



Rapid Assessment

24th September, 2013 to 1st
October, 2013

District Gurgaon

**Facility Readiness Assessment for Essential
Newborn Care and Resuscitation**

Child Health Division, NRHM, Haryana

in technical collaboration with





Table of Contents

Sr. No.	Content	Page No.
1.	Objectives	2
2.	Materials and Methods	2
3.	List of facilities visited	2-3
4.	General findings of District	3-4
	4a. Overall Training Status	4
	4b. Status of Newborn Corners	4
	4c. Availability of equipment and instruments in NBCC	4
	4d. Status of NBSUs	5
5.	Quantitative findings of facilities	5-11
6.	Qualitative findings of facilities	
6 a.	General Hospital, Gurgaon	12
6 b.	SDH Sohna	13
6 c.	SDH Pataudi	13-14
6 d.	CHC Farukhnagar	14
6 e.	CHC Hailymandi	14-15
6 f.	PHC Wazirabad	16
6 g.	PHC Badshahpur	16-17
6 h.	PHC Gurgaon Village	17-18
6 i.	PHC Kasan	18
6 j.	PHC Bhorakalan	19
6 k.	PHC Bhondsi	19-20
6 l.	PHC Mandpura	20-21
6 m.	SC Jharsa	21
6 n.	SC Dundahera	22
6 o.	SC Sarhoul	22-23
6 p.	SC Baslambi	23
6 q.	SC Tajnagar	23-24
6 r.	SC Pathreri	24-25
6 s.	SC Rathoj	25
6 t.	SC Sikandarpur Bada	25-26
6 u.	SC Ucha majra	26-27
6 v.	SC Jataula	27-28



6 w.	SC Wazirpur	28
6 x.	SC Daulatabad	28-29
6 y.	SC Makrola	29
6 z.	SC Lokra	30
6 aa.	SC Babra	30
6 ab.	SC Chandu	30-31
6 ac.	SC Sikandarpur ghoshi	31
6 ad.	URCH Rajenderpark	32
6 ae.	URCH Lakshman vihar	32-33



1. Objectives:

1. Qualitative and quantitative assessment of readiness of our health facilities for essential newborn care and resuscitation.
2. To assess the quality of essential newborn care provided to each and every neonate immediately after birth.
3. To understand the existing knowledge, skills, attitudes and practices of the health service providers.
4. On job trainings to the service providers on novelties in essential newborn care and resuscitation.

2. Materials and Methods

1. A structured and tested assessment tool has been used to assess the facilities on 8 parameters viz. facility identification and infrastructure, availability of services, human resource, Equipment and supplies, Register and client case records, protocols and guidelines, individual case records, knowledge and practices.
2. Knowledge and skill assessment has been done on the newborn simulators (mannequins).
3. The current and ideal practices in essential newborn care and resuscitation have been demonstrated to the service providers on the mannequins.

Our teams visited 31 facilities in the district, from 24th September, 2013 to 1st October, 2013 including General Hospital, SDH's all CHCs and PHCs and the delivery huts with monthly delivery load of 3 or more. Following is the list of facilities visited:

Sr. No.	Name of Facility
1.	General Hospital, Gurgaon
2.	SDH Sohna
3.	SDH Pataudi
4.	CHC Farukhnagar
5.	CHC Hailymandi
6.	PHC Wazirabad



7.	PHC Badshahpur
8.	PHC Gurgaon Village
9.	PHC Kasan
10.	PHC Bhorakalan
11.	PHC Bhondsi
12.	PHC Mandpura
13.	SC Jharsa
14.	SC Dundahera
15.	SC Sarhoul
16.	SC Baslambi
17.	SC Tajnagar
18.	SC Pathreri
19.	SC Rathoj
20.	SC Sikandarpur Bada
21.	SC Ucha majra
22.	SC Jataula
23.	SC Wazirpur
24.	SC Daulatabad
25.	SC Makrola
26.	SC Lokra
27.	SC Babra
28.	SC Chandu
29.	SC Sikandarpur ghoshi
30.	URCH Rajenderpark
31.	URCH Lakshman vihar

CHC Gangola, PHC Bangrola- do not have labour rooms SC Mandawar- ANM not available, SC Nanukalan- found locked at time of visit

3. The findings of district Gurgaon in general are as follows:

1. Many birth attendants not trained in SBA, NSSK, IMNCI
2. Running water and toilets are not available in labour rooms in many facilities.
3. Appropriate hand washing stations are not available in most of the facilities.



4. Disposable mucus extractors are not available.
5. Shoulder roll not available.
6. Room thermometer in labour room not available in many facilities.
7. Vitamin K available at many facilities but not administered
8. Autoclave available but not in use in many facilities.
9. Infection prevention and hygiene protocols for labour room and NBCC are not followed.
10. Suction of every new born is in practice in majority of facilities.
11. Immediate cord cutting and taking the newborn away from mother is in practice.
12. Every newborn is taken to radiant warmer regardless of his/her general condition.
13. Skin to skin contact between mother and newborn is not in practice.
14. Staff nurses in some of the facilities were not clear about the use of Bag and Mask.
15. Staff nurses are not conversant with pressure maintenance technique in electric suction machine.
16. Case sheets/files are not being maintained.
17. Partograph not available in delivery huts.
18. Case sheets do not have records of essential newborn care.
19. Knowledge of staff nurses and ANMs about essential newborn care and resuscitation is average and holds room for improvement.
20. Skills of essential newborn care and resuscitation are below average and lack grossly in chronological presentation. Use of bag and mask is the only priority in case of newborn asphyxia.
21. There are two designated Newborn Stabilization Units (NBSUs) but none of them are functional viz. SDH Sohna and CHC Pataudi

4 a. Overall Training Status

Sr. No.	No. of Birth attendants	SBA	NSSK	IMNCI
1.	113	77	66	57

4 b. Status of Newborn Corners



Newborn Corners with Radiant Warmer	Newborn Corners with 200 W bulb	Total NBCCs Established	NBCCs still established	not
9	3	12	19	

4 c. Availability of equipment and instruments in NBCCs (n=31)

Sr. No.	Equipment/Instrument	Available (No. of Facilities)	Not available (No. of Facilities)
1.	Self-Inflating Bag	27	4
2.	Mask Size '1'	24	7
3.	Mask Size '0'	26	5
4.	Shoulder Roll	9	22
5.	Suction Catheter	28	3
6.	Disposable Mucus Extractors	16	15
7.	Suction Machine	30	1
8.	Oxygen Cylinder	20	11
9.	Baby Sheets	17	14
10.	NBCC at appropriate place	9	3

4 d. Status of Designated Newborn Stabilization Units (NBSUs)

Sr. No.	Name of Institution	Status
1.	SDH Sohna	Established/Not Functional
2.	CHC Pataudi	Not Established/Not Functional



4. Quantitative Analysis of various facilities (n= 31)

Table 1.Scores of facilities in various parameters and overall scores

Name of Facility	Score 75% and Above			Score 51% to 74%		Score 50% and less		
	INFRASTRUCTURE	DELIVERY AND NEWBORN CARE SERVICES	ESSENTIAL DRUGS, EQUIPMENT AND SUPPLIES	PROTOCOLS AND GUIDELINES	KNOWLEDGE ABOUT INFECTION PREVENTION	PROVIDER KNOWLEDGE AND SKILLS	REGISTERS AND CLIENT CASE RECORDS	FACILITY'S OVERALL AVERAGE
PHC GURGAON VILLAGE	73	89	64	60	43	59	53	63
SDH HELI MANDI	69	83	71	70	14	70	58	62
PHC MANDPURA	67	89	72	70	29	39	63	61
GH GURGAON	96	94	82	60	29	49	14	61
SC SIKANDERPUR BADA	57	83	62	80	43	49	41	59
SC SIKANDERPUR GHOSHI	59	83	58	50	43	64	50	58
SDH SOHNA	80	89	69	20	43	49	50	57
PHC BHONDSI	65	83	61	40	29	53	54	55
SC CHANDU	61	83	53	50	57	61	15	54
CHC FARUKH NAGAR	82	89	63	40	29	44	34	54
DISTRICT AVERAGE	64	79	57	51	24	44	26	49



Name of Facility	INFRASTRUCTURE	DELIVERY AND NEWBORN CARE SERVICES	ESSENTIAL DRUGS, EQUIPMENT AND SUPPLIES	PROTOCOLS AND GUIDELINES	KNOWLEDGE ABOUT INFECTION PREVENTION	PROVIDER KNOWLEDGE AND SKILLS	REGISTERS AND CLIENT CASE RECORDS	FACILITIES OVERALL AVERAGE
PHC Wazirabad	82	89	66	80	0	31	28	54
PHC Borakalan	67	83	58	40	43	38	44	53
SC Lokra	65	72	44	70	57	59	0	52
URCH Lakshman Vihar	76	83	58	60	29	30	28	52
PHC Kasan	59	83	58	40	14	48	56	51
CHC Pataudi	76	83	68	60	0	28	43	51
SC Rathoj	69	89	50	60	29	35	21	51
District Average	64	79	57	51	24	44	26	49
SC UCHAMAJRA	55	72	55	70	29	46	16	49
PHC Badshahpur	65	83	58	40	29	22	42	49
SC Tajnagar	65	89	54	60	14	38	0	46
SC UCHAMAJRA	55	72	55	70	29	46	16	49
PHC BADSHAHPUR	65	83	58	40	29	22	42	49
SC TAJNAGAR	65	89	54	60	14	38	0	46



Name of Facility	INFRASTRUCTURE	DELIVERY AND NEWBORN CARE SERVICES	ESSENTIAL DRUGS, EQUIPMENT AND SUPPLIES	PROTOCOLS AND GUIDELINES	KNOWLEDGE ABOUT INFECTION PREVENTION	PROVIDER KNOWLEDGE AND SKILLS	REGISTERS AND CLIENT CASE RECORDS	FACILITY'S OVERALL AVERAGE
DISTRICT AVERAGE	64	79	57	51	24	44	26	49
SC BABRA	51	83	50	50	14	43	14	44
SC WAZIRPUR	51	56	54	60	29	47	6	43
SC DAULATABAD	59	78	50	30	14	44	17	42
SC MAKROLA	49	78	50	30	29	44	7	41
SC SARHAUL	51	61	46	60	0	45	18	40
SC BASLAMBI	55	61	47	50	29	37	0	40
SC URCH RAJENDRA PARK	51	72	50	50	0	22	32	40
SC DUNDAHERA	53	67	47	60	0	32	13	39
SC PATHRERI	65	67	36	30	29	36	0	37
SC JHARSA	57	78	55	0	0	61	0	36
SC JATAULA	47	50	42	30	0	34	0	29



5. Facility wise Qualitative Findings

1) GH GURGAON

- Average delivery load is 500 per month excluding Caesarean Sections. There are average 55 Caesarean sections every month.
- There are average 12 still births every month.
- Record of birth asphyxia was not available in case records.
- The labour room hugely understaffed. There was only one staff nurse available at any point in time to conduct examinations and deliveries. One staff nurse was in registration area to do paper work related to cases.
- In more than five procedures seen in the labour room including deliveries, PV examination and D&C, no one (including doctors) washed hands. All wore gloves directly and started procedures.
- Immediate cord cutting and milking of cord is in practice.
- Separating every newborn from mother and taking it away is in practice even if the vitals of both mother and newborn are WNL.
- Partographs are wrongly filled.
- Case sheets do not contain record of essential newborn care
- Infection prevention protocols are not followed as per guidelines.
- There is only an open care system in the name of NBCC. Resuscitation kit including Bag and Masks (0, 1), shoulder rolls, mucus extractors were not available in Aseptic labour room.
- NBCC is available in OT.
- There is no NBCC in Septic Labour Room.



- For immediate newborn resuscitation the staff in labour room is entirely dependent on SNCU staff, which may lead to delay in initial resuscitation and loss of first golden minute.
- Most of the staff nurses posted in maternity ward are not trained for SBA, NSSK and F-IMNCI.
- Knowledge of staff nurses about essential newborn care and resuscitation is poor.
- Skills of staff nurses about essential newborn care and resuscitation are poor.
- Record keeping in delivery registers and newborn register is poor and data don't match for various entries.

Recommendations

1. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
2. Cut cord between 1-3 minutes after birth. Don't milk cord.
3. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
4. Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
5. Maintain record of babies born with birth asphyxia
6. Prepare NBCC in labour room which includes- Resuscitation kit including Bag and Masks (0, 1), shoulder roll, mucus extractors.
7. Fill partograph to monitor progress of labour in each case.

2) SDH SOHNA

- Delivery load: 175-200 per month.
- Room thermometer and mucous extractor are not available.



- Autoclave not being used for sterilization.
- No post natal ward.
- No privacy in male and female ward. After delivery, patients are shifted to female ward.
- Cleanliness is not satisfactory inside and outside the labour room.
- Suction of every newborn is in practice.
- Every newborn is shifted to radiant warmer after delivery.
- Knowledge of resuscitation is good.
- Disinfection protocols are not followed. Bag and mask in dirty condition.
- IEC materials are not available in labour room.

Recommendations

1. Follow infection prevention protocols as per guidelines.
2. Practice skin to skin contact between mother and child to provide thermal protection to newborn, to promote bonding and to initiate early breastfeeding.
3. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case.
4. Make room thermometer available in labour room
5. Make D.L. mucous extractor available in labour room
6. Start using autoclave for sterilizing delivery instruments, autoclaving bag and mask
7. Discourage practice of suctioning the baby immediately after birth

3) CHC PATAUDI

- NBCC with functional Radiant warmer.
- 4 warmers in facility.
- Zero size mask not available.
- Staff nurse trainings-
 - SBA 5/9
 - IMNCI – 3/9



➤ NSSK – 3/9

- 2 Phototherapy units available and functional.
- Mucus extractor not available
- Shoulder roll not available.

Recommendations

1. Provide mask of size '0' in NBCC.
2. Provide shoulder roll of appropriate size in labour room.
3. Provide disposable mucus extractors in labour room to avoid re-use.
4. Promote peer learning among staff nurses. Plan for periodic refresher trainings.
5. Establish Newborn Stabilization Unit (NBSU) as per designation.

4) CHC FARUKH NAGAR

- Slippers for labour room not available.
- Labour room and NBCC found unclean.
- Rusted delivery and IUD insertion instruments.
- Vitamin K for newborns available but not administered.
- Immediate cord cutting and milking of cord is in practice.
- 24X7 supply of safe water is not available in labour room.
- Partographs are wrongly filled.
- Case sheets do not contain record of essential newborn care.
- There is rampant use of oxytocin for induction/augmentation of labour; injections epidosin and drotin are also freely used in each case.
- Baby sheets are not available in the facility and cloth pieces brought by relatives are used for immediate newborn drying and wrapping.
- Hand washing station is not appropriate for effective hand washing

Recommendations



1. Make 24 hours arrangements for safe running water supply in labour room for effective hand washing. Follow infection prevention protocols as per guidelines. Practice proper hand washing using 6 golden steps.
2. Hand washing station should be appropriate for effective hand washing.
3. Cut cord between 1-3 minutes after birth. Don't milk cord.
4. Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
5. Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case. Prepare separate NBCC register to enter record of new-borns taken for special care at NBCC.
6. Induction of labour with oxytocin should be discouraged.
7. Make slippers available in labour room
8. Rusted delivery and IUD instruments to be replaced.
9. Labour room should be fumigated and record for the same should be maintained.

5) CHC HAILYMANDI

- NBCC established but not at proper place. space identified during visit and NBCC established at identified place
- Suction of every newborn in spite of good cry
- Every newborn shifted to newborn care corner. Skin to skin contact is not in practice
- Shoulder roll need to be replaced and prepared as directed during visit
- Unhygienic labour table, kelly's pad and machintosh need to be replaced/ cleaned immediately
- Bed head sheets records were inadequate required to capture delivery and newborn care events in detail
- Resuscitation skills inadequate

Recommendations

- Discourage practice of suctioning every newborn.
- Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case. Prepare separate NBCC register to enter record of newborn taken for special care at NBCC.



- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia
- Labour room, kelly's pad, machintosh should be kept clean. Proper disinfection of labour room, delivery instruments, bag and mask should be followed
- Shoulder roll to be prepared as instructed

6) PHC WAZIRABAD

- NBCC not established
- Staff nurse training
 - SBA 2/3
 - IMNCI – 2/3
 - NSSK – 3/3
- Baby sheets not available.
- Wall clock not available.
- Mucus extractor not available
- Shoulder roll not available.

Recommendations

- Establish NBCC with heating source- radiant warmer or 200W bulb, oxygen cylinder, suction apparatus- foot/electrical suction machine, mucous extractor, shoulder roll etc
- Make baby sheets available in labour room
- Make wall clock available in labour room
- Prepare shoulder roll as instructed
- Make mucous extractor available in labour room

7) PHC BADSHAHPUR

- NBCC with 1 Radiant warmer.
- Bag and mask available with 0&1 size mask.
- Staff nurse training-
 - SBA 2/3
 - IMNCI – 2/3
 - NSSK – 1/3



- Mucus extractor not available
- Shoulder roll not available.

Recommendations

- Establish NBCC with heating source- radiant warmer or 200W bulb, oxygen cylinder, suction apparatus- foot/electrical suction machine, mucous extractor, shoulder roll
- Make staff trained in NSSK, SBA and IMNCI
- Prepare shoulder roll as directed

8) PHC GURGAON VILLAGE

- Delivery load: 25 to 30 per month.
- Well maintained labour room
- Staff nurses don't know how to fill the partographs properly.
- Every newborn is shifted to Radiant warmer after the delivery.
- Mucous extractors are not available.
- Disinfection protocols are not followed properly.
- Resuscitation skills are good.

Recommendations

- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia
- Make mucous extractors available
- Partographs to be filled for each delivery case. Learn proper filling and interpreting
- Follow disinfection protocols as per guidelines

9) PHC KASAN

- Huge space constraint in the facility. Labour room, cold chain point and post natal bed are in one room. Labour room is very congested.
- Immediate cord cutting is still in practice.
- Hand washing station in labour room is not appropriate for effective hand washing.



- Knowledge of staff nurses about infection prevention and disinfection is below average.
- Knowledge of staff nurses about essential newborn care and resuscitation is good.
- Skills of staff nurses about essential newborn care and resuscitation are below average and need to be improved.
- Separate slippers for labour room are not available.

Recommendations

- Discourage practice of immediate cord cutting. Cord should be cut between 1-3 minutes
- Provide separate slippers for labour room
- Raise the tap at least by six inches and provide an elbow tap for effective hand washing

10) PHC BHORAKALAN

- Autoclave was available, but was not functional
- Rusted delivery instruments found placed inside the boiler.
- Mucus extractor not available.
- Baby sheets were not available.
- Room thermometer for labor room was not available.
- Elbow tap was not available in labor room
- Sewer line was blocked for labor room basin drainage.
- Phone number for referral was not available.
- Shoulder roll was not available.
- Surgical blade for cord cutting was not available.

Recommendations

- Autoclave needs to be repaired as soon as possible for proper disinfection practices.
- Rusted delivery instruments need to be replaced as soon as possible.
- Single use disposable mucous extractor should be available for use on priority.



- Autoclaved baby sheets should be available for newborn.
Minimum two sheets are required for each delivery.
- Room thermometer is essential to measure the room temperature and should be available for the same.
- Surgical blade should be available to cut the baby cord.
- Prepare shoulder roll for positioning the baby for resuscitation
- Display proper IEC material for referral in labour room

11) PHC BHONDSI

- Slippers not available.
- Pungent smell coming from labor table and labor room.
- Delivery table rusted, broken down, 18 years old.
- Room thermometer for labor room not available.
- Baby sheets are not being autoclaved.

Recommendations

- Slippers should be available for labor room.
- Delivery table should be changed, if possible, as it was much rusted and chances to flare the infection through the same are high.
- Room thermometer is essential to measure the room temperature and should be available for the same.
- Baby sheets should be autoclaved before every use and should be available in sufficient quantity.

12) PHC Mandpura

- No Hand washing station in the Labour Room
- Autoclave not available
- Radiant Warmer available but not functional
- 200 Watt Bulb should be available as back up



- Documentation of baby notes need improvements
- Skills and Practices related to essential newborn care and resuscitation are average
- Cord should be cut with new surgical blade every time
- Vitamin K should be administered at birth with zero dose immunization
- Cleanliness and hygiene protocols should be followed strictly

Recommendations

- Establish a hand washing station for proper hand washing
- Repair radiant warmer as early as possible
- Keep record of essential newborn care in the case sheets. Fill partograph to monitor progress of labour in each case. Prepare separate NBCC register to enter record of newborn taken for special care at NBCC.
- Administer Vitamin K to every newborn (1 mg to full term and 0.5 mg to pre-term, intra-muscular in antero-lateral aspect of mid-thigh.)
- Cleanliness and hygiene protocols should be followed strictly

13) SC JHARSA

14) SC DUNDAHERA

- NBCC not established..
- Zero size mask not available.
- Baby sheets not available.
- Mucus extractor not available
- Shoulder roll not available.

Recommendations



- Establish NBCC with heating source- radiant warmer or 200W bulb, oxygen cylinder, suction apparatus- foot/electrical suction machine, mucous extractor, shoulder roll, bag and mask etc
- Make zero size baby mask available in NBCC
- Make baby sheets available in labour room
- Make shoulder roll available

15) SUB CENTER SARHAUL

- Both the ANMs trained in SBA, NSSK and IMNCI
- Inj. Adrenaline and hydrocortisone not available
- Inj Gentamycin and Metronidazole not available
- Oxygen cylinder available but empty
- Mucus extractor not available
- Excess stock of methargin
- Vitamin K available but not administered
- Only two bottles of IV fluid available which are also expired
- Autoclave is available but not used and is found packed inside the almirah
- Delivery register and case sheets not maintained properly. No case of low birth weight, prematurity is reported in the last seven month record
- NBCC not established (200 watt bulb is not available)
- IEC is available but not displayed properly
- Infection prevention protocols not followed. Labour room was not clean and labour table was rusted.
- Partographs are not being filled at the time of delivery and ANM do not know why partograph is to be filled.
- Hand washing station not available
- Baby sheets not available

Recommendation

- As the sub center is in close proximity to district hospital and PHC. There is no serious need to continue this sub center as delivery hut.



- Labour table in the sub center is rusted. This should be replaced or painted as soon as possible
- Baby sheets, Mucus extractors, emergency drugs, Inj. Genta and Metronidazole should be made available in the delivery hut.
- Infection prevention protocols should be followed for each and every delivery conducted in the delivery hut. Similarly autoclave use needs to be start as soon as possible.
- On job training for the ANM for partograph, essential new born care and resuscitation.
- NBCC has been established during the supportive supervision visit. But broken window in front of the NBCC should be repaired.
- Records and registers need much improvement. Case sheet should contain all record of the intrapartum and essential new born care & resuscitation.
- Remove expired drugs from labour room immediately. Develop a mechanism to remove expired drugs from drug store and labour room well in time so that any distribution/administration of expired drugs to the patients can be avoided.

16) SC BASLAMBI

- There is no Newborn corner established.
- Immediate cord cutting and milking of cord in practice.
- Vitamin K not available. It was available earlier, but ANMs were directed not to administer it to newborns and the stock was removed from SC.
- Baby sheets are not available and clothes brought by the family are used for immediate drying and wrapping of newborn.
- Knowledge of staff nurses about essential newborn care and resuscitation is average.
- Skills of staff nurses about essential newborn care and resuscitation are poor.
- Case sheets were not available at sub-centre and were provided 2 days back with a direction to complete all case sheets since April, 13 till date in one day.



- Infection prevention protocols are not followed in accordance with guidelines.

Recommendations

- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, mucus sucker, with Bag and mask of both sizes i.e.0 and 1
- Discourage practice of immediate cord cutting and milking. Cord should be cut between 1-3 minutes after delivery with sterile blade
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia
- Practice infection prevention protocols as per guidelines
- Make baby sheets available in labour room. (2 sheets per delivery)

17) SC – TAJNAGAR

- NBCC not established
- No Water in Hand Washing Station
- Cleanliness and hygiene practices need improvements
- No Baby sheets available
- No Room thermometer
- Skills & Practices regarding ENBCR are average

Recommendations



- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, disposal mucous extractor , with Bag and mask of both sizes i.e. 0 and 1
- Practice infection prevention protocols as per guidelines
- Make room thermometer and baby sheets available in labour room
- Make water supply available by overhead water tank

18) SC- PATHRERI

- NBCC not established
- Bag & Mask (Infant)not available
- No Mucous Extractor and Room thermometer
- No water and provision of water storage at the facility
- Infection prevention protocols need to be strictly followed
- Skills and Practices related to newborn are average
- Facility need urgent repair

Recommendations

- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, mucus sucker, with Bag and mask of both sizes i.e.0 and 1
- Practice infection prevention protocols as per guidelines
- Make room thermometer and mucous extractor available in labour room
- Make water supply available by overhead water tank

19) SC- RATHOJ

- NBCC not established
- Bag & Mask not available
- Delivery instruments found rusted
- Cleanliness and hygiene practices need improvements
- No Room thermometer
- Skills & Practices regarding Essential newborn care and resuscitation are average

Recommendations



- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, mucus sucker, with Bag and mask of both sizes i.e.0 and 1
- Remove rusted instruments from labour room
- Practice infection prevention protocols as per guidelines
- Make room thermometer available in labour room

20) SC SIKANDERPUR BADA

- Resuscitation skills poor
- Expired drugs found
- NBCC not established
- Immediate Separation of baby
- Cord cutting method improper
- Suction of every baby
- AMTSL method improper
- Unhygienic labour room
- BMW segregation improper
- Cradle found in post natal ward

Recommendations

- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, mucus sucker, with Bag and mask of both sizes i.e.0 and 1
- Remove cradle from labour room
- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia
- Practice cord cutting in 1 – 3 minutes after clamping the cord at 3 cm and 5 cm from umbilicus with the help of sterile blade
- Practice infection prevention protocols as per guidelines
- Discourage practice of suctioning every newborn immediately after birth
- Injection oxytocin, controlled cord traction and uterine massage are to be followed as active management of third stage of labour.



- Remove expired drugs from labour room immediately.

Develop a mechanism to remove expired drugs from drug store and labour room well in time so that any distribution/administration of expired drugs to the patients can be avoided.

21) SUBCENTRE UCHAMAJRA

- NBCC not established
- Cradle still kept in labour room
- 1 out of 2 ANM's is untrained in SBA, NSSK and IMNCI
- Case sheets are not properly maintained. Documentation of delivery process and essential newborn care is lacking
- Biomedical waste segregation not being done
- Infection prevention protocols are not being followed
- Mucous extractor not available
- Vitamin K not available
- Skin to skin contact not in practice
- Double gloving not in practice
- Separation of newborn from mother despite good cry
- Immediate cord cutting in practice

Recommendations

- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, mucus sucker, with Bag and mask of both sizes i.e.0 and 1
- Remove cradle from labour room
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia



- Practice cord cutting in 1 – 3 minutes
- Make vitamin K and mucous extractor available in labour room
- Practice infection prevention protocols as per guidelines
- Proper segregation of biomedical waste should be followed

22) SUBCENTRE DATAULA

- Water supply not available for hand washing.
- NBCC not established.
- Biomedical waste segregation not being done
- Infection prevention protocols are not being followed
- Mucous extractor not available
- Vitamin K not available
- Knowledge of ANM about essential newborn care is average
- 1 out of 2 ANM is trained in SBA, NSSK, IMNCI, IUCD and RI.
- Case sheets are not being maintained
- Resuscitation skills are poor
- Skin to skin contact not in practice
- Double gloving not in practice
- Separation of newborn from mother despite good cry
- Immediate cord cutting in practice

Recommendations

- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, mucus sucker, with Bag and mask of both sizes i.e.0 and 1
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia



- Practice cord cutting in 1 – 3 minutes
- Make water supply by overhead tank available
- Make vitamin K and mucous extractor available in labour room
- Practice infection prevention protocols as per guidelines
- Proper segregation of biomedical waste should be followed
- RCH ANM is not trained. The trained one also needs refresher training.

23) SUBCENTRE WAZIRPUR

- NBCC not established
- Case records only contain documentation of maternal components – name, age, gravid, para.
- Documentation of delivery process not being done.
- Documentation of essential new born care is lacking
- Documentation of cases of Asphyxia not being done
- 24 hrs safe Water supply not available
- Autoclave available but not in use
- Skin to skin contact not in practice
- Double gloving not in practice
- Separation of newborn from mother despite good cry
- Immediate cord cutting in practice

Recommendations

- Need to establish functional Newborn Care Corner including 200 Watt bulb, appropriate size of shoulder roll, mucus sucker, with Bag and mask of both sizes i.e.0 and 1
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia



- Practice cord cutting in 1 – 3 minutes
- Make water supply by overhead tank available
- Make appropriate use of autoclave

24) SC DAULATABAD

- Skin to skin contact not in practice
- Separation of newborn from mother despite good cry
- Immediate cord cutting in practice
- Documentation of essential new born care is lacking
- Documentation of cases of Asphyxia not being done
- 2 Mucous extractor available but date of expiry already crossed
- NBCC available in labour room with 200 w bulb but place not appropriate.
- Shoulder roll not available

Recommendations

- Remove expired drugs and equipment's from labour room immediately. Develop a mechanism to remove expired drugs from drug store and labour room well in time so that any distribution/administration of expired drugs to the patients can be avoided.
- Prepare shoulder roll as instructed
- Need to establish functional Newborn Care Corner including 200 wt bulb, appropriate size of shoulder roll, mucus sucker, with Ambu bag.
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
- Discourage practice of separating every newborn from mother despite good cry. Practice skin to skin contact soon after delivery to prevent hypothermia
- Practice cord cutting in 1 – 3 mins

25) SC MATROLA

- Slippers not available for labor room.
- Inverter out of order.



- ANM do not know how to use D.L. Mucus extractor
- Room thermometer for labor room not available.
- Appropriate bag and mask not available. Only one mask available
- Rusted delivery instruments found.
- Wall clock for labor room not available.
- Case sheets are not properly maintained

Recommendations

- Slippers should be available for labor room.
- Room thermometer is essential to measure the room temperature and should be available for the same.
- Rusted delivery instruments need to be replaced as soon as possible.
- Wall clock should be available in labor room with second's hand
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
- Make bag and mask available with mask of both sizes 0 and 1

26) SC LOKRA

- NBCC not established
- Shoulder roll not available.
- 200 wt / warmer not available.
- Autoclave functional, but not in use.
- Machintosh was stained and need to be changed.
- Mucus extractor not available.
- Surgical blade not available.
- BP instrument out of function.
- Rusted delivery instruments.
- Delivery case files not being maintained by ANM.



Recommendations

- Need to establish functional Newborn Care Corner including 200 watt bulb, appropriate size of shoulder roll, mucus sucker, with bag and mask.
- Autoclave is essential requirement for disinfection, need to use the same.
- Machintosh need to be changed on regular basis.
- Surgical blade should be available to cut the baby cord.
- Rusted delivery instruments need to be replaced as soon as possible.
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.

27) SC BABRA

- NBCC not established
- 200 watt bulb not available.
- Room thermometer was not available.
- Baby sheets not available.

Recommendations

- Need to establish functional Newborn Care Corner including 200 wt bulb, appropriate size of shoulder roll, mucus sucker, with Ambu bag.
- Make room thermometer available
- Baby sheets should be available in sufficient quantity (required 2 per delivery).

28) SC CHANDU

- NBCC not established
- 200 watt bulb/RW not available at facility
- Mucus extractor not available at facility
- Shoulder roll not available at facility
- Vitamin K not available at facility



- Room thermometer not available at facility
- Baby sheets not available at facility
- Adequate lightning not available at facility
- Cradle still kept in post natal ward
- Fungal growth at facility walls due to moisture. Damp labour room
- Infection prevention knowledge inadequate
- Resuscitation skills inadequate

Recommendations

- Need to establish functional Newborn Care Corner including 200 watt bulb, appropriate size of shoulder roll, mucus extractor with bag and mask, mask of both sizes 0 and 1.
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.
- Remove cradle from post natal ward
- Practice use of vitamin K post-delivery to each newborn

29) SC SIKANDERPUR GHOSHI

- NBCC not established
- Suction of every newborn in spite of well cry and breath
- Every newborn separated from mother despite good cry and baby shifted to new born care corner
- Shoulder roll not available
- Bed heads sheets records were inadequate required to capture delivery and newborn care events in detail
- Resuscitation skills inadequate

Recommendations



- Need to establish functional Newborn Care Corner including 200 watt bulb, appropriate size of shoulder roll, mucus extractor with bag and mask, mask of both sizes 0 and 1.
- Discourage practice of suctioning every newborn despite good cry
- Discourage practice of separating every newborn from mother, practice skin to skin contact between newborn and mother
- Prepare shoulder roll as instructed
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.

30) URCH RAJENDRA PARK

- NBCC with 200 W bulb
- Zero size mask not available
- Staff nurse training
- SBA 0/2
- IMNCI – 1/2
- NSSK – 2/2
- Mucous extractor not available
- Shoulder roll not available.
- Oxygen cylinder not functional

Recommendations

- Both masks 0 and 1 size should be available
- Shoulder roll should be prepared as directed
- Make oxygen cylinder functional
- Disposable mucous extractor should be available
- Make staff trained in SBA, IMNCI

31) URCH- LAKSHMAN VIHAR



- NBCC not established
- Bag & Mask not available
- No trainings done for staff nurses
- Autoclave needs immediate repair
- Infection Protocols need to be strictly followed
- Case sheets need improvements

Recommendations

- Need to establish functional Newborn Care Corner including 200 wt bulb, appropriate size of shoulder roll, mucus extractor with bag and mask, mask of both sizes 0 and 1.
- Staff should be trained in SBA, NSSK, FIMNCI
- Get autoclave repaired
- Infection prevention protocols should be strictly followed
- Keep record of essential newborn care in the case sheets. Immediate drying, time of cord clamping and cutting, instrument used for cord cutting (sterile blade or scissors), skin to skin contact between mother and newborn given or not; if not cite the reasons, time of initiating breastfeeding, at birth immunization (BCG, Hepatitis B and OPV0), Whether injection vitamin K given or not.