COMMUNITY MATERNAL AND NEWBORN HEALTH CARE CHECKLIST

1. Background Information	General (Write or Place a Tick in the Appropriate Box)			
Master List-Checklist No. _______	Name of Woman:	Woreda:	Kebele:	Gott:
Pregnancy Identified	Yes ☐ No ☐ If No, Why?:			
ANC Registration / 1st Visit Done	Yes ☐ No ☐	Total Number of ANC Visits __ (If Applicable)		
CMNH Meetings Completed by Woman	1. Introduction, Problems ☐ 2. Referral, Prevent Problems Before Baby is Born ☐ 3. Prevent Problems When Baby is Born ☐ 4. Prevent Problems After Baby is Born			
CMNH Meetings Attended by Family Team	1. Introduction, Problems ☐ 2. Referral, Prevent Problems Before Baby is Born ☐ 3. Prevent Problems When Baby is Born ☐ 4. Prevent Problems After Baby is Born			
Date / Place of Delivery	Day___ Month __ Year ___	Home ☐ Facility ☐ Other ☐ Referred to Facility for Delivery? Yes ☐ No ☐		
Attendant (Circle if CMNH Trained)	Relative ☐ Neighbor ☐ TBA ☐ HEW ☐ CHDA ☐ Midwife / Nurse ☐ Doctor ☐			
Others Present at Birth	Relative ☐ Neighbor ☐ TBA ☐ HEW ☐ CHDA ☐ Midwife / Nurse ☐ Doctor ☐			
When HEW Notified	During Labor ☐ Birth to ≤ 2 days ☐ After Birth > 2 days ☐ Not Notified ☐			
Birth Outcome for Woman	Alive ☐ Dead ☐ If Dead, Date of Death: _Day_____ Month ___ Year_____			
Birth Outcome for Newborn	Alive ☐ Dead ☐ If Dead , Live birth ☐ Stillbirth (Never Breathed) ☐ Date of Death: Day___ Month ___ Year___			

2a. Care Elements Done (Place a Tick in Appropriate Box if Asked or Observed and Recorded)			Checks During Labor and Immediately After Birth for the Woman (Place a Tick in the Appropriate Box if Asked or Observed)
Plan Referral	Yes ☐	No ☐	Helpers Identified ☐ Money Set Aside ☐ Plan for Transport (Any Type) ☐
Prevent Infection	Yes ☐	No ☐	Clean Place ☐ Clean Helpers ☐ Clean Woman ☐
Prepare for birth	Yes ☐	No ☐	Cord Ties ☐ Razor Blade ☐ Clean Cloths ☐ Soap and Water ☐ Plastic Sheet ☐ Misoprostol ☐ Food and Drink ☐
Watch for Problems	Yes ☐	No ☐	Check for Head Not Down ☐ Check for Birth Delay ☐ Check for Too Much Bleeding ☐
Safe Clean Delivery	Yes ☐	No ☐	Call Attendant ☐ Walk & Change Positions ☐ Give Fluids ☐ Pass Urine ☐ Use Good Pushing Position When See Or Feel Head ☐ DO NOT put anything in birth canal ☐
Safe Delivery Placenta	Yes ☐	No ☐	Give Misoprostol ☐ Semi-Sit ☐ Pass Urine ☐ Wait for Placenta ☐ DO NOT Pull on Cord ☐
Watch Woman Problem	Yes ☐	No ☐	Check for Too Much Bleeding ☐ Check for Fever ☐ Check for Fits ☐

2b. Care Elements Done (Place a Tick in Appropriate Box if Asked or Observed and Recorded)			Checks Immediately After Birth for the Newborn (Place a Tick in the Appropriate Box if Asked or Observed)
Keep Baby Warm	Yes ☐	No ☐	Dry ☐ Cover Head & Body ☐ Skin-to Skin Contact ☐ Delay Bathing 24 Hours ☐
Help Baby Breathe	Yes ☐	No ☐	Wipe Nose & Mouth ☐ Rub Back ☐ Check for Breathing ☐ Check Color ☐ Check Crying ☐
Care for Cord	Yes ☐	No ☐	Delay Tying ☐ Cut With Clean Tool ☐ Keep Dry ☐ Keep Clean ☐
Breastfeed	Yes ☐	No ☐	Within 1 Hour of Birth ☐ Give ONLY Breast ☐ Use Good Position and Attachment ☐
Watch Baby Problem	Yes ☐	No ☐	Check for Trouble Breathing ☐ Check for Born Too Small / Too Soon ☐ Check for Poor Sucking ☐

COMMUNITY MATERNAL AND NEWBORN HEALTH CARE CHECKLIST

3. Background Information	General (Place a Tick in the Appropriate Box)
Day of 1st Postnatal Visit (Not at Birth)	Day 1☐ Day 2☐ Day 3☐ Day 4☐ Day 5☐ Day 6☐ Day 7☐ Day 'Other' ☐ ____
Place of Visit	Home ☐ Health Facility ☐ Other ☐
Who Conducted Visit	TBA ☐ HEW ☐ CHDA ☐ Midwife / Nurse ☐ Doctor ☐
Who Completed Checklist	TBA ☐ HEW ☐ CHDA ☐ Midwife / Nurse ☐ Doctor ☐
Condition of Woman at Time of Visit	Alive ☐ Dead ☐ If Dead, Date of Death: ______ (Day) ________ (Month)_________(Year)
Condition of Baby at Time of Visit	Alive ☐ Dead ☐ If Dead, Date of Death: ______ (Day) ________ (Month)_________(Year)

4a. Care Elements Done (Place a Tick in Appropriate Box if Asked or Observed or Observed and Recorded)			Checks for the Newly Delivered Woman (Place a Tick in the Appropriate Box if Asked or Observed)
Ask and Feel for Fever	Yes ☐	No ☐	Ask and Feel for Fever ☐
Observe Breasts	Yes ☐	No ☐	Check for Cracking ☐ Check for Redness ☐ Check for Bleeding ☐ Check for Swelling ☐
Feel Uterus	Yes ☐	No ☐	Check for Firmness ☐
Observe Vaginal Discharge	Yes ☐	No ☐	Check for Odor ☐ Check for Too Much Bleeding ☐
Counsel	Yes ☐	No ☐	Cleanliness ☐ Rest ☐ Food and Fluids (4 Meals a Day, 1 Cup Liquid When Breastfeeding) ☐ Uterine Massage to Decrease Bleeding ☐ Self-Check for Too Much Bleeding ☐ Self -Check for Pain With Fever ☐ Self-Check for Urine or Feces Leaking from Vagina ☐ Make Referral Plan ☐

4b. Care Elements Done (Place a Tick in Appropriate Box if Asked or Observed and Recorded)			Checks for the Newborn Baby (Place a Tick in the Appropriate Box if Asked or Observed)
Observe Swaddling	Yes ☐	No ☐	Check for Head / Body Covered ☐
Observe Breastfeeding	Yes ☐	No ☐	Check for Good Position and Attachment ☐ Check for Strong Suck ☐
Observe Color / Activity	Yes ☐	No ☐	Check for Pinkish Color ☐ Check for Spontaneous Movement ☐
Observe Cord Stump	Yes ☐	No ☐	Check for Cleanliness ☐ Check for Dryness ☐
Ask About Passing Urine	Yes ☐	No ☐	Ask if Passing Urine ☐
Ask About Passing Stool	Yes ☐	No ☐	Ask if Passing Stool ☐
Counsel	Yes ☐	No ☐	Bath Daily After 24 Hours ☐ Breastfeed Every 2-3 Hours ☐ Breastfeed Exclusively for 6 Months ☐ Cord Care ☐ Keep Baby Warm ☐ Check for Poor Sucking ☐ Make Referral Plan ☐

INSTRUCTIONS:

Use this CMNH checklist to record the maternal and newborn care activities**. The CMNH Checklist serves two purposes: First, it is a job aid to remind the HEW what to do and look for during the care visits and it is identical to the Take Action Cards as well as what they learned in the CMNH training. Second, it is a data collection form that allows us to monitor indicators and area of potential need of refresher training.**

The HEW should complete the CMNH checklist for each time period (before, during, immediately after birth, and in the later postpartum/postnatal). She should review the checklist for completeness and readability before leaving the woman's home.

- The HEW should complete the checklist as follows:
  - IF the HEW is present during labor or birth, she should complete the first page of the checklist soon after the birth and before leaving the woman's home. She should complete the second page of the checklist at the time of the initial postnatal visit.
  - IF the HEW is NOT able to be present during labor or birth, she should first review and verify information from the Take Action Card booklet that was marked by the woman's caregiver who was present during labor and birth. She should then record the verified information on page one of the checklist.
- A CMNH topic (meeting) has been completed if the woman has received all content associated with the topic. Ideally, the pregnant woman and at least one member of her birth team will be present. If only the woman is present, a CNMH topic had been completed as defined.
- Lines containing the term "Watch for Problems" means that the woman and/or caregivers mentioned watching for the specific problems of head not down, birth delay, too much bleeding. "Watch for Problems" does NOT mean that they actually identified (the woman had) one of these things.
- If the woman gives birth to more than one newborn, record the information on the checklist only for the first born.
- If the woman or newborn dies, some actions will not be completed. This is OK. The HEW should place a line through any section that is NOT completed for this reason.
- In Section 2a and 2b-- *CHECKS During Labor and Immediately After Birth for the Woman and CHECKS Immediately After Birth for the Newborn*-- place a 'tick' in the appropriate box if asked or observed. In the corresponding 2a and 2b *CARE ELEMENTS DONE*, place a 'tick' in appropriate box if **ALL** *CHECKS* were asked or observed AND recorded.
- Section 3, Background Information. Day of 1st postnatal visit is defined as the first visit done after the birth. An assessment made by relative, neighbor, TBA, CHDA, nurse/midwife or doctor at the time of birth is not considered the 1st postnatal visit.
- Section 4a Findings for Newly Delivered Woman, and Section 4b *CHECKS* for Newborn Baby, place a 'tick' in the appropriate box if asked about or observed. For corresponding 4a and 4b *CARE ELEMENTS DONE*, place a 'tick' in appropriate box if **ALL** *CHECKS* were asked or observed AND recorded.

- Count the number of boxes ticked 'Yes' for each *CARE ELEMENTS DONE* Section 2a. The total possible number of 2a boxes, representing care before birth and immediately after birth for the woman ticked 'Yes' is 7. The percent of *CARE ELEMENTS DONE* is the number of boxes ticked "Yes" divided by 7. Repeat this procedure for Section 2b. In Section 2b, the total possible number of boxes representing care immediately after birth for the newborn is 5.

- Count the number of boxes ticked 'Yes' for each *CARE ELEMENTS DONE* Sections 4a and 4b. The total possible number of 4a and 4b boxes ticked "Yes" and representing postnatal care is 5 and 7, respectively. For 4a, the percent of *CARE ELEMENTS DONE* is the number of "Yes divided by 5. For 4b, the percent of *CARE ELEMENTS DONE* is the number of "Yes" boxes divided by 7.