



University of the Philippines Manila
 The Health Sciences Center
COLLEGE OF NURSING

WHO Collaborating Center for Leadership in Nursing Development
CHED Center of Excellence in Nursing Education
 Sotejo Hall, Pedro Gil Street, Ermita, Manila 1000



**N-13 SKILLS CHECKLIST:
 ESSENTIAL INTRAPARTUM AND NEWBORN CARE**

Name of Student: _____

Date : _____

Instructions: Check the appropriate column below based on student's performance or non-performance of expected skill. Any comments may be written on the last column.

	Performed		Comments
	YES	NO	
In advance, prepare decontamination solution by mixing 1 part 5% chlorine bleach to 9 parts water to make 0.5% chlorine solution. Change the chlorine solution at the beginning of each day or whenever solution is very contaminated or cloudy.			
PRIOR TO WOMAN'S TRANSFER TO DR			
Ensure that mother is in her position of choice while in labor.			
Ask mother if she wishes to eat/drink or void.			
Communicate with the mother-inform her of progress of labor, give reassurance and encouragement			
WOMAN ALREADY IN THE DR			
PREPARING FOR DELIVERY			
Check temperature in DR area to be 25-28°Celsius; Eliminate air draft.			
Ask woman if she is comfortable in the semi-upright position (the default position of delivery table).			
Prepare a clear, clean newborn resuscitation area. Check the equipment if clean, functional and within easy reach.			
Ensure the woman's privacy.			
Remove all jewelry then wash hands thoroughly observing the WHO 1-2-3-4-5 procedure,			
Arrange materials/supplies in a linear sequence: Gloves, dry linen, bonnet, oxytocin injection, plastic clamp, instrument clamp, scissors, 2 kidney basins in a separate sequence, for after the 1 st breastfeed: Eye ointment, (stethoscope to symbolize PE), vit K, hepatitis B and BCG vaccines (plus cotton balls, etc.)			
Clean the perineum with antiseptic solution.			

Wash hands and put on 2 pairs of sterile gloves aseptically. (if same worker handles perineum and cord).			
AT THE TIME OF DELIVERY			
Encourage woman to push as desired.			
Drape the clean, dry linen over the mother's abdomen or arms in preparation for drying the baby.			
Applied perineal support and do controlled delivery of the head.			
Call out time of birth and sex of baby.			
Inform the mother of the outcome.			
FIRST 30 SECONDS			
Thoroughly dry baby for at least 30 seconds, starting from the face and head, going down to the trunk and extremities while performing a quick check for breathing.			
1-3 MINUTES			
Remove the wet cloth.			
Place baby in skin-to skin contact on the mother's abdomen or chest.			
Cover baby with the dry cloth and the baby's head with a bonnet.			
Exclude a 2 nd baby by palpating the abdomen in preparation for giving oxytocin.			
Use wet cloth to wipe the soiled gloves. Gave IM oxytocin within one minute of baby's birth. Disposed of wet cloth properly.			
Remove 1 st set of gloves and decontaminated them properly (in 0.5% chlorine solution for at least 10 mins).			
Palpate umbilical cord to check for pulsations.			
After pulsations stop, clamp cord using the plastic clamp or cord tie 2 cm from the base.			
Place the instrument clamp 5 cm from the base.			
Cut near plastic clamp (not midway).			
Perform the remaining steps of the AMTSL:			
Wait for strong uterine contraction then applied controlled cord traction and counter traction on the uterus, continue until placenta was delivered.			
Massage the uterus until it is firm.			
Inspect the lower vagina and perineum for lacerations/tears and repair lacerations/tears, as necessary.			
Examine the placenta for completeness and abnormalities.			
Clean the mother: flushed perineum and applied perineal pad/napkin/cloth.			
Check baby's color and breathing; checked that mother was comfortable, uterus contracted.			
Dispose the placenta in a leak-proof container or plastic bag.			

Decontaminate (soaked in 0.5% chlorine solution) instruments before cleaning; decontaminated 2 nd pair of gloves before disposal, stating that decontamination lasts for at least 10 mins.			
Advise mother to maintain skin-to skin contact. Baby should be prone on mother's chest/in between the breasts with head turn to one side.			
15-90 MINUTES			
Advise mother to observe for feeding cues and cite examples of feeding cues.			
Support mother, instructed her on positioning and attachment.			
Wait for FULL BREASTFEED to be completed.			
After a complete breastfeed, administer eye ointment (first), do thorough physical examination, then do Vit. K, hepatitis B and BCG injections (simultaneously explain purpose of each intervention).			
Advise OPTIONAL / DELAY bathing of baby			
Advise breastfeeding per demand and about Danger Signs for early referral.			
In the first hour check baby's breathing and color; and check mother's vital signs and massage uterus every 15 minutes.			
In the second hour: check mother-baby dyad every 30 minutes to 1 hour.			
Complete all RECORDS.			

FACULTY SIGNATURE

References : TEAM EINC for the Association of Deans of Philippine Colleges of Nursing Inc./UNICEF
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2014

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