrated (Never inject if blood is aspirated).	
Infiltrate beneath the vaginal mucosa, beneath the skin of the then pinch the area with forceps.	
If the woman feels the pinch, wait 2 more minutes and then retest.	
Carefully examine the tears	
Use a needle holder & 21 Gauge, 4cm curved needle & absorbable polyglycon suture material 2-0.	
Make sure that the apex of the tear is reached before you begin suturing	
Close vaginal mucosa using continuous suture to the level of the vaginal opening. Bring the needle under the vaginal opening & out through the incision and tie.	
Close the perineal muscles using interrupted 2-0 sutures.	
Close the skin using interrupted sutures.	
Ensure that edges of the tear match up well.	

- Perform the episiotomy procedure and repair on the mannequin in the skill Lab
- Inform your facilitator when you complete this task
- Please observe standard precautions and communication skills while performing this task

Task 10: Calculate Expected Date of Delivery (EDD) & Period of Gestations (PoG)**Instructions for participants**

- Duration:
- Location:

- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Calculate EDD and POG of three patients using C2 of PCPNC
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Patient no	LMP	EDD	POG

Task 12: Abdominal Examination and Fetal Heart Sounds

Instructions for participants

- Duration: 15 mins
- Location: Group A and B in OPD, Group C in Ward
- ❑ Perform abdominal examination of three pregnant women using C2 of PCPNC
- ❑ Write in the case record form below
- ❑ Inform your facilitator when you complete this task
- ❑ Please observe Standard precautions and communication skills while performing this task

Case Record Form

Name of patient: _____ Husband name: _____

ASK, CHECK RECORD	LOOK, LISTEN, FEEL
ALL VISITS	
FIRST VISIT	
THIRD TRIMESTER	

Task 13: Looking for Pallor/Anaemia

Instructions for participants

- Duration: 15 mins
- Location: Group A and B in OPD and Group C in Ward

- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Participants to look or pallor of three patients

Task 14: Examination of Women in Labour using D2

Instructions for participants

- Duration: 15 mins
- Location: Group A, B and C in Labour Room

- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Participants to examine pregnant woman in labour using D2 of PCPNC
- Participants to make two pair for this task. One will examine and other will observe and write

Task 15: Normal Vaginal Delivery using D10

Instructions for participants

- Duration: 30 mins
- Location: Group A, B and C in Labour Room
- Standard precautions must be observed in ALL clinical areas.
- Inform participants that they will observe normal vaginal delivery in Labour room
- Ask participants to note the steps being followed under the heading "Delivery of baby on D10 of PCPNC using the Observation form of Normal Vaginal Delivery

Observation form of Normal Vaginal Delivery	
Observe the following being carried out	
Ensure all delivery equipment and supplies are available and place of delivery is clean and warm	
Ensure bladder is empty	
Assist the woman into a comfortable position of her choice ,as upright as possible	
Offer her emotional and physical support	
Allow her to push as she wishes with contractions	
Wait until head visible and perineum distending	
Wash hands with clean water and soap. put on gloves just before delivery	
Ensure controlled delivery of head <ul style="list-style-type: none"> a. Keep one hand gently on the head as it advances with contractions b. Support perenium with other hand and cover anus with pad held in position by side of hand c. Leave the perenium visible between thumb and first finger 	
Ensure bladder is empty	
Feel gently around baby neck for cord	
Check if face is clear of mucus and membrane	
Await spontaneous rotation of shoulders and delivery	
Apply gentle downward pressure to deliver top shoulder,then lift baby up, towards the mother abdomen to deliver lower shoulder	
Place baby on abdomen or in mothers arm	
Note time of delivery	
Thoroughly dry the baby immediately. Wipe eyes. Discard wet cloth	

Assess baby breathing while drying	
Exclude second baby	
Palpate mothers abdomen	
Give 10 IU units oxytocin IM to mother, if not available give ergometrine/misoprostol	
Change gloves	
Clamp and cut the cord <ul style="list-style-type: none"> a. Put ties tightly around the cord at 2cm and 5cm from babys abdomen b. Cut between ties with sterile instrument c. Observe for oozing blood 	
Leave baby on the mothers chest in skin to skin contact	
Place identification label	
Cover the baby, cover the head with a cap	
Encourage initiation of breastfeeding	
THIRD STAGE OF LABOUR: DELIVER THE PLACENTA	
Give 10 units oxytocin IM,if not available give 3 tablets of misoprostol sublingually or orally	
Await strong uterine contraction and deliver placenta by controlled cord traction	
Check that placenta and membranes are complete	
Check that uterus is well contracted and there is no heavy bleeding	
Examine perenium,lower vagina and vulva for tear	

Task 16: Delivery of Placenta

Instructions for participants

- Duration: 20 mins
- Location: Group A, B and C in Labour Room

- ❑ Standard precautions must be observed in ALL clinical areas.
- ❑ Participants to observe delivery of placenta in Labour room
- ❑ Participants to note the steps of delivery of placenta as being given on D13 of PCPNC using the Observation form of Delivery of Placenta as below

Observation form of Delivery of Placenta	
Observe the following being carried out	
Ensure 10-IU oxytocin IM is given, If not available give 3 tablets of misoprostol (200ug each) orally or sublingually	
Await strong uterine contraction(2-3 minutes) and deliver placenta by controlled cord traction	
Place side of one hand (usually left) above symphysis pubis with palm facing towards the mother's umbilicus. This applies counter traction to the uterus during controlled cord traction. At the same time, apply steady, sustained controlled cord traction.	
If placenta does not descend during 30-40 seconds of controlled cord traction, release both cord traction and counter traction on the abdomen and wait until the uterus is well contracted again. Then repeat controlled cord traction with counter traction.	
As the placenta is coming out, catch in both hands to prevent tearing of the membranes.	
If the membranes do not slip out spontaneously, gently twist them into a rope and move them up and down to assist separation without tearing them.	
Check that uterus is well contracted and there is no heavy bleeding.	
Repeat check every 5 minutes.	
Cervical tears where applying sponge forceps to the tear before transfer to control bleeding (Details of procedure can be given if included)/ alternatively pack the vagina before transfer	
If the woman has opted for Post Partum Intrauterine contraceptive Device insertion (PPIUCD) after counselling in the antenatal period or early labour then Insert IUCD within 10 minutes of delivery of placenta if this skill is available.	
Examine perineum, lower vagina and vulva for tears.	
Collect, estimate and record blood loss throughout third stage and immediately afterwards.	
Clean the woman and the area beneath her, Put sanitary pad or folded clean cloth under her buttocks to collect blood. help her to change clothes if necessary.	
Keep the mother and baby in delivery room for a minimum of one hour after delivery of placenta.	
Dispose of placenta in the correct, safe and culturally appropriate manner.	

Task 17: Vaginal Examination

Instructions for participants:

- Duration: 10 min.
- Location: Group A, B and C in Skills Lab
- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Observe the procedure of vaginal examination very carefully and tick the steps as below.

Observation form of vaginal examination	
Observe the following being carried out	
Consent and counseling for examination.	
Observe universal precautions.	
Cover the legs with drapes.	
Inspect vulva and vagina and observe for any bleeding or meconium.	
Using antiseptic solution to clean vulva and vagina.	
Insert two fingers in vagina.	
Asses the dilatation of cervix	
Feel for the presenting part is it hard, round and smooth (the head) if not identify the presenting part.	
Asses if membranes are intact or ruptured	
Asses colour of liquor whether clear or meconium stained.	
Feel for the cord. Is it felt? Is it pulsating?	
Asses if vaginal bleeding is there	
Record the findings	
Cover the patient after examination	
Thank her and give clean sterilised pad	

- Perform vaginal examination according to **PCPNC guideline D3**.
- Inform facilitator when you have finished examination.

Task 18: Labour Record (N4) and Partograph (N5)

Instructions for participants

- Duration: 20 mins
- Location: Skills lab
- Work in pair of two.
- Fill 3 labour records forms (N4) and Partographs (N5) according to the case studies below

Case Study 1:

Pukhraj has a full term pregnancy and is now in labour. This is her first pregnancy. She started having contractions 4 hours ago and also her membranes ruptured 2 hrs ago. She is having 3 contractions in 10 minutes. On examination her BP is 120/80 mm of Hg and pulse is 80 beats per minutes. On vaginal examination, the cervix is 4cm dilated. She is draining clear liquor. Three hours later her cervix is 7cm dilated and after further three hours she is 10cm dilated.

Plot your findings on the forms provided.

Labour record

RECORDS AND FORMS

LABOUR RECORD												
USE THIS RECORD FOR MONITORING DURING LABOUR, DELIVERY AND POSTPARTUM											RECORD NUMBER	
NAME			AGE			PARITY						
ADDRESS												
DURING LABOUR			AT OR AFTER BIRTH – MOTHER				AT OR AFTER BIRTH – NEWBORN				PLANNED NEWBORN TREATMENT	
ADMISSION DATE			BIRTH TIME			LIVE BIRTH <input type="checkbox"/>			STILLBIRTH/FRESH <input type="checkbox"/>		MACERATED <input type="checkbox"/>	
ADMISSION TIME			OXYTOCIN – TIME GIVEN				RESUSCITATION NO <input type="checkbox"/> YES <input type="checkbox"/>					
TIME ACTIVE LABOUR STARTED			PLACENTA COMPLETE NO <input type="checkbox"/> YES <input type="checkbox"/>				BIRTH WEIGHT					
TIME MEMBRANES RUPTURED			TIME DELIVERED				GEST. AGE _____ WEEKS OR PRETERM					
TIME SECOND STAGE STARTS			ESTIMATED BLOOD LOSS				SECOND BABY					
ENTRY EXAMINATION <input type="checkbox"/> MORE THAN ONE FETUS <input type="checkbox"/> - SPECIFY _____ FETAL LIE: LONGITUDINAL <input type="checkbox"/> TRANSVERSE <input type="checkbox"/> FETAL PRESENTATION: HEAD <input type="checkbox"/> BREECH <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____												
STAGE OF LABOUR: NOT IN ACTIVE LABOUR <input type="checkbox"/> ACTIVE LABOUR <input type="checkbox"/>												
NOT IN ACTIVE LABOUR											PLANNED MATERNAL TREATMENT	
HOURS SINCE ARRIVAL	1	2	3	4	5	6	7	8	9	10	11	12
HOURS SINCE RUPTURED MEMBRANES												
VAGINAL BLEEDING (0 +++)												
STRONG CONTRACTIONS IN 10 MINUTES												
FETAL HEART RATE (BEATS FOR MINUTE)												
TEMPERATURE (AXILLARY)												
PULSE (BEATS/MINUTE)												
BLOOD PRESSURE (SYS/DIASTOLIC)												
URINE VOIDED												
CERVICAL DILATATION (CM)												
PROBLEM	TIME ONSET	TREATMENTS OTHER THAN NORMAL SUPPORTIVE CARE										
IF MOTHER REFERRED DURING LABOUR OR DELIVERY, RECORD TIME AND EXPLAIN												

Sample form to be adapted. Re-use on 13 June 2003

PARTOGRAPH

USE THIS FORM FOR MONITORING ACTIVE LABOUR

CERVICAL DILATATION	10 cm																								
	9 cm																								
	8 cm																								
	7 cm																								
	6 cm																								
	5 cm																								
	4 cm																								
	TIME													1	2	3	4	5	6	7	8	9	10	11	12
	FINDINGS																								
	Hours in active labour																								
	Hours since ruptured membranes																								
	Rapid assessment B3-B7																								
Vaginal bleeding (0 + ++)																									
Amniotic fluid (meconium stained)																									
Contractions in 10 minutes																									
Fetal heart rate (beats/minute)																									
Urine voided																									
T (axillary)																									
Pulse (beats/minute)																									
Blood pressure (systolic/diastolic)																									
Cervical dilatation (cm)																									
Delivery of placenta (time)																									
Oxytocin (time/units)																									
Problem note oneself/doctor below																									

Sample form to be adapted revised on 13 June 2003.

Case Study 2:

Samina is full term pregnant and in labour. She started having contractions 5 hrs ago, her membranes ruptured 3hrs ago. She is having 3 contractions in 10 minutes. On examination her BP is 130/80mm of Hg, pulse is 90 bpm. On vaginal examination the cervix is 5 cm dilated and she is draining clear liquor. On her next examination 3 hrs later the cervix is only 6 cm dilated. Three hours later, the cervix is 7cm and liquor is meconium stained.

Plot her progress on the Partograph (N5)

Labour record

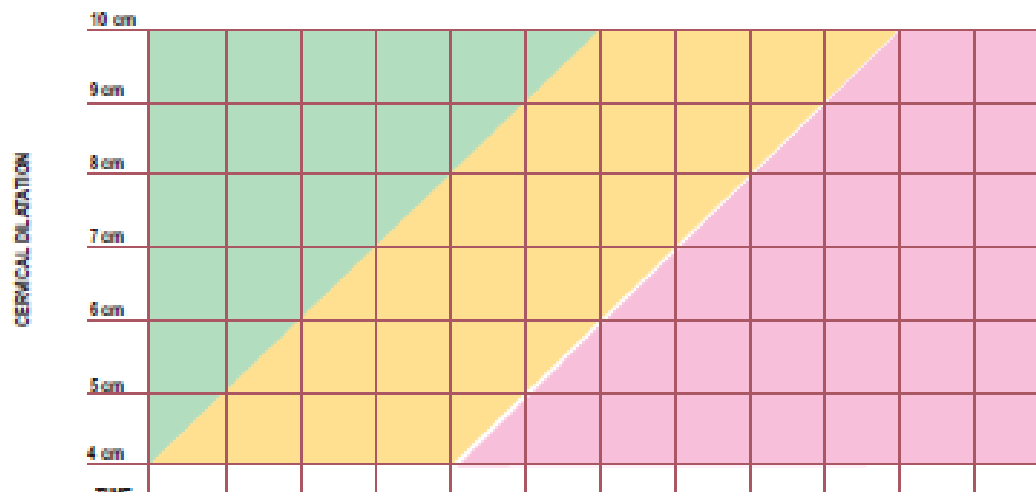
RECORDS AND FORMS

LABOUR RECORD													
USE THIS RECORD FOR MONITORING DURING LABOUR, DELIVERY AND POSTPARTUM											RECORD NUMBER		
NAME			AGE			PARITY							
ADDRESS													
DURING LABOUR			AT OR AFTER BIRTH – MOTHER				AT OR AFTER BIRTH – NEWBORN				PLANNED NEWBORN TREATMENT		
ADMISSION DATE			BIRTH TIME			LIVE BIRTH <input type="checkbox"/>			STILLBIRTH <input type="checkbox"/>		FRESH <input type="checkbox"/>		MACERATED <input type="checkbox"/>
ADMISSION TIME			OXYTOCIN – TIME GIVEN				RESUSCITATION NO <input type="checkbox"/>						YES <input type="checkbox"/>
TIME ACTIVE LABOUR STARTED			PLACENTA COMPLETE NO <input type="checkbox"/>				YES <input type="checkbox"/>						BIRTH WEIGHT
TIME MEMBRANES RUPTURED			TIME DELIVERED				GEST. AGE _____						WEEKS OR PRETERM
TIME SECOND STAGE STARTS			ESTIMATED BLOOD LOSS				SECOND BABY						
ENTRY EXAMINATION <input type="checkbox"/> MORE THAN ONE FETUS <input type="checkbox"/> - SPECIFY _____ FETAL LIE: LONGITUDINAL <input type="checkbox"/> TRANSVERSE <input type="checkbox"/> FETAL PRESENTATION: HEAD <input type="checkbox"/> BREECH <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____													
STAGE OF LABOUR: NOT IN ACTIVE LABOUR <input type="checkbox"/> ACTIVE LABOUR <input type="checkbox"/>													
NOT IN ACTIVE LABOUR											PLANNED MATERNAL TREATMENT		
HOURS SINCE ARRIVAL		1	2	3	4	5	6	7	8	9	10	11	12
HOURS SINCE RUPTURED MEMBRANES													
VAGINAL BLEEDING (0 +++)													
STRONG CONTRACTIONS IN 10 MINUTES													
FETAL HEART RATE (BEATS FOR MINUTE)													
TEMPERATURE (AXILLARY)													
PULSE (BEATS/MINUTE)													
BLOOD PRESSURE (SYS/DIA/ASTOLIC)													
URINE VOIDED													
CERVICAL DILATATION (CM)													
PROBLEM		TIME ONSET		TREATMENTS OTHER THAN NORMAL SUPPORTIVE CARE									
IF MOTHER REFERRED DURING LABOUR OR DELIVERY, RECORD TIME AND EXPLAIN													

Sample form to be adapted. Re-use on 13 June 2003

PARTOGRAPH

USE THIS FORM FOR MONITORING ACTIVE LABOUR



FINDINGS

	1	2	3	4	5	6	7	8	9	10	11	12
Hours in active labour												
Hours since ruptured membranes												
Rapid assessment BS-BT												
Vaginal bleeding (0 + ++)												
Amniotic fluid (meconium stained)												
Contractions in 10 minutes												
Fetal heart rate (beats/minute)												
Urine voided												
T (axillary)												
Pulse (beats/minute)												
Blood pressure (systolic/diastolic)												
Cervical dilatation (cm)												
Delivery of placenta (time)												
Cord in (time/ven)												
Problem note on side of table below												

Sample form to be adapted revised on 13 June 2003.

RECORDS AND FORMS

Case Study 3:

Naeema is full term pregnant and has labour pains since 3 hrs. Her contractions are only 2 in 10 minutes and are mild. On vaginal examination she is 2cm dilated.

Plot the partograph.

Labour record

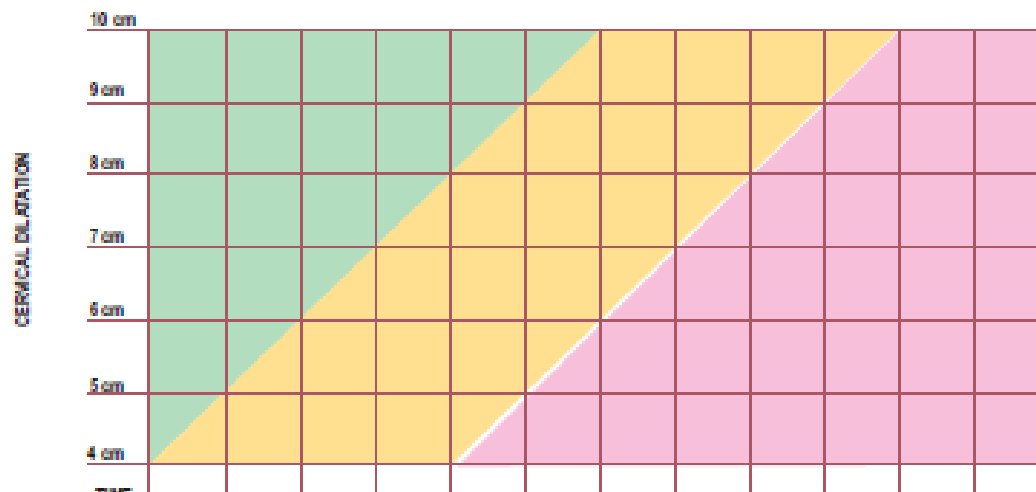
RECORDS AND FORMS

LABOUR RECORD													
USE THIS RECORD FOR MONITORING DURING LABOUR, DELIVERY AND POSTPARTUM											RECORD NUMBER		
NAME			AGE			PARITY							
ADDRESS													
DURING LABOUR			AT OR AFTER BIRTH – MOTHER				AT OR AFTER BIRTH – NEWBORN				PLANNED NEWBORN TREATMENT		
ADMISSION DATE			BIRTH TIME			LIVE BIRTH <input type="checkbox"/>			STILL BIRTH <input type="checkbox"/>		FRESH <input type="checkbox"/>		MACERATED <input type="checkbox"/>
ADMISSION TIME			OXYTOCIN – TIME GIVEN				RESUSCITATION NO <input type="checkbox"/>						YES <input type="checkbox"/>
TIME ACTIVE LABOUR STARTED			PLACENTA COMPLETE NO <input type="checkbox"/>				YES <input type="checkbox"/>						BIRTH WEIGHT
TIME MEMBRANES RUPTURED			TIME DELIVERED				GEST. AGE _____						WEEKS OR PRETERM
TIME SECOND STAGE STARTS			ESTIMATED BLOOD LOSS				SECOND BABY						
ENTRY EXAMINATION <input type="checkbox"/> MORE THAN ONE FETUS <input type="checkbox"/> - SPECIFY _____ FETAL LIE: LONGITUDINAL <input type="checkbox"/> TRANSVERSE <input type="checkbox"/> FETAL PRESENTATION: HEAD <input type="checkbox"/> BREECH <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____													
STAGE OF LABOUR: NOT IN ACTIVE LABOUR <input type="checkbox"/> ACTIVE LABOUR <input type="checkbox"/>													
NOT IN ACTIVE LABOUR											PLANNED MATERNAL TREATMENT		
HOURS SINCE ARRIVAL		1	2	3	4	5	6	7	8	9	10	11	12
HOURS SINCE RUPTURED MEMBRANES													
VAGINAL BLEEDING (0 +++)													
STRONG CONTRACTIONS IN 10 MINUTES													
FETAL HEART RATE (BEATS FOR MINUTE)													
TEMPERATURE (AXILLARY)													
PULSE (BEATS/MINUTE)													
BLOOD PRESSURE (SYS/DIASTOLIC)													
URINE VOIDED													
CERVICAL DILATATION (CM)													
PROBLEM		TIME ONSET		TREATMENTS OTHER THAN NORMAL SUPPORTIVE CARE									
IF MOTHER REFERRED DURING LABOUR OR DELIVERY, RECORD TIME AND EXPLAIN													

Sample form to be adapted. Re-use on 13 June 2003

PARTOGRAPH

USE THIS FORM FOR MONITORING ACTIVE LABOUR



FINDINGS

	1	2	3	4	5	6	7	8	9	10	11	12
Hours in active labour												
Hours since ruptured membranes												
Rapid assessment BS-BT												
Vaginal bleeding (0 + ++)												
Amniotic fluid (meconium stained)												
Contractions in 10 minutes												
Fetal heart rate (beats/minute)												
Urine voided												
T (axillary)												
Pulse (beats/minute)												
Blood pressure (systolic/diastolic)												
Cervical dilatation (cm)												
Delivery of placenta (time)												
Cord in (time/ven)												
Problem note on side of table below												

Sample form to be adapted revised on 13 June 2003.

RECORDS AND FORMS

Task 19: Manual Removal of Retained Placenta

Instructions for

Instructions for participants

- Duration: 20 mins
- Location: Group A, B and C in Skills Lab
- ❑ Standard precautions must be observed in ALL clinical areas.
- ❑ Communication skills will also be assessed where applicable.
- ❑ Participants to observe the procedure of manual removal of placenta very carefully and tick the steps as below.
- ❑ After demonstrating the procedure, participants to perform manual removal of placenta on mannequin in the skills lab.
- ❑ Use B11 in PCPNC while performing the procedure of manual removal of placenta on mannequin
- ❑ Observe the following steps being carried out during manual removal of placenta on mannequin in skills lab

Observation form for Manual Removal of Retained Placenta	
Observe the following steps being carried out during manual removal of placenta on mannequin in skills lab	
Explain to the woman the need for manual removal of the placenta and obtain her consent and ensure privacy	
Wash hands with soap and water	
Insert an IV line	
Give 10 mg diazepam IV	
Clean vulva and perineal area	
Ensure bladder is empty/ Catheterize	
Put on long sterile gloves	
With left hand hold the umbilical cord with clamp until its horizontal	
Insert right hand into the vagina and up into uterus	
Leave the cord and hold the fundus with left hand to stabilize it	
Move the fingers of right hand sideways until edge of placenta is located	
Keeping the fingers tightly together, make space between the placenta and uterine wall and detach the placenta.	
Proceed all around the placental bed until whole placenta is detached	

Withdraw the right hand from the uterus, bringing placenta with it. Examine placenta for completeness	
Explore the inside of the uterine cavity to ensure all placental tissue has been removed	
Repeat oxytocin 10 units IM/IV	
Massage the fundus of the uterus to encourage	
Give ampicillin 2g IV/IM	
Wash hands with soap and water	
Thank and cover the woman	

Task 20: Breech Delivery

Instructions for participants

- Duration: 20 mins
- Location: Group A, B and C in Skills Lab
- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Participants to observe the procedure of breech delivery very carefully and tick the steps as below.
- After observing the procedure, ease participants to perform breech delivery on mannequin in the skills lab.
- Use D16 in PCPNC while performing the procedure of breech delivery on mannequin

Observation form for Breech Delivery		
Observe the following steps being carried out during breech delivery		
Early Labour	Refer Urgently	
Late Labour	Call for additional help	
	Confirm full dilatation of the cervix by vaginal examination	
	Ensure bladder is empty. If unable to empty bladder see Empty bladder	
	Prepare for newborn resuscitation	
	Deliver the baby by: <ul style="list-style-type: none"> • Assist the woman into a position that will allow the baby to hang down during delivery • When baby's buttocks are distending the perineum make an episiotomy. • Allow buttocks, trunk and shoulders to deliver spontaneously during contractions. • After delivery of the shoulders allow the baby to hang until next contraction. 	
	Place the baby astride your left forearm with limbs hanging on each side.	

If the head does not deliver after several contractions	Place the middle and index fingers of the left hand over the malar cheek bones on either side to apply gentle downwards pressure to aid flexion of head.	
	Keeping the left hand as described, place the index and ring fingers of the right hand over the baby's shoulders and the middle finger on the baby's head to gently aid flexion until the hairline is visible.	
	When the hairline is visible, raise the baby in upward and forward direction towards the mother's abdomen until the nose and mouth are free. The assistant gives supra pubic pressure during the period to maintain flexion.	
Trapped arms or shoulders	Feel the baby's chest for arms, if not felt:	
	Hold the baby gently with hands around each thigh and thumbs on sacrum.	
	Gently guiding the baby down, turn the baby, keeping the back uppermost until the shoulder which was posterior (below) is now anterior (at the top) and the arm is released.	
	Then turn the baby back, again keeping the back uppermost to deliver the other arm.	
	Then proceed with delivery of head as described above.	
IF BABY is Dead		
Tie a 1 kg weight to the baby's feet and await full dilatation. Then proceed with delivery of head as described above.		

Task 21: Stuck Shoulder

Instructions for participants

- Duration: 20 mins
- Location: Group A, B and C in Skills Lab
- ❑ Standard precautions must be observed in ALL clinical areas.
- ❑ Communication skills will also be assessed where applicable.
- ❑ Participants to observe the demonstration of stuck shoulder very carefully and tick the steps as below.
- ❑ After observing the demonstration, participants to perform delivery of stuck shoulder on mannequin in the skills lab.
- ❑ Use D17 in PCPNC while performing the procedure of breech delivery on mannequin

Observation form for Stuck Shoulder		
Observe the following being carried out		
Fetal head is delivered, but shoulders are stuck and cannot be delivered.	Call for additional help.	
	Prepare for newborn resuscitation	
	Explain the problem to the woman and her companion.	
	Ask the woman to lie on her back while gripping her legs tightly flexed against her chest, with knees wide apart. ask the companion or other helper to keep the legs in that position.	
	Ask an assistant to apply continuous pressure downwards, with the palm of the hand on the abdomen directly above the pubic area, while you maintain continuous downward traction on the fetal head.	
If the shoulders are still not delivered and surgical help is not available immediately.	Remain calm explain to the woman that you need her cooperation to try another position.	
	Assist her to adopt a kneeling on "all fours" position and ask her companion to hold her steady - this simple change of position is sometimes sufficient to dislodge the impacted shoulder and achieve delivery.	
	Introduce the right hand into the vagina along the posterior curve of the sacrum.	
	Attempt to deliver the posterior shoulder or arm using pressure from the finger of the right hand to hook the posterior shoulder and arm downwards and forwards through the vagina.	
	Complete the rest of delivery as normal.	
	If not successful, refer urgently to hospital	

Task 22: Vaginal delivery of Multiple/Twin Birth using D18

Instructions for participants

- Duration: 30 mins
- Location: Group A, B and C in Skills Lab
- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Participants to observe the procedure of vaginal delivery of Multiple/Twins Birth very carefully and tick the steps as below.
- After observing the procedure, participants perform breech vaginal delivery of Multiple births on mannequin in the skills lab.
- Use D18 in PCPNC while performing the procedure of breech delivery on mannequin

Observation form for Vaginal delivery of Multiple/Twin Birth	
Observe the following being carried out	
Arrange for a helper to assist you with the births and care of the babies.	
Deliver the first baby following the usual procedure, Resuscitate if necessary label her/him Twin 1.	
Ask helper to attend to the first baby.	
Palpate uterus immediately to determine the lie of the second baby. If transverse or oblique lie, gently turn the baby by abdominal manipulation to head or breech presentation,	
Check the presentation by vaginal examination. Check the fetal heart rate.	
Stay with the woman and continue monitoring her and the fetal heart rate intensively.	
Remove wet clothes from underneath her, if feeling chilled, cover her.	
When the membranes rupture, perform vaginal examination to check for prolapsed cord, If present, see Prolapsed cord	
When strong contractions restart, ask the mother to bear down when she feels ready.	
Deliver the second baby, Resuscitate if necessary, Label her/him Twin 2,	
After cutting the cord, ask the helper to attend to the second baby.	
Palpate the uterus for a third baby. If a third baby is felt, proceed as described above. If no third is felt, go to third stage of labour.	

Task 23: Post Partum Examination of Mother (Up To 6 weeks) using E2

Instructions for participants

- Duration: 30 mins
- Location: Group A, B and C in Ward
- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Perform the post partum examination of one mother using E2 in the PCPNC guide
- Write in the case record form
- Inform facilitators when you complete this task

Case Record Form

Name of patient: _____ Husband Name: _____

Clinic record number:

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT

Task 24: Breast Feeding Observation

Instructions for participants

- Duration: 15 mins
- Location: Group A, B and C in ward

- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- Observe the breast feeding and attachments of lactating mother using flow chart on J4 and K3 in PCPNC guide
- Write in the case record form below

- Inform your facilitator when you complete this task

Case Record Form

Name of patient: _____ Husband name: _____

ASK, CHECK RECORD	LOOK, LISTEN, FEEL