

Essential Newborn Care Situation Assessment Tool: Hospitals

The Essential Newborn Care Situation Assessment Tool is for use by

- *Hospital Newborn Care Improvement Teams to assess the situation in their own facilities, and to then develop action plans for improvement*
- *District or Provincial Paediatric Support Team to Assess the Essential Newborn Care in Hospitals*

A complete assessment will take a full day. Elements of the assessment can be done at different times.

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Key Role Players

Hospital: _____

Designation	Name	Contact number	Email
CEO			
Clinical Manager			
Nursing Service Manager			
Area manager maternity			
Sr in charge Neonatal Unit			
Paediatrician District paediatrician			
Dr in charge Neonatal Unit			
Neonatal Improvement Team			

Summary of situation assessment

Area	Deno minat	Actual	Score (%)	Weight -ing	Final score	Comment
1. Perinatal and Neonatal Data						
2. Neonatal facilities						
2.1 Neonatal bed numbers and space						
2.2. Neonatal administrative and utility areas						
2.3 Infection Control						
2.4 Mechanical and Technical support						
3. Neonatal unit equipment and supplies						
3.1 General						
3.2 Oxygen therapy						
3.3 Fluids and cardiac monitoring						
3.4 Consumables						
3.5 Resuscitation						
4. Quality of Neonatal Care						
4.1 Observed care practices, Neonatal Unit						
4.2 Observed care, KMC						
4.3 Quality of care: record review						
5. Neonatal unit support services						
6. Routine newborn care labour and postnatal ward						
6.1 Resuscitation Labour ward						
6.2 Resuscitation Theatre						
6.3 Posnatal ward care and practice						
6.4 Postnatal ward record review						
7. Supervision, monitoring & audit						
8. Transport						
9. Staffing and staff development						

Comments

1. Perinatal and Neonatal Data

1.1 Perinatal Mortality Statistics

Year: Data from PPIP, can also compare with DHIS data

	Births (total)	Live births	Stillbirths		Neonatal deaths		
			Fresh	Macerated	ENND	LNND	NND
500 – 999g							
1000 – 1499g							
1500 – 1999g							
2000 – 2499g							
> 2500g							
Total							

LBW %		SB / NND		ENND / 1000	
SB Rate /1000		CS Rate %		LNND / 1000	
PNMR /1000		PCI		NND / 1000	
PNMR / 1000(BW > 999g)		ENND / 1000 (BW 1000 – 1499g)		ENND / 1000 (BW > 999g)	
ENNDR /1000 (BW > 2500g)		ENND / 1000 (BW 1500 – 1999g)		ENND / 1000 BW 1000 – 1999g)	

Primary Obstetric cause of death (top 7)

	Number	%
Spontaneous preterm labour		
Intrapartum hypoxia		
Unexplained intrauterine death		
Infection		
Antepartum haemorrhage		
Intrauterine growth restriction		
Hypertensive disease		

Final neonatal cause of death (top 4)

	Number	%
Immaturity		
Hypoxia		
Infection		
Congenital abnormality		

Avoidable factors (top 10)

	Number	%

Year: Data from PPIP, can also compare with DHIS data

	Births (total)	Live births	Stillbirths		Neonatal deaths		
			Fresh	Macerated	ENND	LNND	NND
500 – 999g							
1000 – 1499g							
1500 – 1999g							
2000 – 2499g							
> 2500g							
Total							

LBW %		SB / NND		ENND / 1000	
SB Rate /1000		CS Rate %		LNND / 1000	
PNMR /1000		PCI		NND / 1000	
PNMR / 1000(BW > 999g)		ENND / 1000 (BW 1000 – 1499g)		ENND / 1000 (BW > 999g)	
ENNDR /1000 (BW > 2500g)		ENND / 1000 (BW 1500 – 1999g)		ENND / 1000 BW 1000 – 1999g)	

Primary Obstetric cause of death (top 7)

	Number	%
Spontaneous preterm labour		
Intrapartum hypoxia		
Unexplained intrauterine death		
Infection		
Antepartum haemorrhage		
Intrauterine growth restriction		
Hypertensive disease		

Final neonatal cause of death (top 4)

	Number	%
Immaturity		
Hypoxia		
Infection		
Congenital abnormality		

Avoidable factors (top 10)

	Number	%

1.2 Annual Neonatal Admission Data:

Year _____

Total Births in Hospital		Neonatal admission	
Total Births in feeder clinics		% Admissions	
Total Births Sub- district		No transfers out (%)	

Admission and Death by place of birth, birth weight, HIV status and cause of death. Calculate CFR and % of admissions.				
Admissions	Admission to neonatal unit	Deaths in Neonatal unit	Case Fatality rates	% of admissions
1.From Labour ward or Postnatal				
2. From Clinic or Home				
3. Referred from other hospital				
4. Back from referral hospital				
5. Total Admissions:				
Admission Weights				
6. < 999				
7. 1000 – 1499g				
8. 1500 – 1999g				
9. 2000 – 2499g				
10. > 2500g				
HIV exposure				
10. HIV Exposed				
11. HIV Negative				
12.HIV unknown				
No HIV Prophylaxis		% prophylaxis		
Main problem requiring baby to be admitted				
13. NE / HIE / Low apgars				
14. Infection				
15. Jaundice				
16. For Observation				
17. Cong Abnormality				
18. Respiratory Distress(not HMD)				
19. Other				
20. LBW or prematurity				
Cause of death in neonatal unit				
Immaturity		%		
Hypoxia		%		
Infection		%		
Congenital Abnormality		%		
Other		%		
Unknown		%		
Neonatal death not in neonatal unit		Comment		
No of deaths labour ward				
No of deaths theatre				
No of deaths in postnatal ward				
No of deaths in casualty				
Total deaths outside the neonatal unit				

1.3 PMTCT

Year	No of deliveries	HIV +ve		HIV - ve		HIV unknown		N° of mothers on ARV treatment		N° of mothers on ARV prophylaxis		Infants getting post-exposure prophylaxis	
		number	%	number	%	number	%	number	%	number	%	number	%

Assessment	Standard	Score
HIV status	95% know status	
Mothers on ARV Rx	>25% of pos	
Mothers on ARV proph	The remaining pos	
Infants getting PEP	100 % infants getting PEP	
Total		

1.4 Summary Data and Targets

	Year	Year	Year	Provincial Target	Hospital Target for
	_____	_____	_____		_____
Total live births for facility					
Total live births in facility and clinics					
Total live births in district (regional hospitals)					
ENNDR / 1000 > 999g				8	
ENNDR / 1000				10	
LNNDR / 1000				2	
NNDR / 1000				10	
ENNDR /1000 (BW >2500g)				4	
ENNDR / 1000 (BW 1500 - 1999g)				50	
ENNDR / 1000 (BW 1000 –1499g)				150	
% Admissions to Neonatal Unit				15%	
% Admissions from Referral Area (RH)				5%	
LBW %					
SB Rate /1000					
PNMR /1000					
PNMR / 1000 (BW > 999g)					
PCI					
% Caesarean sections					

2. Neonatal Facility

Review all the facilities for caring for sick and small newborns, the neonatal unit, KMC unit and in bigger hospitals a high care and ICU. Comment on the design, measure the space and calculate the space per bed, assess lighting, temperature and hygiene. Assess adequate provision for electric points, oxygen as well as nurses, doctors, counselling and mother lodger space

Area	Standard	Requirement	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
2.1 Neonatal Unit Beds and Space					
% of inborn neonates admitted to NNU	15%				
% of babies admitted from the referral area	5%				
District Hospital Neonatal Beds	4/1000				
Additional Regional Hospital Beds	3/1000 per district birth for regional Hospital				
Total Beds					
High care (HC)	20% D 33% R				
High care (HC)	Space (7.2 -10m ² / bed)				
Standard Inpatient care	40% D 33% R				
SIC	Space (6 m ² / bed)				
KMC Unit	Adjoining and interleading				
KMC	40% D 33% R				
KMC	Space (7.2 m ² / bed)				
Lodger mothers	30-40% of neonatal beds				
		Total	_____	Actual _____	_____%
2.2 Neonatal Unit Administrative and Utility area					
Counselling room	1 counselling room in NNU				
Doctor's office	1 office (More level 2, 3)				
Unit manager's office	1 office				
Nurses station	Appropriate stations in the ward				
Clean utility area	Adequate spaces for consumables and linen				
Equipment storage	Adequate storage for clean equipment				
Dirty utility area	Storage for dirty linen, bins, cleaning materials				
		Total	_____	Actual _____	_____%

2.3 Infection Control in the neonatal unit				
	Standard	Actual	Assessment	Comment
Hand washing	1 basin at entrance			
	1 basin per cubicle or per 6 beds and within 6 m			
	Elbow controls			
	Soap available at each basin			
	Clean towels at each basin			
	Hand wash chart at each basin			
	Alcohol hand wash at each basin			
	Alcohol hand wash at each bed			
Cleaning	Routine acceptable			
	Unit Clean			
Space	Adequate space between beds			
	Total	_____	Actual _____	_____ %
2.4 Mechanical, gas and electric requirements				
Temperature of unit	24°C +/- 2°C			
Wall thermometer	1 in each room			
Temperature control / heating	Good Air conditioner, no draughts, Windows covered			
Lighting	Daylight, Procedure lights, No direct light			
Electric points				
High care	6 -8 per service point			
Intermediate care	4 -6 per service point			
KMC	1 per bed + 1 per room			
Oxygen				
Oxygen Source	Piped			
Oxygen points: HC	1 per bed			
IC	1 per bed			
KMC	1 per room			
Air				
Air source	Piped			
Air Points: HC	1 per high care bed			
IC	1 per 2 beds			
Suction				
Suction Points: HC	1 per bed			
IC	1 per 2 beds			
KMC	1 per room			
Total score	Max		Actual	Score (%):

3. Neonatal Unit Equipment

3.1 General Equipment

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Open Incubators	1 per high care bed				
Std Incubators	1 per bed (SIC)				
Transport incubator	1 per unit				
Basinette - washable	1 per 3 NNU beds				
Suction unit: wall	1 per wall point				
Suction unit: mobile	1 per unit				
Glucometer	1 per cubicle				
Hb meter	1 per cubicle				
Calculator	1 per cubicle				
Chair for mother	1 per bed				
Diagnostic set*	1 per cubicle				
Phototherapy units	1 per 2 beds 1 per Open incubator				
Bilichick	1 per unit				
Infant scale digital	1 per care cubicle				
Mobile X Ray unit	1 per unit / hospital				
Total score	Max possible		Actual		Score (%):

3.2 Oxygen therapy

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial =1 No = 0, N/A = X	Comment
Oxygen cylinders portable and standby	1 per cubicle				
Oxygen flow meters (double)	1 per wall point / cylinder				
CPAP	1 per high care bed				
Ventilators	1 per bed ICU 1 per unit Level 2				
Blood gas analyser	1 per hosp level 2 1 per unit level 3				
Head Boxes	1 per IC / HC bed				
Pulse Oximeters	1 per high care bed 1 per 2 IC beds				
Oxygen blenders	1 per high care bed				
Venturis	1 set (24 – 60%) per O ₂ point				
Transillumination light	1 per unit				
Total score	Max possible		Actual		Score (%):

3.4 Fluids and cardiac monitoring

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Drip stand	1 per bed				
Infusion pumps	1 per bed				
Cardiac / bp monitors (multiparameter)	1 per high care bed				
Syringe pumps	1 per HC / ICU bed				
Total score	Max possible		Actual		Score (%):

3.5 Consumables for equipment

Item	Standard	Should have	Actual	Assessment Yes =2, Partial =1 No = 0, NA = X	Comment
Oxygen tubing	Available in unit				
Nasal prongs	Neonatal and preterm				
CPAP circuits	4 circuits / machine available for re-use				
Ventilator circuits	4 circuits / machine available for re-use				
Neonatal probes	Neonatal probes for pulse oximeter				
Drip sets for infusion controllers	Correct set for infusion controller				
Infusion sets	60 dpm				
Dial-a-flow	Dial-a-flow as backup, not routine				
Jelcos	24, 22				
Strapping	Appropriate strapping and solvent				
Glucostix	Appropriate to glucometer				
Urine Dipstix	Urine dipstix				
Consumable for bilichex	Bilichex				
IV fluids	Neonatolyte, Normal Saline, 10% Glucose				
Total score	Max possible		Actual		Score (%):

Total score (equipment)	Max possible		Actual		Score (%):
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Comments:.....

3.5 Resuscitation Equipment in Neonatal Unit

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Basic					
Resuscitaire	Available				
Spare oxygen source	Cylinder				
Self inflating bag and mask	Laerdal neonatal size 1 per resuscitaire and 1 per high care bed				
Oxygen tubing	Tubing connected and clean				
Face masks	Correct sizes: 00, 0, 1				
Suction unit	Working				
Suction catheters	Smallest f10				
Connected to suction apparatus	Suction connected				
Advanced					
Laryngoscope	Laryngoscope working				
Blades	Straight blades: 00, 0				
Extra bulbs and batteries	Available				
Endotracheal tubes (sizes)	Range 2.0 – 4.0 mm				
Introducer	Neonatal Introducer				
McGill forceps	Neonatal McGill				
IV admin sets, jelco	Appropriate available				
IV fluid: N saline, neonatalyte					
Drugs for resuscitation	Adrenaline, Naloxone, Glucose, N Saline				
Wall chart on resuscitation	Correct chart up and visible				
Daily equipment check	Book present and checked daily				
Total score	Max possible		Actual		Score (%):

Comments.....

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4. Quality of Neonatal Care

4.1 Observe care practices during the visit Neonatal Care

Observe care and the following practices while you are in the unit. If you are not able to observe these, question the staff in the unit about the practices. If you are unsure of the practice mark as N/A

Item	Standard	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Intermittent KMC	Practised during and after feeds in NNU before in KMC		
Use of CPAP	CPAP safely used where necessary		
Monitoring HC patient	Continuous monitoring of unstable patient		
Resuscitation	Correctly done		
Infusion controllers	Every baby on IV fluid has an infusion controller in use		
Fluid volumes	Correct fluid volumes prescribed		
Oxygen delivery	Oxygen delivery according to guidelines		
Oxygen saturation monitoring	Correct Saturation monitoring		
Temperature monitoring	Appropriate for child's condition		
Phototherapy	Lights correct, eyes correctly covered		
Neonatal Record	Front page correct		
Observation charts used	Observations correctly charted		
Weight, treatment summary	Weight and treatment correctly plotted		
Feeding methods	Correct methods for gestation, wt, ill		
Feeding volumes	Correct feeding volumes for babies		
Antibiotics	Correct use of antibiotics		
Supplements	Supplements correctly prescribed		
Medical care	Adequate medical assessment and review		
Nursing care	Adequate response to baby's condition		
*			
Total score	Max possible		Score (%):

* Insert other practices

4.2 Kangaroo Mother Care Unit

Item	Standard	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Situation	Adjoining neonatal unit		
Beds	Enough beds		
Ablutions	Adequate showers, baths and toilets.		
Oxygen point	1 – 2 Oxygen points in unit		
Meal table	Table and chairs for meals (doing KMC)		
Easy chair	Easy chairs for mothers to relax		
Fridge, microwave and kettle	Fridge, microwave, kettle		
Admission policy	Adherence to safe admission policy		
Staffing	Adequate – always someone present		
Observations	Observations done 6 hourly on infants		
Feeding	Supervised, where necessary		
Doctors ward rounds	Daily doctors ward rounds, PN rounds over weekend		
Babies in correct KMC position	Babies correctly tied to mothers, no babies on beds		
Mothers mobility	Mothers walk around with babies in KMC position		
TV and reading	TV, DVD, reading material, radio		
Structured activities	Structured activities for mothers		
Discharge Policy	Adherence to safe discharge policy		
Discharge score sheet	Discharge score sheet is used and weight 1.8kg		
Follow up arrangements	Weekly Follow up clinic, records kept		
Mothers practising KMC at follow up	Baby brought in KMC position		
Total score	Max possible		Score (%) :

Comments.....

4.3 Record reviews

The following are the tools for use in evaluating patients' clinical records.

1. Records to be reviewed by a paediatrician or doctor and neonatal nurse who have experience in neonatal care facilitation and support.
2. The assessment of each record is based on the management as described in the LINC neonatal care guidelines and charts.
3. Every record must be scored for the use of the admission record. This is mainly looking at the basic documentation on a baby who is admitted; has this been done and has the clinical condition has been assessed.
4. The record must then be assessed and scored for the specific clinical condition(s) for which that baby was treated. There may be more than one clinical problem; eg. low birth weight, respiratory distress, and jaundice. Each of these must be assessed and scored for that record.
5. The scores for each sheet for each baby must then be filled in, in table 13.1, in the accreditation visit tool.
6. These scores are totalled, and the overall score for the records determined.
7. The specific conditions for which there are scoring tools are:
 - Low birth weight
 - Respiratory distress
 - Jaundice
 - HIE / asphyxia
 - Infection

Summary of results of the record assessment

Record No	New Admission		Preterm LBW score		HIE / MA Score		Jaundice		Infection		Resp distress	
	max	actual	max	actual	max	actual	max	actual	max	actual	max	actual
Total												
%												
			Total all conditions									
			Total record scores %									

Record Scoring Tool: New Admission

Record I/D:

i/p = incomplete / partial: n/a = not applicable

	yes	i/p	no	n/a	
Newborn admission record used					
Baby identified					
Maternal information reflected:					
- ANC					
- Labour					
- Delivery					
Perinatal risk factors recorded					
Baby information					
Date, time of birth, weight, HC recorded					
Apgar score recorded					
Details of resuscitation recorded					
Diagnoses					
Reasons for admission recorded					
Problem list completed					
Routine care					
IMI Konakion given at birth					
Chloramphenicol eye ointment at birth					
HIV exposure documented					
Clinical recording					
Initial assessment done					
Clinical findings recorded					
Observation charts completed					
Appropriate management plan					
Total					

18 items

Score: yes = 2; i/p = 1; no = 0

	Actual	Maximum	%
Score			

Record Scoring Tool: HIE / Asphyxia

Record I/D:

i/p = incomplete / partial: n/a = not applicable

	yes	i/p	no	n/a	
HIE score done daily and plotted					
Observations					
Appropriate observations done					
Oxygen therapy					
Appropriate oxygen therapy if needed					
SATS in normal range (92%) if on O ₂					
Temperature					
Temperature not more than 36 degrees Not in warm incubator					
Fluids and feeds					
Baby kept nil per mouth for the 1 st 24 hours					
Fluids and feeds correctly calculated					
Daily intake and output recorded					
Assessment					
Diagnosis					
Severity					
Management					
Phenobarbitone given if seizures					
Correct response to abnormal observations					
Discussed with the family					
Follow-up arrangements recorded					
Total					

16 items

Score: yes = 2; i/p = 1; no = 0

	Actual	Maximum	%
Score			

Record Scoring Tool: Infection

Record I/C:

i/p = incomplete / partial: n/a = not applicable

	yes	i/p	no	n/a	
Risk factors identified					
Preterm labour					
Rupture of membranes more than 18 hours					
Observations					
Correct frequency					
Clinical findings					
Localised lesion					
Abdominal distension					
Oxygen given if appropriate					
SATS in normal range for age of baby					
Oxygen stopped appropriately					
Temperature Maintained in normal range					
Blood glucose done appropriately					
Feeds and fluids Correctly calculated					
Appropriate IV / oral feeds given					
Investigations					
CRP					
X-ray					
Others					
Assessment					
Suspected infection					
Specific infection (system recorded)					
Management					
Antibiotics correctly used					
Appropriate response to abnormal observations					
Appropriate referral					
Follow-up notes					
Total					

19 items

Score: yes = 2; i/p = 1; no = 0

	Actual	Maximum	%
Score			

Record Scoring Tool: Low Birth Weight

Record I/D:

y = yes; i/p = incomplete / partial; n = no; n/a = not applicable

	y	i/p	n	n/a	comments
Admission assessment					
Ballard score done					
Growth chart completed					
Daily weight chart completed					
Observations					
Correct frequency					
Oxygen therapy					
Correct amount of oxygen given if needed					
If O2 given, were SATS in normal range (88 – 93%)					
Temperature					
Infant's temperature					
Incubator temperature					
Blood glucose					
Blood glucose done appropriately					
Investigation and drugs					
Antibiotics prescribed					
Antibiotics given					
CRP done at 48 hours					
Theophylline given					
Assessment					
Gestational age					
Fetal growth pattern					
Other					
Management					
Response to abnormal observations					
Oxygen					
Temperature					
Blood glucose					
Other					
Feeds and fluids					
Nil per mouth appropriately					
Feeds / fluids correctly calculated (ml/kg/day)					
Actual intake for 24 hours recorded					
Total					

24 items

Score: yes = 2; i/p = 1; no = 0

	Actual	Maximum possible	%
Score			

Record Scoring Tool: Neonatal Jaundice

Record I/C:

i/p = incomplete / partial: n/a = not applicable

	y	i/p	n	n/a	Comments
Risk factors					
Maternal blood group recorded					
Maternal RPR recorded					
Observations					
Day of onset					
Bilirubin levels (correct frequency)					
Assessment					
Cause of jaundice					
Severity (Graph used)					
Management					
Phototherapy started correctly					
Duration correct					
Appropriate feeding					
Appropriate investigations					
Appropriate referral					
Follow-up notes					
Post discharge follow-up					
Total					

13 items

Score: yes = 2; i/p = 1; no = 0

	Actual	Maximum	%
Score			

Record Scoring Tool: Respiratory Distress

Record I/D:

i/p = incomplete / partial: n/a = not applicable

	yes	i/p	no	n/a	
Risk factors identified					
Gestational age					
Fetal hypoxia / meconium					
Observation					
Appropriate on-going observations done					
Oxygen therapy					
Method of administration correct					
Amount (%) recorded					
SATS in normal range (if on oxygen)					
Oxygen stopped appropriately					
If Baby required CPAP					
CPAP started timeously					
CPAP correctly provided					
Feeds and fluids					
Baby kept nil per mouth appropriately					
Fluids and feeds correctly calculated					
Intake and output recorded daily					
Investigations and drugs					
Chest x-ray					
CRP					
Results available					
Theophylline (GA < 35 weeks)					
Assessment					
Specific diagnosis					
Severity (amount of O ₂ vs SATS)					
Management					
Appropriate management plan					
Appropriate response to abnormal observations					
Adequate follow-up notes					
Total					

20 items

Score: yes = 2; i/p = 1; no = 0

	Actual	Maximum	%
Score			

5. Standard guidelines and job aids

Item	Standard	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comments
Standard neonatal guideline available in neonatal unit	LINC guidelines and charts or equivalent			
Evidence of use of guidelines	Evidence that they are used and followed			
Important policies and local protocols	Displayed in the neonatal unit			
Breastfeeding advocacy	Poster and pamphlets for support			
Accreditation status	Displayed			
Referral policies and contacts	Readily available			
Standard neonatal record	Available and used			
Useful neonatal charts	Available in record or on wall or workstation			
Resource material	Additional neonatal resource books available in the unit			
Total score	Max possible	Actual		Score (%):

6. Support services

Review the support services provided in the facility

Item	Standard	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comments
Portable X-ray Machine	1 for the unit / hospital, working			
Time for X-ray to be done	Less than an hour for emergencies			
Lab turn around Bilirubin	1 – 2 hours			
Lab turn around CRP, FBC, U & E	Same day			
Microcontainers	Range of micro containers available for neonatal specimens			
Pharmacy	Availability of drugs in newborn care guide			
Speech therapy	Involvement in prevention, follow up and screening			
Physiotherapy	Involvement in treatment and follow up clinic			
HCT and comprehensive HIV service available for mothers	Daily HIV Counselling and Testing, infant feeding counselling and adherence counselling			
Milk pasteurization facilities	Flash heat treatment of breast milk available			
Nutrition service – Breast feeding	Dieticians available to support breastfeeding, and BFHI			
Baby friendly hospital status	Baby friendly hospital accreditation is current			
Nutrition service -	Dieticians support safe supply of replacement feeds to NNU when required			
Neonatal follow up clinic	Neonatal follow up clinic run every week			
Total score	Max possible	Actual		Score (%):

Comments:

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.....

.....

7. Routine newborn care in labour ward and postnatal ward

7.1 Resuscitation equipment in labour ward and theatre

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Basic					
Resuscitaire	Available				
Spare oxygen source	Cylinder				
Self inflating bag and mask	Laerdal neonatal size 1 per resuscitaire and 1 per high care bed				
Oxygen tubing	Tubing connected and clean				
Face masks	Correct sizes: 00, 0, 1				
Suction unit	Working				
Suction catheters	Smallest f10				
Connected to suction apparatus	Suction connected				
Advanced					
Laryngoscope	Laryngoscope working				
Blades	Straight blades: 00, 0				
Extra bulbs and batteries	Available				
Endotracheal tubes (sizes)	Range 2.0 – 4.0 mm				
Introducer	Neonatal Introducer				
McGill forceps	Neonatal McGill				
IV admin sets, jelco	Appropriate available				
IV fluid: N saline, neonatalyte					
Drugs for resuscitation	Adrenaline, Naloxone, Glucose, N Saline				
Wall chart on resuscitation	Correct chart up and visible				
Daily equipment check	Book present and checked daily				
Total score	Max possible		Actual		Score (%):

Comments.....

7.2 Resuscitation equipment in theatre

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Basic					
Resuscitaire	Available				
Spare oxygen source	Cylinder				
Self inflating bag and mask	Laerdal neonatal size 1 per resuscitaire and 1 per high care bed				
Oxygen tubing	Tubing connected and clean				
Face masks	Correct sizes: 00, 0, 1				
Suction unit	Working				
Suction catheters	Smallest f10				
Connected to suction apparatus	Suction connected				
Advanced					
Laryngoscope	Laryngoscope working				
Blades	Straight blades: 00, 0				
Extra bulbs and batteries	Available				
Endotracheal tubes (sizes)	Range 2.0 – 4.0 mm				
Introducer	Neonatal Introducer				
McGill forceps	Neonatal McGill				
IV admin sets, jelco	Appropriate available				
IV fluid: N saline, neonatalyte					
Drugs for resuscitation	Adrenaline, Naloxone, Glucose, N Saline				
Wall chart on resuscitation	Correct chart up and visible				
Daily equipment check	Book present and checked daily				
Total score	Max possible		Actual		Score (%):

Comments.....

7.3 Routine Essential Newborn Care: Postnatal Ward

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Neonatal beds	Basinette next to each bed				
Rooming in	Babies with mothers all the time				
Bathing	Not routine, top and tail or in own bassinette				
Feeding Support	Baby friendly practices, and support to mothers				
Newborn Care Record	Newborn record in maternity record used				
Newborn care observation chart	In maternity record – used				
Caesarian section babies	Monitoring and feeding support in postnatal ward				
PMTCT policy	Adherence to PMTCT policy				
Discharge policy	Clear discharge procedure				
RTH Booklet	Documentation of info on RTHC				
RTH Booklet					
*					
*					
Total score	Max possible		Actual		Score (%):

* Additional items assessed

Comments:

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7.4 Record review: Routine care postnatal ward

Select 5 maternity records and RTHC booklets of babies currently in the postnatal, who are about to be discharged

Summary of record review findings

Record Number	Score	Denominator
Total		
Percentage		

Comments.....

Record I/D:

	yes	i/p	no	n/a	
Newborn care record used (as part of Maternity record)					
Newborn observation Chart used					
Baby identified					
Birth wt, gender, HC, GA documented					
Apgar and resuscitation recorded					
Delivery documented					
Breastfeeding within 1 hour of birth					
Risk factors identified					
Appropriate action for Pos RPR					
Appropriate action for Blood group 0 or neg					
Appropriate action of HIV unknown					
If HIV pos appropriate prophylaxis given to baby					
If maternal diabetes appropriate action					
IMI Konakion given at birth					
Chloramphenicol eye ointment at birth					
Polio given					
BCG given					
Appropriate follow up date given					
Road to health booklet issued					
Neonatal information documented					
Immunisation documented					
HIV exposure documented					
HIV treatment documented					
Feeding at discharge documented					
Total					

i/p = incomplete / partial: n/a = not applicable yes i/p no n/a

24 items

Score: yes = 2; i/p = 1; no = 0

Actual Maximum %

Score			
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8. Supervision, Monitoring and audit

Item	Standard	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Ward Admission register kept	Admissions, discharges, diagnosis,			
Admission statistics	Admission statistics kept			
Supervision and clinical audit	Monthly audit and review of service			
PPIP	Being used			
Perinatal statistics kept	3 years of perinatal (PPIP) stats available			
Perinatal review meetings	Monthly perinatal review meetings held			
Minutes of meetings	Available			
Perinatal and neonatal data interpreted	Head of unit able to interpret perinatal data			
Downward trend in mortality	Downtrend in mortality especially in newborns			
Meeting targets for mortality reduction	Achieving LINC targets for mortality			
PMTCT	> 95% of moms are tested and mothers and babies receive appropriate care			
Total score	Max possible	Actual		Score (%):

Comments:.....

9. Referral and transport

Item	Standard	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Referral policy	In place and communicated			
Neonatal priority	Neonatal transport prioritised			
Ambulance base	On site			
Time to get ambulance	Less than ½ hour			
Ambulance well equipped	Transport Incubator			
	Portable oxygen			
	CPAP and ventilator			
Personnel	Orientated to newborn care			
Advanced training	EMS personnel trained in newborn transfer			
Total score	Max possible	Actual		Score (%):

Comments:

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Include list of equipment here for ambulance and more on training

10. Staffing

10.1 Doctors

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Paediatricians	5 per regional hospital 1 District paediatrician				
Registrars					
Medical officers					
Community service					
Interns					
Sessional					
Medical officers					
Allocated to newborns	1 full time per 18 babies				
Rotated	No rotation unless in paediatrics				
<i>Training</i>					
LINC	Basic Course				
Resuscitation	HBB plus				
Other					
Total score	Max possible		Actual		Score (%) :

10.2 Nursing staffing norms

Professional nurses / Midwives

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Maternity (ANC / LW / PNC)					
Total	16 per 100 deliveries per month				
Permanently allocated	80%				
Advanced midwives	50%				
LINC Routine care	90%				
Resuscitation	HBB 90%				
Neonatal unit					
Total	HC 1 / 2-3 SIC 1 / 4 – 6				
Permanently allocated	80%				
NICU	Unit manager				
LINC Routine and MSSB	80%				
Resuscitation	HBB 80% 50% HBB +				
Other					
Total score	Max possible		Actual		Score (%):

Enrolled Nurses (EN) / Enrolled Nursing Assistants (ENA)

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Maternity (ANC / LW / PNC)					
Total	10 – 12 per 100 deliveries per month				
Permanently allocated	80%				
LINC RC	80%				
Resuscitation	HBB 80%				
Neonatal unit					
Total	1 per 4 – 6 babies				
Permanently allocated	80%				
LINC RC and MSSN for EN	80%				
Resuscitation	HBB 80%				
Other					
Total score	Max possible		Actual		Score (%):

10.3 Staff training

Item	Standard	Should have	Actual	Assessment Yes = 2, Partial = 1 No = 0, N/A = X	Comment
Training plan					
LINC RC and MSSN	80%				
HBB	80%				
Quarterly update	1 per unit				
Clinical mentoring	1 per month				
"Fire drills"	1 per month				
Total score	Max possible		Actual		Score (%):

Action plans for Improved Neonatal Care

1. Targets for improving neonatal mortality

	Current level	Target for next year	Target for 3 years	Provincial Target	
ENND / 1000 > 999g				8	
ENND / 1000				10	
LNND / 1000				2	
NND / 1000				10	
ENND /1000 (BW >2500g)				4	
ENND / 1000 (BW 1500 - 1999g)				50	
ENND / 1000 (BW 1000 –1499g)				150	
% Admissions to Neonatal Unit				15%	
% Admissions from Referral Area (RH)				5%	

2. Action plans

Area requiring action	Problems identified	Actions to be taken	Resources required	Time line and person responsible	Follow up on progress
Advocacy					
Neonatal Resuscitation					
Routine care in postnatal ward					
Neonatal Facility					
Infection control					
Equipment					
Kangaroo care facility					
Medical staffing					
Nursing Staffing					
Staff development					
Policies					
Guidelines and protocols					
Training and learning					
Neonatal referral					
Neonatal transport					