

## SECTION C: NBCC ASSESSMENT FORM

### Instruction Sheet

The assessment of NBCC should be done at the Labour Room and OT where the LSCS are performed.

#### GENERAL INFORMATION\*(note when assessing only NBCC)

Name of the State: \_\_\_\_\_ Name of the District: \_\_\_\_\_

Name of the block: \_\_\_\_\_ Name of the facility: \_\_\_\_\_

<b>Address of facility</b>	
<b>Type of designated facility</b>	DH <input type="checkbox"/> SDH <input type="checkbox"/> FRU <input type="checkbox"/> CHC <input type="checkbox"/> 24*7 <input type="checkbox"/> Others <input type="checkbox"/> (Other specify .....)

### I. LABOUR ROOM

#### A. Infrastructure

1	Approximate size of the labour room in sq. ft.	
2	Number of delivery tables available	
3	Number of delivery tables functional	
4	Are mattresses available on the labour table?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Are they clean and in good condition?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Is there privacy for the delivering mothers?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6	Is there a toilet available for patients?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, is it clean?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7	Is there a dedicated area for Hand washing in labour room?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8	Is lighting adequate in the labour room?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9	Is there 24*7 water supply? Check	YES <input type="checkbox"/> NO <input type="checkbox"/>
10	Is there 24*7 electrical supply? Check	YES <input type="checkbox"/> NO <input type="checkbox"/>

## B. Human Resource

- A. How many posts of staff nurses are designated for labour room? .....
- B. How many staff nurses are deployed at LR? .....
- a. Regular staff nurses .....
- b. Contractual staff nurses .....
- C. Training Status

S. No.	Health Personnel	Number Available	Number trained		
			SBA	NSSK	FIMNCI
1	Medical Officer				
2	Staff Nurse				
3	ANM				
4	Others				

## C. Service utilization and Record keeping

1. Is Delivery/Labour room register available? YES ☐ NO ☐
- If yes, is it being filled properly? YES ☐ NO ☐
  - Remarks
2. Are case sheets available? YES ☐ NO ☐
- Are they being filled properly? YES ☐ NO ☐
  - (Check at least 5 case sheets)
  - If not: Remarks

S. No.	Data/Indicators	Last 3 months		
		1st Month	2nd Month	3rd Month
1	Number of deliveries (month wise)			
2	Number of LBW newborns (month wise)			
3	Number of newborns with birth Asphyxia (month wise)			
4	Number of newborns managed with bag and mask (month wise)			
5	Number of LSCS performed in last quarter			
6	Number of newborns referred to SNCU/Higher centre			

## D. Logistics

S. No.	Logistics	Availability at time of visit (Yes / No)	Adequacy of stock (Yes / No)	Remarks
1	Wall clock (with seconds hand)			
2	Clean dry sheets			
3	Clean towels			
4	Mucus extractor			
5	Disposable gloves			
6	Clean blade			
7	Clean cord ties /staples			
8	Clean Cotton and gauze			
9	IVF (NS)			
10	Inj. Vitamin K			
11	Syringes			

## E. Availability of Protocols

1	Availability of protocol on essential newborn care	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Display of guidelines for resuscitation & care at birth	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Availability of procedures for Infection Prevention and Control	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Availability of Housekeeping protocols	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Remarks

## II. Newborn Care Corner in Labour Room

### A. Infrastructure

1. Is Newborn Care Corner available within Labour Room ? YES ☐ NO ☐
2. Is 20-30 sq ft` area earmarked / dedicated for NBCC? YES ☐ NO ☐

## B. Equipments

S. No.	Equipment	Availability Yes / No	Available Number	Functional YES/NO (Check functionality)*	If not functional since when
1	Radiant warmer				
2	Self Inflating Bag (250ml 500 ml)				
3	Face mask (No. 0 and 1)				
4	Weighing Scale				
5	Room Thermometer				
6	Low Reading Clinical (32-34C)Thermometer				
7	Light for Examination (Mobile)				
8	Mucus Extractor				
9	Suction Machine (Foot operated / Mechanical)				
10	Feeding Tubes				
11	Oxygen Cylinder (check for flowmeter)				
12	Syringe Hub Cutter				

### C. Maintenance/Repair of equipments

S. No.	Equipment	Make & Company	Date of procurement (check stock register)	Date of Expiry of warranty	CMC /AMC Yes / No	Any breakdown. Not working > 7days in last 1 month (if more than one equipment has broken down, list all)	Time taken to get the equipment functional	Expert to check and ensure non-functionality of out of order equipment
1	Radiant Warmer							
2	Suction machine							
For radiant warmers report on voltage fluctuation								

## D. Assessment of practices

ASK & OBSERVE

1	Are all babies after delivery kept in the warmer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Are babies kept on the mothers abdomen immediately after birth	YES <input type="checkbox"/> NO <input type="checkbox"/>
3	Is breast feeding started immediately after birth?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4	Is hand washing done before handling each baby?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Are sterile sheets used for the baby? If yes are the sheets pre warmed?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
6	Frequency of cleaning of general equipments	Once a day <input type="checkbox"/> Once a week <input type="checkbox"/> During Fumigation <input type="checkbox"/> Not done <input type="checkbox"/>
7	Disinfection of baby care equipment	After each use <input type="checkbox"/> Daily <input type="checkbox"/> When visibly soiled <input type="checkbox"/> Not done <input type="checkbox"/>
8	Waste segregation and disposal ( <i>Mention type you seen</i> )	Appropriate <input type="checkbox"/> Not appropriate <input type="checkbox"/>

### Overall rating:

Criteria	Score		
	0	1	2
<b>Separate area for NBCC</b>	No separate area	Separate area but <20 sq. ft.	20 – 30 sq. ft. separate area
<b>Radiant warmer</b>	Not available	Available but not functional	Available & functional
<b>Bag &amp; Mask</b>	Not available	Available but not functional	Available & functional
<b>Training of nurses (SBA, NSSK)</b>	Not trained	50% trained	100% trained
<b>Hand washing</b>	Not done	Sometime	Regular

### III. Post Natal Ward

1	Mention the total number of beds in the ward	
2	Condition of bed sheets and bed nets(if Required)	
3	Is there a toilet available? If available, is it clean?	
4	Average duration of stay in post natal period	
5	Are posters of Breastfeeding, Nutrition, Immunization, etc displayed in the ward?	
6	Is KMC being practiced?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7	Is every mother and baby seen daily by a medical officer? Remarks	
8	Is a medical officer available for management of neonatal problems on daily basis?  If no, describe	YES <input type="checkbox"/> NO <input type="checkbox"/>
9	Number of Staff Nurses posted in the postnatal ward	
10	Is there a facility for rooming in?  If yes then details	YES <input type="checkbox"/> NO <input type="checkbox"/>
11	Are there any sick babies being treated in the postnatal ward?  If yes then details	YES <input type="checkbox"/> NO <input type="checkbox"/>
12	Person responsible for giving the discharge tickets	MO <input type="checkbox"/> Staff Nurse <input type="checkbox"/> ANM <input type="checkbox"/> Others <input type="checkbox"/>
13	What advice is given at the time of discharge?	None <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Hygiene <input type="checkbox"/> Hypothermia prevention <input type="checkbox"/> Info about danger signs <input type="checkbox"/> All <input type="checkbox"/>
14	When is breastfeeding initiated after birth? <i>(Kindly ask/observe mothers in PNC ward)</i>	Immediately <input type="checkbox"/> 1-6 hours <input type="checkbox"/> >6 hours <input type="checkbox"/>
15	Is there any other aid /counsellor (Mamta/Yashoda) posted in the ward (Kindly observe their practices)	
16	Describe the protocol for cord care in the hospital and advice given at the time of discharge.	
17	Observe the practices followed for thermoregulation of the baby.(well covered and clothed baby, kept next to mother, no draught of air, open doors and windows)	

18	Does the ward have a television and CD player / VHS for health education?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19	If yes then does the facility run newborn care videos in the PNC ward?	
20	Bathing practices followed in the facility for the newborn	
21	Any pre-lacteal feed seen in the ward if yes then describe	
22	Is the newborn immunized before discharged, if yes please describe the vaccines given	

## IV. Newborn care corner in OT

### A. Infrastructure

1. Is Newborn Care Corner available within Labour Room ? YES ☐ NO ☐
2. Is 20-30 sq ft` area earmarked / dedicated for NBCC? YES ☐ NO ☐

### B. Equipments

S. No.	Equipment	Availability Yes / No	Available Number	Functional YES/NO (Check functionality)	If not functional since when
1	Radiant warmer (E)				
2	Self Inflating Bag (500 ml)				
3	Face mask (No. 0 and 1)				
4	Weighing Scale				
5	Room Thermometer				
6	Low Reading Clinical Thermometer				

7	Light for Examination (Mobile)				
8	Mucus Extractor				
9	Suction Machine (Foot operated / Mechanical)				
10	Feeding Tubes				
11	Oxygen Cylinder				
12	Syringe Hub Cutter				

### C. Maintenance/Repair of equipments

S. No.	Equipment	Make & Company	Date of procurement (check stock register)	Date of Expiry of warranty	CMC /AMC Yes / No	Any breakdown. Not working > 7days in last 1 month (if more than one equipment has broken down, list all)	Time taken to get the equipment functional	Expert to check and ensure non-functionality of out of order equipment
1	Radiant Warmer							
2	Suction machine							
For radiant warmers report on voltage fluctuation								

### D. Assessment of practices

ASK & OBSERVE

1	Are all babies after delivery kept in the warmer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Is breast feeding started immediately after birth?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Is hand washing done before handling each baby?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Are sterile sheets used for the baby?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes are the sheets prewarmed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Frequency of cleaning of general equipments	Once a day <input type="checkbox"/> During Fumigation <input type="checkbox"/>	Once a week <input type="checkbox"/> Not done <input type="checkbox"/>



6	Disinfection of baby care equipment	After each use <input type="checkbox"/> When visibly soiled <input type="checkbox"/>	Daily <input type="checkbox"/> Not done <input type="checkbox"/>
7	Waste segregation and disposal ( <i>Mention type you seen</i> )	Appropriate <input type="checkbox"/>	Not appropriate <input type="checkbox"/>

**Overall rating:**

Criteria	Score		
	0	1	2
<b>Separate area for NBCC</b>	No separate area	Separate area but <20 sq. ft.	20 – 30 sq. ft. separate area
<b>Radiant warmer</b>	Not available	Available but not functional	Available & functional
<b>Bag &amp; Mask</b>	Not available	Available but not functional	Available & functional
<b>Training of nurses (SBA, NSSK)</b>	Not trained	50% trained	100% trained
<b>Hand washing</b>	Not done	Sometime	Regular

## Checklist for Equipments

---

S.NO.	Equipment	Functions
1	Radiant Warmer	a) Probes to monitor temperature available and used. b) Temperature can be set /the keys are functioning. c) Quartz rods are working or not d)stabilizer used or not
2	Phototherapy	a) No power on turning instrument on b)Fan not working c)Timer not working d) Standard Blue units - Tubes not coming on/ Blackening / flickering of tubes e) Type of Light CFL/LED
3	Bag and Mask	a)capacity of the bag b) Felt pressure on the palm when the bag is squeezed. c) Upon squeezing enough the pop off valve opened and makes a sound. d)Checked that the bags re-inflates quickly when you release squeeze