

Second & Third Stages of Labor Checklist

Health Facility Name:.....

Supervisor name:

Date: / /

Supervisee name:.....

MD 5	The following items represent standard practices for the care of the women during the second and third stages of labor according to protocols/ guidelines	Observation
1.	Woman and her accompanists kept fully informed and reassured about the process of labor.	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	Delivery and newborn resuscitation equipment are prepared and ready for use	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	Medical records are reviewed.	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	Woman is allowed to assume any position she desires that can facilitate and enforce pushing.	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	Vulva and perineum are washed with antiseptic solution properly in compliance with the infection control and prevention measures and mother draped adequately	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	Vital signs: pulse is checked every 15 min.; BP every 30 min.; Temperature every 1 hour.	<input type="checkbox"/> Y <input type="checkbox"/> N
7.	Obstetric exam of pelvis is properly performed using lubricants to determine dilatation, length, position and consistency of the cervix; and the condition of the membranes, whether intact or ruptured and the color of amniotic fluid if applicable; the presenting part, station of descends and any molding or caput should also be determined.	<input type="checkbox"/> Y <input type="checkbox"/> N
8.	Fetal heart is checked intermittently every 5 minutes (after each contraction).	<input type="checkbox"/> Y <input type="checkbox"/> N
9.	Hydration is maintained (checked every hour).	<input type="checkbox"/> Y <input type="checkbox"/> N
10.	Bladder is emptied when second stage starts and then hourly.	<input type="checkbox"/> Y <input type="checkbox"/> N
11.	Psychological support is continuously provided.	<input type="checkbox"/> Y <input type="checkbox"/> N
12.	Woman is kept clean and dry throughout the second and third stage.	<input type="checkbox"/> Y <input type="checkbox"/> N
13.	Pushing is supported and encouraged and efficient, effective pushing/ breathing technique is explained	<input type="checkbox"/> Y <input type="checkbox"/> N
14.	Fetal head is delivered between contraction with slowly guided pushing	<input type="checkbox"/> Y <input type="checkbox"/> N
15.	Perineum support is provided and fetal head is kept flexed while delivered	<input type="checkbox"/> Y <input type="checkbox"/> N
16.	Woman is asked not to push once head is delivered	<input type="checkbox"/> Y <input type="checkbox"/> N
17.	Baby's mouth and nose are wiped/suctioned	<input type="checkbox"/> Y <input type="checkbox"/> N
18.	Baby's head is allowed to rotate spontaneously to one side to face the mother leg	<input type="checkbox"/> Y <input type="checkbox"/> N
19.	Next contraction is awaited and mother is asked to give a gentle push	<input type="checkbox"/> Y <input type="checkbox"/> N
20.	Anterior shoulder is delivered first by downward motion and then the posterior shoulder is delivered by upwards motion while placing each hand on one side of the baby's head	<input type="checkbox"/> Y <input type="checkbox"/> N
21.	The rest of the baby's body is supported by hand as it is delivered	<input type="checkbox"/> Y <input type="checkbox"/> N
22.	Baby's breathing is checked, and s/he is dried and stimulated and placed on the mother abdomen if she desires	<input type="checkbox"/> Y <input type="checkbox"/> N
23.	Umbilical cord is clamped with two clamps and cut in between	<input type="checkbox"/> Y <input type="checkbox"/> N
24.	Breast feeding is encouraged and initiated when mother and baby are ready	<input type="checkbox"/> Y <input type="checkbox"/> N

25.	10 units oxytocin are given IM once the baby is delivered	<input type="checkbox"/> Y	<input type="checkbox"/> N
26.	Cord is clamped by a sponge forceps	<input type="checkbox"/> Y	<input type="checkbox"/> N
27.	The clamped cord is held with the end of the forceps by the right hand while the left hand is placed just above the pubic bone and uterus is stabilized	<input type="checkbox"/> Y	<input type="checkbox"/> N
28.	Slight tension on the cord is maintained (no traction) and a strong uterine contraction is awaited	<input type="checkbox"/> Y	<input type="checkbox"/> N
29.	Cord is gently pulled downwards when uterus contracts or when the cord lengthens.	<input type="checkbox"/> Y	<input type="checkbox"/> N
30.	Hold the placenta into two hands and gently turn it until the membranes come out; slowly pull to complete delivery	<input type="checkbox"/> Y	<input type="checkbox"/> N
31.	Delivered placenta and membranes are checked carefully for completeness	<input type="checkbox"/> Y	<input type="checkbox"/> N
32.	Uterus is massaged until it is contracted and doesn't get soft or relaxed after cessation of massage	<input type="checkbox"/> Y	<input type="checkbox"/> N
33.	Vagina and perineum are inspected for tears and repair as needed	<input type="checkbox"/> Y	<input type="checkbox"/> N
34.	Woman is kept clean and dry throughout the second and third stage	<input type="checkbox"/> Y	<input type="checkbox"/> N
35.	Audio and visual privacy is provided throughout assessment, and prior to each exam/procedure woman is explained why and how it is performed and she is asked for permission	<input type="checkbox"/> Y	<input type="checkbox"/> N
36.	Detailed information about the progress and interventions in second and third stage are documented and entered to the partograph completely, properly and accurately and signed	<input type="checkbox"/> Y	<input type="checkbox"/> N
37.	Delivery notes documented clearly, completely and accurately and signed (date and time of delivery, delivery mode, baby sex, weight and Apgar Score, completeness of delivery of placenta and membranes, presence of and repair of episiotomy and/ or tears, blood loss estimation)	<input type="checkbox"/> Y	<input type="checkbox"/> N

*** Please document the key observations on practices in the supervisory report form with in depth analysis whenever needed and suggestions for solutions and next steps**