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| **Skill Assessment Checklist** | | | |
| **Essential Competencies required Bleeding after Birth Complete: Atony** | | | |
| **Questionnaire ID:** | **Date of the evaluation:** |  | |
| **Health Facility name:** | **Name of the surveyor:** |  | |
| **District:** | **Name of the participant:** |  | |
| **Type of health structure:** | **Position / title:** |  | |
| **Instructions to the facilitator: Guidelines to be read to participants:** •For each station assumes you are in a rural health care facility with no surgical or blood transfusion capacity. You have all equipment and supplies necessary for normal vaginal birth and basic emergency management. •All essential information will be provided to you at the start of each OSCE station. •Ask the evaluator to clarify any questions before beginning. Once the OSCE has started, the evaluator will only provide information about patient status. **•You will have 5 minutes to complete each station.** **•Talk to and care for the woman in front of you exactly as you would in real life. Do not talk to me as an examiner!** •Be explicit in verbalizing your clinical thinking and subsequent decisions. •If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it. | | | |
| **Routine care during the third stage of labor – Skill Check Instructions for the Examiner:  •Review the instructions above for the participants – a team of two providers. •Start with a birth simulator with the baby delivered and the placenta removed. Once time has begun, open the blood tank to full. •Observe only; do not intervene in the demonstration of the participant. •In the items below you will see instructions to you in italics. Follow these instructions.  •The feedback will be given at the end of the assessment for all learners.  Read the following to the learner: “You delivered my baby 10 minutes ago. You gave me 10 IU oxytocin IM within 1 minute of delivery. Now you have just delivered my placenta. What will you do next?”** | | | |
| **Scenario 3: Bleeding after Birth Complete Day 2 - OSCE 3: Atony** | | **Yes Performed to standard** | **No Did NOT perform to the standard** |
| **STEP/TASK** | |  |  |
| Note: Throughout OSCE, evaluate RMC. Observe their communication with you in your role as the woman. They should be respectful, supportive, tell you what they are doing and why. **You will score this at the end.** | |  |  |
| 3.1 Massages the uterus | |  |  |
| 3.2 Checks the woman’s bleeding **(keep simulator bleeding on full)** | |  |  |
| 3.3 Gives a treatment dose of medication telling what dose, route and why **(mark correct if 10 IU Oxytocin IM OR 800mcg misoprostol orally or sublingual)** | |  |  |
| 3.4 Re-checks the uterus and bleeding **(keep simulator bleeding on full)** | |  |  |
| 3.5 Checks bladder or catheterizes bladder **(say, “bladder is empty”)** | |  |  |
| 3.6 Inspects the placenta for any missing pieces **(say “the placenta is complete" keep bleeding heavy”)** | |  |  |
| 3.7 Shouts for help! **(here or earlier)** | |  |  |
| 3.8 Starts IV infusion with oxytocin 20 IU in 1 L at 60 dpm, or directs another to do this. **(IF they say with oxytocin, ask, “At what rate?” if not given.)** | |  |  |
| 3.9 Takes pulse and BP **(say only if the measurement is taken, “pulse is 90” “BP is 112/62”)** | |  |  |
| 3.10 Collects blood for 1) hemoglobin, and 2) bedside clotting test **(or directs another to do this)**. **If the learner says they would collect blood, ask what tests they would perform.** | |  |  |
| 3.12 Washes hands or uses hand rub, puts on long gloves or improvises with two pairs of gloves | |  |  |
| 3.13 Provides bi-manual compression **(after 20 or 30 seconds say, it has now been 5 minutes and my bleeding has stopped)** | |  |  |
| 3.14 **Ask learner: “What will you do with uterotonic?”** **Answer:** Maintain, continue IV infusion with 20 IU oxytocin in 1 L at 60 dpm | |  |  |
| 3.15 Provided respectful care and good communication, told you as the woman what was to happen, and why. | |  |  |

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| **Essential Competencies required Bleeding after Birth Complete: Retained Placenta & Manual Removal of Placenta** | | | | |
| **Questionnaire ID:** | **Date of the evaluation:** | |  | |
| **Health Facility name:** | **Name of the surveyor:** | |  | |
| **District:** | **Name of the participant:** | |  | |
| **Type of health structure:** | **Position / title:** | |  | |
| **Instructions to the facilitator: Guidelines to be read to participants:** For each station assume you are alone in a rural health care facility with no surgical blood transfusion capacity. You do have all equipment and supplies necessary for normal vaginal birth. •All essential information will be provided to you at the start of each OSCE station. •Ask the evaluator to clarify any questions before beginning. Once the OSCE has started, the evaluator will only provide information about patient status. **•You will have 5 minutes to complete each station. •Talk to and care for the woman in front of you exactly as you would in real life. do not talk to me as an examiner!** •Be explicit in verbalizing your clinical thinking and subsequent decisions. •If you give a medication, you must state what you are giving, the dose, the route, and why you are giving it. | | | | |
| **Routine care during the third stage of labor – Skill Check Instructions for the Examiner:  •Briefly review the instructions for the participant. •Keep the placenta attached to the simulator for the entire scenario. Do not release it during controlled cord traction. •In the items below you will see instructions to you in italics. Follow these instructions. •If the learner states they would give a drug, ask, “What drug/dose/route?” •If the learner states they would monitor her after MROP, ask, “What would you monitor, how often, and for how long would you keep monitoring?” •Observe only; do not intervene in the demonstration of the participant. •The feedback will be held at the end of the assessment for all learners.  Read the following to the learner: “You are alone in a rural health facility. You gave oxytocin 10 IU IM within 1 minute of birth, have provided controlled cord traction during contractions, and monitor your patient’s bleeding for the past 30 minutes. She remains stable, her bleeding is minimal, and her placenta has not been delivered. What will you do next?”** | | | | |
| **Scenario 3: Bleeding after Birth Complete - OSCE 2: Retained Placenta & Manual Removal of Placenta** | | **Yes Performed to standard** | | **No Did NOT perform to the standard** |
| **STEP/TASK** | |  | |  |
| Note: Throughout OSCE, evaluate RMC. Observe their communication with you in your role as the woman. They should be respectful, supportive, tell you what they are doing and why. **You will score this at the end.** | |  | |  |
| 2.1 Repeats 10 IU IM oxytocin | |  | |  |
| 2.2 Encourages empty bladder **(tell learner, “bladder is empty”)** | |  | |  |
| 2.3 Provides controlled cord traction for each contraction **(Do not release placenta)** | |  | |  |
| 2.4 Guards uterus while providing controlled cord traction | |  | |  |
| 2.5 **(Say, “It has now been 1 hour since the baby was born”)** Identifies that the placenta may be retained | |  | |  |
| 2.6 Gives diazepam 10 mg IM | |  | |  |
| 2.7 Starts an IV line with normal saline. | |  | |  |
| 2.8 Gives ampicillin 2 gm IV or 1 g cefazolin IV | |  | |  |
| 2.9 Washes hands or uses hand rub | |  | |  |
| 2.10 Puts on sterile long gloves or improvises with two pairs of gloves | |  | |  |
| 2.11 Gently pulls the cord using it to guide her/his hand into the uterus. | |  | |  |
| 2.12 Learner describes what he/she is doing while approximating the following action using the simulator: •Places fingers of one hand into the uterus and locate the placenta. •Moves the lateral aspect of the hand back and forth in a smooth lateral motion until the placenta separates from the uterine wall. | |  | |  |
| 2.13 Provides counter-traction abdominally while removing. **(release placenta from the simulator)** | |  | |  |
| 2.14 Once the placenta is out, immediately checks the uterine tone, and massages if soft. | |  | |  |
| 2.15 Gives oxytocin 20 IU IV in 1 L normal saline at 60 drops/min | |  | |  |
| 2.16 Examines the placenta for completeness. | |  | |  |
| 2.17 **Ask learner: How will you monitor her after the procedure?** (check bleeding, BP, pulse, and tone every 15 minutes for the first 2 hours after the placenta is out, and every 30 minutes until 6 hours postpartum). | |  | |  |
| 2.18 Provided respectful care and good communication, told you as the woman what was to happen, and why. | |  | |  |

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| **Essential Competencies required- Skills - Bag and mask ventilation** | | | | | | | |
| **Questionnaire ID:** | **Date of the evaluation:** | | |  | | | |
| **Health Facility name:** | **Name of the surveyor:** | | |  | | | |
| **District:** | **Name of the birth attendant Trainee:** | | |  | | | |
| **Type of health structure:** | **Position / title:** | | |  | | | |
| **Instructions: Complete this evaluation with participants before they attempt the OSCE evaluations.**  - Read aloud the following instructions - Use the comments below the numbered steps to score the performance Note the number of steps done correctly on the first attempt - Give feedback to the participant - Repeat the evaluation until all steps are done correctly **“You are attending the delivery of a term infant. You have prepared for the birth and tested the bag, mask, and suction device. You have dried and stimulated the baby, but the baby is not breathing. Show me how you will provide ventilation.”** | | | | | | | |
| **Scenario 2: HBB - Bag and mask ventilation - skill check** | | | **Yes Performed to standard** | | | **No Did NOT perform to the standard** | |
| **STEP/TASK** | | |  | | |  | |
| **1- Begin to ventilate with bag and mask** | | |  | | |  | |
| Place the baby on the area for ventilation | | |  | | |  | |
| Stand at the baby’s head | | |  | | |  | |
| Check that the mask size is correct | | |  | | |  | |
| **2- Ventilate with bag and mask** | | |  | | |  | |
| Position the head slightly extended | | |  | | |  | |
| Apply the mask to the face | | |  | | |  | |
| Make a tight seal between the mask and the face | | |  | | |  | |
| Squeeze the bag to produce gentle movement of the chest | | |  | | |  | |
| **3- Continue ventilation (for 1 minute)** | | |  | | |  | |
| Ventilate to produce gentle movement of the chest with each ventilation breath | | |  | | |  | |
| Ventilate at 40 breaths/minute (30-50 breaths/minute acceptable) | | |  | | |  | |
| **Prompt: “The baby’s chest has stopped moving with ventilation. Show me what you would do to improve ventilation.”** | | |  | | |  | |
| **4- Improve ventilation** | | |  | | |  | |
| Reapply mask | | |  | | |  | |
| Reposition head | | |  | | |  | |
| Clear mouth and nose of secretions | | |  | | |  | |
| Open the mouth | | |  | | |  | |
| Squeeze the bag harder | | |  | | |  | |
| **Essential Competencies required - Skills - Eutocic Delivery**  **Routine Care in immediate postpartum for the Mother** | | | | | | |
| **Questionnaire ID:** | | **Date of the evaluation:** | | |  | |
| **Health Facility name:** | | **Name of the surveyor:** | | |  | |
| **District:** | | **Name of the Participant** | | |  | |
| **Type of health structure:** | | **Position / title:** | | |  | |
| **Scenario 1: Eutocic delivery + Routine care in immediate postpartum for the Mother - Checklist Skills - LEARNING GUIDE: ASSISTING NORMAL BIRTH** | | **Yes Performed to standard** | | | **No Did NOT perform to the standard** | |
| **STEP/TASK** | |  | | |  | |
| **GETTING READY** | |  | | |  | |
| 1. Prepare the necessary equipment (according to an action plan for BAB - prepare for birth) | |  | | |  | |
| 2. Encourage the woman to adopt the position of choice and continue spontaneous bearing-down efforts | |  | | |  | |
| 3. Tell the woman what is going to be done, listen to her, and respond attentively to her questions and concerns | |  | | |  | |
| 4. Provide continual emotional support and reassurance, as feasible | |  | | |  | |
| 5. Put on personal protective barriers | |  | | |  | |
| **ASSISTING THE BIRTH** | |  | | |  | |
| 1. Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry | |  | | |  | |
| 2. Put high-level disinfected or sterile surgical gloves on both hands | |  | | |  | |
| 3. Clean the woman’s perineum with a cloth or compress, wet with antiseptic solution or soap and water, wiping from front to back | |  | | |  | |
| 4. Place one sterile drape from delivery pack under the woman’s buttocks, one over her abdomen, and use the third drape to receive the baby | |  | | |  | |
| **Birth of the Head** | |  | | |  | |
| 5. Ask the woman to pant or give only small pushes with contractions as the baby’s head is born. (Put blanket or towel on woman’s abdomen) | |  | | |  | |
| 6. As the pressure of the head thins out the perineum, control the birth of the head with the fingers of one hand, applying a firm, gentle downward (but not restrictive) pressure to maintain flexion, allow natural stretching of the perineal tissue, and prevent tears | |  | | |  | |
| 7. Use the other hand to support the perineum using a compress or cloth, and allow the head to crown slowly and be born spontaneously | |  | | |  | |
| 8. Wipe the mucus (and membranes, if necessary) from the baby’s mouth and nose with a clean cloth | |  | | |  | |
| 9. Feel around the baby’s neck to ensure the umbilical cord is not around the neck:- If the cord is around the neck but is loose, slip it over the baby’s head.- If the cord is loose but cannot reach over the baby’s head, slip it back over the shoulders.- If the cord is tight around the neck, clamp the cord with two artery forceps, placed 3 cm apart, and cut the cord between the two clamps | |  | | |  | |
| **Completing the Birth** | |  | | |  | |
| 10. Allow the baby’s head to turn spontaneously | |  | | |  | |
| 11. After the head turns, place a hand on each side of the baby’s head, over the ears, and apply slow, gentle pressure downward (toward the mother’s spine) and outward until the anterior shoulder slips under the pubic bone | |  | | |  | |
| 12. When the arms fold is seen, guide the head upward toward the mother’s abdomen as the posterior shoulder is born over the perineum | |  | | |  | |
| 13. Lift the baby’s head anteriorly to deliver the posterior shoulder | |  | | |  | |
| 14. Move the topmost hand from the head to support the rest of the baby’s body as it slides out | |  | | |  | |
| 15. Place the baby on the mother’s abdomen (if the mother is unable to hold the baby, ask her birth companion or an assistant to care for the baby) | |  | | |  | |
| 16. Thoroughly dry the baby and cover with a clean, dry cloth: - Assess breathing while drying the baby and if s/he does not breathe immediately, begin resuscitative measures (see Learning Guide: Newborn Resuscitation) - Note time of birth | |  | | |  | |
| 17. Ensure the baby is kept warm and in skin-to-skin contact on the mother’s chest, and cover the baby with a cloth or blanket, including the head | |  | | |  | |
| 18. Palpate the mother’s abdomen to rule out the presence of additional baby(ies) and proceed with active management of the third stage | |  | | |  | |
| **ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR** | |  | | |  | |
| 1. Give oxytocin 10 units IM | |  | | |  | |
| 2. Clamp and cut the umbilical cord after pulsations have ceased or approximately 2–3 minutes after the birth, whichever comes first: - Tie the cord at about 3 cm and 5 cm from the umbilicus - Cut the cord between the ties - Place the infant on the mother’s chest | |  | | |  | |
| 3. Clamp the cord close to the perineum and hold the clamped cord and the end of the clamp in one hand | |  | | |  | |
| 4. Place the other hand just above the pubic bone and gently apply counter traction (push upwards on the uterus) to stabilize the uterus and prevent uterine inversion | |  | | |  | |
| 5. Keep light tension on the cord and wait for a strong uterine contraction (two to three minutes) | |  | | |  | |
| 6. When the uterus becomes rounded or the cord lengthens, very gently pull down on the cord to deliver the placenta | |  | | |  | |
| 7. Continue to apply counter traction with the other hand | |  | | |  | |
| 8. If the placenta does not descend during 30 to 40 seconds of controlled cord traction, relax the tension and repeat with the next contraction | |  | | |  | |
| 9. As the placenta delivers, hold it with both hands and twist slowly so the membranes are expelled intact: If the membranes do not slip out spontaneously, gently twist them into a rope and move up and down to assist separation without tearing them | |  | | |  | |
| 10. Slowly pull to complete delivery | |  | | |  | |
| 11. Massage the uterus if it is not well contracted. Note time of delivery of the placenta | |  | | |  | |
| **Examination of Placenta** | |  | | |  | |
| 12. Hold placenta in palms of hands, with maternal side facing upwards, and check whether all lobules are present and fit together | |  | | |  | |
| 13. Hold cord with one hand and allow placenta and membranes to hang down: - Insert fingers of another hand inside membranes, with fingers spread out and inspect membranes for completeness - Note position of cord insertion | |  | | |  | |
| **Examination of Vagina and Perineum for Tears** | |  | | |  | |
| 14. Gently separate the labia and inspect the lower vagina for lacerations/tears | |  | | |  | |
| 15. Inspect the perineum for lacerations/tears | |  | | |  | |
| 16. Gently cleanse the perineum with warm water and a clean cloth | |  | | |  | |
| 17. Apply a clean pad or cloth to the vulva | |  | | |  | |
| 18. Assist the mother in a comfortable position for continued breastfeeding and bonding with her newborn. (Further assessment and immunization of the newborn can occur later before the mother is discharged or the skilled attendant leaves) | |  | | |  | |
| **EXAMINING THE NEWBORN** | |  | | |  | |
| 1. Again, tell the mother what you are going to do, encourage her to ask questions and listen to what she has to say | |  | | |  | |
| 2. Wash hands thoroughly with soap and water and dry with a clean dry cloth or air dry | |  | | |  | |
| 3. Wear clean examination gloves if the baby has not been bathed since birth, if the cord is touched, or if there is blood, urine and/or stool present | |  | | |  | |
| 4. Place the baby on a clean warm surface or examine him/her in the mother’s arms | |  | | |  | |
| 5. Weigh the baby | |  | | |  | |
| 6. Count the respiratory rate for one full minute and observe whether there is grunting or chest indrawing | |  | | |  | |
| 7. Measure the temperature | |  | | |  | |
| 8. Observe color, noting any central cyanosis, jaundice or pallor | |  | | |  | |
| 9. Observe movements and posture | |  | | |  | |
| 10. Observe the level of alertness and muscle tone | |  | | |  | |
| 11. Observe skin, noting any bruises, cuts, and abrasions | |  | | |  | |
| 12. Examine eyes, noting any swelling, redness, or pus draining from them | |  | | |  | |
| 13. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry | |  | | |  | |

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| **Essential Competencies required – Helping Baby Breathe** | | |
| **Questionnaire ID:** | **Date of the evaluation:** |  |
| **Health Facility name:** | **Name of the surveyor:** |  |
| **District:** | **Name of the birth attendant Trainee:** |  |
| **Type of health structure:** | **Position / title:** |  |
| **Instructions to the facilitator: Read the below instructions for the case scenario “I am going to read a role-play case. Please listen carefully, and then show me the actions you would take. I will indicate the baby’s responses, but I will provide no other feedback until the end of the case.” “You are called to assist at the birth of 34 weeks (7-1/2 months), gestation baby. You have identified a helper, prepared an area for ventilation, washed your hands, and checked your equipment. The baby is born, and the amniotic fluid is clear.  Show how you will care for the baby.”** |  |  |
| **Scenario 2: HBB OSCE (Objective Structured Clinical Evaluation)** | **Yes Performed to standard** | **No Did NOT perform to the standard** |
| **STEP/TASK** |  |  |
| Dries thoroughly |  |  |
| Removes wet cloth |  |  |
| **Prompt: Show the baby is not crying. “You do not see or hear secretions in the baby’s mouth or nose.”** |  |  |
| Recognizes baby is not crying |  |  |
| **Stimulates breathing by rubbing the back** |  |  |
| ***Prompt: Show the baby is not breathing*** |  |  |
| Recognizes baby is not breathing |  |  |
| Cuts cord and moves to the area for ventilation OR positions by mother for ventilation |  |  |
| Ventilates with bag and mask within The Golden Minute (at \_\_\_\_seconds) |  |  |
| **Achieves a firm seal as demonstrated by chest movement** |  |  |
| Time of effective ventilation (chest moving gently at \_\_\_\_\_ seconds) **Ventilates at 40 breaths/minute (30-50 acceptable)** |  |  |
| **Evaluates for breathing or chest movement** |  |  |
| ***Prompt: Show the baby is not breathing*** |  |  |
| Recognizes baby is not breathing |  |  |
| Calls for help |  |  |
| Continues ventilation |  |  |
| ***Prompt: Say, “Please show what to do if the chest is not moving with ventilation.” After one or more steps to improve ventilation, say “The chest is moving now.”*** |  |  |
| **Reapplies mask** |  |  |
| **Repositions head** |  |  |
| Clears secretions from the mouth and nose as needed |  |  |
| Opens mouth slightly |  |  |
| Squeezes bag harder |  |  |
| ***Prompt: Show the baby is not breathing; heart rate is normal.*** |  |  |
| Recognizes baby is not breathing but the heart rate is normal |  |  |
| Continues ventilation |  |  |
| ***Prompt: (After 3 minutes) Show the heart rate is 120 per minute and the baby is breathing.*** |  |  |
| Recognizes baby is breathing and heart rate is normal |  |  |
| Stops ventilation |  |  |
| Provides close observation for the baby and communicates with the mother |  |  |