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The Labor and Delivery Quality of Care Short Observational Index: A User Guide

How to Apply an Innovative Tool for Observation-Based Assessment of Facility-Based Care for Mothers and Newborns

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The Labor and Delivery Quality of Care Short Observational Index (the Short L&D Index)

Purpose and Audience

This guide provides information on why and how to use a validated short observational index to assess quality of labor, delivery, immediate postpartum, and newborn care at health facilities that offer maternity services in low- and middle-income countries. This guide may be used by individuals and teams involved in measuring and monitoring maternal and newborn care, including ministry of health (MOH) supervisors at the regional, district, and facility levels.

Background

Recent research and global initiatives have identified an urgent need to improve the quality of facility-based labor and delivery (L&D) care. Appropriately assessing service quality is a prerequisite for quality improvement. Many indicators have been proposed for measuring L&D care quality, with limited agreement. Evidence suggests that quality assessment should focus on the **processes of care**—the essential, life-saving interventions delivered by providers and the experiences of women in labor and delivery. Extensive research also suggests that observation is the gold standard for assessment of clinical care. However, there have been few validated or efficient options for observation-based assessment of L&D care quality.

A new tool addresses this gap: the Labor and Delivery Quality of Care Short Observational Index (referred to as the Short L&D Index). The Short L&D Index was developed through a three-part study: (1) an expert consensus process to define quality intrapartum and immediate postpartum care processes and select important indicators of this concept; (2) validation and comparison of potential sets of indicators of process quality using data from deliveries observed in Kenya, Madagascar, and Tanzania as part of the MCHIP (Maternal and Child Health Integrated Program) Quality of Care Surveys; and (3) piloting the recommended index of indicators with experienced data collectors and district-level health system supervisors in Tanzania.

What Is an Index?
An index is a composite indicator that adds together scores from different individual items that represent a broader concept.

How Is Quality of Care Defined?

The Short L&D Index measures the quality of intrapartum and immediate postpartum care processes using an observational checklist. This concept of care process quality was defined through consensus building with a group of global maternal and newborn care experts. Experts from multiple countries agreed that quality care processes during L&D have five dimensions (see table 1).

Table 1. Consensus Definition of Process Care Quality

Dimension	Sample Action
Technical quality	Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth
Interpersonal	At least once, explains what will happen in labor to the woman and/or her support person
Screening and monitoring	Takes mother’s vital signs 15 minutes after birth
Infection prevention/control	Washes his/her hands before any examination
Avoidance of harmful/non-indicated practices	Does not perform episiotomy without appropriate indication

What Is in the Short L&D Index?

There are hundreds of actions that should occur during intrapartum, immediate postpartum, and newborn care. It is not practical for quality assessment to include observation of all of these or for records and registers to document them all. The Short L&D Index selects a set of just twenty evidence-based actions that should occur during L&D care, ranging from intake and history taking through the immediate postpartum period. The Short L&D Index covers care for both mother and newborn.

Research suggests that this short set of actions is a strong proxy for, or representation of, the overall quality of L&D care. Providers who perform the actions in the Short L&D Index are more likely to perform all the actions that are important during L&D and postpartum care. In other words, **a higher score on the Short L&D Index is associated with better care quality.** A pilot of the Short L&D Index in Tanzania found that, with brief training, MOH district supervisors were able to use the tool to document the quality of L&D care correctly and reliably. Pilot users thought the Short L&D Index was easy to use and generated a good snapshot of care quality.

There are two versions of the Short L&D Index, both measured through an observation-based checklist:

- *A comprehensive index:* A set of twenty actions that should be performed across the stages of intrapartum and immediate postpartum care. The supervisor should observe a full episode of L&D care.
- *A delivery-only index:* A subset of thirteen actions from the comprehensive index that can be assessed at the time of delivery and in the first hour after birth. The supervisor should observe delivery and 1 hour postpartum.

What the Short L&D Index IS:

- A validated rapid assessment tool for measuring the quality of care provided during L&D and immediately postpartum to both mothers and newborns.
- A selection of a few actions during L&D that are the most sensitive proxies for all the important things that should occur at this time.
- A way to focus on care processes: the actions and interventions delivered to women and newborns.
- A method of assessing quality through observation of care.
- An assessment of the quality of routine L&D care only.

What the Short L&D Index Is NOT:

- A tool for measuring facility readiness or clinical outcomes.

Items in the Short L&D Index

Items also in delivery-only index are in italics.

1. Asks whether woman has experienced headaches or blurred vision.
2. Asks whether woman has experienced vaginal bleeding.
3. Checks woman's HIV status (checks chart or asks woman) and/or offers woman HIV test.
4. Washes his/her hands before any examination.
5. Takes blood pressure.
6. Takes pulse.
7. Wears high-level disinfected or sterile gloves for vaginal examination.
8. *At least once, explains what will happen in labor to the woman and/or her support person.*
9. *Uses partograph to monitor progress of labor.*
10. *Prepares uterotonic drug to use for in active management of third stage of labor (AMTSL).*
11. *Self-inflating ventilation bag (500 mL) and face masks (sizes 0 and 1) are laid out and ready for use for neonatal resuscitation.*
12. *Correctly administers uterotonic (timing, dose, route).*
13. *Assesses completeness of placenta and membranes.*
14. *Assesses for perineal and vaginal lacerations.*
15. *Immediately dries baby with towel.*
16. *Places newborn on mother's abdomen/chest skin-to-skin.*
17. *Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth (not immediately after birth).*
18. *Takes mother's vital signs 15 minutes after birth.*
19. *Palpates uterus 15 minutes after birth.*
20. *Assists mother to initiate breastfeeding within 1 hour.*

- A tool for measuring the quality of maternal or newborn complications care, antenatal care, postnatal care, or provision of non-L&D services such as family planning.
- A job aid, clinical guideline, reference tool, or comprehensive checklist of all the important actions that should occur during L&D care.
- A tool for teaching providers how to perform key interventions or supervisors what key interventions look like.

Why Use the Short L&D Index: Quality Assessment/Assurance/Improvement (QA/QI)

- The Short L&D Index is best used as part of a comprehensive approach to monitoring quality of L&D care. It can provide information that complements other tools such as facility readiness assessment or complications/death/near-miss audit.
- The Short L&D Index can be used by supervisors in several ways:
 - As part of ongoing supervision, to identify well- and poorly performing facilities or dimensions of care quality that are doing well or lagging behind.
 - To monitor the performance of individual essential interventions.
 - To measure the effects of QA/QI interventions—L&D care can be observed before and after the intervention is implemented.
 - To periodically verify quality assessment based on record review or QA/QI approaches such as Standards-Based Management & Recognition.
 - To conduct verification in settings where performance-based incentives are used.
- A facility's score on the Short L&D index should be tracked over time; it is recommended that L&D QoC be observed at least semiannually at high caseload facilities.
- The Short L&D Index does not directly provide information on facility readiness (e.g., availability of adequate human resources or supplies). But this tool can be used to uncover information about readiness through follow-up discussion and investigation. For example:
 - If oxytocin was not provided in observed deliveries, supervisors can explore whether there have been stockouts or barriers to availability in the delivery room.
 - If the partograph was not used to monitor labor, supervisors can review the patient-to-provider ratio and consider whether adequate labor monitoring is feasible.

How to Use the Short L&D Index: Who and Where

- Brief training can prepare MOH supervisors using the Short L&D Index to assess care quality at the regional, district, and facility levels. Links to sample orientation resources are provided in the Further Resources section below; these draw on the Clinical Observer Learning Resource Package developed by MCHIP.
- Because of the resources required to observe delivery care, it is recommended that the Short L&D Index be primarily used in facilities conducting two or more deliveries per day. Depending on the setting, this will include hospitals and possibly health centers.
- The Short L&D Index should be used to make statements about quality of care at the facility level, not at the provider level.

- At least three deliveries should be observed at each facility before a statement is made about the quality of deliveries at that facility. However, data from just one delivery can be used to generate feedback for clinical mentoring or facility support. If possible, more than one health care provider should be observed to give a better picture of care at the facility.
- Supervisors using the tool to observe L&D care should be clinically active in maternal and newborn care and designated as skilled birth attendants in their settings.
- Quality measurement using the Short L&D Index should only be done through observation of care, not through record review.
- The Short L&D Index was developed and validated using data from sub-Saharan Africa. It has not yet been validated or piloted in other regions.

How to Use the Short L&D Index: Scoring Observed Deliveries

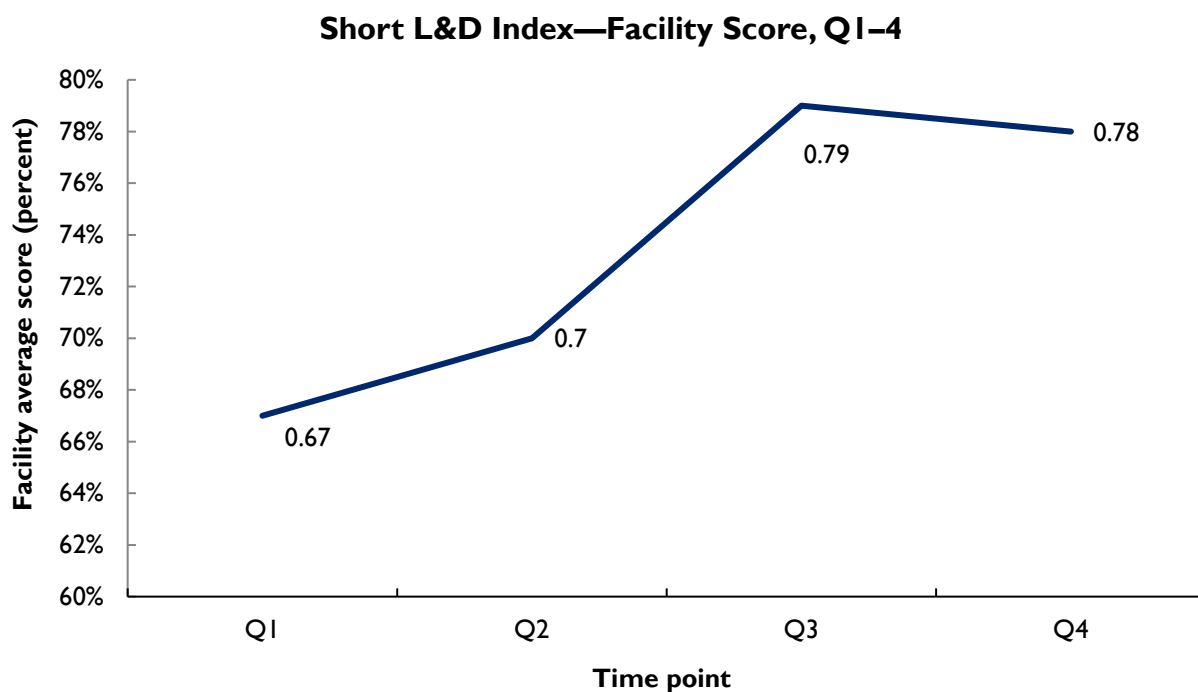
- Checklist forms for using the comprehensive and delivery-only versions of the Short L&D Index are provided in the Annex.
- Each action in the Short L&D Index is counted equally when scoring.
- Each observed delivery receives one point for each action that is completed in the Short L&D Index. There is no partial credit—an action is either completely and correctly done or it is not.
- Points are added to produce a delivery quality score. A scoring table is provided at the end of each checklist form and an example of a scored checklist is provided in the Annex.
 - The maximum raw score for the comprehensive index is 20 points. Dividing the raw score by 20 will produce a percentage score.
 - The maximum raw score for the delivery-only index is 13 points. Dividing the raw score by 13 will produce a percentage score.
- If L&D care is provided by teams of providers at the facility being assessed, then any one of the team members attending an observed delivery can conduct the actions in the Short L&D Index.
 - For example, a midwife might administer a uterotonic during the third stage of labor, but a nurse might take vital signs 15 minutes after birth. The important thing is that an action occurs, not who provided it.
 - The Short L&D Index form allows documentation of the cadre and sex of up to four health providers attending any observed delivery.
- The average score across all observed deliveries should be used as the quality measure. For example, if five deliveries are observed at a hospital using the comprehensive index and their scores are 11, 14, 12, 17, and 14, the hospital's Short L&D Index score at that time point is 13.6, or 68%.
- Figure 1 illustrates a sample time series of scores for a health facility.
- It is recommended that complete case observation be used for the Short L&D Index. In other words, a full episode of L&D care should be observed if using the comprehensive index. Delivery and 1 hour postpartum should be observed if using the delivery-only index.
 - If incomplete cases are observed, then only percentage scores can be used, based just on the actions that could have been performed during the period of observation. This partial observation approach is not recommended.

Which Version of the Short L&D Index Should Be Used?

- The comprehensive index is preferable because it provides a more complete picture of care quality and was a stronger proxy for overall QoC in statistical analyses.
- If resources do not permit observation of full episodes of care, the delivery-only index is recommended as an alternative.
- The delivery-only index might be more suited to frequent, ongoing use (e.g., monthly or quarterly), while the comprehensive index may be better suited to periodic quality assessment (e.g., annually or at a project's baseline and endline).
- At any facility, it is recommended that just one version of the index be used for quality assessment at a single time point. In other words, during a quality assessment visit, do not use the comprehensive index to observe some births and the delivery-only index to observe others.

Figure I. Sample Facility Scores over Time Using the Comprehensive Short L&D Index

	Q1		Q2		Q3		Q4	
	Raw Score	% Score	Raw Score	% Score	Raw Score	% Score	Raw Score	% Score
Delivery 1	12	0.6	15	0.75	15	0.75	16	0.8
Delivery 2	14	0.7	15	0.75	16	0.8	16	0.8
Delivery 3	13	0.65	12	0.6	17	0.85	14	0.7
Delivery 4	15	0.75	11	0.55	15	0.75	15	0.75
Delivery 5	13	0.65	17	0.85	16	0.8	17	0.85
Facility average score	13.4	0.67	14	0.7	15.8	0.79	15.6	0.78



Further Resources for the Short Index

- Maternal and Child Survival Program. Identification of a Short Quality of Care Index to Measure the Quality of Facility Routine Labor and Delivery Care in Sub-Saharan Africa. http://pdf.usaid.gov/pdf_docs/pa00khrm.pdf.
- Maternal and Child Health Integrated Program. Sample Orientation Resources for the Short Index. Available at <http://www.mchip.net/QoCsurveys>.
- Maternal and Child Survival Program. Piloting a Streamlined Index for Assessment of Quality of Labor and Delivery Care in Tanzania Findings and Recommendations. <http://1.usa.gov/1mYfkWj>.
- MCHIP. Clinical Observer Learning Resource Package. <http://www.mchip.net/node/2355>.
- Tripathi V, Stanton C, Strobino D, Bartlett L. Development and Validation of an Index to Measure the Quality of Facility-Based Labor and Delivery Care Processes in Sub-Saharan Africa. PLOS One. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0129491>.

Annex: Labor and Delivery Quality of Care Short Observational Index Checklist Forms

I. Comprehensive index—care from intake through delivery and one hour postpartum

Q-A

One form should be used for each delivery observed. Please refer to the User Guide for more information on how to use this tool.

Name of Facility		Today's Date (day/month/year)	
Town/City of Facility		Observer Name	

INSTRUCTIONS: Find a health worker involved in delivery care services. If this is a new service provider, ask for permission to observe care. Before observing patient care, make sure to also obtain permission from the patient.

NOTE: Most patients will be in labor when admitted and observation starts, however some patients may have already delivered and come to the facility when they experience a complication. **Observation should only be conducted with patients admitted for labor and delivery.**

Q1a: Cadre of lead service provider observed (e.g., nurse, midwife, clinical officer, physician)		Q2a: Sex of health worker	
Q1b: Cadre of additional service provider observed as part of this delivery		Q2b: Sex of additional health worker	
Q1c: Cadre of additional service provider observed as part of this delivery		Q2c: Sex of additional health worker	
Q1d: Cadre of additional service provider observed as part of this delivery		Q2d: Sex of additional health worker	

Ask patient for permission to observe care. If patient is incapacitated, next of kin or family friend accompanying patient may give permission. permission for patient cannot be given by health worker or facility in charge. patient or proxy permission must be obtained prior to start of observation.

Q2: Patient observation number		<i>Start at patient number 1 for first patient observed at a given facility.</i>
Q3: Patient facility record number		<i>Provide the record number assigned to the patient in the facility record or register; write patient initials or record number in box at top right of cover first page (marked Q-A) to help identify this patient's case when observing multiple cases.</i>

Section 1: Initial Patient Assessment				
Question	Yes	No	DK	Go to
Q100: Was this section observed?	1	0		
<i>Record whether the service provider carried out the following steps and/or examinations (some may be performed simultaneously or by more than one provider):</i>				
INTRODUCTION AND HISTORY TAKING				
Q101: Asks whether she has experienced vaginal bleeding during the current pregnancy.	1	0	8	
Q102: Asks whether she has experienced headaches and/or blurred vision during the current pregnancy.	1	0	8	
Q103: Offers woman an HIV test or checks her HIV status. <i>YES = Provider offers test OR there has been a prior HIV test during this pregnancy.</i> <i>NO = Provider does not offer test AND there has been no prior test during this pregnancy.</i>	1	0	8	
EXAMINATION				
Q104: Washes his/her hands with soap and water or uses alcohol hand rub before any examination.	1	0	8	
Q105: Takes pulse.	1	0	8	
Q106: Takes blood pressure.	1	0	8	
Q107: Wears high-level disinfected or sterile gloves for vaginal examination.	1	0	8	
<i>End of Section 1</i>				

Section 2: Intermittent Observation of First Stage of Labor				
Question	Yes	No	DK	Go to
Q200: Was this section observed?	1	0		
<i>Record whether the provider carried out the following steps and/or examinations (some of the following steps may be performed simultaneously or by more than one provider):</i>				
PROGRESS OF LABOR				
Q201: At least once, explains what will happen in labor to woman and/or her support person.	1	0	8	
Q202: Uses partograph to monitor progress of labor.	1	0	8	
PREPARATION FOR DELIVERY				
<i>Check to see if the following equipment and supplies are laid out in preparation for delivery. If some supplies are in a birth kit, look/ask to determine which items are included.</i>				
Q203: Prepares oxytocin to use for AMTSL.	1	0	8	
Q204: Prepares self-inflating ventilation bag (250 or 500 mL), newborn face mask size 0, AND newborn face mask size 1.	1	0	8	
Q205: Has the woman completed the first stage of labor?	1	0		Yes → Q300
<i>If first stage of labor is not complete, check answers in this section again 15–30 minutes later</i>				
<i>Note: AMTSL = active management of the third stage of labor.</i>				
<i>End of Section 2</i>				

Section 3: Continuous Observation of Second and Third Stage of Labor				
Question	Yes	No	DK	Go to
Q300: Was this section observed?	1	0		
<i>Record whether the provider carried out the following steps (some may be performed simultaneously or by more than one provider):</i>				
DELIVERY AND UTEROTONIC				
Q301: Administers 10 IU of IM oxytocin (OR 5 IU slow push if IV in place) within 1 minute of delivery of baby.	1	0	8	
Q302: Assesses completeness of the placenta and membranes.	1	0	8	
Q303: Assesses for perineal and vaginal lacerations.	1	0	8	
<i>End of Section 3</i>				

Section 4: Immediate Newborn and Postpartum Care				
Question	Yes	No	DK	Go to
Q400: Was this section observed?	1	0		
<i>Record whether the provider carried out the following steps and/or examinations (some of the following steps may be performed simultaneously or by more than one provider):</i>				
IMMEDIATE CARE				
Q401: Is the baby breathing or crying?	1	0	8	
Q402: Immediately dries baby with towel.	1	0	8	
Q403: Places baby on mother's abdomen or chest skin-to-skin.	1	0	8	
Q404: Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth (not immediately after birth).	1	0	8	
Q405: Takes mother's vital signs 15 minutes after birth.	1	0	8	
Q406: Palpates uterus 15 minutes after delivery of placenta.	1	0	8	
FIRST HOUR AFTER BIRTH				
Q407: Breastfeeding initiated within the first hour after birth.	1	0	8	
<i>Remember to thank patient and provider for their participation.</i>				
<i>End of Section 4</i>				

Section 5: Outcome and Review of Documentation				
Question	Code			
CONDITION OF MOTHER and NEWBORN AT END OF OBSERVATION				
<i>Record the status of mother and newborn at the end of first hour after birth.</i>				
Q501: Record outcome for the mother				
Goes to recuperation ward	1			
Referred to specialist, same facility	2			
Goes to surgery, same facility	3			
Referred, other facility	4			
Death of mother	5			
Don't know	8			
Q502: Record outcome for the newborn or fetus				

Question	Code			
Goes to normal nursery	1			
Referred to specialist, same facility	2			
Referred, other facility	3			
Goes to ward with mother	4			
Newborn death	5			
Fresh stillbirth	6			
Macerated stillbirth	7			
Don't know	8			
Q503: Type of delivery				
Spontaneous vaginal	1			
Assisted (instrumented)	2			
Caesarean	3			
Don't know	8			
Question	Yes	No	DK	Go to
Q504: Was the mother diagnosed with PE/E?	1	0	8	
Q505: Was the mother diagnosed with postpartum hemorrhage?	1	0	8	
Q506: Did the newborn require resuscitation at birth?	1	0	8	
Q507: Was progress of labor plotted on the partograph?	1	0	8	
<p>Q508: Please comment:</p> <p>a) <i>Was a companion present during labor? Was a companion present at the time of birth?</i></p> <p>b) <i>Did you observe any disrespect or abuse of the patient? Examples include: The patient was pinched, slapped, pushed, or beaten; there an absence of visual and auditory privacy; the patient was ignored or left unattended by health workers when she needed help; providers shouted at, scolded, threatened, or laughed at the patient.</i></p> <p>c) <i>Were there any major delays in needed treatment? If so, for what drugs/procedures and why?</i></p> <p>d) <i>If maternal or newborn/fetal complications, adverse outcomes, and/or death occurred, describe the circumstances.</i></p> <p>e) <i>Was any of the equipment or supplies needed to provide adequate care or conduct actions in the Short Index missing? If so, which?</i></p>				
End of Section 5—Make sure that Q100, Q200, Q300, and Q400 are answered before moving on to next patient.				

Delivery Score	
Action	Points (1 point for each action performed)
Asks whether woman has experienced headaches or blurred vision.	
Asks whether woman has experienced vaginal bleeding.	
Checks HIV status (checks chart or asks woman) and/or offers woman HIV test.	
Washes his/her hand before any examination.	
Takes blood pressure.	
Takes pulse.	
Wears high-level disinfected or sterile gloves for vaginal examination.	
At least once, explains what will happen in labor to the woman and/or her support person.	
Uses partograph to monitor progress of labor.	
Prepares uterotonic drug to use for AMTSL.	
Self-inflating ventilation bag (500 mL) and face masks (size 0 and size 1) are laid out and ready for use for neonatal resuscitation.	
Correctly administers uterotonic (timing, dose, route).	
Assesses completeness of placenta and membranes.	
Assesses for perineal and vaginal lacerations.	
Immediately dries baby with towel.	
Places newborn on mother's abdomen or chest skin-to-skin.	
Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth (not immediately after birth)	
Takes mother's vital signs 15 minutes after birth.	
Palpates uterus 15 minutes after birth.	
Assists mother to initiate breastfeeding within 1 hour.	
Total raw score —sum of points for all actions in the index (minimum 0, maximum 20)	
Total percentage score —divide the raw score by 20 (minimum 0%, maximum 100%)	

II. Delivery-Only Index—care at delivery and one hour postpartum

Q-A

One form should be used for each delivery observed. Please refer to the User Guide for more information on how to use this tool.

Name of Facility		Today's Date (day/month/year)	
Town/City of Facility		Observer Name	

INSTRUCTIONS: Find a health worker involved in delivery care services. If this is a new service provider, ask for permission to observe care. Before observing patient care, make sure to also obtain permission from the patient.

*NOTE: Most patients will be in labor when admitted and observation starts, however some patients may have already delivered and come to the facility when they experience a complication. **Observation should only be conducted with patients admitted for labor and delivery.***

Q1a: Cadre of lead service provider observed (e.g., nurse, midwife, clinical officer, physician)		Q2a: Sex of health worker	
Q1b: Cadre of additional service provider observed as part of this delivery		Q2b: Sex of additional health worker	
Q1c: Cadre of additional service provider observed as part of this delivery		Q2c: Sex of additional health worker	
Q1d: Cadre of additional service provider observed as part of this delivery		Q2d: Sex of additional health worker	

Ask patient for permission to observe care. If patient is incapacitated, next of kin or family friend accompanying patient may give permission. permission for patient cannot be given by health worker or facility in charge. patient or proxy permission must be obtained prior to start of observation.

Q2: Patient observation number		<i>Start at patient number 1 for first patient observed at a given facility</i>
Q3: Patient facility record number		<i>Provide the record number assigned to the patient in the facility record or register; write patient initials or record number in box at top right of cover first page (marked Q-A) to help identify this patient's case when observing multiple cases.</i>

Section I: Observation of Delivery				
Question	Yes	No	DK	Go to
Q100: Was this section observed?	1	0		
<i>Record whether the provider carried out the following steps and/or examinations (some of the following steps may be performed simultaneously or by more than one provider):</i>				
PREPARATION FOR DELIVERY				
Q101: At least once, provider explains what will happen at delivery to woman and/or her support person.	1	0	8	

Q102: Has been using partograph to monitor progress of labor.	1	0	8	
<i>Check to see if the following equipment and supplies are laid out in preparation for delivery. If some supplies are in a birth kit, look/ask to determine which items are included.</i>				
Q103: Has prepared oxytocin to use for AMTSL.	1	0	8	
Q104: Has prepared self-inflating ventilation bag (250 or 500 mL), newborn face mask size 0, AND newborn face mask size 1.	1	0	8	
DELIVERY AND UTEROTONIC				
Q105: Administers 10 IU of IM oxytocin (OR 5 IU slow push if IV in place) within 1 minute of delivery of baby.	1	0	8	
Q106: Assesses completeness of the placenta and membranes.	1	0	8	
Q107: Assesses for perineal and vaginal lacerations.	1	0	8	
Note: AMTSL = active management of third stage of labor.				
End of Section 1				

Section 2: Immediate Newborn and Postpartum Care				
Question	Yes	No	DK	Go to
Q200: Was this section observed?	1	0		
<i>Record whether the provider carried out the following steps and/or examinations (some of the following steps may be performed simultaneously or by more than one provider):</i>				
IMMEDIATE CARE				
Q201: Is the baby breathing or crying?	1	0	8	
Q202: Immediately dries baby with towel.	1	0	8	
Q203: Places baby on mother's abdomen or chest skin to skin.	1	0	8	
Q204: Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth (not immediately after birth).	1	0	8	
Q205: Takes mother's vital signs 15 minutes after birth.	1	0	8	
Q206: Palpates uterus 15 minutes after delivery of placenta.	1	0	8	
FIRST HOUR AFTER BIRTH				
Q207: Breastfeeding initiated within the first hour after birth.	1	0	8	
<i>Remember to thank patient and provider for their participation.</i>				
End of Section 2				

Section 3: Outcome and Review of Documentation				
Question	Code			
CONDITION OF MOTHER and NEWBORN AT END OF OBSERVATION				
<i>Record the status of mother and newborn at the end of first hour after birth.</i>				
Q301: Record outcome for the mother				
Goes to recuperation ward	1			
Referred to specialist, same facility	2			
Goes to surgery, same facility	3			
Referred, other facility	4			
Death of mother	5			

Question	Code			
	8			
Don't know	8			
Q302: Record outcome for the newborn or fetus				
Goes to normal nursery	1			
Referred to specialist, same facility	2			
Referred, other facility	3			
Goes to ward with mother	4			
Newborn death	5			
Fresh stillbirth	6			
Macerated stillbirth	7			
Don't know	8			
Q303: Type of delivery				
Spontaneous vaginal	1			
Assisted (instrumented)	2			
Caesarean	3			
Don't know	8			
Question	Yes	No	DK	Go to
Q304: Was the mother diagnosed with PE/E?	1	0	8	
Q305: Was the mother diagnosed with postpartum hemorrhage?	1	0	8	
Q306: Did the newborn require resuscitation at birth?	1	0	8	
Q307: Was progress of labor plotted on the partograph?	1	0	8	
<p>Q308: Please comment:</p> <p>a) Was a companion present at the time of birth?</p> <p>b) Did you observe any disrespect or abuse of the patient? Examples include: The patient was pinched, slapped, pushed, or beaten; there an absence of visual and auditory privacy; the patient was ignored or left unattended by health workers when she needed help; providers shouted at, scolded, threatened, or laughed at the patient.</p> <p>c) Were there any major delays in needed treatment? If so, for what drugs/procedures and why?</p> <p>d) If maternal or newborn/fetal complications, adverse outcomes, and/or death occurred, describe the circumstances.</p> <p>e) Was any of the equipment or supplies needed to provide adequate care or conduct actions in the Short Index missing? If so, which?</p>				
End of section 3—Make sure that Q100 and Q200 are answered before moving on to next patient.				

Delivery Score	
Action	Points (1 point for each action performed)
At least once, explains what will happen in labor to the woman and/or her support person.	
Uses partograph to monitor progress of labor.	
Prepares uterotonic drug to use for AMTSL.	
Self-inflating ventilation bag (500 mL) and face masks (size 0 and size 1) are laid out and ready for use for neonatal resuscitation.	
Correctly administers uterotonic (timing, dose, route).	
Assesses completeness of placenta and membranes.	
Assesses for perineal and vaginal lacerations.	
Immediately dries baby with towel.	
Places newborn on mother's abdomen or chest skin-to-skin.	
Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth (not immediately after birth).	
Takes mother's vital signs 15 minutes after birth.	
Palpates uterus 15 minutes after birth.	
Assists mother to initiate breastfeeding within 1 hour.	
Total raw score—sum of points for all actions in the index (minimum 0, maximum 13)	
Total percentage score—divide the raw score by 13 (minimum 0%, maximum 100%)	

Sample Scored Comprehensive Index

Q-A A-251

One form should be used for each delivery observed. Please refer to the User Guide for more information on how to use this tool.

Name of Facility	Hospital A	Today's Date (day/month/year)	3 June 2016
Town/City of facility	Town B	Observer Name	Supervisor C

INSTRUCTIONS: Find a health worker involved in delivery care services. If this is a new service provider, ask for permission to observe care. Before observing patient care, make sure to also obtain permission from the patient.

*NOTE: Most patients will be in labor when admitted and observation starts, however some patients may have already delivered and come to the facility when they experience a complication. **Observation should only be conducted with patients admitted for labor and delivery.***

Q1a: Cadre of lead service provider observed (e.g., nurse, midwife, clinical officer, physician)	Clinical officer	Q2a: Sex of health worker	F
Q1b: Cadre of additional service provider observed as part of this delivery	Nurse-midwife	Q2b: Sex of additional health worker	F
Q1c: Cadre of additional service provider observed as part of this delivery	N/A	Q2c: Sex of additional health worker	N/A
Q1d: Cadre of additional service provider observed as part of this delivery	N/A	Q2d: Sex of additional health worker	N/A

Ask patient for permission to observe care. If patient is incapacitated, next of kin or family friend accompanying patient may give permission. permission for patient cannot be given by health worker or facility in charge. patient or proxy permission must be obtained prior to start of observation.

Q2: Patient observation number	1	<i>Start at patient number 1 for first patient observed at a given facility.</i>
Q3: Patient facility record number	A-251	<i>Provide the record number assigned to the patient in the facility record or register; write patient initials or record number in box at top right of cover first page (marked Q-A) to help identify this patient's case when observing multiple cases.</i>

Section I: Initial Patient Assessment				
Question	Yes	No	DK	Go to
Q100: Was this section observed?	1	0		
<i>Record whether the service provider carried out the following steps and/or examinations (some may be performed simultaneously or by more than one provider):</i>				
INTRODUCTION AND HISTORY TAKING				
Q101: Asks whether she has experienced vaginal bleeding during the current pregnancy.	1	0	8	
Q102: Asks whether she has experienced headaches and/or blurred vision during the current pregnancy.	1	0	8	

Section 1: Initial Patient Assessment				
Question	Yes	No	DK	Go to
Q103: Offers woman an HIV test or checks her HIV status. <i>YES = Provider offers test OR there has been a prior HIV test during this pregnancy.</i> <i>NO = Provider does not offer test AND there has been no prior test during this pregnancy.</i>	<input checked="" type="radio"/>	0	8	
EXAMINATION				
Q104: Washes his/her hands with soap and water or uses alcohol hand rub before any examination.	<input checked="" type="radio"/>	0	8	
Q105: Takes pulse.	<input checked="" type="radio"/>	0	8	
Q106: Takes blood pressure.	<input checked="" type="radio"/>	0	8	
Q107: Wears high-level disinfected or sterile gloves for vaginal examination.	<input checked="" type="radio"/>	0	8	
<i>End of Section 1</i>				

Section 2: Intermittent Observation of First Stage of Labor				
Question	Yes	No	DK	Go to
Q200: Was this section observed?	<input checked="" type="radio"/>	0		
<i>Record whether the provider carried out the following steps and/or examinations (some of the following steps may be performed simultaneously or by more than one provider):</i>				
PROGRESS OF LABOR				
Q201: At least once, explains what will happen in labor to woman and/or her support person.	I	<input checked="" type="radio"/>	8	
Q202: Uses partograph to monitor progress of labor.	I	<input checked="" type="radio"/>	8	
PREPARATION FOR DELIVERY				
<i>Check to see if the following equipment and supplies are laid out in preparation for delivery. If some supplies are in a birth kit, look/ask to determine which items are included.</i>				
Q203: Prepares oxytocin to use for AMTSL.	<input checked="" type="radio"/>	0	8	
Q204: Prepares self-inflating ventilation bag (250 or 500 mL), newborn face mask size 0, AND newborn face mask size 1.	I	<input checked="" type="radio"/>	8	
Q205: Has the woman completed the first stage of labor?	<input checked="" type="radio"/>	0		Yes → Q300
<i>If first stage of labor is not complete, check answers in this section again 15–30 minutes later.</i>				
<i>Note: AMTSL = active management of the third stage of labor.</i>				
<i>End of Section 2</i>				

Section 3: Continuous Observation of Second and Third Stage of Labor				
Question	Yes	No	DK	Go to
Q300: Was this section observed?	<input checked="" type="radio"/>	0		
<i>Record whether the provider carried out the following steps (some may be performed simultaneously or by more than one provider):</i>				
DELIVERY AND UTEROTONIC				
Q301: Administers 10 IU of IM oxytocin (OR 5 IU slow push if IV in place) within 1 minute of delivery of baby.	<input checked="" type="radio"/>	0	8	
Q302: Assesses completeness of the placenta and membranes.	<input checked="" type="radio"/>	0	8	
Q303: Assesses for perineal and vaginal lacerations.	I	<input checked="" type="radio"/>	8	
<i>End of Section 3</i>				

Section 4: Immediate Newborn and Postpartum Care				
Question	Yes	No	DK	Go to
Q400: Was this section observed?	<input checked="" type="radio"/>	0		
<i>Record whether the provider carried out the following steps and/or examinations (some of the following steps may be performed simultaneously or by more than one provider):</i>				
IMMEDIATE CARE				
Q401: Is the baby breathing or crying?	<input checked="" type="radio"/>	0	8	
Q402: Immediately dries baby with towel.	<input checked="" type="radio"/>	0	8	
Q403: Places baby on mother's abdomen or chest skin to skin.	1	<input checked="" type="radio"/>	8	
Q404: Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth (not immediately after birth).	1	<input checked="" type="radio"/>	8	
Q405: Takes mother's vital signs 15 minutes after birth.	1	<input checked="" type="radio"/>	8	
Q406: Palpates uterus 15 minutes after delivery of placenta.	1	<input checked="" type="radio"/>	8	
FIRST HOUR AFTER BIRTH				
Q407: Breastfeeding initiated within the first hour after birth.	<input checked="" type="radio"/>	0	8	
<i>Remember to thank patient and provider for their participation.</i>				
<i>End of Section 4</i>				

Section 5: Outcome and Review of Documentation				
Question	Code			
CONDITION OF MOTHER and NEWBORN AT END OF OBSERVATION				
<i>Record the status of mother and newborn at the end of first hour after birth.</i>				
Q501: Record outcome for the mother				
Goes to recuperation ward	<input checked="" type="radio"/>			
Referred to specialist, same facility	2			
Goes to surgery, same facility	3			
Referred, other facility	4			
Death of mother	5			
Don't know	8			
Q502: Record outcome for the newborn or fetus				
Goes to normal nursery	<input checked="" type="radio"/>			
Referred to specialist, same facility	2			
Referred, other facility	3			
Goes to ward with mother	4			
Newborn death	5			
Fresh stillbirth	6			
Macerated stillbirth	7			
Don't know	8			
Q503: Type of delivery				
Spontaneous vaginal	<input checked="" type="radio"/>			
Assisted (instrumented)	2			

Question	Code			
	Caesarean	3		
Don't know	8			
Question	Yes	No	DK	Go to
Q504: Was the mother diagnosed with PE/E?	1	0	8	
Q505: Was the mother diagnosed with postpartum hemorrhage?	1	0	8	
Q506: Did the newborn require resuscitation at birth?	1	0	8	
Q507: Was progress of labor plotted on the partograph?	1	0	8	
<p>Q508: Please comment:</p> <p>a) Was a companion present during labor? Was a companion present at the time of birth?</p> <p>No companion was present during labor.</p> <p>b) Did you observe any disrespect or abuse of the patient? Examples include: The patient was pinched, slapped, pushed, or beaten; there was an absence of visual and auditory privacy; the patient was ignored or left unattended by health workers when she needed help; providers shouted at, scolded, threatened, or laughed at the patient.</p> <p>The patient did not have visual or auditory privacy during most of the labor period. Procedures were not explained to her. However, no active abuse by the providers was observed.</p> <p>c) Were there any major delays in needed treatment? If so, for what drugs/procedures and why?</p> <p>No major delays in treatment were observed.</p> <p>d) If maternal or newborn/fetal complications, adverse outcomes, and/or death occurred, describe the circumstances.</p> <p>No complications were observed.</p> <p>e) Was any of the equipment or supplies needed to provide adequate care or conduct actions in the Short Index missing? If so, which?</p> <p>It is not clear whether the facility has the bag and mask for newborn resuscitation; these were not prepared ahead of delivery.</p>				
End of Section 5—make sure that Q100, Q200, Q300, and Q400 are answered before moving on to next patient.				

Delivery Score	
Action	Points (1 point for each action performed)
Asks whether woman has experienced headaches or blurred vision.	0
Asks whether woman has experienced vaginal bleeding.	0
Checks HIV status (checks chart or asks woman) and/or offers woman HIV test.	1
Washes his/her hand before any examination.	1
Takes blood pressure.	1
Takes pulse.	1
Wears high-level disinfected or sterile gloves for vaginal examination.	1
At least once, explains what will happen in labor to the woman and/or her support person.	0
Uses partograph to monitor progress of labor.	0
Prepares uterotonic drug to use for AMTSL.	1
Self-inflating ventilation bag (500 mL) and face masks (size 0 and size 1) are laid out and ready for use for neonatal resuscitation.	0
Correctly administers uterotonic (timing, dose, route).	1
Assesses completeness of placenta and membranes.	1
Assesses for perineal and vaginal lacerations.	0
Immediately dries baby with towel.	1
Places newborn on mother's abdomen or chest skin-to-skin.	0
Ties or clamps cord when pulsations stop, or by 2–3 minutes after birth (not immediately after birth).	0
Takes mother's vital signs 15 minutes after birth.	0
Palpates uterus 15 minutes after birth.	0
Assists mother to initiate breastfeeding within 1 hour.	1
Total raw score —sum of points for all actions in the index (minimum 0, maximum 20)	10
Total percentage score —divide the raw score by 20 (minimum 0%, maximum 100%)	50%