

# Pregnancy, Childbirth, Postpartum & Newborn Care Course

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## Clinical Practice for Facilitators

Facilitators & Participants Instructions & Task Sheets

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# 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.
- Plan the groups as soon as the participants' list becomes available before the course begins.

## 2. General preparation before each clinical practice session

- Four areas to be designated (Antenatal, Ward, Labour Room and Skill lab)
- Each area will have a Clinical Assistant.
- Clinical assistant will ensure that the clinical sessions are prepared on daily basis
- Clinical assistant will also assist the facilitators during clinical practices during the course from 11.00 am - 1.30 pm.
- Each morning facilitators must liaise with the clinical assistant of each area to carry out the following tasks:
  - ✓ Ensure mothers and babies are available (in the different required categories for each Clinical Practice).
  - ✓ Write down the location of the mothers and babies.
  - ✓ Write current numbers of women in labour room and number of women in early labour (until all groups have observed a delivery and immediate newborn care).
  - ✓ Prepare appropriate mothers and obtain their permission before the participants visit them for clinical session.
  - ✓ Plan the rotation of each group and the location where each group will begin.
  - ✓ Confirm the availability of a small room in each clinical practice area where participants can gather between tasks and for discussion.
  - ✓ Check if facilities are available for washing and drying hands easily in the clinical areas. If they are not, arrange for a hand rub to be available for all participants.
  - ✓ Inform other health workers in the clinical areas about the visit.
  - ✓ Ask permission for supervised groups to access the mothers' or babies' notes.

During the week before the course begins, facilitators and clinical assistants should:

- Meet and visit the clinical area and briefly discuss how the clinical practice is organized.
- Decide who will liaise with the clinical areas each day.
- Decide in advance where participant groups will work a per printed rot.
- Decide how to organize the first clinical practice so that each group visits the labour ward in rotation when a delivery is about to take place.

### 3. General information for participants

Give this general information to the whole class before the groups go to the clinical area for the first clinical practice.

- 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	<b>Day 2</b>
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	<b>Day 3</b>
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	<b>Day 5</b>
13	Looking for Pallor/Anaemia	Ward	
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	<b>Day 6</b>
19	Manual Removal of Placenta	Skills Lab	
20	Breech Delivery	Skills Lab	
21	Stuck Shoulders	Skills Lab	
22	Multiple/Twin Birth	Skills Lab	<b>Day 7</b>
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.

Emphasize the following points:

- The aims of the clinical practice are to develop and improve participants' own skills and working practices.
- in the clinical setting they may see practices that are not best practices.
- They should NOT criticize what they see. Instead, they should think about how changes can be made.
- They should ensure their own care of the mother and newborn baby is of a high standard.
- They MUST NOT discuss individual cases they visit in the clinical area.
- They MUST speak quietly.
- They must wear their name badges and appropriate clothing in the clinical area.
- if they have any problems or questions during the clinical practice
- They must first of all consult their clinical facilitator.

Ask if there are any questions.

## 4. General Information for facilitators and clinical assistants

In the clinical areas the role of the trainer and clinical facilitator is to:

- Arrange with participants in the group where to meet for preparation of the Clinical practice session.
- Instruct participants where to begin.
- Ensure the clinical experience meets the practical objectives of the taught sessions.
- Demonstrate set skills and oversee participants practicing these set skills.
- Ensure participants have relevant Instructions. Read the Instructions with the group so they are clear about the purpose of the session and what they are doing.
- Instruct participants in what order they will carry out their tasks.
- Demonstrate set skills to their group at the beginning of each session.
- Assign group members to particular mothers and babies.
- Discuss participants' findings in a quiet part of the clinical area away from the mothers and babies when each task is completed.
- Ensure all participants carry out tasks.
- Fill in the Clinical Assessment Checklist record for each participant.
- If participants have not completed the tasks successfully (and there is adequate time), repeat the task.
- Note any weak participants who may need extra help.
- Identify any participants unable to demonstrate the skills learned who would need additional support or to attend an additional session.
- Note any parts of the session which have not taken place or have not worked well, which should be included and discussed in the Practice Review Session or Daily Review.
- Each skill has to be taught/demonstrated in the classroom by the facilitator
- Each skill will then be practiced/observed by the participants in the CPs session
- Each participants will be assessed and scored by the facilitator for each skill according to the scoring below as below.

### **KEY to scoring Clinical Skills**

- ✓ Tick the BOX if a correct answer is given or a skill well performed
- X Cross the BOX if a wrong answer is given or a skill poorly performed
- R Put an R in the BOX if participant is to repeat the task
- O Circle the BOX if there is a problem

## Task 1: Quick Check

### Instructions for facilitator

- Duration: 10 mins
- Location: OPD
- ❑ Standard precautions must be observed in ALL clinical areas.
- ❑ Communication skills will also be assessed where applicable
- ❑ Prepare two women who will act as simulators
- ❑ Give following instructions to each of simulator as under:
  - 1: Instructions for simulator: You are Shahida, 28 years of age and having two children. One was delivered by C-section. You have 8 month gestational amenorrhoea and mild pain since last night. Pain has increased and baby's movement are absent since morning.
  - 2: Instructions for simulator:  
  
You are 30 year old Sadaf with 9 month pregnancy. You started bleeding per vagina at 6 am in the morning is not associated with pain and is bright red in color. You have changed four pads in last one hour. Baby is moving regularly.
- Ask the participants to do Quick check of allotted cases using PCPNC guide
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for Quick Check			
Participants Numbers			
Participants Initials			
Observe the participants while performing the task below and check the box			
Observed Standard precautions			
<b>ASK CHECK RECORD</b>			
Reason for coming			
Age of woman or baby			
<b>LOOK LISTEN FEEL</b>			
Look at the status how woman is carried in (wheeled or carry)			
Or Noticed any of these conditions (bleeding vaginally, convulsing, looking very ill, unconscious, in severe pain, in labour, delivery is imminent)			
In case of baby, checked if baby is or has: very small convulsing breathing difficulty			

<b>SIGNS</b>			
Able to identify following signs if any is present:			
unconscious (does not answer)			
Convulsing			
Bleeding			
severe abdominal pain or looks very ill			
headache and visual disturbance			
severe difficulty breathing			
Fever			
severe vomiting.			
Imminent delivery			
Labour			
Any maternal concern.			
Pregnant woman, or after delivery, with no danger signs			
A newborn with no danger signs or maternal complaints			
<b>CLASSIFY</b>			
Able to classify according to the observed signs			
<b>TREAT</b>			
Able to provide treatment accordingly			

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			



## 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 facilitator

- Duration: 15 mins
- Location: Group A in OPD, Group B in Ward and Group C in Ward
- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- You have already seen demonstration on how to check temperature, pulse and respiration in the class room session 1 of module 2.
- You will now practice these skills in the clinical area
- Ask the participants to measure the temperature, pulse, respiration of allotted cases
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task
- At the end of this task please score the participants as per key shown in the Remarks Box.

<b>Checklist for Temperature, Pulse and Respiration</b>			
Participants Numbers			
Participants Initials			
Observe the participants while performing the task below and check the box			
<b>PREPARATION</b>			
Make sure equipment and examination room are prepared and clean.			
Greet the woman, introduce yourself, make woman comfortable.			
<b>MEASURING THE TEMPERATURE</b>			
Wash your hands.			
Wash mercury thermometer with clean running water			
Shake the thermometer until it reads below 35 °			
Place the patient in comfortable position			
Then place the thermometer bulb in the axilla of the patient in contact with the skin			
After 2 minutes take out thermometer and record temperature.			
Wash the thermometer in warm water and soap or disinfectant; dry and store.			
<b>MEASURING THE PULSE AND RESPIRATION</b>			

Place the patient in comfortable position			
Turn the client's hand so that the palm is facing towards the body.			
Place your index and middle fingers on the thumb side of the wrist and press down until you feel the pulse.			
Count the number of beats for a full minute.			
Remove your fingers from the wrist after checking the pulse.			
Observe the upward movement of the chest and measure the breathing for one full minute.			
Record the pulse and respiration rate.			
Thank patient			

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## 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: Checking Blood Pressure

#### Instructions for facilitator

- Duration: 15 mins
- Location: Group A in OPD, Group B in Ward and Group C in Ward
- Standard precautions must be observed in ALL clinical areas.
- Communication skills will also be assessed where applicable.
- You have already seen demonstration on how to check blood pressure in the class room session 1 of module 2.
- You will now practice this skill in the clinical area
- Ask the participants to measure the blood pressure of three allotted cases
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task
- At the end of this task please score the participants as per key shown in the Remarks Box.

Checklist For Blood Pressure			
Participants Numbers			
Participants Initials			
<b>Observe the participants while performing the task below and check the box</b>			
Measuring The Blood Pressure			
Greet the patient & place in comfortable position			
Arm at level of heart			
Place the cuff & tubing 2.5 cm above medial side of forearm			
Inflate the cuff			
Feel for the radial pulse, till it disappears.			
Slowly deflate @ 2mmHg per sec			
Record systolic/upper value when heart sound( lub-dub) appear			
Record diastolic/lower value when heart sound completely disappear			
Remove cuff			
Thank patient			

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

### 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: Checklist for Passing IV Cannula

### Instructions for facilitator

- Duration: 10 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.
- Ask the participants to observe the video/procedure for passing IV Cannula
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist For Passing IV Cannula			
Participants Numbers			
Participants Initials			
<b>Observe the following being carried out</b>			
1. Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.			
2. Select a suitable site for IV CANNULA (e.g., back of hand or forearm).			
3. Place a tourniquet around the woman's upper arm.			
4. Put new examination or high – level disinfected surgical gloves on both hands.			
5. Clean skin at site selected for infusion with alcohol swab			
6. Insert 16 – or 18 –gauge needle or cannula into the vein.			
7. Slowly withdraw plunger until blood appear in it			
8. Now advance& secure needle with tape, apply stopper			
9. Dispose off plunger/cap properly			
10. Wash your hands properly			

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			



## 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: Checklist for I/M Injection

### Instructions for facilitator

- Duration: 15 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.
- Facilitator to demonstrate the procedure of IM Injection in the skills Lab
- Ask the participants to observe the procedure very carefully and tick the steps in their clinical practice book on Page\_\_\_\_\_.
- After demonstrating the procedure, please ask participants to do this procedure.
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for I/M Injection			
Participants Numbers			
Participants Initials			
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			
Dispose off the syringe properly			
Thank & cover the patient			

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## Task 5: Giving I/M Injection

### Instructions for participants:

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

<b>Checklist for demonstration of giving I/M Injection</b>	
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"> <li>• If no, inject the medicine slowly</li> <li>• If yes, withdraw slowly and start again</li> </ul>	
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: Checklist for giving Magnesium Sulphate (MgSO<sub>4</sub>)

### Instructions for facilitator

- Duration: 10 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.
- Facilitator to demonstrate the procedure of giving Magnesium Sulphate in the skills Lab
- Facilitator to first show different Ampoules of MgSO<sub>4</sub>
- Ask the participants that facilitator will demonstration preparations and how to give MgSO<sub>4</sub>
- Ask participants to observe the procedure very carefully and tick the steps in their clinical practice book on Page\_\_\_\_\_.
- After demonstrating the procedure, please ask participants to practice preparation of MgSO<sub>4</sub> in the skills lab.
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for demonstration of giving Magnesium Sulphate			
Participants Numbers			
Participants Initials			
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 <sub>4</sub> to be given			
Prepare MgSO <sub>4</sub> injection given in quantity and dilution as given in PCPNC guide B13  <b>For IM injection:</b> Add 1ml of 2% lignocaine to 10 ml of 50% MgSO <sub>4</sub> solution in 10ml syringe. <b>For IV injection:</b> Make 20% solution by adding 8 ml (4g) of 50% solution to 12 ml sterile water, in a 20ml syringe.			
<b>IV/IM Combined loading dose:</b> Give either 20 ml of 20% MgSO <sub>4</sub> slowly IV over 15 to 20minutes			
If 20% solution is not available, then make 20% solution by above method. Never give undiluted 50% solution IV.			
Then give 5g of MgSO <sub>4</sub> IM (preparation given above) in upper outer quadrant of each buttock.			

<b>If unable to give IV, give IM only loading dose:</b>			
Add 1ml of 2% lignocaine to 10 ml of 50% MgSO <sub>4</sub> 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			

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## Task 6: Giving Magnesium Sulphate

### Instructions for participants:

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

<b>Checklist for Demonstration of giving Magnesium Sulphate</b>	
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 <sub>4</sub> to be given	
Prepare MgSO <sub>4</sub> injection given in quantity and dilution as given in PCPNC guide B13 <b>For IM injection:</b> Add 1ml of 2% lignocaine to 10 ml of 50% MgSO <sub>4</sub> solution in 10ml syringe. <b>For IV injection:</b> Make 20% solution by adding 8 ml (4g) of 50% solution to 12 ml sterile water, in a 20ml syringe.	
<b>IV/IM Combined loading dose:</b> Give either 20 ml of 20% MgSO <sub>4</sub> 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 <sub>4</sub> IM (preparation given above) in upper outer quadrant of each buttock.	
<b>If unable to give IV, give IM only loading dose:</b> Add 1ml of 2% lignocaine to 10 ml of 50% MgSO <sub>4</sub> 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 MgSO<sub>4</sub> 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: Checklist for giving Diazepam

### Instructions for facilitator

- Duration: 10 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.
- Facilitator to demonstrate the procedure of giving Diazepam in the skills Lab
- Facilitator to first show Ampoules of Diazepam
- Ask the participants that facilitator will demonstration preparations and how to give Diazepam
- Ask participants to observe the procedure very carefully and tick the steps in their clinical practice book on Page\_\_\_\_\_.
- After demonstrating the procedure, please ask participants to practice preparation of Diazepam in the skills lab.
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for demonstration of giving Diazepam			
Participants Numbers			
Participants Initials			
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 Diazepam 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			

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			



## Task 7: Giving Injection Diazepam

### Instructions for participants:

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

<b>Checklist for demonstration of giving Inj Diazepam</b>	
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 facilitator

- Duration: 15 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.
- Facilitator to demonstrate the procedure of female catheterization in the skills lab
- Ask participants to observe the procedure of catheterization very carefully and tick the steps in their clinical practice book on Page \_\_\_\_.
- After demonstrating the procedure, please ask participants to practice catheterization on mannequin in the skills lab.
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist For Female Catheterization			
Participants Numbers			
Participants Initials			
Observe the following being carried out			
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. If disposing of gloves, place them in a leak proof container or plastic bag If reusing surgical gloves, submerge them in 0.5% chlorine solution for 10 minutes decontamination.			
Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.			

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## 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.

<b>Checklist for demonstration of female catheterization</b>	
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 facilitator

- Duration: 15 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.
- Ask participants to observe the procedure of episiotomy very carefully and tick the steps in their clinical practice book on Page\_\_\_\_\_.
- After demonstrating the procedure, please ask participants to practice episiotomy on mannequin in the skills lab.
- Facilitators should explain first degree\*, second degree\* and third degree\*\* tear to participants
- Facilitator should tell that we will demonstrate the repair of first and second degree tear only. In third degree tear only cover with pad and refer urgently

<b>Checklist for Repair the tear</b>			
Participants Numbers			
Participants Initials			
<b>Observe the following being carried out</b>			
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 anaesthesia. 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 &			
Close the perineal muscles using interrupted 2-0 sutures.			

Close the skin using interrupted sutures.			
Ensure that edges of the tear match up well.			

\* First and second degree tear is small and involved only vaginal mucosa and connective tissues and underlying muscles.

\*\* Third and fourth degree tear is long and deep through the perineum and involves the anal sphincter and rectal mucosa

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## 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.

<b>Checklist for demonstration of Episiotomy repair</b>	
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: Expected Date of Delivery (EDD) & Period of Gestations (PoG)

### Instructions for facilitator

- Duration: 10 mins
- Location: Group A and B in OPD, Group C in Ward
- ❑ Standard precautions must be observed in ALL clinical areas.
- ❑ Communication skills will also be assessed where applicable.
- ❑ Ask participants to 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

Checklist for LMP, EDD and POG			
Participants Numbers			
Participants Initials			
<b>Observe the following being carried out</b>			
LMP			
EDD			
POG			

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

**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

<b>Patient no</b>	<b>LMP</b>	<b>EDD</b>	<b>POG</b>



## Task 11: Asses the pregnant woman (Taking Antenatal History)

### Instructions for facilitator

- Duration: 20 mins
- Location: Group A, B and C in OPD
- ❑ Standard precautions must be observed in ALL clinical areas.
- ❑ Communication skills will also be assessed where applicable.
- ❑ Ask each participant to asses three pregnant women using flow chart on C2 in PCPNC guide
- ❑ Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for Assessing the Pregnant Woman (Taking Antenatal History)			
Participants Numbers			
Participants Initials			
Observe the following being carried out			
ALL VISITS	Check duration of pregnancy.		
	Where do you plan to deliver?		
	Any vaginal bleeding since last visit?		
	Is the baby moving? (after 4 months)		
	Check record for previous complications and treatments received during this pregnancy.		
	Do you have any concerns?		
	Do you takes any medicine for any other problem?		
AT FIRST VISIT	How many months pregnant are you?		
	When was your last period?		
	When do you expect to deliver?		
	How old are you?		
	Have you had baby before? If yes:		
	Check record for prior pregnancies or if there is no record ask about: <ul style="list-style-type: none"> <li>• Number of prior pregnancies / deliveries</li> <li>• Prior caesarean section, forces or vacuum</li> <li>• Prior third degree tear</li> <li>• Heavy bleeding during or after delivery</li> <li>• Convulsions</li> <li>• Stillbirth or death in first day</li> <li>• Enquire for Hepatitis B &amp; Hepatitis C &amp; HIV status</li> </ul>		
Record findings on A/N card/form			

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			







## Task 12: Abdominal Examination in Third Trimester and Fetal Heart Sounds

### Instructions for facilitator

- Duration: 15 mins
- Location: Group A and B in OPD, Group C in Ward
- ❑ Standard precautions must be observed in ALL clinical areas.
- ❑ Communication skills will also be assessed where applicable.
- ❑ Demonstrate the Abdominal Examination to the participants and then ask each participant to perform abdominal examination of three patients
- ❑ Facilitators should fill the checklist to assess participant's knowledge and skill for this task

<b>Checklist for Abdominal Examination in Third Trimester and Fetal Heart Sounds</b>			
Participants Numbers			
Participants Initials			
<b>Observe the following being carried out</b>			
Greet the patient with respect			
Ask permission to examine the patient			
Ensure privacy of patient			
Measure fundal height			
Palpate the fundal area to determine its content i-e fetal head or breech			
Determines presenting part			
Determine descent of presenting part			
Auscultate the fetal heart & count for 1minute.			
Cover the patient			
Thank patient			
Record findings on A/N card/form			

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## 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	





### Case Record Form

Name of patient: \_\_\_\_\_ Husband name: \_\_\_\_\_

<b>ASK, CHECK RECORD</b>	<b>LOOK, LISTEN, FEEL</b>
<b>ALL VISITS</b>	
<b>FIRST VISIT</b>	
<b>THIRD TRIMESTER</b>	

## Task 13: Checklist for Pallor/Anaemia

### Instructions for facilitator

- Duration: 15 mins
- Location: Group A and B in OPD, Group C in Ward
- Standard precautions must be observed in ALL clinical areas.
- Ensure that two to three anaemic patients are available
- Communication skills will also be assessed where applicable.
- Participants to look or pallor of three patients
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for Looking for Pallor/Anaemia			
Participants Numbers			
Participants Initials			
Observe the following being carried out			
Greet the patient with respect			
Ask permission to examine the patient			
Looks for anemia correctly in the palms and conjunctiva			
Thank patient			
Record findings on A/N card/form			

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## 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 facilitator

- 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
- Make two pair for this task. One will examine and other will observe and write
- Facilitator to ensure participants are following D2 on PCPNC

## 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 facilitators

- 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

## 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

<b>Observation form of Normal Vaginal Delivery</b>	
<b>Observe the following being carried out</b>	
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"> <li>a. Keep one hand gently on the head as it advances with contractions</li> <li>b. Support perenium with other hand and cover anus with pad held in position by side of hand</li> <li>c. Leave the perenium visible between thumb and first finger</li> </ul>	
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"> <li>a. Put ties tightly around the cord at 2cm and 5cm from babys abdomen</li> <li>b. Cut between ties with sterile instrument</li> <li>c. Observe for oozing blood</li> </ul>	
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	
<b>THIRD STAGE OF LABOUR: DELIVER THE PLACENTA</b>	
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 facilitator

- Duration: 20 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 delivery of placenta in Labour room
- ❑ Ask participants to note the steps of delivery of placenta as being given on D13 of PCPNC using the Observation form of Delivery of Placenta

## 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

<b>Observation form of Delivery of Placenta</b>	
<b>Observe the following being carried out</b>	
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 <b>controlled cord</b> 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 facilitator:

- 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.
- Ask participants to observe the procedure of vaginal examination very carefully and tick the steps in their clinical practice below.
- After demonstrating the procedure, please ask participants to do vaginal examination on mannequin in the skills lab.
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for Looking for Pallor/Anameia			
Participants Numbers			
Participants Initials			
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.			
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			

## 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.

<b>Observation form of vaginal examination</b>	
<b>Observe the following being carried out</b>	
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 facilitator

- Duration: 20 mins
- Location: Skills lab
  
- ❑ Facilitator first explain the use of Partograph
  
- ❑ Divide the participants in pair of two.
  
- ❑ Ask participant to fill 3 labour records forms (N4) and Partographs (N5) according to the case studies provided to them.
  
- ❑ Facilitators should assess participant's knowledge and skill for this task by checking the partographs.

## 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
	<b>FINDINGS</b>																								
	Hours in active labour																								
	Hours since ruptured membranes																								
	Rapid assessment <b>B3-B7</b>																								
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

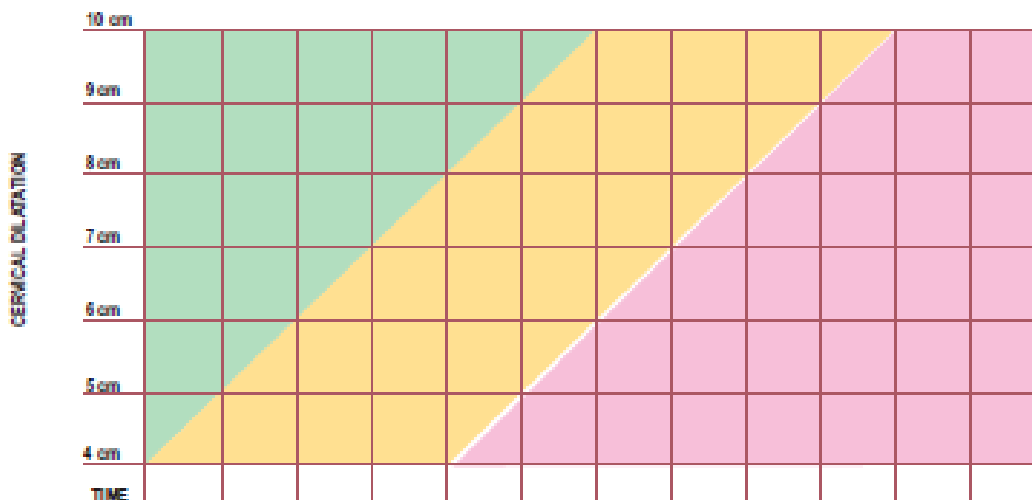
RECORDS AND FORMS

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 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 <b>BS-BT</b>												
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

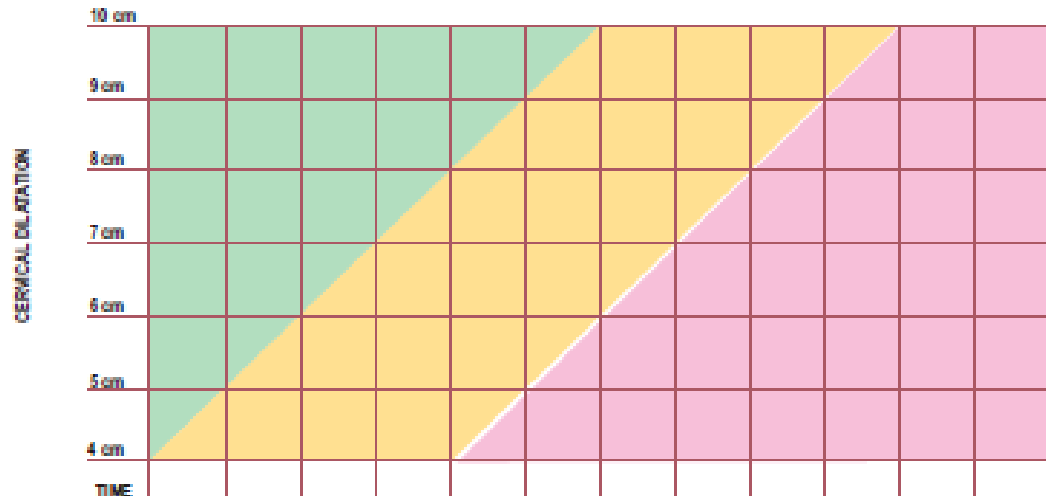
RECORDS AND FORMS

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"/>			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



**FINDINGS**

	1	2	3	4	5	6	7	8	9	10	11	12
Hours in active labour												
Hours since ruptured membranes												
Rapid assessment <b>BS-BT</b>												
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.

## Task 19: Manual Removal of Retained Placenta

### Instructions for facilitator

- 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.
- Ask participants to observe the procedure of manual removal of placenta very carefully and tick the steps in their clinical practice book.
- After demonstrating the procedure, please ask 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
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist For Manual Removal of Placenta			
Participants Numbers			
Participants Initials			
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 contraction			
Give ampicillin 2g IV/IM			
Wash hands with soap and water			
Thank and cover the woman			

<b>Remarks and Score Box</b>			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## Task 19: Manual Removal of Retained Placenta

### 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 observing 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

<b>Observation form for Manual Removal of Retained Placenta</b>	
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 using D16

### Instructions for facilitator

- 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.
- Ask participants to observe the procedure of breech delivery very carefully and tick the steps in their clinical practice book.
- After demonstrating the procedure, please ask participants to perform breech delivery on mannequin in the skills lab.
- Use D16 in PCPNC while performing the procedure of breech delivery on mannequin
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for Breech Delivery				
Participants Numbers				
Participants Initials				
Observe the following being carried out				
Early Labour	<b>Refer Urgently</b>			
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"> <li>• Assist the woman into a position that will allow the baby to hang down during delivery</li> <li>• When baby's buttocks are distending the perineum make an episiotomy.</li> <li>• Allow buttocks, trunk and shoulders to deliver spontaneously during contractions.</li> <li>• After delivery of the shoulders allow the baby to hang until next contraction.</li> </ul>			

If the head does not deliver after several contractions	Place the baby astride your left forearm with limbs hanging on each side.			
	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.				

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## 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, 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	<b>Refer Urgently</b>	
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"> <li>• Assist the woman into a position that will allow the baby to hang down during delivery</li> <li>• When baby's buttocks are distending the perineum make an episiotomy.</li> <li>• Allow buttocks, trunk and shoulders to deliver spontaneously during contractions.</li> <li>• After delivery of the shoulders allow the baby to hang until next contraction.</li> </ul>	
	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 Shoulders

### Instructions for facilitator

- 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
- Facilitators to demonstrate stuck shoulder (Shoulder Dysticia) on mannequin.
- Ask participants to observe the procedure of stuck shoulder very carefully and tick the steps in their clinical practice book.
- After demonstrating the procedure, please ask participants to perform delivery of stuck shoulder on mannequin in the skills lab.
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for Stuck Shoulder				
Participants Numbers				
Participants Initials				
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, <b>refer urgently to hospital</b>			

Remarks and Score Box			
	Participant's name	Participants Score	Facilitator's comments.
1			
2			
3			

## 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 procedure, 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, <b>refer urgently to hospital</b>	

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

### Instructions for facilitator

- 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.
- Ask participants to observe the procedure of vaginal delivery of Multiple/Twin Birth very carefully and tick the steps in their clinical practice book.
- After demonstrating the procedure, please ask participants to perform vaginal delivery of Multiple/Twin Birth on mannequin in the skills lab.
- Use D18 in PCPNC while performing the procedure of Multiple birth/twin birth on mannequin
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

Checklist for Vaginal delivery of Multiple/Twin Birth			
Participants Numbers			
Participants Initials			
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 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 to Multiple/twin birth on mannequin in the skills lab.
- ❑ Use D18 in PCPNC while performing the procedure of breech delivery on mannequin

<b>Observation form for Vaginal delivery of Multiple/Twin Birth</b>	
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 facilitator

- 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.
- Ask participants to perform the post partum examination of one mother using E2 in the PCPNC guide
- Ask participants to write in the case record form
- Facilitators should fill the checklist to assess participant's knowledge and skill for this task

### Case Record Form

Name of patient: \_\_\_\_\_ Husband Name: \_\_\_\_\_

Clinic record number:

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

## 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 facilitator

- 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.
- Ask participants observe the breast feeding and attachments using flow chart on J4 and K3 in PCPNC guide

## 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