

# Online seminar: The WHO Safe Childbirth Checklist Collaboration

8 May 2013 WHO Geneva, Switzerland

WHO Patient Safety Programme

WHO Department of Maternal, Newborn, Child and Adolescent Health

WHO Department of Reproductive Health and Research

## *Agenda:*

- Welcome and introduction
- Checklist development, items and rationale
- The WHO Safe Childbirth Checklist Collaboration
- Question and answer



World Health  
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# Safe Childbirth Checklist Collaboration

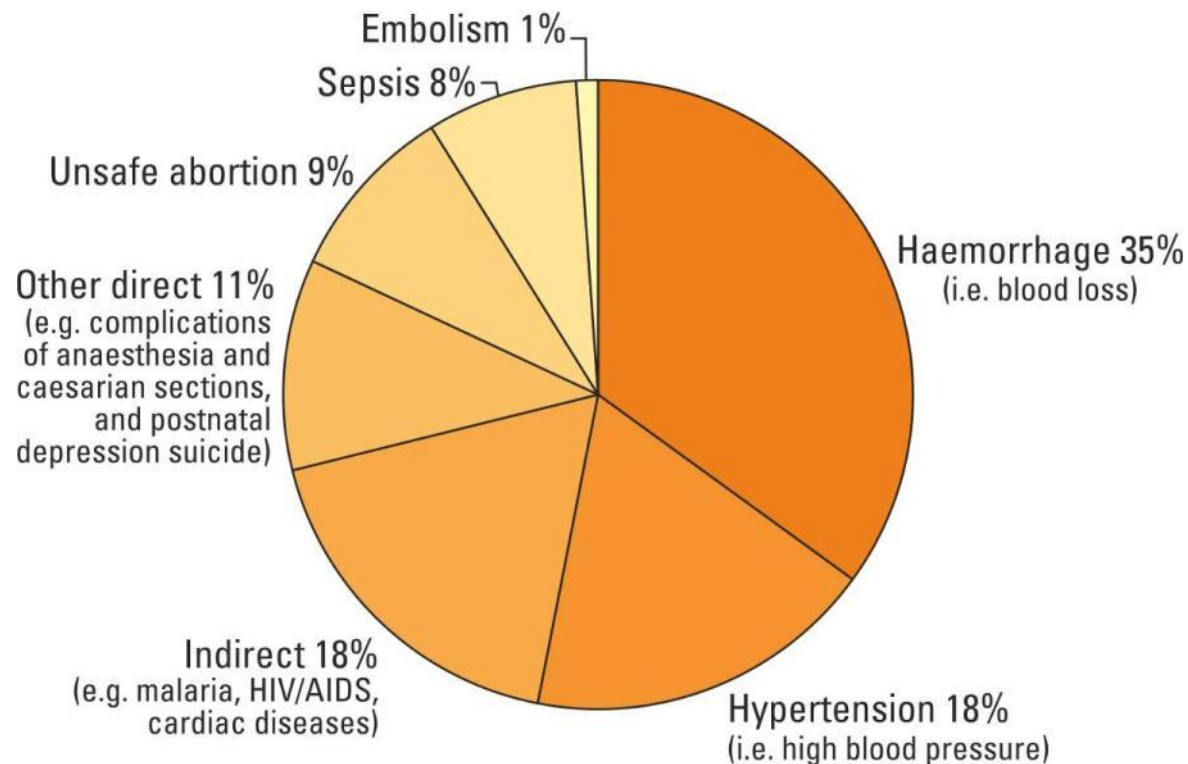


World Health  
Organization

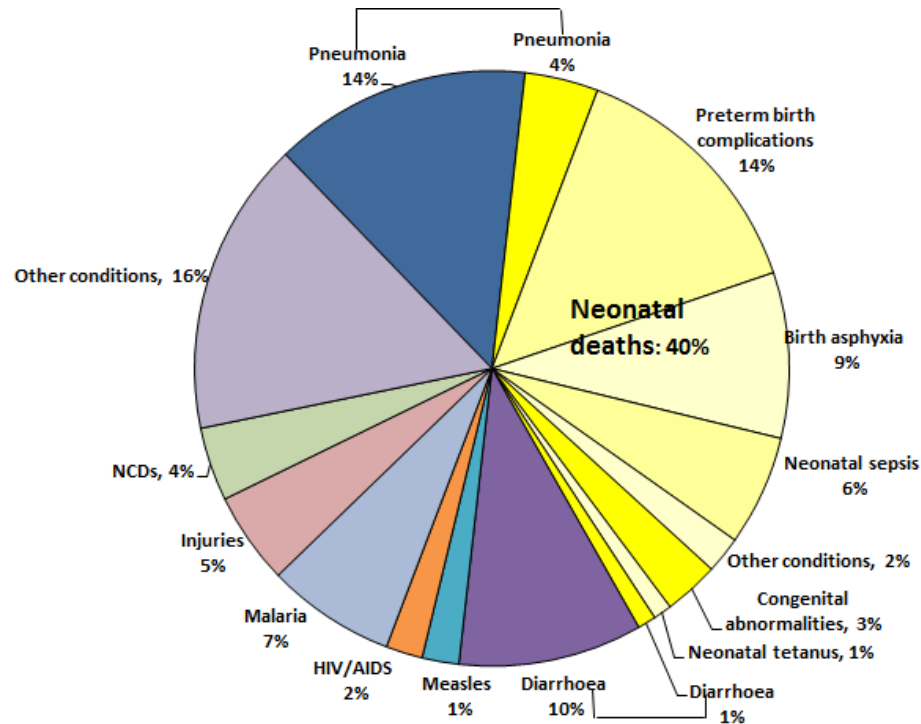
# Background

- Checklists have been identified as a bridging mechanism to overcome some barriers to implementation resulting in tangible improvement in performance
  - Aviation industry
- WHO Safe Surgery Checklist
  - Decrease in mortality in non cardiac surgery in diverse settings
    - Haynes 2009
- Can a similar checklist be used in reducing maternal and perinatal deaths?

# Causes of Maternal Deaths



# Causes of child deaths



## The numbers

**Pneumonia: 966 000**

**Diarrhoea: 690 000**

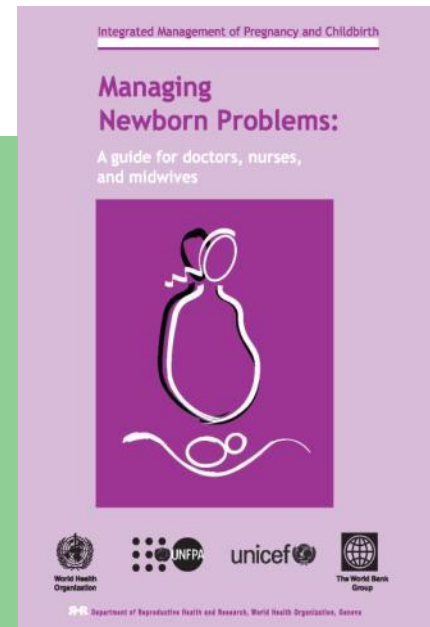
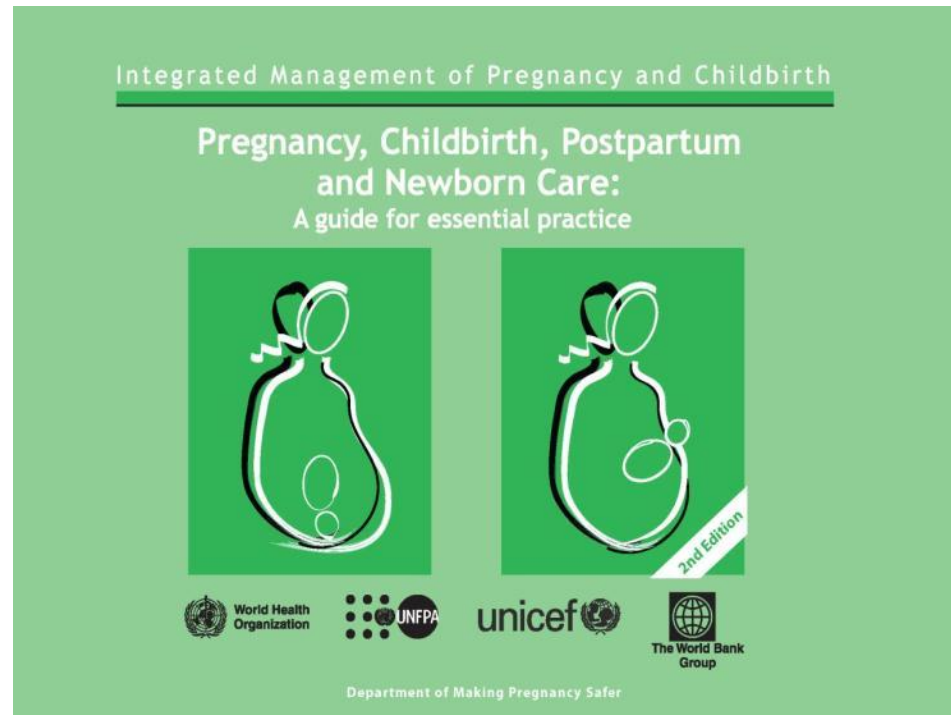
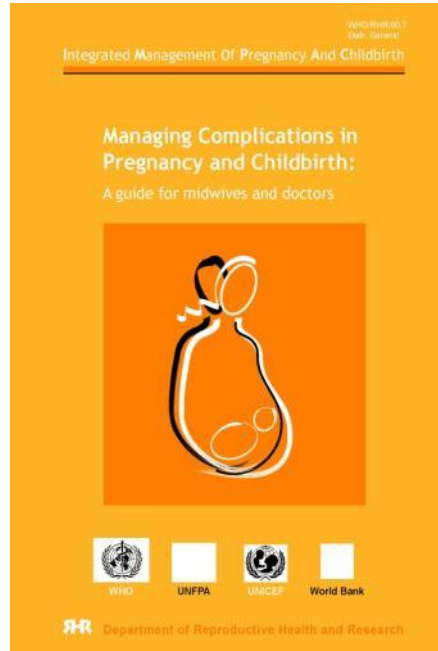
**Malaria: 483 000**

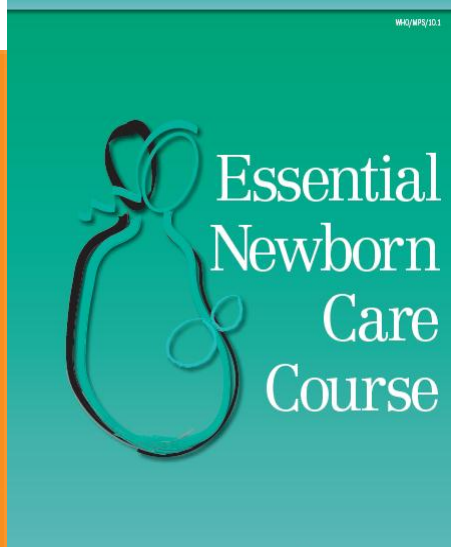
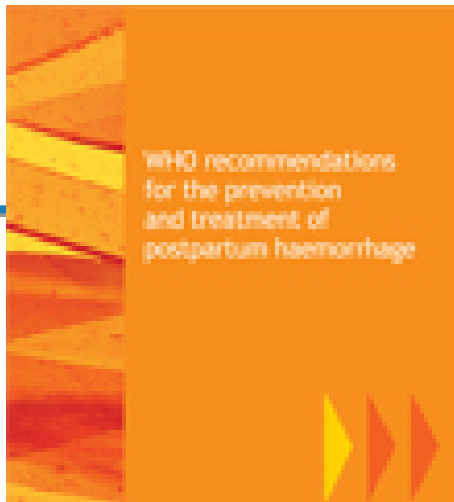
**Prematurity: 966 000**

**Asphyxia: 621 000**

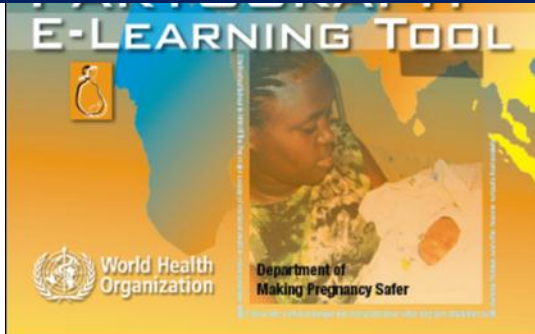
**Sepsis: 414 000**

# Integrated Management of Pregnancy and Childbirth (IMPAC) Clinical Guidelines





# Need to move from guidelines to change in practice



# Approach

- Covers interventions that address major causes of maternal and perinatal death
- Adherence to these interventions improve maternal and perinatal health
- If a critical action is missed, it may lead to complications or death
- Includes "Pause points" where medical team assesses and confirms that interventions have been performed



# Development

- Extensive consultations to develop draft versions
- 29 interventions
  - On admission
  - Just before pushing or before CS
  - Soon after birth (within 1 hr)
  - Before discharge

## 1. On admission

### Does Mother need referral?

- ☐ No
- ☐ Yes, organized

Check your facility's criteria

### Partograph started?

- ☐ No: Will start when  $\geq 4$  cm
- ☐ Yes

Start plotting when cervix  $\geq 4$  cm, then cervix should dilate  $\geq 1$  cm/hr

- Every 30 min: plot HR, contractions, fetal HR
- Every 2 hrs: plot temperature
- Every 4 hrs: plot BP

### Does Mother need to start:

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if any of:

- Mother's temperature  $\geq 38^{\circ}\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes  $> 18$  hrs

#### Magnesium sulfate?

- ☐ No
- ☐ Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP  $\geq 110$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

#### Antiretrovirals?

- ☐ No, confirmed HIV negative
- ☐ Yes, given
- ☐ If status unknown, HIV test ordered

- Mothers with CD4  $\leq 350$  or clinical diagnosis require treatment
- Mothers with CD4  $> 350$  require prophylaxis

- ☐ Confirm supplies are available to clean for each vaginal exam

- ☐ Encourage Birth

## 2. Just before pushing (or before Caesarean)

### Does Mother need to start:

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if any of:

- Mother's temperature  $\geq 38^{\circ}\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes  $> 18$  hrs
- Caesarean section

#### Magnesium sulfate?

- ☐ No
- ☐ Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP  $\geq 100$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

### Confirm essential supplies are at bedside and prepare for

#### for Mother

- ☐ Gloves
- ☐ Alcohol-based handrub or soap and clean
- ☐ Oxytocin

Prepare to can  
Conf

WHO SAFE CHILDBIRTH CHECKLIST COLLABORATIVE

For more information, please visit [www.who.int/patientsafety](http://www.who.int/patientsafety)



## 3. Soon after birth (within 1 hour)

### Is Mother bleeding abnormally?

- ☐ No
- ☐ Yes: Shout for help

If bleeding abnormally:

- Massage uterus
- Consider more uterotonic
- Start IV
- Treat cause: uterine atony, retained placenta/fragments, vaginal tear, uterine rupture

### Does Mother need to start:

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if placenta manually removed or if Mother's temperature  $\geq 38^{\circ}\text{C}$  and any of:

- Chills
- Foul-smelling vaginal discharge

#### Magnesium sulfate?

- ☐ No
- ☐ Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP  $\geq 110$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

### Does Baby need:

#### Referral?

- ☐ No
- ☐ Yes, given

Check your facility's criteria.

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give Baby antibiotics if antibiotics given to Mother, or if Baby has any of:

- Respiratory rate  $>60/\text{min}$  or  $<30/\text{min}$
- Chest in-drawing, grunting, or convulsions
- Poor movement on stimulation
- Baby's temp  $<35^{\circ}\text{C}$  (and not rising after warming) or Baby's temp  $\geq 38^{\circ}\text{C}$

#### Special care/monitoring?

- ☐ No
- ☐ Yes, organized

Arrange special care/monitoring if:

- More than 1
- Birth

#### Antiretrovirals?

- ☐ No

## 4. Before discharge

### Is Mother's bleeding controlled?

- ☐ No: Treat and delay discharge
- ☐ Yes

### Mother to start antibiotics?

- ☐ No
- ☐ Yes: Give and delay discharge

Give antibiotics to Mother if her temperature  $\geq 38^{\circ}\text{C}$  and any:

- Chills
- Foul-smelling vaginal discharge

### Baby to start antibiotics?

- ☐ No
- ☐ Yes: Give antibiotics, delay discharge, give special care

Give antibiotics to Baby if any of:

- Respiratory rate  $>60/\text{min}$  or  $<30/\text{min}$
- Chest in-drawing, grunting, convulsions
- Poor movement on stimulation
- Baby's temp  $<35^{\circ}\text{C}$  (and not rising after warming), or temp  $\geq 38^{\circ}\text{C}$
- Stopped breastfeeding well
- Umbilicus redness extending to skin or draining pus

### Is Baby feeding well?

- ☐ No: Establish good breastfeeding practices and delay discharge
- ☐ Yes

WHO SAFE CHILDBIRTH CHECKLIST COLLABORATIVE

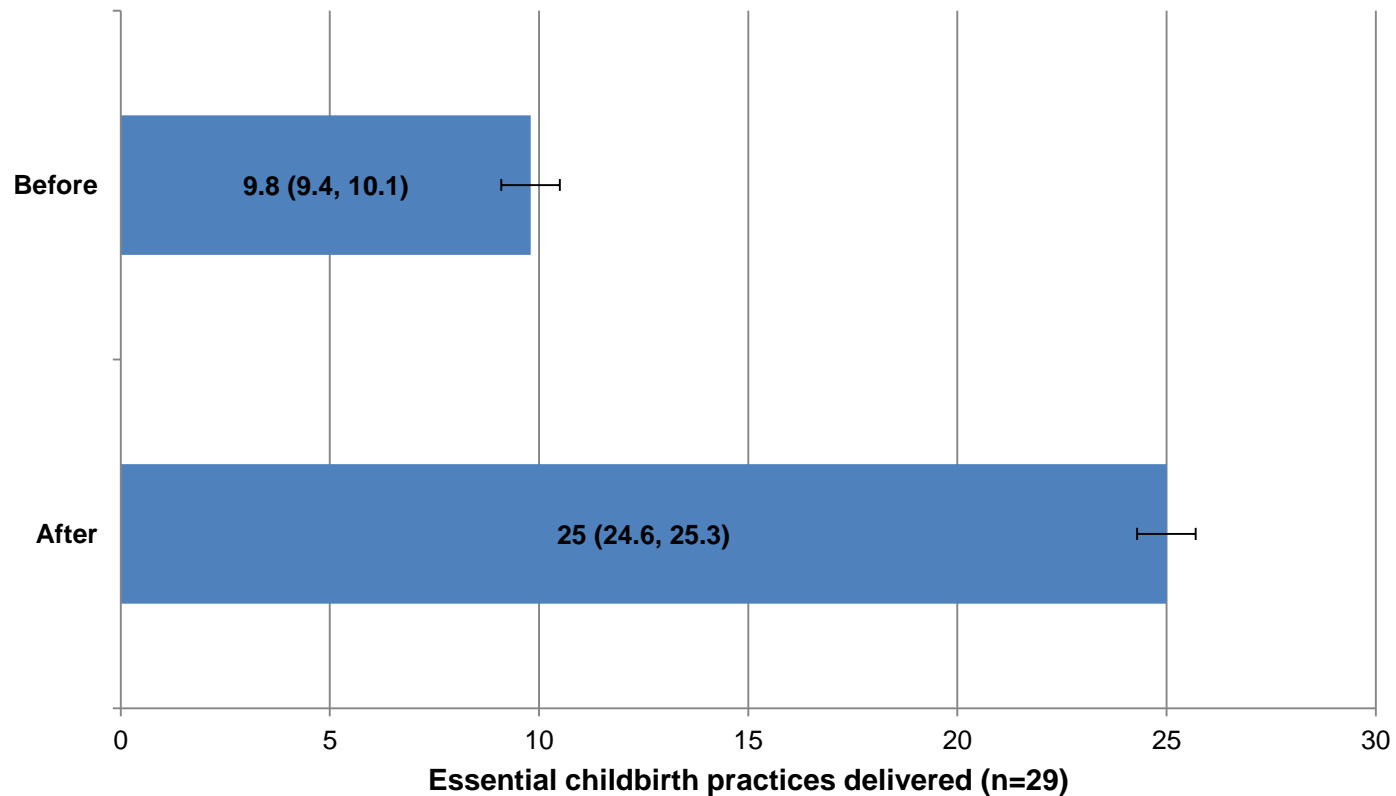
For more information, please visit [www.who.int/patientsafety](http://www.who.int/patientsafety)

# Progress

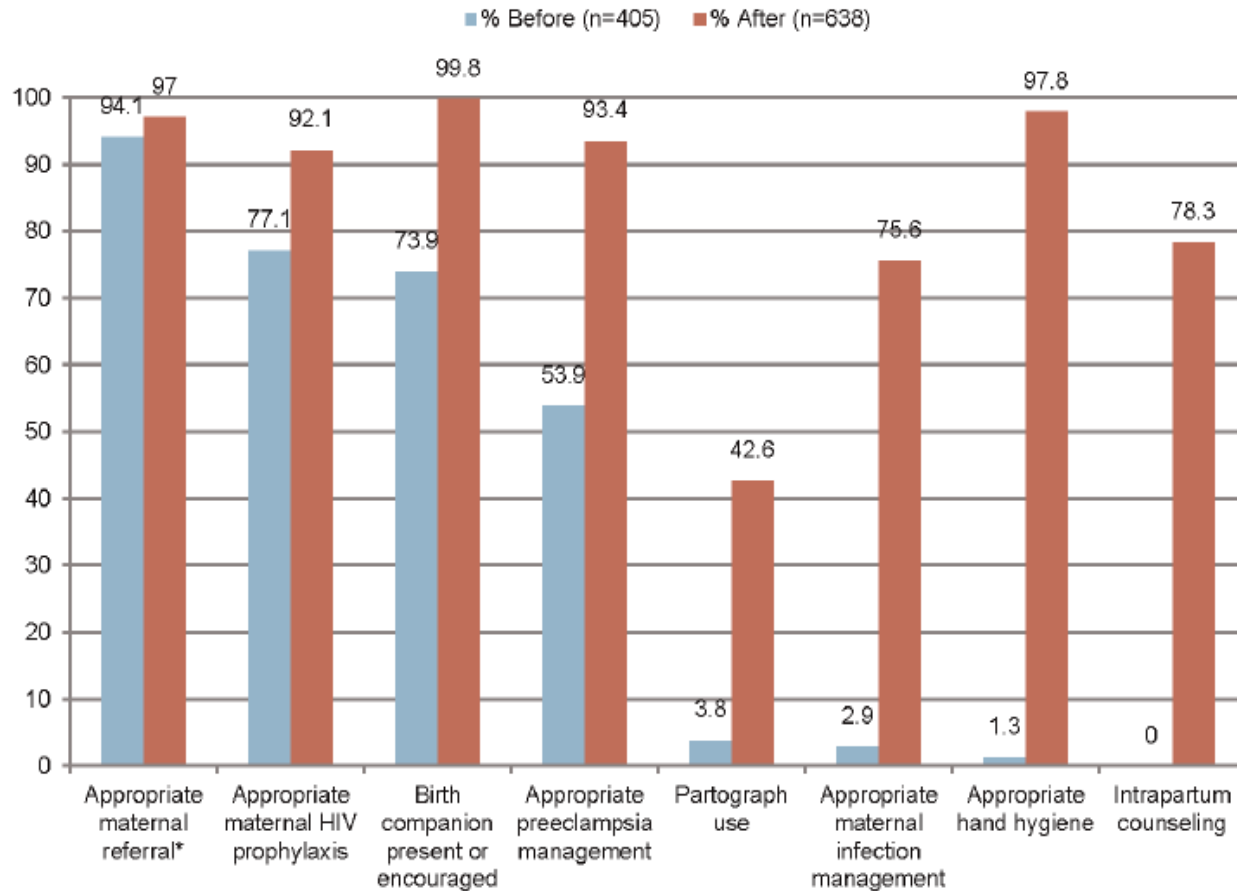
- Feasibility tests in 17 sites in 10 countries
- Pilot field test in one site in India
  - Before 499 After 795
  - Overall 150% increase in adherence to evidence based practices
  - Significant improvement in 28 out of 29 practices
  - Insufficient size to assess impact



# Average rate of successful delivery of essential childbirth practices before and after intervention ( $p < 0.001$ )

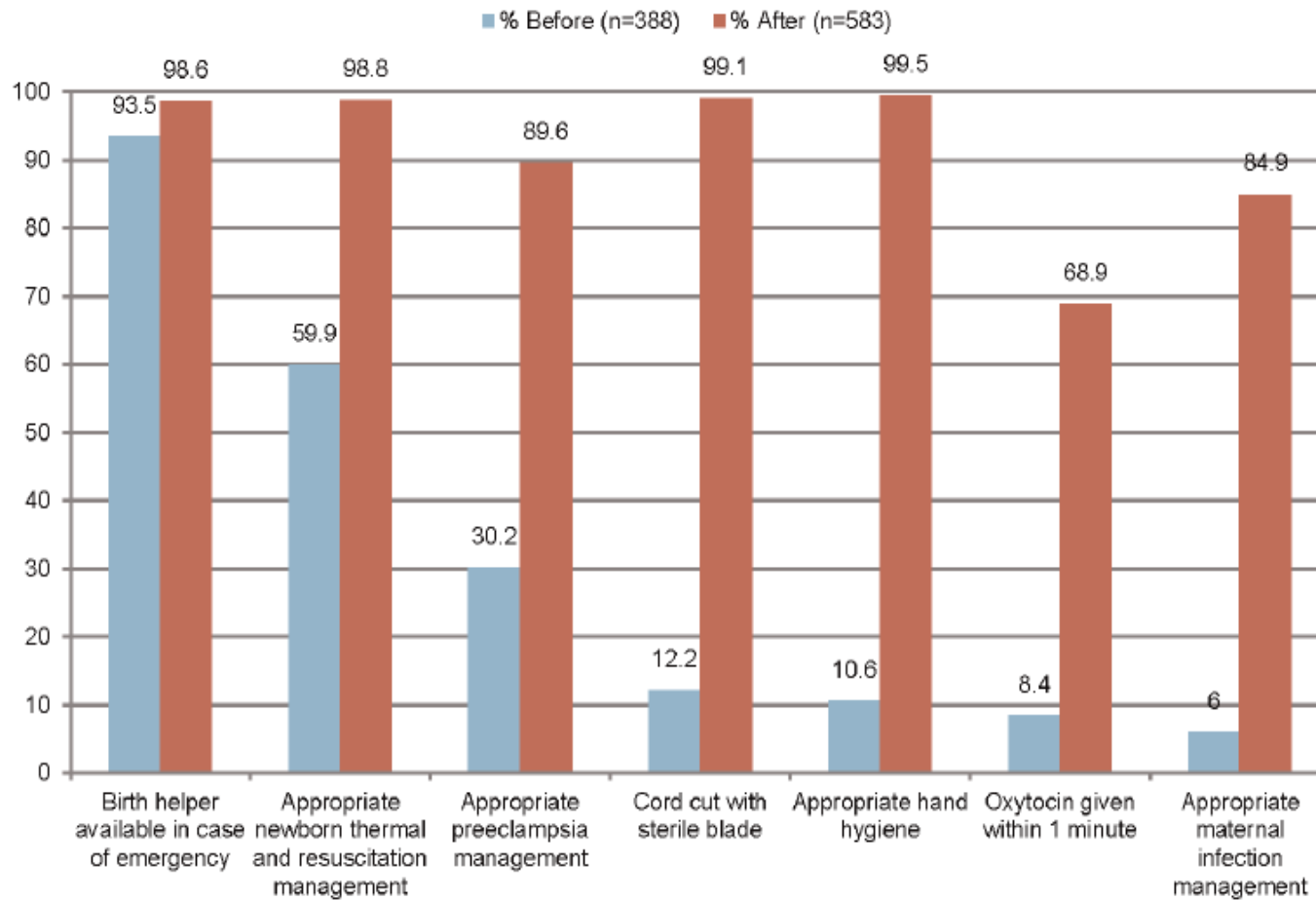


# Practice Change: On Admission



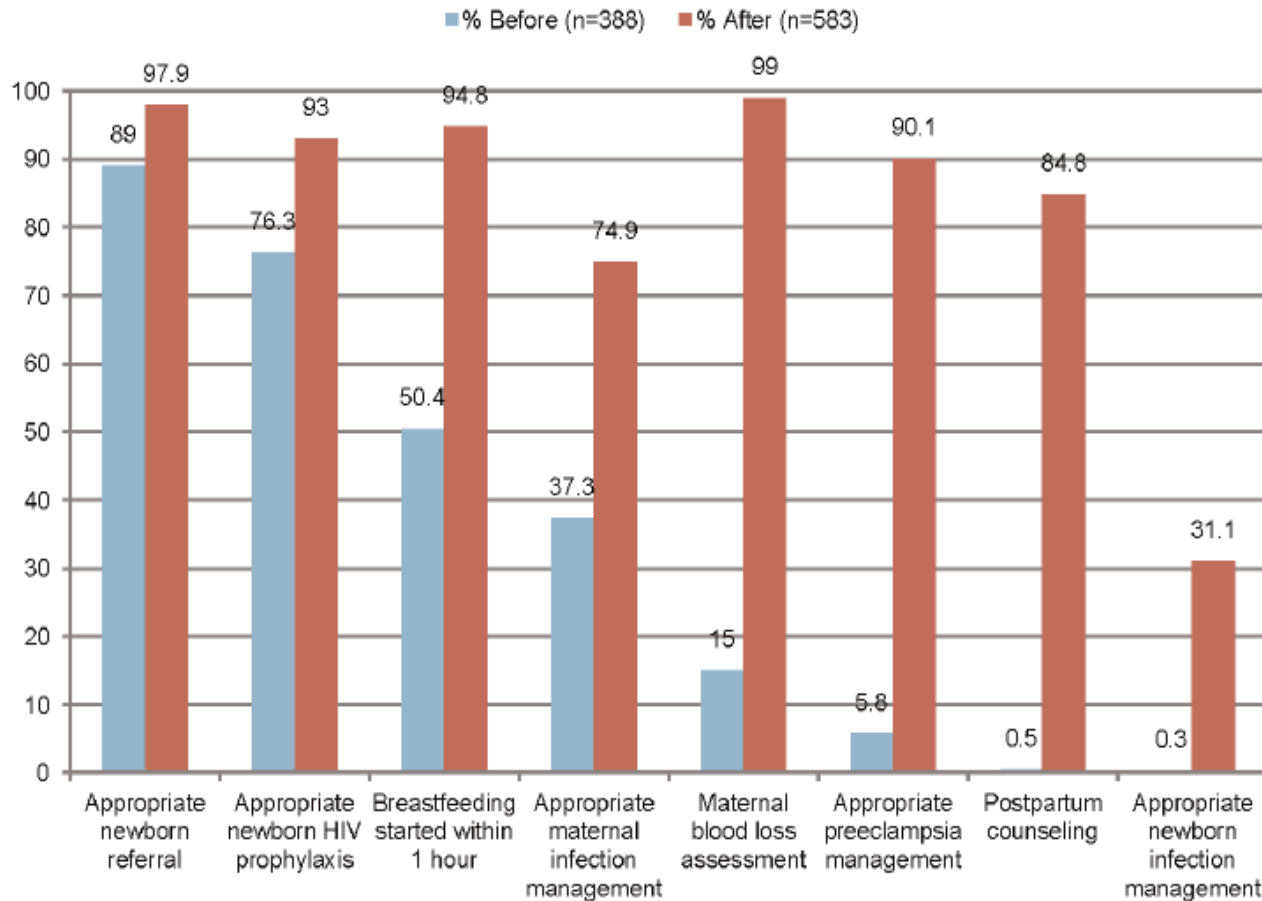
\*P value = 0.052; all others  $p \leq 0.03$

# Practice Change: At Delivery



\*P value = 0.052; all others  $p \leq 0.03$

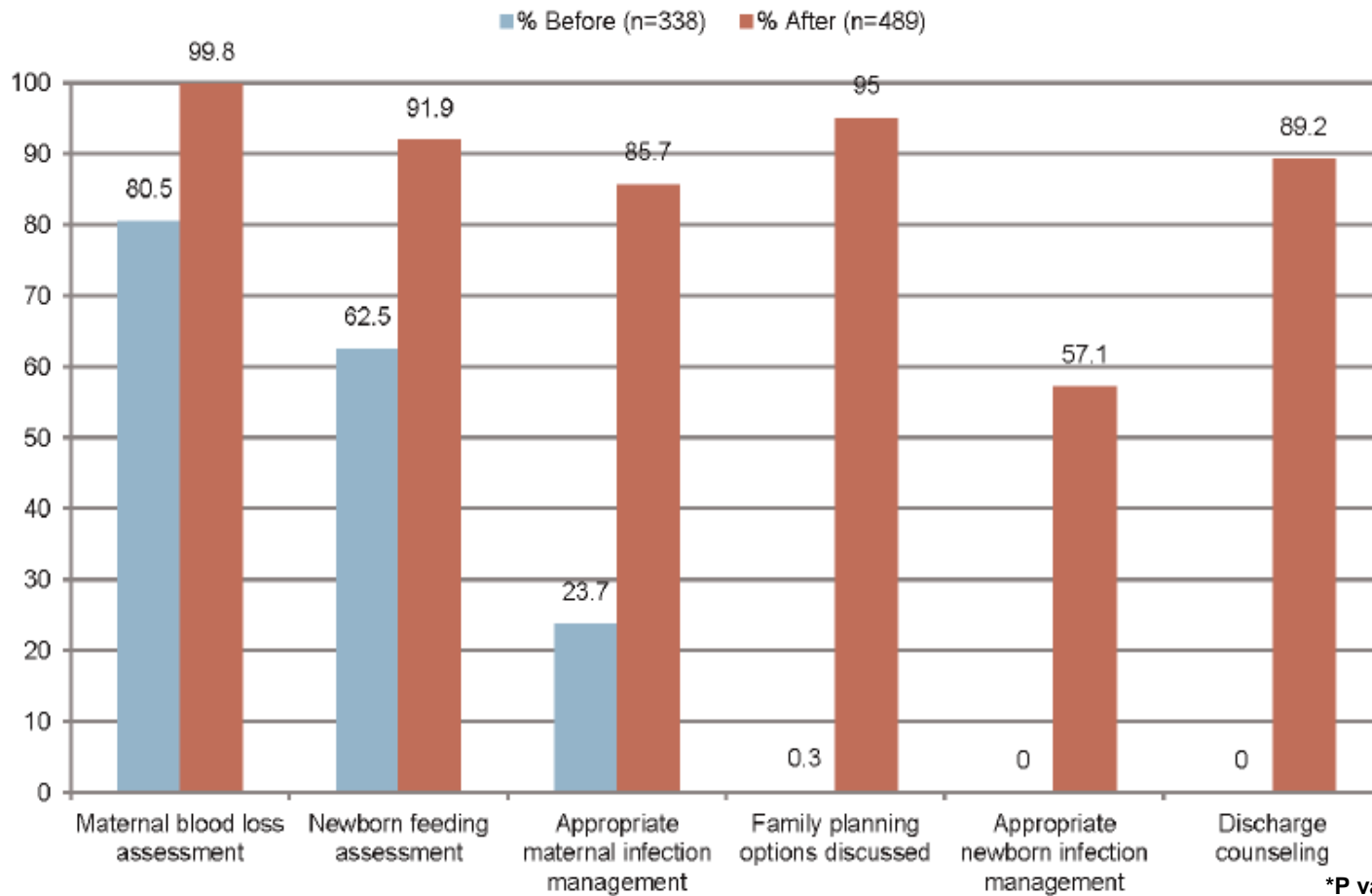
# Practice Change: Soon after Birth



\*P value = 0.052; all others  $p \leq 0.03$



# Practice Change: Before Discharge



# Improving Quality of Care for Maternal and Newborn Health: Prospective Pilot Study of the WHO Safe Childbirth Checklist Program

Jonathan M. Spector<sup>1\*</sup>, Priya Agrawal<sup>2,3</sup>, Bhala Kodkany<sup>3</sup>, Stuart Lipsitz<sup>4</sup>, Angela Lashoher<sup>5</sup>, Gerald Dziekan<sup>5</sup>, Rajiv Bahl<sup>6</sup>, Mario Merialdi<sup>7</sup>, Matthews Mathai<sup>6</sup>, Claire Lemer<sup>8</sup>, Atul Gawande<sup>1</sup>

**1** Department of Health Policy and Management, Harvard School of Public Health, Boston, Massachusetts, United States of America, **2** Faculty of Epidemiology and Population Health, Infectious Disease Epidemiology Department, London School of Hygiene and Tropical Medicine, London, United Kingdom, **3** Women's and Children's Health Research Unit, Jawaharlal Nehru Medical College, Karnataka, India, **4** Center for Surgery and Public Health, Brigham and Women's Hospital, Boston, Massachusetts, United States of America, **5** Department of Patient Safety, World Health Organization, Geneva, Switzerland, **6** Department of Maternal, Newborn, Child and Adolescent Health, World Health Organization, Geneva, Switzerland, **7** Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland, **8** London Deanery, Barnet and Chase Farm Hospitals NHS Trust, Enfield, United Kingdom

## Abstract

**Background:** Most maternal deaths, intrapartum-related stillbirths, and newborn deaths in low income countries are preventable but simple, effective methods for improving safety in institutional births have not been devised. Checklist-based interventions aid management of complex or neglected tasks and have been shown to reduce harm in healthcare. We hypothesized that implementation of the WHO Safe Childbirth Checklist program, a novel childbirth safety program for institutional births incorporating a 29-item checklist, would increase delivery of essential childbirth practices linked with improved maternal and perinatal health outcomes.

**Methods and Findings:** A pilot, pre-post-intervention study was conducted in a sub-district level birth center in Karnataka, India between July and December 2010. We prospectively observed health workers that attended to women and newborns during 499 consecutively enrolled birth events and compared these with observed practices during 795 consecutively enrolled birth events after the introduction of the WHO Safe Childbirth Checklist program. Twenty-nine essential practices that target the major causes of childbirth-related mortality, such as hand hygiene and uterotonic administration, were evaluated. The primary end point was the average rate of successful delivery of essential childbirth practices by health workers. Delivery of essential childbirth-related care practices at each birth event increased from an average of 10 of 29 practices at baseline (95%CI 9.4, 10.1) to an average of 25 of 29 practices afterwards (95%CI 24.6, 25.3;  $p < 0.001$ ). There was significant improvement in the delivery of 28 out of 29 individual practices. No adverse outcomes relating to the intervention occurred. Study limitations are the pre-post design, potential Hawthorne effect, and focus on processes of care versus health outcomes.

**Conclusions:** Introduction of the WHO Safe Childbirth Checklist program markedly improved delivery of essential safety practices by health workers. Future study will determine if this program can be implemented at scale and improve health outcomes.

# Next steps

- Better Births Trial
  - 120 hospitals in Uttar Pradesh, India
  - Harvard School of Public Health and WHO
  - Four year trial, supported by the Gates Foundation
- WHO also looking for additional partners to test the checklist in other sites



A photograph of a woman lying down, holding two newborn babies. The woman is wearing a purple cloth wrapped around her body. One baby is lying on her chest, and the other is lying next to her. Both babies are wrapped in purple cloth. The background is a light-colored, textured surface.

# **Safe Childbirth Checklist Collaboration**

**“A checklist is a visual or oral aid that enables the user to overcome the limitations of short-term human memory.”**

*Federal Aviation Administration. Section 12: Aircraft Checklists for 14 CFR Parts 121/135, in FAA Order 8900.1 Flight Standards Information Management System (FSIMS). 2007*



# **WHO is pleased to invite partners on a collaborative field-testing exercise to explore implementation and usability of the checklist in multiple settings**

Participants from around the world are invited to conduct **implementations research** on the most effective ways of implementing and using the checklist in multiple settings

Partners including  
**health care institutions, researchers and  
academics, NGOs and other agencies**  
are invited to engage with WHO  
to generate information on the most effective  
ways of using the checklist.

# About the Collaboration



# Implementations Research

- acceptability, feasibility, and usability of the Checklist;
- compliance with best practices
- mechanisms that facilitate or hinder use of the Checklist, including: costs, staffing, training, timing, organizational impact, procedures, etc.;
- barriers, success factors and conditions for scaling-up

**Scope**

# Some questions:

1. How effective is the checklist in facilitating compliance with best practices?
2. How can it be implemented in low-income settings?
3. Can it be used in primary centres?
4. What training is required?
5. Does it need to be modified, where? and how?
6. What cadre of health worker can best use the Checklist?
7. What is the best format (hardcopy, electronic...)?
8. What factors enable its sustained use? What are the barriers?
9. What costs are involved in using the Checklist?

## Examples

# The institution which I represent confirms:

1. To engage in implementation research or evaluation
2. To safeguard the rights and welfare of all involved and secure ethics approval
3. To fund, administer and manage the project
4. To share feedback with WHO and the Collaboration
5. To maintain respect and confidentiality

## Principles

# WHO's supporting role

## WHO may

1. suggest research questions
2. facilitate networking
3. suggest activities to stimulate debate & cross learning
4. stimulate feedback
5. organize conferences and webinars, and canvas the collective experience on global report;
6. unable to provide funding

# Principles

# Expected Outcomes

- Body of evidence around implementation & effectiveness
- Robust Safe Childbirth Checklist suitable in various settings
- Suite of implementation tools
- Scale up programme

**2015 Final Report & Conference**

## Patient safety

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### Quick links

- [Safe Childbirth Checklist page](#)
- [Learn more about the Collaboration](#)
- [Participating in the Collaboration](#)
- [Registration page](#)
- [How to share feedback](#)
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## Safe Childbirth Checklist



In 2010, 287 000 women died during pregnancy and childbirth, some 2.6 million stillbirths occurred worldwide, and nearly 3 million newborns died within their first month of life. The majority of these deaths occurred in low-resource settings and most could have been prevented.

[Click to enlarge](#)  
pdf, 2.44Mb

In response to this unacceptable situation, WHO has developed the **Pilot Edition**

## The Safe Childbirth Checklist Collaboration

WHO is pleased to launch a collaborative field-testing exercise to explore implementation and usability of the checklist in multiple settings. WHO encourages the participation of health-care institutions, research organizations, nongovernmental organizations and others who are interested in improving maternal and newborn health. Participants from around the world are invited to conduct implementation research and generate information on the most effective ways of implementing and using the checklist, in a range of settings.

### Learn more

If you would like to **learn more** about the Collaboration and its participation requirements, please [click here](#).

### Registration

If you would like to participate in the Collaboration, please go to [the registration page](#).

The Safe Childbirth Checklist programme represents a joint effort of WHO, acting through its Patient Safety Programme, and its Department of Maternal, Newborn, Child and Adolescent Health, and Department of Reproductive Health and Research, as well as the Harvard School of Public Health, in addition to many other experts from around the world.

### Article

An initial pilot test of the WHO Safe Childbirth Checklist was conducted at a district-level hospital in Karnataka State, India with promising results. The study was published in the May 16, 2012 online edition of PLoS One.

[Improving Quality of Care for Maternal and Newborn Health: Prospective Pilot Study of the WHO Safe Childbirth Checklist Program](#)

The announcement of SCC Collaboration launch at FIGO

The forthcoming launch of the Collaboration was announced at the International Federation of Gynecology and Obstetrics (FIGO) Conference held in Rome, Italy, on 11 October 2012. The former president of FIGO, Professor Gamal Serour, hosted the event which was received by huge interest from FIGO participants.

## Patient safety

## Registration

Thank you for your interest in the Collaboration. It is hoped that you will be part of making the Safe Childbirth Checklist (SCC) an invaluable tool in improving maternal and child health.

Please complete the registration information that follows. After submitting the form below, you will receive an email with further instructions on how to join the Collaboration. Please check your email and follow the instructions given.

Please note that participation of your institution in the Collaboration, including access to the SCC Collaboration SharePoint, requires your institution to confirm its acceptance of the conditions of participation described below.

- general information about your institution indicating the general method and expected results;
- your research question and/or goals regarding use of the checklist, bearing in mind that use of the checklist needs to fall within an implementation research or evaluation framework [250 word limit];
- the characteristics of the facilities (namely, hospitals, wards, health centers, etc...) where you intend to test the Checklist, indicating the approximate number and type of facilities, their location, and other characteristics deemed important [150 word limit];
- the characteristics and approximate number of health-care personnel, including skilled birth attendants, that will be involved in the project [150 word limit];
- provide an approximate number of deliveries per annum that you expect to include in the project [50 word limit].

You will also be asked to provide a **Commitment Letter**, signed by the principal investigator and the responsible administrative authority of your institution containing the information requested. You will also be asked to submit a **WHO Declaration of Interests form** to be completed by each member of your institution's team for the implementation of the project.

[For a template Commitment Letter, please click here.](#)  
doc, 32kb

[Download WHO Declaration of Interests form here.](#)  
doc, 75kb

- [To learn more about how to share feedback with the Collaboration, please click here.](#)
- [To read the copyright and disclaimers, please click here.](#)

### Registration

When you are ready for registration, please click the following link:

- [Registration form](#)

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### Quick links

- [Safe Childbirth Checklist page](#)
- [Learn more about the Collaboration](#)
- [Participating in the Collaboration](#)
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## Registration for participation in the WHO Safe Childbirth Checklist Collaboration

Thank you for your interest in the World Health Organization (WHO) Safe Childbirth Checklist Collaboration (the Collaboration). WHO looks forward to working with your institution to make the Safe Childbirth Checklist (SCC) an invaluable tool in improving maternal and child health.

Please complete the registration information that follows. After submitting the form below, you will receive an email with further instructions on how to join the Collaboration.

Please note that participation of your institution in the Collaboration is subject to the acceptance of the conditions of participation described below.

During the registration process, you will be asked to confirm the principal investigator and the responsible administrative authority. If you are not the principal investigator, please [click here](#). Finally, you will also be required to confirm your commitment, please [click here](#). Finally, you will also be required to confirm your commitment to the Collaboration.

Registrations will not be accepted from any organization or individual who is not in the opinion of WHO, the institution, or any individual proposing to participate in the subject matter of the Collaboration.

As part of the registration process, you will be asked to submit a letter of commitment to the Collaboration.

To start the registration process, please confirm that you have read and agree to the Conditions of Use of the SCC Collaboration [SharePoint](#) and [disclaimers](#).

Fields marked with an asterisk (\*) are mandatory.

### Conditions of participation in the WHO Safe

The institution applying for registration (the "institution") confirms that it has read and agrees to the Conditions of participation in the WHO Safe Childbirth Checklist Collaboration. WHO reserves the right to update these conditions without notice.

#### A. General Conditions

1. The institution agrees to be a proactive member of the Collaboration and to share with WHO and the other parties participating in the Collaboration.
2. To this end, the institution agrees to share with WHO and the other parties participating in the Collaboration (ies) performed by the institution within the framework of the following link: [Safe Childbirth Checklist Collaboration](#), including surveys about its experience in implementing the project or the Collaboration.
3. It is the institution's responsibility to:
  - (i) safeguard the rights and welfare of human subjects involved in the research, in accordance with the appropriate national code of ethics or legislation, if any;
  - (ii) to comply with the relevant national regulations pertaining to the research, in accordance with the appropriate national code of ethics or legislation, if any;
  - (iii) to obtain all required ethical approvals from the responsible authority.
4. Without prejudice to obligations under applicable laws, the institution agrees to ensure that the research involving their families in the case of death, injury or illness resulting from the research, in accordance with the appropriate national code of ethics or legislation, if any, is conducted in a manner that is consistent with the applicable laws and regulations.
5. The institution alone is responsible for funding, fundraising, and other financial matters related to the research.
6. The institution agrees to respect the confidentiality of the Collaboration.
7. Copyright in the Safe Childbirth Checklist (SCC) and the Collaboration.
8. All rights in any work resulting from the institution's project shall be assigned to WHO and the institution shall endeavour to broadly disseminate the results of its project.

The institution shall not be responsible for any loss, accident, damage or injury suffered or caused by the institution, or the institution's employees, agents or sub-contractors, in connection with, or as a result of, its participation in the Collaboration.

16. In the event the institution fails to comply with any of the conditions set forth herein, WHO will be entitled to terminate the institution's participation in the Collaboration with immediate effect and seek any other remedies that may be available to it.

Every effort will be made to resolve amicably any matter that may arise concerning the WHO Safe Childbirth Checklist Collaboration. In the unlikely event an amicable resolution cannot be found, the matter will be resolved by conciliation or by arbitration in accordance with the UNCITRAL Arbitration Rules, with the arbitral award being final.

Note: WHO has established the SCC Collaboration SharePoint. The SCC Collaboration SharePoint is available to all institutions that have completed the registration form and accepted the Conditions of participation in the SCC Collaboration.

Please note as part of the registration process that the SCC Collaboration is an integral part of the Conditions of participation in the Collaboration.

#### B. Conditions applicable to use of the SCC

Please take note of the following conditions of use of the SCC Collaboration [SharePoint](#) and [disclaimers](#).

1. The World Health Organization (WHO) makes available a designated platform to host resources, materials, and information.
2. The SCC Collaboration SharePoint is available to all institutions that have completed the registration form and accepted the Conditions of participation in the SCC Collaboration. Content posted on the platform shall be made available to all users of the platform in a non-exclusive manner.
3. Contributors will be solely responsible for the information they post in their own work, is not a work of joint authorship, and does not infringe the rights of any third party. If any content subject to the Collaboration is found to be infringing, the contributor shall be responsible for its removal.
4. Before uploading materials, contributors must ensure that they have the necessary permissions to use the materials.
5. With the submission of a contribution, the contributor grants WHO the right to use part or all of the contribution in the Collaboration, including for health interventions. Copyright in the contribution shall remain with the contributor and/or the World Health Organization to use the contribution in the Collaboration.
6. Contributions to the SCC Collaboration SharePoint shall be made available to all users of the platform in a non-exclusive manner.
7. Contributors alone are responsible for their own work, is not a work of joint authorship, and shall not be liable for any damages whatsoever.
8. To maintain the quality of the SCC Collaboration, WHO may be contacted in the event contributions are found to be infringing.
9. Every effort will be made to resolve amicably any matter that may arise concerning the WHO Safe Childbirth Checklist Collaboration. In the unlikely event an amicable resolution cannot be found, the matter will be resolved by conciliation or by arbitration in accordance with the UNCITRAL Arbitration Rules, with the arbitral award being final.

Please take note of the conditions listed above. The institution represents and warrants that he/she has read and agrees to the Conditions of participation in the Safe Childbirth Checklist Collaboration. \*

- ☒ "The institution hereby accepts all the conditions of participation in the Collaboration SharePoint"
- ☐ "The institution does not accept all the conditions of participation in the Collaboration SharePoint"

#### General information and institution

Name of institution \*

Institution - Title \*

Authorized representative of the institution - First name \*

Authorized representative of the institution - Surname \*

Email address \*

The e-mail format is "xxxx@yyyy.zzz"

### Research project details

Please provide the following information:

**Describe the institution's research question and the goals of the institution in using the Checklist, indicating the general method and expected results - please bear in mind the use of the checklist needs to be framed within an implementation research or evaluation framework \***

Maximum 250 words

**Describe the characteristics of the facilities (ie. hospitals, wards, health centers, etc.) where you intend to test the Checklist, indicating the approximate number and type of facilities, their location, and other characteristics deemed important \***

Maximum 150 words

**Describe the characteristics and approximate number of health-care personnel, including skilled birth attendants, that will be involved in the project \***

Maximum 150 words

**Provide an approximate number of deliveries per annum that you expect to include in the project \***

Maximum 50 words

To finalize the registration process, please attach a **Letter of Commitment**, acknowledging that the institution agrees to comply with the conditions of participation in the Collaboration, including the conditions of use of the SCC Collaboration SharePoint, and to conduct the research project as described under the section "Research project details" above. The Letter of Commitment is required to be signed by the principal investigator and the responsible administrative authority of your institution.

Finally, the institution is required to provide WHO with a signed **Declaration of Interests Form** for each individual who will be involved in implementing the project on behalf of your institution.

[Template of Letter of Commitment](#)  
[WHO Declaration of Interests Form](#)

**Please attach the signed Letter of Commitment here \***

File size is limited to 5MB. [?](#)

**Please attach the signed Declaration of Interests Form here \***

File size is limited to 5MB. [?](#)

Thank you for filling out the required information. Please proceed with registration by clicking on the Submission button below. You will shortly receive further communication from WHO with information on joining the Collaboration.





# Safe Childbirth Checklist Collaboration

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- Announcements
- Links

**Discussions**

**Sites**

- Feedback and reporting
- Discussions forum

**People and Groups**

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Welcome to the Safe Childbirth Checklist Collaboration!



To reduce the chance that a mother or her baby dies during childbirth or shortly after, WHO has developed the Pilot Edition of the Safe Childbirth Checklist and is currently collaborating with possible users to field-test its effectiveness.

The Safe Childbirth Checklist is an easy-to-read list to remind health-care workers of essential maternal and prenatal care practices to allow for a healthier delivery. It contains 29 items addressing the major causes of maternal death, including haemorrhage, infection, obstructed labour, and neonatal deaths. During its initial test phase in India, its use increased the

use of essential childbirth-related care practices by almost 50%.

Documents library

Type	Name
	Templates for sharing feedback
	Safe Childbirth Checklist Manual
	Safe Childbirth Checklist
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Announcements

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Launch of the Safe Childbirth Checklist Collaboration	We look forward to working with you through this platform.
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Safe Childbirth Checklist



Improving  
Health for  
Mothers and  
Newborns

Related links

- [WHO Safe Childbirth Checklist web page](#)
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## Safe Childbirth Checklist Manual

Improving Health for Mothers and Newborns



PILOT EDITION

## 1. On admission

### Does Mother need referral?

- ☐ No
- ☐ Yes, organized

Check your facility's criteria

### Partograph started?

- ☐ No: Will start when  $\geq 4$  cm
- ☐ Yes

Start plotting when cervix  $\geq 4$  cm, then cervix should dilate  $\geq 1$  cm/hr

- Every 30 min: plot HR, contractions, fetal HR
- Every 2 hrs: plot temperature
- Every 4 hrs: plot BP

### Does Mother need to start:

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if any of:

- Mother's temperature  $\geq 38^{\circ}\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes  $> 18$  hrs

#### Magnesium sulfate?

- ☐ No
- ☐ Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP  $\geq 110$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

#### Antiretrovirals?

- ☐ No, confirmed HIV negative
- ☐ Yes, given
- ☐ If status unknown, HIV test ordered

- Mothers with CD4  $\leq 350$  or clinical diagnosis require treatment
- Mothers with CD4  $> 350$  require prophylaxis

- ☐ Confirm supplies are available to clean for each vaginal exam

- ☐ Encourage Birthing Partner

## 2. Just before pushing (or before Caesarean)

### Does Mother need to start:

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if any of:

- Mother's temperature  $\geq 38^{\circ}\text{C}$
- History of foul-smelling vaginal discharge
- Rupture of membranes  $> 18$  hrs
- Caesarean section

#### Magnesium sulfate?

- ☐ No
- ☐ Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP  $\geq 100$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

### Confirm essential supplies are at bedside and prepare for:

#### for Mother

- ☐ Gloves
- ☐ Alcohol-based handrub or soap and clean water
- ☐ Oxytocin

Prepare to care for newborn

WHO SAFE CHILDBIRTH CHECKLIST COLLABORATIVE

For more information, please visit [www.who.int/patientsafety](http://www.who.int/patientsafety)



## 3. Soon after birth (within 1 hour)

### Is Mother bleeding abnormally?

- ☐ No
- ☐ Yes: Shout for help

If bleeding abnormally:

- Massage uterus
- Consider more uterotonic
- Start IV
- Treat cause: uterine atony, retained placenta/fragments, vaginal tear, uterine rupture

### Does Mother need to start:

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give antibiotics to Mother if placenta manually removed or if Mother's temperature  $\geq 38^{\circ}\text{C}$  and any of:

- Chills
- Foul-smelling vaginal discharge

#### Magnesium sulfate?

- ☐ No
- ☐ Yes, given

Give magnesium sulfate to Mother if any of:

- Diastolic BP  $\geq 110$  mmHg and 3+ proteinuria
- Diastolic BP  $\geq 90$  mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

### Does Baby need:

#### Referral?

- ☐ No
- ☐ Yes, given

Check your facility's criteria.

#### Antibiotics?

- ☐ No
- ☐ Yes, given

Give Baby antibiotics if antibiotics given to Mother, or if Baby has any of:

- Respiratory rate  $> 60/\text{min}$  or  $< 30/\text{min}$
- Chest in-drawing, grunting, or convulsions
- Poor movement on stimulation
- Baby's temp  $< 35^{\circ}\text{C}$  (and not rising after warming) or Baby's temp  $\geq 38^{\circ}\text{C}$

#### Special care/monitoring?

- ☐ No
- ☐ Yes, organized

Arrange special care/monitoring if:

- More than 1 risk factor
- Birth asphyxia

#### Antiretrovirals?

- ☐ No

## 4. Before discharge

### Is Mother's bleeding controlled?

- ☐ No: Treat and delay discharge
- ☐ Yes

### Mother to start antibiotics?

- ☐ No
- ☐ Yes: Give and delay discharge

Give antibiotics to Mother if her temperature  $\geq 38^{\circ}\text{C}$  and any:

- Chills
- Foul-smelling vaginal discharge

### Baby to start antibiotics?

- ☐ No
- ☐ Yes: Give antibiotics, delay discharge, give special care

Give antibiotics to Baby if any of:

- Respiratory rate  $> 60/\text{min}$  or  $< 30/\text{min}$
- Chest in-drawing, grunting, convulsions
- Poor movement on stimulation
- Baby's temp  $< 35^{\circ}\text{C}$  (and not rising after warming), or temp  $\geq 38^{\circ}\text{C}$
- Stopped breastfeeding well
- Umbilicus redness extending to skin or draining pus

### Is Baby feeding well?

- ☐ No: Establish good breastfeeding practices and delay discharge
- ☐ Yes

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# BetterBirth: Trial Site

RCT 2011-2016



- Most populous state in India (199 million)
- Only five countries have higher population
- 72 Districts, also the highest number in India
- Trial will include 60 intervention and 60 comparison facilities with a target enrolment of 172,800 births
- Trial to begin spring 2012

If your unit works with hospitals, health centres and maternity clinics who might be interested in participating please reach out and encourage them to use the Checklist in facilities in their countries.

**Thank you**

# Thank you!

- Please complete the evaluation survey which will show at the end of the seminar
- Visit our web site:  
<http://www.who.int/patientsafety/implementation/checklists/c-hildbirth/en/index.html>
- Enquiries: contact us at [patientsafety@who.int](mailto:patientsafety@who.int)