

Observation Checklist for Antenatal Care
Mae Tao Clinic

Reproductive Health Services Quality Improvement Project
November 24, 2001

Instructions for observers:

When an antenatal care client or family planning client arrives at the health facility, ask her if she is willing to let you observe the visit. It is important that you gain her informed consent before beginning the observation, so the following greeting should be given. After reading the greeting, sign and date the statement that indicates whether or not the client agreed to participate.

GREETING

"Hello. My name is _____. We are observing our health workers in order to improve the quality of services at this clinic. We are asking all antenatal care and family planning clients who visit the clinic today to participate. We would like your permission to observe your visit with the clinic staff. Your participation is extremely important to us, but it is entirely voluntary. You do not have to let us observe the visit if you do not want to. You will not be denied any services if you decide not to participate. If you agree to participate in the survey, you can change your mind at any time during the visit or the interview. We will not write down your name and everything you discuss today will be kept strictly confidential. During your visit, I will be sitting a little apart from you and the clinic staff. There are no risks or direct benefits to you from participating in the survey but your participation will contribute to improving services in this and other clinics.

Do I have your permission to continue?" **CHECK BOX:** **YES** **NO**

READ AND SIGN THE FOLLOWING:

IF YES, SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE OBSERVATION.

I certify that I read the statement above to the client and she agreed to participate in the study.

Signed _____ , **Date** _____

IF NO, SIGN AND DATE THE STATEMENT BELOW AND THEN STOP AND WAIT FOR ANOTHER CLIENT.

I certify that I read the statement above to the client and she did not agree to participate in the study.

Signed _____ , **Date** _____

DK= Don't know or cannot remember

NA= Not applicable or not able (if not able write down reason why)

ANC _ _ _

1. Date completing checklist: ___/___/___
Day Month Year

2. Health Worker Number: ANC _____

3. Health Worker Name: _____

4. Observer ID Number: ANC _____

5. Name of observer: _____

6. Language spoken (circle one):

1. Burmese
2. Karen
3. Other _____

Time Session Began ____ : ____ AM/PM

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Section I. Interpersonal relations and routine procedures

101	Did the provider:	Yes	No	DK	NA
A	Dress appropriately for work				
B	See client in private				
C	Greet client				
D	Assure client of confidentiality				
E	Review client's previous records				
F	Ask number of previous visits				
G	Ask open-ended questions				
H	Encourage client to ask questions				
I	Treat client with respect				
J	Use appropriate IEC materials				
K	Give client IEC reading material (if available and appropriate)				
L	Refer client if necessary				
M	Discuss return visit				

Section II. Universal precautions

	*Were the following universal precautions performed correctly?	Yes	No	DK	NA
201	Wash hands with soap and water				
A	Before each patient contact				
B	After each patient contact				
C	After removing gloves				
202	Gloves				
A	Wear when drawing blood sample				
203	Handle sharps safely				
A	Dispose of needle without recapping or use "one-hand" technique to recap needle				
B	Dispose of needles and other sharps in puncture proof container				
204	Clean, disinfect, and sterilize appropriately				
A	Table tops cleaned with disinfectant solution between patients				

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A. Background

301. Reason for visit:

- () 1. First antenatal care visit
- () 2. Follow-up antenatal care visit

B. History

Were the following topics discussed?		Yes	No	DK	NA
302	Current age				
303	Marital status				
304	Parity				
305	Number of living children				
306	Date of last normal menstrual period				
307	Regularity of menstrual cycle				
308	Family planning history				
309	Interest in FP after this pregnancy				
310	Breastfeeding history				
311	Minor illness				
*312	Obstetric history				
A	Antepartum/postpartum hemorrhage				
B	Multiple gestation				
C	Eclampsia				
D	Sepsis				
E	Operative delivery (surgical, forceps, or vacuum)				
F	Prolonged labor				
G	Stillbirth or neonatal death				
H	Premature/low birth weight baby				
I	Social history (family is okay)				
J	Symptoms of current STI/HIV				
313	Medical problems (e.g., malaria)				

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C. Physical Examination

314	Did the provider perform the following according to the protocol?	Yes	No	DK	NA
A	Check general appearance				
B	Check signs of anemia				
*C	Check for edema				
*D	Check height (note: < 4'8"/ 140cm)				
E	Check weight				
*F	Check blood pressure				
G	Check previous caesarean section scar				
*H	Check fundal height				
I	Check fetal movements				
J	Check for fetal heart sound (2 nd trimester)				
K	Check lie and presentation in 3 rd trimester				
L	Note assessment of complaints in history				
M	Listen to heart rate/heart sound				

D. Routine Testing and Counseling

315	*Were the following routine tests and counseling procedures performed?	Yes	No	DK	NA
	First visit only				
A	Give pre-test counseling for STI tests				
B	Test for HBV				
C	Test for VDRL				
D	Test for HIV				
	First visit or follow-up visit				
E	Urinalysis (if BP elevated)				
F	Malaria smear (if appropriate)				
	Follow-up visit only				
G	Check record for test results				
H	Give post-test counseling for STI tests				
I	Give test results				

E. Care

316	Were the following aspects of care provided?	Yes	No	DK	NA
A	Ask client where she plans to deliver				
B	Ask client how far to closest health facility or to get TBA				
C	Ask client where she plans to go if she has an obstetric problem				
D	Ask how far to the closest health facility or to get TBA if obstetric problem				
E	Give ATT according to protocol ¹				

¹ TT1= first prenatal visit, TT2= at least 4 weeks after TT1, TT3=at least six months after TT2, or during next pregnancy TT4= at least one year after TT3 or during next pregnancy, TT5 at least one year after TT4, or during next pregnancy

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316	Were the following aspects of care provided?	Yes	No	DK	NA
F	Encourage at least 2 ANC visits				
G	Treat for malaria according to protocol				
H	Provide iron and folic supplementation				
I	(If applicable) treat for pre-eclampsia				
*J	If VDRL positive, treat according to protocol				
K	If Hep B+, treat according to protocol				

F. Health Promotion

317	Were the following aspects of women's health and pregnancy related needs discussed?	Yes	No	DK	NA
A	Personal well-being (e.g. adequate rest, good hygiene, nutrition)				
B	Care of minor disorders during pregnancy				
C	Safe sexual practices				
D	Prevention of malaria				
E	Prevention of intestinal parasites				
F	Avoidance of heavy work				
G	No smoking				
H	No drinking alcohol or taking drugs				
I	No non-prescribed medicines				
J	Danger signs during pregnancy				
K	Family planning				
L	Counseling newborn care (exclusive breastfeeding, if appropriate)				
M	Date of next prenatal visit				

Time Session Completed ____ : ____ **AM/PM**