

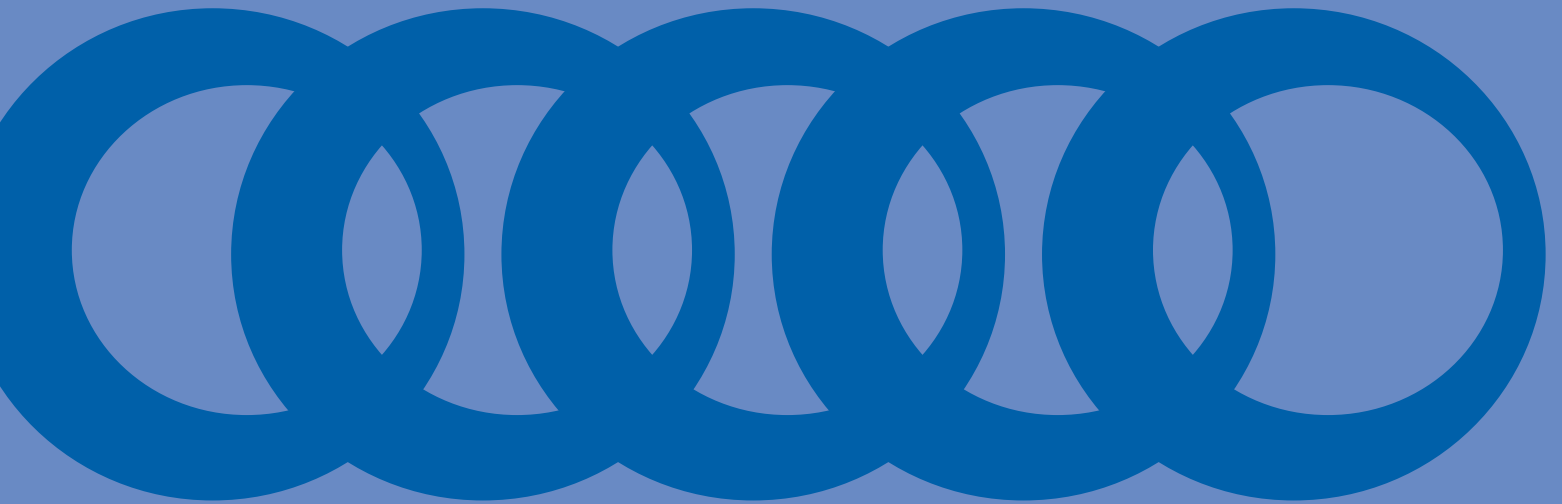


JHPIEGO

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WORKING TO IMPROVE THE HEALTH OF WOMEN AND FAMILIES THROUGHOUT THE WORLD

guidelines for
assessment of
skilled providers
after training in maternal and newborn healthcare



Maternal
& Neonatal
Health

guidelines for
assessment of
skilled providers
after training in maternal and newborn healthcare



JHPIEGO, an affiliate of Johns Hopkins University, builds global and local partnerships to enhance the quality of health care services for women and families around the world. JHPIEGO is a global leader in the creation of innovative and effective approaches to developing human resources for health.
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The Maternal and Neonatal Health (MNH) Program is committed to saving mothers' and newborns' lives by increasing the timely use of key maternal and neonatal health and nutrition practices. The MNH Program is jointly implemented by JHPIEGO, the Johns Hopkins University/Center for Communications Programs, the Centre for Development and Population activities, and the Program for Appropriate Technology in Health.
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PREFACE

In 2001, the Maternal and Neonatal Health (MNH) Program began developing cadres of maternal and newborn health experts in Africa, Asia, and Latin America and the Caribbean. The training comprised knowledge update and clinical skills standardization courses followed by training in clinical and advanced training and leadership skills. In addition, each course participant developed a commitment statement, or action plan, outlining those practices or services s/he would work to change or strengthen at the job site after training. An important component of this expert development training was an assessment visit by a trainer within 3 months of the skills standardization to the expert's home institution to support the transfer of learning¹ by:

- evaluating the competence of the newly trained clinician in providing high-quality maternal and newborn healthcare services,
- documenting and supporting implementation of action plan commitment statements, and
- gaining support and commitment from the on-site supervisor for the new or strengthened maternal and newborn health services.

The training course, learning resource materials, and tools used for assessing knowledge, clinical decision-making, and skill competence during the followup visits were based on the World Health Organization's international guideline *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors* (2000) and the reference manual being developed by the MNH Program entitled *Basic Maternal and Newborn Care* (to be published in 2004).

The materials proved so successful in helping trainers conduct followup visits to MNH Program experts that they were also used in Burkina Faso, Guatemala, Haiti, Indonesia, and Nepal for the followup of other healthcare providers trained in maternal and newborn health skills. In addition, the tools were adapted for assessment of physicians, midwives, and anesthetists trained in emergency obstetric skills by the MNH Program for the Averting Maternal Death and Disability (AMDD) Program in Afghanistan, Bangladesh, Bhutan, India, Nepal, and Pakistan.

These tools have now been collected in the *Guidelines for Assessment of Skilled Providers after Training in Maternal and Newborn Healthcare*. We encourage other organizations and programs providing training in maternal and newborn healthcare to use them to follow up newly trained providers. Using all of the tools in the document will provide a comprehensive assessment of skills and service delivery. Each tool, however, may be used separately or combined with others to create a document appropriate for the content of a specific maternal and newborn health training course.

¹ Transfer of learning is defined as ensuring the knowledge and skills acquired during a learning intervention are applied on the job. The goal is for learners to transfer 100% of their new knowledge and skills to their jobs, resulting in a higher level of performance and an improvement in the quality of services at their facilities. (PRIME II and JHPIEGO. 2002. *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers*.)

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GUIDELINES FOR ASSESSMENT OF SKILLED PROVIDERS AFTER TRAINING IN MATERNAL AND NEWBORN HEALTHCARE

OVERVIEW

The goal of a healthcare delivery site is to provide high-quality services to the community it serves. There are several primary factors that support good performance in the work place:

- **Job expectations**—Do providers know what they are supposed to do?
- **Performance feedback**—Do providers know how well they are doing?
- **Physical environment and tools**—What is the work environment like, and what systems are in place to support it?
- **Motivation**—Do people have a reason to perform as they are asked to perform? Does anyone notice?
- **Skills and knowledge required to do the job**—Do providers know how to do the job?

The final factor on the list, required knowledge and skills, is addressed primarily through training. Even the best training does not always result in improved performance, however, if the healthcare provider is not able to apply new knowledge and skills on the job. Therefore, continued skills support through demonstration, return demonstration, coaching, and discussion can help strengthen skills in order to maintain competence and proficiency.

Supervisors, trainers, and the healthcare providers being trained (referred to in these Guidelines as “learners” or “providers”) all have important roles in the transfer of learning process (making sure that the knowledge and skills acquired during a learning intervention are applied on the job).

A very important part of the transfer of learning process is for the trainer to conduct timely followup visits with learners and their supervisors to assess whether new skills have become part of the routine back on the job, or to determine why learners are having trouble applying new skills, if this is the case. The assessment may include visits to observe, coach, solve problems, gather data (e.g., measuring learner progress and post-course outcomes), and identify other possible gaps in performance in order to strengthen learners’ skills on the job. The tools (e.g., knowledge questionnaires, case studies, skills checklists) used for the assessment should be the same as those used in the training course. This allows comparison of learner progress to a baseline.

Transferring the responsibility for supporting learners to their supervisors is a key duty of trainers. During followup visits, discuss the assessment tools developed for the training and how the supervisor can use them to coach and support the learner in her/his daily work. Conduct practice sessions with learners, and supervisors if appropriate, and be open to discussing other performance support and supervision issues. Helping supervisors understand their important role in the transfer of learning process will increase the likelihood of learner success.

A key part of transfer of learning is an action plan. This is a written document that describes the steps that supervisors, trainers, learners, and coworkers will complete to help ensure transfer of learning. An action plan is usually begun before training, further refined during training, and completed when learners are implementing new skills on the job. One type of action plan form can be found in **Appendix A**.

If development of an action plan was part of the training course, the trainer should also facilitate review of action plans with supervisors and learners during followup visits. You can help supervisors and learners make sure the action plan activities are described in specific detail and are consistent with the needs of the work environment. You may be able to suggest ways to make better use of time, develop more creative means for identifying and acquiring resources, or find ways in which learners and supervisors can work together to reinforce learning.

Be tactful but candid in letting learners and supervisors know what you believe needs improvement. You may want to verify your observations with the learner's coworkers at the site, but you should discuss any skill deficits only with the learner and supervisor. Often people will identify their own skill deficits if provided an opportunity.

Your observations should be aimed at improving performance and maintaining your relationships with the learners and their supervisors. Remember to share the positive things you observe and constructively guide the learners in any need for improvement.¹

Objectives

- To assess knowledge, skills, confidence, and current practices of providers after training
- To provide additional coaching in clinical skills, if needed
- To work with supervisors to help ensure that providers have the support needed to apply new knowledge and skills at their job sites
- To collect information about provider performance in order to assess effectiveness of training

Timing

- Within 3 months of completion of training course

Location

- Job site of learner

Resources

- Trainer skilled in competency-based training and coaching, and up to date in evidence-based practices in maternal and newborn health. Ideally, the trainer who conducted the clinical training course should conduct the followup visit.*
- Anatomic model(s) appropriate for the skills to be demonstrated.
- Copies of assessment tools (see following page).
- Data analysis team, hardware, and software (see page 101).

¹ Adapted from: PRIME II and JHPIEGO. 2002. *Transfer of Learning: A Guide for Strengthening the Performance of Health Care Workers*.

* The number of trainers needed for the followup visit will depend on the number of learners at the facility and the number of days available for the visit.

Preparing for the followup visit

- Plan to spend 1 to 2 days with each learner.
- Contact the learner and agree on a date for the visit. Review the purpose of this followup visit (see objectives on page 2).
- Contact the learner's supervisor to confirm your visit. Review the purpose of the followup visit and make appointments to meet with the supervisor before and after your visit.
- Select the appropriate assessment tools according to the subject area of the course the learner attended (see **Table 1**, pages 4–5). That is, if the course content focused only on antenatal care, you would use only those tools listed in that section of Table 1. If the course covered all of the content areas, use all of the tools. If the learner completed an action plan as part of the training, also use the tools listed in that section.
- After selecting the tools, spend one to two days with the assessment coordinator to learn how to complete the tools correctly.
- Arrange to take with you the anatomic model(s) appropriate to the skills to be evaluated.
- Review the learner's performance during the course (test and skills scores achieved) and action plan, if appropriate.
- Make copies of the assessment tools needed to conduct the followup visit.

During the followup visit

- Administer the assessment tools in the order they are listed in Table 1 (pages 4–5).
- Use the Checklist of Assessment Tools (page 69) to keep track of which forms are to be completed for each learner.
- Record the learner's scores on the Followup Visit Summary Form (page 71).
- Coach the learner as needed throughout the followup visit assessment.
- Meet with the supervisor at the beginning and end of the visit. Review your findings and recommendations.
- Use the Additional Comments Sheet (page 99) to record any other information about the visit.
- Encourage learners to work with their team and supervisor to practice skills through role plays and with models and checklists, and to reinforce their knowledge with the knowledge questionnaires and case studies.

After the followup visit

- Submit the completed assessment tools and Followup Visit Summary Form to the assessment coordinator or data manager of the organization or agency sponsoring the training and followup visit.
- Review the report of findings.
- Plan to participate in the dissemination of assessment findings.
- Use the information gathered during the assessments to review future training and assessment activities.

ASSESSMENT TOOLS

Table 1 (see below) lists the assessment tools presented in the Guidelines. There are tools for the following content areas:

- Antenatal Care
- Normal Labor, Childbirth, and Immediate Newborn Care
- Postpartum Care (Mother and Baby)
- Management of Complications

The tools (knowledge questionnaires, case studies, skills checklists) are designed to assess the knowledge and skills that every skilled provider should have in order to provide high-quality maternal and newborn healthcare services. They were developed by the MNH Program as followup assessments for regional experts trained in essential maternal and newborn care (EMNC).

The EMNC clinical training was competency-based, which means that it focused on the specific knowledge, attitudes, and skills needed to perform a skill. In competency-based training (CBT), how the learner performs is emphasized. Competency is assessed objectively by evaluating overall performance. During the EMNC training course, acquisition of new knowledge was assessed through the use of knowledge questionnaires. Learning guides and checklists measured development of clinical skills and other observable behaviors relative to a predetermined standard. The tools included here are based on those knowledge and skill assessments.

The skills checklists have been adapted to include only the steps that are considered “critical” in determining whether the learner is competent in providing the skill at the job site. The clinical experts from the Maternal and Newborn Health Program determined these critical steps based on their collective training and assessment experience.

TABLE 1. ASSESSMENT TOOLS			
CONTENT AREA	TOOL	ASSESSMENT METHOD	SCORING
All Content Areas	Experience and Confidence Questionnaire	Written questionnaire completed by learner.	N/A
Antenatal Care	Knowledge Questionnaire for Antenatal Care	Written questionnaire completed by learner.	Answers 80% of questions correctly. ²
	Skills Checklist for Antenatal History, Physical Examination, and Basic Care	Direct observation: learner performs skills with woman or through role play. Trainer observes using checklist.	Performs 90% of steps correctly.
Normal Labor, Childbirth, and Immediate Newborn Care	Knowledge Questionnaire for Normal Labor, Childbirth, and Immediate Newborn Care	Written questionnaire completed by learner.	Answers 80% of questions correctly.
	Case Study: Use of the Partograph	Written case study completed by learner.	Answers 80% of questions correctly.

² The passing score of 80% is based on the number of questions included in each of the four Knowledge Questionnaires. In the original assessment tools used by the MNH Program, there was one Knowledge Questionnaire covering all topic areas; the passing score for that questionnaire was 85%, based on the number of questions.

TABLE 1. ASSESSMENT TOOLS			
CONTENT AREA	TOOL	ASSESSMENT METHOD	SCORING
Normal Labor, etc. (cont.)	Skills Checklist for Normal Labor, Childbirth, and Immediate Newborn Care	Direct observation: learner performs skills with woman or anatomic model. Trainer observes using checklist.	Performs 90% of steps correctly.
Postpartum Care (Mother and Baby)	Knowledge Questionnaire for Postpartum Care (Mother and Baby)	Written questionnaire completed by learner.	Answers 80% of questions correctly.
	Skills Checklist for Postpartum History, Physical Examination (Mother and Baby), and Basic Care	Direct observation: learner performs skills with woman or through role play. Trainer observes using checklist.	Performs 90% of steps correctly.
Management of Complications	Knowledge Questionnaire for Management of Complications	Written questionnaire completed by learner.	Answers 80% of questions correctly.
	Case Study: Postpartum Hemorrhage	Written case study completed by learner.	Answers 80% of questions correctly.
	Skills Checklist for Newborn Resuscitation	Direct observation: learner performs skills with baby or anatomic model. Trainer observes using checklist.	Performs 90% of steps correctly.
	Skills Checklist for Manual Removal of the Placenta	Direct observation: learner performs skills with woman or anatomic model. Trainer observes using checklist.	Performs 90% of steps correctly.
	Skills Checklist for Bimanual Compression of the Uterus	Direct observation: learner performs skills with woman or anatomic model. Trainer observes using checklist.	Performs 90% of steps correctly.
	Skills Checklist for Repair of Cervical Tears	Direct observation: learner performs skills with woman or anatomic model. Trainer observes using checklist.	Performs 90% of steps correctly.
	Skills Checklist for Repair of First and Second Degree Perineal Tears	Direct observation: learner performs skills with woman or anatomic model. Trainer observes using checklist.	Performs 90% of steps correctly.
All Content Areas	Supervisor Interview	Oral interview with supervisor conducted by trainer.	N/A
	Learner Interview	Oral interview with learner conducted by trainer.	N/A

INSTRUCTIONS FOR USING THE ASSESSMENT TOOLS

Experience and Confidence in Maternal and Newborn Health Skills Questionnaire

- Ask the learner to complete the Experience and Confidence Questionnaire before beginning the knowledge and skills assessments.

Knowledge Questionnaire

- Select appropriate Knowledge Questionnaire(s) according to the subject area or the course the learner attended:
 - Antenatal Care
 - Normal Labor, Childbirth, and Immediate Newborn Care
 - Postpartum Care (Mother and Baby)
 - Management of Complications
- Have the learner answer the questions on the appropriate Knowledge Questionnaire.
 - Add up the number of correct answers using the corresponding Knowledge Questionnaire Answer Key.
 - Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 8 questions answered correctly divided by 10 total questions = 80%).
 - Record the percentage of correct answers in the learner score box on the Knowledge Questionnaire completed by the learner.
 - Review with the learner all the questions answered incorrectly, and explain the correct answers.
 - Record the learner's score on the Followup Visit Summary Form.
 - If the learner did not score at least 80%, you may give the Knowledge Questionnaire a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

Case Study

- Have the learner read the Case Study and answer the questions on the Case Study questionnaire.
- Use the corresponding Answer Key to determine the number of correct answers.
- Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 5 questions answered correctly divided by 6 total questions = 83%).
- Record the percentage of correct answers in the learner score box on the case study questionnaire completed by the learner.
- Review with the learner all the questions answered incorrectly, and explain the correct answers.
- Record the learner's score on the Followup Visit Summary Form.
- If the learner did not score at least 80%, you may give the Case Study a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

Skills Checklist

Before beginning skills assessment, ask the learner to complete the Experience and Confidence in Maternal and Newborn Health Skills Questionnaire. This will help you determine which newly learned skills the learner has performed since training and which skills are not part of

routine service delivery. This information will allow you to focus on the skills in which the learner is less confident or has had less opportunity to practice and the skills in which the learner may need more coaching.

- Use the skills checklist to watch the learner perform the skill with a woman or through role play or model (if appropriate).
- Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
- On the skills checklist:
 - Note whether the learner performs the skill with a woman or anatomic model for the “Before Coaching” observation.
 - Note the date of the “Before Coaching” observation.
 - In the checklist column titled “Before Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
- After the learner has finished performing the skill, record the total number of steps or tasks noted as **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of each checklist.
- Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
- Review the assessment with the learner, especially any steps or tasks not performed correctly. Allow the learner to practice the skill with coaching as needed.
- After practice and coaching, use the skills checklist while watching the learner perform the skill.
- Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
- On the skills checklist:
 - Note whether the learner performs the skill with a woman or anatomic model.
 - Note the date of the “After Coaching” observation.
 - In the checklist column titled “After Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
- After the learner has finished performing the skill, record the total number of steps or tasks noted as **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of each checklist.
- Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
- If the learner was not competent after coaching, please explain this in the Comments section. This section may also include suggestions/strategies for strengthening knowledge and skills that need improvement.
- Record the Before and After Coaching scores on the Followup Visit Summary Form.

Supervisor Interview

There are two supervisor interview questionnaires:

- Questions for supervisors of learner who did not complete an action plan.
- Questions for supervisors of learner who did complete an action plan.

The questions for this interview are the same as the questions used for the learner's interview. Using the same questions for both interviews allows comparison and confirmation of the information obtained.

- Select the appropriate questionnaire.
- Inform the supervisor of the purpose of the interview and obtain her/his consent to be interviewed.
- Interview the learner's supervisor and record the information on the Supervisor Interview questionnaire.

Learner Interview

There are two learner interview questionnaires:

- Questions for learner who did not complete an action plan.
- Questions for learner who did complete an action plan.

The questions for this interview are the same as the questions used for the supervisor's interview. Using the same questions for both interviews allows comparison and confirmation of the information obtained.

- Select the appropriate questionnaire.
- Inform the learner of the purpose of the interview and obtain her/his consent to be interviewed.
- Interview the learner and record the information on the Learner Interview questionnaire.

Followup Visit Summary Form

Use this form to summarize all of the scores of all of the providers (learners) who were visited during this followup visit.

- Write the name of the provider visited in the first column.
- Record the provider's final score on the appropriate Knowledge Questionnaire(s).
- Record the provider's score on the appropriate Case Study(s).
- Record the provider's performance of the appropriate skill(s) before and after coaching. Write **C** to indicate competent or **N** to indicate **not** competent.
- If an assessment was not completed for the provider's area of training, explain why on the reverse of this form.

Send the Summary Form together with all completed assessment forms to the data manager (see page 101) responsible for data analysis for the followup visit.

ANTENATAL CARE KNOWLEDGE QUESTIONNAIRE DIRECTIONS

1. Have the learner answer the questions on the Antenatal Care Knowledge Questionnaire.
2. Add up the number of correct answers using the Antenatal Care Knowledge Questionnaire Answer Key (page 121).
3. Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 8 questions answered correctly divided by 10 total questions = 80%).
4. Record the percentage of correct answers in the learner score box on the Knowledge Questionnaire completed by the learner.
5. Review with the learner all the questions answered incorrectly, and explain the correct answers.
6. Record the learner's score on the Followup Visit Summary Form.
7. If the learner did not score at least 80%, you may give the Knowledge Questionnaire a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

ANTENATAL CARE KNOWLEDGE QUESTIONNAIRE

(To be completed by **Learner**)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Learner Score: _____ %
DIRECTIONSRead the following questions and write an “X” on the line of the single **best** answer to each question.

1. The information obtained from the antenatal history can help the provider
 - a. _____ Plan for childbirth
 - b. _____ Identify existing problems
 - c. _____ Identify health education and counseling needs
 - d. _____ All of the above

2. Pregnant women should receive educational messages about which of the following?
 - a. _____ Personal hygiene, rest, and exercise during pregnancy
 - b. _____ Diet and nutrition during pregnancy
 - c. _____ Danger signs during pregnancy
 - d. _____ All of the above

3. When counseling a pregnant woman about formulating a birth plan, the provider should tell her
 - a. _____ If she has no risk factors, she can give birth at home with a traditional birth attendant
 - b. _____ There are ways of knowing whether she will develop a complication
 - c. _____ It is not recommended that she have a companion during labor and childbirth
 - d. _____ She should put money aside to pay for the expenses of the birth

4. If the woman trusts the provider and feels that s/he cares about the outcome of the pregnancy, she will be more likely to
 - a. ☐ Return for scheduled antenatal care visits
 - b. ☐ Return immediately if a danger sign appears
 - c. ☐ Comply with recommended treatment
 - d. ☐ All of the above
5. When offering HIV testing services to a pregnant woman, the provider should
 - a. ☐ Counsel the woman and let her decide whether to be tested
 - b. ☐ Ask the husband's permission
 - c. ☐ Perform the test without informing the woman
 - d. ☐ Tell the woman she must have the test for her baby's benefit
6. Focused antenatal care means that
 - a. ☐ Care provided to every woman during pregnancy is for the purpose of providing support of the normal pregnancy as well as early detection and management of complications
 - b. ☐ A vaginal exam should be performed at every visit
 - c. ☐ All women have the same concerns about their pregnancies
 - d. ☐ Women don't need information about danger signs in pregnancy
7. When counseling a pregnant woman about nutrition, be sure to
 - a. ☐ Ask her what she eats in a typical day to determine if her diet is adequate
 - b. ☐ Tell her to eat the same amount of food that she ate before her pregnancy
 - c. ☐ Recommend that she weigh herself once a week
 - d. ☐ Inform her that only very anemic women need iron/folate supplements
8. Focused antenatal care includes which of the following actions?
 - a. ☐ Checking the baby's position at 28 weeks
 - b. ☐ Checking the woman's blood pressure at every visit
 - c. ☐ Assessing ankle edema at 36 weeks
 - d. ☐ Counseling the woman about danger signs only at the last visit
9. Tests that should be performed for every woman during antenatal care include
 - a. ☐ Hemoglobin
 - b. ☐ Test for syphilis
 - c. ☐ Ultrasound of baby
 - d. ☐ A and B only
10. After giving a pregnant woman her first dose of tetanus toxoid by intramuscular injection, the used syringe and needle should be
 - a. ☐ Decontaminated before placing in puncture-proof containers
 - b. ☐ Capped again before placing in puncture-proof containers
 - c. ☐ Decontaminated before reusing them
 - d. ☐ Placed in a garbage can

SKILLS CHECKLIST DIRECTIONS

1. Using the Skills Checklist, watch the learner perform the skill.
2. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
3. Note on the Skills Checklist whether the learner performs the skill with a woman or anatomic model for the “Before Coaching” observation.
4. Note the date of the “Before Coaching” observation.
5. In the checklist column titled “Before Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
6. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of the checklist.
7. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
8. Review the assessment with the learner, especially any steps or tasks not performed correctly. Allow the learner to practice the skill with coaching as needed.
9. After practice and coaching, use the skills checklist while watching the learner perform the skill.
10. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
11. Note on the skills checklist whether the learner performs the skill with a woman or anatomic model for the “After Coaching” observation.
12. Note the date of the “After Coaching” observation.
13. In the checklist column titled “After Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
14. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of the checklist.
15. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
16. If the learner was not competent after coaching, please note this in the Comments section.
17. Record the Before and After Coaching scores on the Followup Visit Summary Form.
18. See “Skills Checklist Example” (page 13) for completed sample checklist.

SKILLS CHECKLIST

EXAMPLE

(To be used by the **Trainer** conducting assessment)

Name of learner John Brown

Name of institution Practice Hospital

Type of institution

- | | |
|---|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☒ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|--|---|
| ☒ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended Antenatal Care Dates of course 24–29 March 2003

Name of trainer conducting assessment Mary Brown

Date(s) of assessment 29–30 June 2003

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SAMPLE CHECKLIST		
STEP/TASK	Before Coaching	After Coaching
Dates observed	29 June 03	30 June 03
GETTING READY		
1. Prepares the necessary equipment.	C	C
2. Greets the woman respectfully and with kindness and introduces her/himself.	N	C
3. Offers the woman a seat.	N	C
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”	1	3

Learners must perform 3 steps correctly to be competent in this skill.

BEFORE COACHING ☒ woman ☐ anatomic model ☒ not competent ☐ competent

AFTER COACHING ☒ woman ☐ anatomic model ☐ not competent ☒ competent

COMMENTS

During the first assessment, Dr. Brown did not greet the woman respectfully or offer her a seat.

We worked together on these critical steps before the second assessment on 30 June 2003. During the assessment after coaching, he performed these steps satisfactorily and was assessed as competent in this skill.

ID Number: _____

SKILLS CHECKLIST
ANTENATAL HISTORY, PHYSICAL EXAMINATION, AND BASIC CARE
(To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST ANTENATAL HISTORY, PHYSICAL EXAMINATION, AND BASIC CARE		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
GETTING READY		
1. Prepares the necessary supplies and equipment.		
2. Greets the woman respectfully and with kindness and introduces her/himself.		
3. Tells the woman what is going to be done.		
4. Encourages the woman to ask questions and listens to what she has to say.		
HISTORY		
5. Asks the woman how she is feeling and responds immediately to any urgent problems.		
6. Asks the woman her name.		
7. Asks the woman her age.		
8. Asks the woman her obstetric history.		
9. Asks the woman her menstrual history.		
10. Asks the woman her contraceptive history.		
11. Asks if she has felt fetal movements.		
12. Calculates the EDC.		
13. Asks the woman about health problems.		
14. Asks the woman about concerns related to her pregnancy.		
15. Asks the woman about medications.		
16. Asks the woman about any care from another caregiver.		
17. Asks the woman if she smokes, drinks alcohol, or uses other potentially harmful substances.		
18. Asks the woman about HIV status.		
19. Asks the woman about tetanus toxoid immunization.		
20. Asks the woman about social support.		
PHYSICAL EXAMINATION		
21. Observes the woman's general appearance.		
22. Uses antiseptic handrub or washes hands thoroughly.		
23. Takes the woman's blood pressure.		
24. Checks the woman's conjunctiva for pallor.		
25. Examines her breasts.		

SKILLS CHECKLIST ANTENATAL HISTORY, PHYSICAL EXAMINATION, AND BASIC CARE		
STEP/TASK	Before Coaching	After Coaching
26. Examines abdomen and estimates fundal height.		
* After 36 weeks, determines presentation.		
27. Listens to the fetal heart (second and third trimesters).		
* Only if the woman states concern about her genitalia, performs an external examination for sores, swelling, bleeding, and abnormal discharge, wearing high-level disinfected gloves on both hands.		
28. Performs infection prevention procedures.		
Screening Procedures		
* If available, orders RPR, hemoglobin tests, and/or HIV test (if the woman consents to testing, after being counseled) and evaluates the results.		
CARE PROVISION		
* Treats the woman correctly for syphilis if the RPR test is positive, provides counseling on safer sex, and discusses the need for her partner to be treated and counseled.		
29. Develops or reviews birth plan with the woman.		
30. Provides immunizations and preventive therapy, which may include: tetanus toxoid, iron/folate tablets, antimalarial tablets, mebendazole, and vitamin A (based on need and country/local policy).		
31. Provides counseling on danger signs and necessary topics.		
32. Asks the woman if she has any further questions or concerns.		
33. Thanks the woman for coming.		
34. Tells the woman when she should come for her next antenatal visit.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”		

* Please note: This step is not calculated in the total “before coaching” and “after coaching” scores. This step is not performed on all women.

Learners must perform **31 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

AFTER COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

COMMENTS

Before Coaching:

After Coaching:

NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE KNOWLEDGE QUESTIONNAIRE DIRECTIONS

1. Have the learner answer the questions on the Normal Labor, Childbirth, and Immediate Newborn Care Knowledge Questionnaire.
2. Add up the number of correct answers using the Normal Labor, Childbirth, and Immediate Newborn Care Knowledge Questionnaire Answer Key (page 123).
3. Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 16 questions answered correctly divided by 20 total questions = 80%).
4. Record the percentage of correct answers in the learner score box on the Knowledge Questionnaire completed by the learner.
5. Review with the learner all the questions answered incorrectly, and explain the correct answers.
6. Record the learner's score on the Followup Visit Summary Form.
7. If the learner did not score at least 80%, you may give the Knowledge Questionnaire a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE KNOWLEDGE QUESTIONNAIRE

(To be completed by **Learner**)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Learner Score: _____ %

DIRECTIONS

Read the following questions and write an “X” on the line of the single **best** answer to each question.

NORMAL LABOR AND CHILDBIRTH CARE

1. One way to prevent transmission of HIV from an infected mother to her baby (vertical transmission) is to
 - a. _____ Use condoms
 - b. _____ Give AZT to the woman after the baby is born
 - c. _____ Rupture membranes early in labor
 - d. _____ Give a single dose of nevirapine to the woman in labor and to the baby after birth

2. When performing a vaginal examination, which of the following is recorded on the partograph?
 - a. _____ Cervical dilation of 3 centimeters
 - b. _____ Vaginal temperature and wetness
 - c. _____ Position of the presenting part
 - d. _____ Degree of molding

3. If a woman is admitted during the active phase of labor, cervical dilation is initially plotted on the partograph
 - a. ☐ To the left of the alert line
 - b. ☐ To the right of the alert line
 - c. ☐ On the alert line
 - d. ☐ On the action line

4. Cervical dilation plotted to the right of the alert line indicates
 - a. ☐ Satisfactory progress in labor
 - b. ☐ Unsatisfactory progress in labor
 - c. ☐ The end of the latent phase
 - d. ☐ The end of the active phase

5. Active management of the third stage of labor should be practiced
 - a. ☐ Only for women who have a history of postpartum hemorrhage
 - b. ☐ Only for the primipara
 - c. ☐ Only for the multipara
 - d. ☐ For all women in labor

6. The appropriate order of steps in active management of the third stage of labor include
 - a. ☐ Controlled cord traction, fundal massage, and oxytocin
 - b. ☐ Intravenous oxytocin, cord clamping and cutting, and fundal massage
 - c. ☐ Cord clamping and cutting, controlled cord traction, ergometrine administration, and inspection to be sure the placenta is intact
 - d. ☐ Intramuscular injection of oxytocin, controlled cord traction with countertraction to the uterus, and uterine massage

7. If bleeding continues after delivery of the placenta using active management, the **first thing** the provider should do is call for help and
 - a. ☐ Start an IV
 - b. ☐ Massage the uterus
 - c. ☐ Insert a urinary catheter
 - d. ☐ Check the placenta to make sure that it is complete

8. When Mrs. K. was admitted in labor at 10 AM the following were found: cervix: 5 cm; contractions: 3 in 10 minutes lasting 20–40 seconds; fetal head: 2/5 palpable; membranes intact; fetal heart rate: 138 beats per minute.
 At 2 PM the following were found: cervix: 7 cm; contractions: 2 in 10 minutes lasting 20 seconds; fetal head: 1/5 palpable; membranes intact; fetal heart rate: 142 beats per minute.
 Which is the **most** appropriate intervention?
 - a. ☐ Prepare for vacuum extraction
 - b. ☐ Encourage the mother to empty her bladder
 - c. ☐ Sedate the mother so that she can rest
 - d. ☐ Augment the labor with oxytocin

9. Which of the following will help to decrease the risk of infection during childbirth?
- a. ☐ Performing frequent vaginal examinations
 - b. ☐ Rupturing membranes as soon as possible in the first stage of labor
 - c. ☐ Routine catheterization of the bladder before childbirth
 - d. ☐ Reducing prolonged labor
10. Contaminated instruments in the labor ward should immediately be
- a. ☐ Washed with soap and water and boiled for 2 hours
 - b. ☐ Soaked in 0.5% chlorine solution for 10 minutes
 - c. ☐ Soaked in 0.5% chlorine solution for 30 minutes
 - d. ☐ Washed with soap and water and soaked in 0.5% chlorine solution for 10 minutes

IMMEDIATE NEWBORN CARE

11. The **first** step in thermal protection for the newborn includes
- a. ☐ Drying the baby thoroughly immediately after birth
 - b. ☐ Drying the baby thoroughly after the cord has been cut
 - c. ☐ Covering the baby with a clean, dry cloth immediately after birth
 - d. ☐ Covering the baby with a clean, dry cloth after the cord has been cut
12. Immediate care for a normal newborn includes
- a. ☐ Skin-to-skin contact followed by placing the baby in a warming incubator
 - b. ☐ Drying the baby, removing the wet cloth, and covering the baby with a clean, dry cloth
 - c. ☐ Stimulating the baby by slapping the soles of the baby's feet
 - d. ☐ Deep suctioning of the airway to remove mucus
13. Which of the following can contribute to hypothermia in newborns?
- a. ☐ The baby is not dried thoroughly immediately after birth
 - b. ☐ The baby is bathed immediately after birth
 - c. ☐ The baby is dried and placed in skin-to-skin contact with the mother
 - d. ☐ A and B
14. To maintain the newborn's axillary temperature between 36.5° C and 37.5° C it is important to
- a. ☐ Place the baby in an incubator
 - b. ☐ Bathe the baby in warm water immediately after birth
 - c. ☐ Rub the baby vigorously with a blanket
 - d. ☐ Cover the baby's head, place the baby in skin-to-skin contact on the mother's chest, and cover with a blanket

15. Before performing an exam on a baby who is 2 hours old and who has not been bathed, the skilled provider should
- a. ☐ Wash hands with soap and dry with a clean towel, then put on exam gloves
 - b. ☐ Wash hands with soap and dry with a clean towel
 - c. ☐ Bathe the baby with soap and water
 - d. ☐ Put on sterile gloves
16. Care of the umbilicus should include
- a. ☐ Cleansing with alcohol
 - b. ☐ Covering with a sterile compress
 - c. ☐ Cleansing with cooled, boiled water and leaving uncovered
 - d. ☐ Applying antibiotic cream
17. The best way to determine if a newborn needs resuscitation is to
- a. ☐ Wait until 1 minute after birth and assign the Apgar score
 - b. ☐ Listen to the baby's heart rate
 - c. ☐ Observe respirations immediately and begin resuscitation if they are less than 30/minute
 - d. ☐ Perform resuscitation only if central cyanosis is present
18. Breastfeeding should begin
- a. ☐ After the baby's first bath
 - b. ☐ When the baby starts to cry
 - c. ☐ Within the first hour following birth
 - d. ☐ When the mother's milk comes in
19. When counseling the mother about breastfeeding, the skilled provider should tell her to
- a. ☐ Avoid giving colostrum to the newborn
 - b. ☐ Establish a schedule for breastfeeding so the baby gets plenty of sleep
 - c. ☐ Give the baby water after each feed
 - d. ☐ Breastfeed on demand for as long as the baby wants to feed
20. When counseling the mother about her newborn, the skilled provider should
- a. ☐ Help the mother formulate a complication readiness plan for her baby
 - b. ☐ Make sure the mother understands danger signs for her baby and where to go if they arise
 - c. ☐ Tell the mother to bring her baby for a newborn care visit on the sixth day after birth
 - d. ☐ All of the above

USE OF THE PARTOGRAPH CASE STUDY DIRECTIONS

1. Have the learner read the Case Study and answer the questions on the Case Study questionnaire.
2. Use the Case Study Answer Key (page 127) to determine the number of correct answers.
3. Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 13 questions answered correctly divided by 16 total questions = 81%).
4. Record the percentage of correct answers in the learner score box on the Case Study questionnaire completed by the learner.
5. Review with the learner all the questions answered incorrectly, and explain the correct answers.
6. Record the learner's score on the Followup Visit Summary Form.
7. If the learner did not score at least 80%, you may give the Case Study a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

USE OF THE PARTOGRAPH CASE STUDY

(To be completed by **Learner**)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Learner Score: _____ %

DIRECTIONS

Refer to the attached partograph for the information needed to answer the questions. Write your answer to each question in the space provided.

1. What was the fetal heart rate on admission? _____
2. What was the fetal heart rate at 12:30 PM? _____
3. When did the membranes rupture? _____
4. What was the condition of the amniotic fluid at admission? _____
5. How much molding of the fetal head was recorded? _____

6. What was the dilation of the cervix on admission? _____
7. What was the descent of the head on admission? _____

8. Describe the contractions at 9 AM. _____

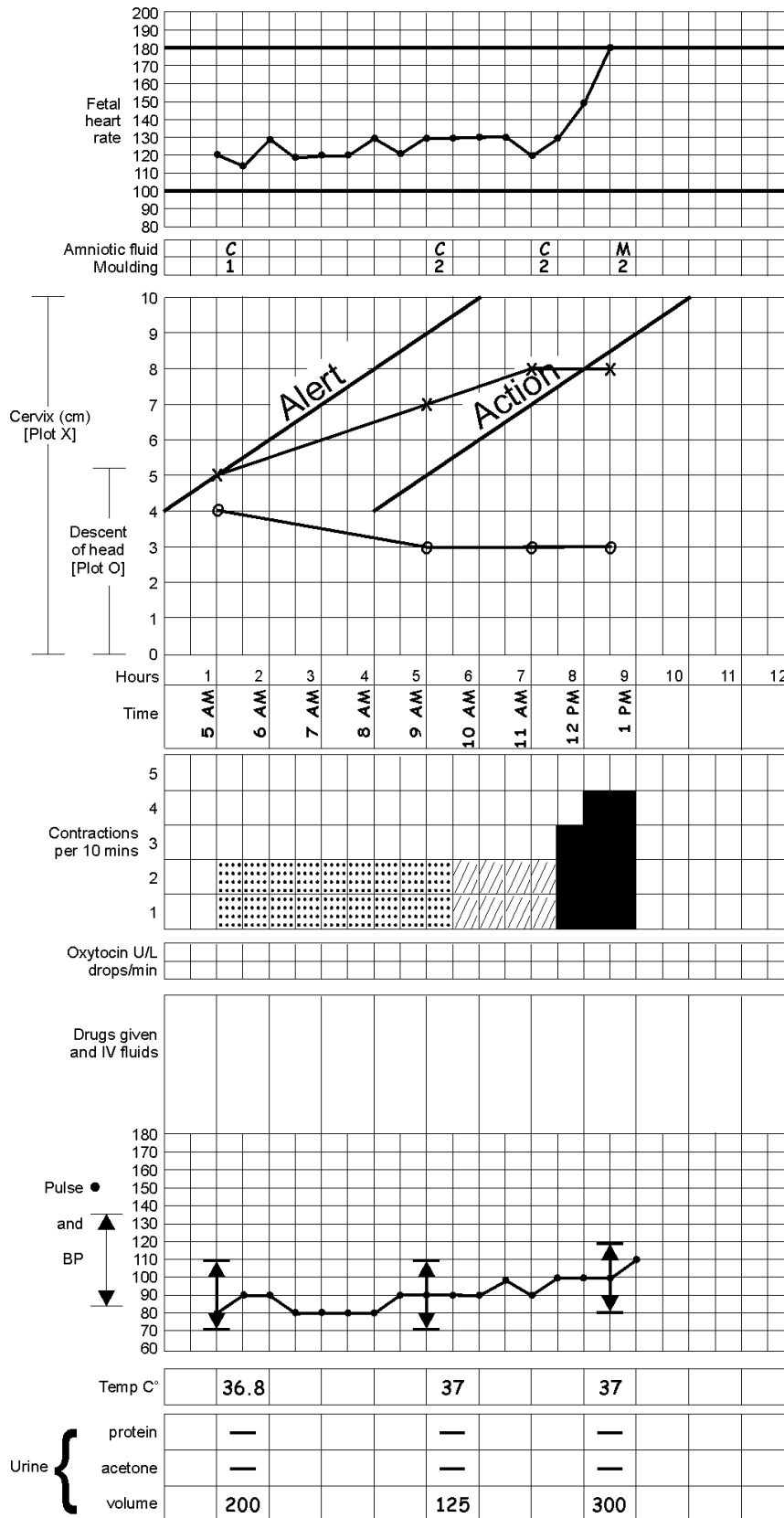
9. List the vital signs on admission. _____

10. How many vaginal exams were performed during the course of labor? _____
11. When cervical dilation passes the alert line, what actions should the provider take? Write an “X” next to the best answer
- a. _____ Evaluate the frequency and duration of contractions
 - b. _____ Evaluate cervical dilation
 - c. _____ Evaluate fetal descent and condition (fetal heart rate, molding, amniotic fluid)
 - d. _____ Evaluate for dehydration
 - e. _____ Evaluate the woman’s psychological status
 - f. _____ All of the above
12. Describe the contractions at 11 AM. _____

13. What is your intervention? _____

14. Show the trainer where you will note administration of oxytocin on the partograph. ☐
(**Trainer:** Mark the box with an “X” if provider correctly showed you where to note administration of oxytocin.)
15. When the partograph crossed the action line, what should be your action? _____

16. Why this action? _____

Name **Mrs. A**Gravida **1**Para **0**Hospital number **747**Date of admission **28.4.2003**Time of admission **5 AM**Ruptured membranes **2 hours**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

SKILLS CHECKLIST

DIRECTIONS

1. Using the Skills Checklist, watch the learner perform the skill.
2. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
3. Note on the Skills Checklist whether the learner performs the skill with a woman or anatomic model for the “Before Coaching” observation.
4. Note the date of the “Before Coaching” observation.
5. In the checklist column titled “Before Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
6. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted on the checklist.
7. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
8. Review the assessment with the learner, especially any steps or tasks not performed correctly. Allow the learner to practice the skill with coaching as needed.
9. After practice and coaching, use the skills checklist while watching the learner perform the skill.
10. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
11. Note whether the learner performs the skill with a woman or anatomic model for the “After Coaching” observation.
12. Note the date of the “After Coaching” observation.
13. In the checklist column titled “After Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
14. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of the checklist.
15. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
16. If the learner was not competent after coaching, please note this in the Comments section.
17. Record the Before and After Coaching scores on the Followup Visit Summary Form.
18. See “Skills Checklist Example” (page 30) for completed sample checklist.

SKILLS CHECKLIST

EXAMPLE

(To be used by the **Trainer** conducting assessment)

Name of learner John Brown

Name of institution Practice Hospital

Type of institution

- ☐ Health Dispensary (1) ☐ Private Clinic/Hospital (5)
☐ Health Center (2) ☐ Nursing/Midwifery Teaching Institution (6)
☒ District Hospital (3) ☐ Other (7) (specify) _____
☐ Regional Hospital (4)

Affiliation of institution

- ☒ Government (1) ☐ Quasi-Government (4) (specify) _____
☐ Religious/Missionary (2) ☐ Nongovernmental Organization (NGO) (5)
☐ Private (3) ☐ Other (6) (specify) _____

Topic of training course attended Normal Labor, Childbirth, and Immediate Newborn Care Dates of course 24–29 March 2003

Name of trainer conducting assessment Mary Brown

Date(s) of assessment 29–30 June 2003

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SAMPLE CHECKLIST		
STEP/TASK	Before Coaching	After Coaching
Dates observed	29 June 03	30 June 03
GETTING READY		
1. Prepares the necessary supplies and equipment.	C	C
2. Allows the woman to push spontaneously.	C	C
3. Allows the woman to adopt the most comfortable position for her.	N	C
4. Treats the woman with kindness and respect.	N	C
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”	2	4

Learners must perform 4 steps correctly to be competent in this skill.

BEFORE COACHING ☒ woman ☐ anatomic model ☒ not competent ☐ competent

AFTER COACHING ☒ woman ☐ anatomic model ☐ not competent ☒ competent

COMMENTS

During the first assessment, Dr. Brown did not allow the woman to adopt the most comfortable position for her or treat her with kindness and respect. We worked together on these critical steps before the second assessment on 30 June 2003. During the assessment after coaching, he performed these steps satisfactorily and was assessed as competent in this skill.

SKILLS CHECKLIST

NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE

(To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
GETTING READY		
1. Prepares the necessary supplies and equipment.		
2. Allows the woman to push spontaneously.		
3. Allows the woman to adopt the most comfortable position for her.		
4. Treats the woman with kindness and respect.		
NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE		
5. Uses antiseptic handrub or washes hands thoroughly.		
6. Puts on gloves, gown, and/or goggles.		
7. Cleanses the perineum with an antiseptic solution. (Performs episiotomy only if needed.)		
8. After crowning, allows the head to extend gradually and feels around the baby's neck for the cord. • If cord is found, slackens the cord to allow the shoulders to pass through, or clamps and cuts the cord.		
9. Allows restitution and external rotation of the head to occur.		
10. Notes the time of birth.		
11. Observes the baby's breathing while drying with a clean, dry towel/cloth.		
12. Wipes the baby's eyes with a clean cloth.		
13. Completes the birth, dries baby, and places on mother's abdomen.		
14. Places the baby in skin-to-skin contact.		
15. Covers baby with a clean, dry towel/cloth.		
16. Clamps and cuts, or ties and cuts, cord.		
17. Performs active management of the third stage of labor.		
18. Inspects the vagina and perineum for tears and repairs tears, if necessary.		
* Repairs episiotomy, if one was performed.		

* Please note: This step is not calculated in the total "before coaching" and "after coaching" scores. This step is not performed on all women.

SKILLS CHECKLIST NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE		
STEP/TASK	Before Coaching	After Coaching
19. Examines the placenta and membranes for completeness and abnormalities.		
20. Disposes of the placenta by burning or places in a leakproof container for burial.		
21. Performs infection prevention procedures.		
22. Makes sure the woman is clean and comfortable.		
23. Assists with breastfeeding when the baby is ready to feed.		
24. Provides prophylactic eye care for the baby within 1 hour of birth.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”		

Learners must perform **22 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

AFTER COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

COMMENTS

Before Coaching:

After Coaching:

POSTPARTUM CARE (MOTHER AND BABY) KNOWLEDGE QUESTIONNAIRE DIRECTIONS

1. Have the learner answer the questions on the Postpartum Care (Mother and Baby) Knowledge Questionnaire.
2. Add up the number of correct answers using the Postpartum Care (Mother and Baby) Knowledge Questionnaire Answer Key (page 128).
3. Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 8 questions answered correctly divided by 10 total questions = 80%).
4. Record the percentage of correct answers in the learner score box on the Knowledge Questionnaire completed by the learner.
5. Review with the learner all the questions answered incorrectly, and explain the correct answers.
6. Record the learner's score on the Followup Visit Summary Form.
7. If the learner did not score at least 80%, you may give the Knowledge Questionnaire a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

POSTPARTUM CARE (MOTHER AND BABY)
KNOWLEDGE QUESTIONNAIRE
 (To be completed by **Learner**)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Learner Score: _____ %
DIRECTIONSRead the following questions and write an “X” on the line of the single **best** answer to each question.

1. During the first 2 hours following birth, the provider should
 - a. _____ Measure the woman’s blood pressure and pulse once, and insert a catheter to empty her bladder
 - b. _____ Measure the woman’s blood pressure and pulse, and check the uterine tone every 15 minutes
 - c. _____ Not disturb the woman if asleep because her rest is more important than her vital signs
 - d. _____ Measure the woman’s temperature and pulse, massage the uterus, and perform a vaginal examination to remove clots

2. After childbirth, the mother should have a postpartum visit with a skilled provider
 - a. _____ Once, at 3 weeks postpartum
 - b. _____ Once, at 6 weeks postpartum
 - c. _____ Three times: at 6 hours, 6 days, and 6 weeks postpartum and any time she has danger signs
 - d. _____ Only if she has danger signs

3. During the postpartum visit to the clinic, obtain a history for the
 - a. _____ baby only
 - b. _____ mother only
 - c. _____ mother and baby
 - d. _____ mother, her support person, and the baby

4. During each postpartum visit, specific information should be obtained from the woman about
 - a. ☐ Problems during pregnancy, during and after childbirth, and any present problems
 - b. ☐ Present problems only
 - c. ☐ Only those problems directly related to childbirth
 - d. ☐ None of the above
5. By the tenth day postpartum, you should be able to palpate the uterus
 - a. ☐ Just below the umbilicus
 - b. ☐ At the level of the umbilicus
 - c. ☐ Just above the symphysis pubis
 - d. ☐ Halfway between the symphysis pubis and the umbilicus
6. Each time you counsel the breastfeeding mother about nutrition, tell her that
 - a. ☐ There are many foods that she should avoid
 - b. ☐ She should eat at least one extra meal per day
 - c. ☐ She should only drink a few glasses of fluids per day
 - d. ☐ Iron/folate supplementation is not necessary
7. At each postpartum visit, the mother should be counseled to seek care if she has which of the following danger signs
 - a. ☐ Normal lochia, temperature 37° C, or slight breast engorgement
 - b. ☐ Edema of hands and face, severe abdominal pain, or sore, cracked nipples
 - c. ☐ Severe headache, foul-smelling lochia, or calf tenderness
 - d. ☐ B and C
8. When counseling a new mother about breastfeeding in the 6 hours following birth
 - a. ☐ Help her position her baby so that s/he attaches properly to the nipple
 - b. ☐ Tell her to give breast milk substitutes so her baby will grow faster
 - c. ☐ Advise that she breastfeed her baby 4 times/day
 - d. ☐ Tell her that she needs a method of contraception even if she is exclusively breastfeeding
9. Each postpartum examination should include
 - a. ☐ Measurement of blood pressure and temperature, and assessment of conjunctiva, breasts, abdomen, perineum, and legs
 - b. ☐ Observation of breastfeeding
 - c. ☐ Information about contraception, safer sex, and counseling and testing for HIV
 - d. ☐ All of the above
10. After completing the postpartum examination
 - a. ☐ There is no need to wipe off the exam table with 0.5% chlorine solution
 - b. ☐ The exam table should be wiped off with 0.5% chlorine solution only if there is blood on it
 - c. ☐ The exam table should be wiped off with 0.5% chlorine solution after each use
 - d. ☐ The exam table should be wiped off with soap and water after each use

SKILLS CHECKLIST

DIRECTIONS

1. Using the Skills Checklist, watch the learner perform the skill.
2. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
3. Note on the Skills Checklist whether the learner performs the skill with a woman or anatomic model for the “Before Coaching” observation.
4. Note the date of the “Before Coaching” observation.
5. In the checklist column titled “Before Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
6. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of the checklist.
7. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
8. Review the assessment with the learner, especially any steps or tasks not performed correctly. Allow the learner to practice the skill with coaching as needed.
9. After practice and coaching, use the skills checklist while watching the learner perform the skill.
10. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
11. Note on the skills checklist whether the learner performs the skill with a woman or anatomic model for the “After Coaching” observation.
12. Note the date of the “After Coaching” observation.
13. In the checklist column titled “After Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
14. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of the checklist.
15. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
16. If the learner was not competent after coaching, please note this in the Comments section.
17. Record the Before and After Coaching scores on the Followup Visit Summary Form.
18. See “Skills Checklist Example” (page 39) for completed sample checklist.

SKILLS CHECKLIST

EXAMPLE

(To be used by the **Trainer** conducting assessment)

Name of learner John Brown

Name of institution Practice Hospital

Type of institution

☐ Health Dispensary (1)

☐ Private Clinic/Hospital (5)

☐ Health Center (2)

☐ Nursing/Midwifery Teaching Institution (6)

☒ District Hospital (3)

☐ Other (7) (specify) _____

☐ Regional Hospital (4)

Affiliation of institution

☒ Government (1)

☐ Quasi-Government (4) (specify) _____

☐ Religious/Missionary (2)

☐ Nongovernmental Organization (NGO) (5)

☐ Private (3)

☐ Other (6) (specify) _____

Topic of training course attended Postpartum Care Dates of course 24–29 March 2003

Name of trainer conducting assessment Mary Brown

Date(s) of assessment 29–30 June 2003

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SAMPLE CHECKLIST		
STEP/TASK	Before Coaching	After Coaching
Dates observed	29 June 03	30 June 03
GETTING READY		
1. Prepares the necessary supplies and equipment.	C	C
2. Greets the woman respectfully and with kindness and introduces her/himself.	N	C
3. Tells the woman what is going to be done.	N	C
4. Encourages the woman to ask questions and listens to what she has to say.	C	C
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”	2	4

Learners must perform 4 steps correctly to be competent in this skill.

BEFORE COACHING ☒ woman ☐ anatomic model ☒ not competent ☐ competent
AFTER COACHING ☒ woman ☐ anatomic model ☐ not competent ☒ competent

COMMENTS

During the first assessment, Dr. Brown did not greet the woman respectfully and with kindness and did not introduce himself, or told the woman what was going to be done. We worked together on these critical steps before the second assessment on 30 June 2003. During the assessment after coaching, he performed these steps satisfactorily and was assessed as competent in this skill.

SKILLS CHECKLIST

POSTPARTUM HISTORY, PHYSICAL EXAMINATION (MOTHER AND BABY), AND BASIC CARE

(To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST POSTPARTUM HISTORY, PHYSICAL EXAMINATION (MOTHER AND BABY), AND BASIC CARE		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
GETTING READY		
1. Prepares the necessary supplies and equipment.		
2. Greets the woman respectfully and with kindness and introduces her/himself.		
3. Tells the woman what is going to be done.		
4. Encourages the woman to ask questions and listens to what she has to say.		
HISTORY		
5. Asks the woman how she is feeling during the current postpartum period.		
6. Asks the woman how the baby is breastfeeding during the current postpartum period.		
7. Asks the woman whether she or the baby has had any problems since the birth.		
8. Checks the woman's record or asks for relevant history about her baby's birth (date, mode, complications).		
9. Checks the woman's record or asks for the record of her RPR test.		
10. Checks the woman's record or asks for the result of her HIV test.		
11. Checks the woman's record or asks for the result of the tetanus toxoid for the mother.		
12. Checks the woman's record or asks for the result of the OPV, BCG, and HPV for the baby.		
PHYSICAL EXAMINATION (LOOK/FEEL)		
Mother		
13. Observes the woman's general appearance.		
14. Uses antiseptic handrub or washes hands thoroughly.		
15. Takes her vital signs.		
16. Checks her conjunctiva for pallor.		
17. Examines her breasts.		
18. Palpates uterus for size, firmness, and tenderness.		
19. Puts gloves on both hands. Examines perineum for amount of lochia, condition of any tears or episiotomy, or other lesions.		
20. Performs infection prevention procedures.		

SKILLS CHECKLIST POSTPARTUM HISTORY, PHYSICAL EXAMINATION (MOTHER AND BABY), AND BASIC CARE		
STEP/TASK	Before Coaching	After Coaching
Baby		
21. Checks the baby's color.		
22. Checks the baby's breathing.		
23. Checks the baby's temperature.		
24. Weighs the baby.		
25. Examines from head to toe, checking for abnormalities.		
26. Continually informs mother of findings and responds attentively to any questions or concerns.		
CARE PROVISION		
Care for Mother		
27. Identifies any problems/needs the woman has, based on the findings of the interview and examination.		
28. Provides counseling about complication readiness, including danger signs.		
29. Provides counseling about nutrition, including iron/folate supplementation.		
30. Provides counseling about rest and sleep.		
31. Provides counseling about hygiene.		
32. Provides counseling about prevention of malaria and hookworm (depending on locale).		
33. Provides counseling about safer sex and sexually transmitted infections (including HIV).		
34. Provides immunizations and preventive therapy, which may include: tetanus toxoid, iron/folate tablets, and vitamin A (based on need and country/local policy).		
35. Provides counseling about family planning and methods of choice, including followup instructions.		
Care for Baby		
36. Observes breastfeeding and counsels on breastfeeding as necessary.		
37. Provides counseling about danger signs in the newborn period and what to do if the newborn experiences any danger sign.		
* Provides newborn immunization, if not already immunized.		

* Please note: This step is not calculated in the total "before coaching" and "after coaching" scores. This step is not performed on all women.

SKILLS CHECKLIST POSTPARTUM HISTORY, PHYSICAL EXAMINATION (MOTHER AND BABY), AND BASIC CARE		
STEP/TASK	Before Coaching	After Coaching
38. Ensures that the mother's questions have been answered.		
39. Ensures that the mother knows when she should come for her next visit, if necessary.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A "C"		

Learners must perform **35 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

AFTER COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

COMMENTS

Before Coaching:

After Coaching:

MANAGEMENT OF COMPLICATIONS KNOWLEDGE QUESTIONNAIRE DIRECTIONS

1. Have the learner answer the questions on the Management of Complications Knowledge Questionnaire.
2. Add up the number of correct answers using the Management of Complications Knowledge Questionnaire Answer Key (page 130).
3. Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 8 questions answered correctly divided by 10 total questions = 80%).
4. Record the percentage of correct answers in the learner score box on the Knowledge Questionnaire completed by the learner.
5. Review with the learner all the questions answered incorrectly, and explain the correct answers.
6. Record the learner's score on the Followup Visit Summary Form.
7. If the learner did not score at least 80%, you may give the Knowledge Questionnaire a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

MANAGEMENT OF COMPLICATIONS KNOWLEDGE QUESTIONNAIRE

(To be completed by **Learner**)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Learner Score: _____ %
DIRECTIONSRead the following questions and write an “X” on the line of the single **best** answer to each question.

1. Carry out rapid initial assessment
 - a. _____ Only for women who present with abdominal pain and vaginal bleeding
 - b. _____ Only for women who present with abdominal pain
 - c. _____ Only for women who present with vaginal bleeding
 - d. _____ For all women of childbearing age who present with a danger sign

2. When there is an obstetric emergency, tell the woman and her family or support person
 - a. _____ As much as possible about the management of the emergency
 - b. _____ As little as possible about the management of the emergency
 - c. _____ What the provider thinks she/they should be told
 - d. _____ Nothing at all

3. Immediate postpartum hemorrhage can be due to
 - a. _____ Uterine atony
 - b. _____ Genital trauma
 - c. _____ Retained placenta
 - d. _____ All of the above

4. The most effective way to **immediately** control eclamptic convulsions is to
- ____ Give diazepam
 - ____ Give magnesium sulfate
 - ____ Deliver the baby as soon as possible
 - ____ Give nifedipine
5. Newborn resuscitation procedures
- ____ Always require the use of oxygen
 - ____ Should be started after assigning the Apgar score
 - ____ Can usually be carried out without oxygen
 - ____ Should only be carried out by a pediatrician
6. When performing newborn resuscitation with an Ambu bag and mask, it is important to verify that
- ____ The newborn's head is in neutral position
 - ____ The seal between the newborn's mouth, nose, and Ambu bag is adequate
 - ____ The baby is not covered
 - ____ Cardiac massage is being performed
7. Do not perform vacuum extraction in the case of
- ____ A cephalic presentation
 - ____ A face presentation
 - ____ Cervical dilation of 7 cm
 - ____ Fetal head not engaged
8. A woman with a ruptured uterus has which of the following signs and symptoms
- ____ Rapid maternal pulse
 - ____ Persistent abdominal pain and suprapubic tenderness
 - ____ Fetal distress
 - ____ All of the above
9. When performing newborn resuscitation with an Ambu bag and mask, ventilate at the rate of
- ____ 20–30 breaths per minute if there is no chest indrawing
 - ____ 40 breaths per minute for all babies
 - ____ 60 breaths per minute if the baby is gasping
 - ____ None of the above
10. Treatment of postpartum metritis includes
- ____ Discontinuation of breastfeeding
 - ____ Bed rest and adequate hydration
 - ____ Intravenous ampicillin, gentamicin, and metronidazole until fever-free for 48 hours
 - ____ B and C

POSTPARTUM HEMORRHAGE CASE STUDY DIRECTIONS

1. Have the learner read the Case Study and answer the questions on the Case Study questionnaire.
2. Use the Case Study Answer Key (page 132) to determine the number of correct answers.
3. Calculate the percentage of correct answers by dividing the number of questions answered correctly by the total number of questions (e.g., 5 questions answered correctly divided by 6 total questions = 83%).
4. Record the percentage of correct answers in the learner score box on the Case Study questionnaire completed by the learner.
5. Review with the learner all the questions answered incorrectly, and explain the correct answers.
6. Record the learner's score on the Followup Visit Summary Form.
7. If the learner did not score at least 80%, you may give the Case Study a second time during the followup visit, after you have reviewed with the learner any questions answered incorrectly.

POSTPARTUM HEMORRHAGE CASE STUDY

(To be completed by **Learner**)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Learner Score: _____ %

DIRECTIONS

Read the following case study and write an “X” on the line of the single **best** answer to each question.

CASE STUDY

Mrs. B is a 30-year-old gravida 4, para 4. She gave birth at the health center to a healthy, full-term baby weighing 4.2 kg. You gave oxytocin 10 units IM following birth of the baby. The placenta was delivered 5 minutes later without complication. However, 30 minutes after childbirth, Mrs. B tells you that she is having heavy vaginal bleeding.

1. What is the **first** action you will take?
 - a. _____ Check the uterus to see whether it is contracted
 - b. _____ Administer more oxytocin
 - c. _____ Perform bimanual compression of the uterus
 - d. _____ Perform manual exploration of the uterus

2. Vaginal bleeding immediately after birth in the presence of a well contracted uterus is most often due to:
- ☐ Uterine atony
 - ☐ Endometritis
 - ☐ Genital trauma
 - ☐ Abnormal clotting mechanism

You have completed your assessment of Mrs. B and your main findings include the following:

- Pulse 88/minute
- Respiration rate 18/minute
- Blood pressure 110/80
- Temperature 37° C

Her uterus is firm and well contracted. The placenta is complete. She has no perineal trauma. It is difficult to examine the vagina and cervix because she continues to have heavy vaginal bleeding.

3. Based on these findings, what is your next step?
- ☐ Pack the uterus and vagina
 - ☐ Begin a blood transfusion
 - ☐ Start antibiotics
 - ☐ Perform speculum examination of the vagina and cervix to identify and repair tears
4. What will you tell your assistant to do while you perform the exam?
- ☐ Monitor vital signs and begin intravenous fluids
 - ☐ Reassure Mrs. B and her family
 - ☐ Draw blood for hemoglobin
 - ☐ All of the above

One hour following childbirth, you repair Mrs. B's cervical tear.

5. What is the most appropriate manner to repair a cervical tear?
- ☐ Perform interrupted sutures using silk
 - ☐ Perform continuous sutures using silk
 - ☐ Perform continuous sutures using chromic catgut or polyglycolic suture
 - ☐ Perform interrupted sutures using chromic catgut or polyglycolic suture

After repair of the cervical tear, Mrs. B's hemoglobin is found to be 10 g/dL, and her vital signs are stable.

6. What is the most appropriate plan of care?
- ☐ Begin transfusing blood
 - ☐ Send her home
 - ☐ Monitor her vital signs for 24 hours and begin ferrous sulphate and folate supplementation; encourage breastfeeding
 - ☐ Continue administration of oxytocin for 24 hours

SKILLS CHECKLIST

DIRECTIONS

1. Using the Skills Checklist, watch the learner perform the skill.
2. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
3. Note on the Skills Checklist whether the learner performs the skill with a woman or anatomic model for the “Before Coaching” observation.
4. Note the date of the “Before Coaching” observation.
5. In the checklist column titled “Before Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
6. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of the checklist.
7. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
8. Review the assessment with the learner, especially any steps or tasks not performed correctly. Allow the learner to practice the skill with coaching as needed.
9. After practice and coaching, use the skills checklist while watching the learner perform the skill.
10. Do not coach or talk to the learner while s/he is performing the skill, unless there is potential harm to the woman.
11. Note on the skills checklist whether the learner performs the skill with a woman or anatomic model for the “After Coaching” observation.
12. Note the date of the “After Coaching” observation.
13. In the checklist column titled “After Coaching,” write **C** if the learner is competent in the step or task, or write **N** if the learner is **not** competent in the step or task.
14. After the learner has finished performing the skill, record the total number of steps or tasks marked with a **C** in the space provided on the checklist. The learner must perform 90% of the steps or tasks correctly to be assessed as competent. The number of steps or tasks equivalent to 90% is noted at the end of the checklist.
15. Note any comments about the learner’s performance or coaching needed, including what steps were most difficult for the learner. If the learner did not complete 90% of the steps correctly, but was assessed as “competent,” please explain in the Comments section.
16. If the learner was not competent after coaching, please note this in the Comments section.
17. Record the Before and After Coaching scores on the Followup Visit Summary Form.
18. See “Skills Checklist Example” (page 52) for completed sample checklist.

SKILLS CHECKLIST

EXAMPLE

(To be used by the **Trainer** conducting assessment)

Name of learner John Brown

Name of institution Practice Hospital

Type of institution

- | | |
|---|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☒ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|--|---|
| ☒ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended Management of Complications Dates of course 24–29 March 2003

Name of trainer conducting assessment Mary Brown

Date(s) of assessment 29–30 June 2003

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SAMPLE CHECKLIST		
STEP/TASK	Before Coaching	After Coaching
Dates observed	29 June 03	30 June 03
GETTING READY		
1. Checks to make sure all supplies and equipment are available and working.	C	C
2. Quickly wraps or covers the baby, except for the head, face, and upper chest, and places on a clean, warm surface.	N	C
3. Tells the mother (and her support person) what is happening.	N	C
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”	1	3

Learners must perform 3 steps correctly to be competent in this skill.

BEFORE COACHING ☒ woman ☐ anatomic model ☒ not competent ☐ competent
AFTER COACHING ☒ woman ☐ anatomic model ☐ not competent ☒ competent

COMMENTS

During the first assessment, Dr. Brown did not tell the mother (and her support person) what was happening. We worked together on this critical step before the second assessment on 30 June 2003. During the assessment after coaching, he performed this step satisfactorily and was assessed as competent in this skill.

ID Number: _____

SKILLS CHECKLIST
NEWBORN RESUSCITATION
(To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST NEWBORN RESUSCITATION		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
GETTING READY		
1. Checks to make sure all supplies and equipment are available and working.		
2. Quickly wraps or covers the baby, except for the head, face, and upper chest, and places on a clean, warm surface.		
3. Tells the mother (and her support person) what is happening.		

SKILLS CHECKLIST NEWBORN RESUSCITATION		
STEP/TASK	Before Coaching	After Coaching
RESUSCITATION USING BAG AND MASK		
4. Positions the head in a slightly extended position to open the airway.		
5. Clears the airway by suctioning the mouth and nose.		
6. Places the mask on the baby's face so that a seal is formed over the chin, mouth, and nose.		
7. Checks the seal by ventilating two or three times and observing the rise of the chest.		
8. Ventilates at a rate of 40 breaths/minute for 1 minute.		
9. Stops and quickly assesses if the baby is breathing spontaneously.		
10. If breathing is normal, and there is no indrawing of the chest and no grunting, puts in skin-to-skin contact with mother. • If baby is not breathing, or breathing is less than 30 breaths per minute, or if severe chest indrawing is present, continues ventilating.		
* Gives oxygen if available and arranges for immediate transfer for special care.		
POST-RESUSCITATION TASK		
11. Performs infection prevention procedures.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A "C"		

* Please note: This step is not calculated in the total "before coaching" and "after coaching" scores. This step is not performed on all women.

Learners must perform **10 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING ☐ baby ☐ anatomic model ☐ not competent ☐ competent

AFTER COACHING ☐ baby ☐ anatomic model ☐ not competent ☐ competent

COMMENTS

Before Coaching:

After Coaching:

ID Number: _____

SKILLS CHECKLIST MANUAL REMOVAL OF THE PLACENTA

(To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST MANUAL REMOVAL OF THE PLACENTA		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
1. Prepares necessary supplies and equipment.		
2. Tells the woman (and her support person) what is going to be done and provides continuous emotional support.		
* Gives anesthesia (pethidine and diazepam IV or ketamine), if available.		

* Please note: This step is not calculated in the total “before coaching” and “after coaching” scores. This step is not performed on all women.

SKILLS CHECKLIST MANUAL REMOVAL OF THE PLACENTA		
STEP/TASK	Before Coaching	After Coaching
3. Gives prophylactic antibiotics.		
4. Uses antiseptic handrub or washes hands and forearms thoroughly.		
5. Puts on high-level disinfected or sterile gloves (elbow-length gloves, if available).		
6. Cleans vulva with antiseptic solution.		
7. Holds the umbilical cord with a clamp, pulling the cord gently until it is lightly taut or tense.		
8. Places the fingers of one hand into the uterine cavity and locates the placenta.		
9. Provides countertraction to uterus abdominally.		
10. Moves the fingers of the hand gently between the placenta and the uterine wall.		
11. Gently moves the hand back and forth in a smooth lateral motion until the whole placenta is separated from the uterine wall.		
12. Slowly withdraws the hand from the uterus, bringing the placenta with it, while continuing to provide countertraction abdominally.		
13. Palpates the inside of the uterine cavity to ensure that all placental tissue has been removed.		
14. Gives oxytocin in IV infusion.		
15. Has an assistant massage the fundus to encourage uterine contraction.		
16. Examines all surfaces of the placenta to ensure that it is complete.		
17. Performs infection prevention procedures.		
18. Monitors vaginal bleeding.		
19. Takes the woman's vital signs.		
20. Makes sure that the uterus is firmly contracted.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A "C"		

Learners must perform **18 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent
AFTER COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

COMMENTS

Before Coaching:

After Coaching:

ID Number: _____

SKILLS CHECKLIST BIMANUAL COMPRESSION OF THE UTERUS

(To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST BIMANUAL COMPRESSION OF THE UTERUS		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
1. Tells the woman (and her support person) what is going to be done and provides continuous emotional support.		
2. Uses antiseptic handrub or washes hands thoroughly.		
3. Puts high-level disinfected or sterile gloves on both hands.		
4. Cleans vulva with antiseptic solution.		

SKILLS CHECKLIST BIMANUAL COMPRESSION OF THE UTERUS		
STEP/TASK	Before Coaching	After Coaching
5. Inserts a fist into the anterior vaginal fornix and applies pressure against the anterior wall of the uterus.		
6. Places other hand on the abdomen behind the uterus, presses hand deeply into the abdomen, and applies pressure against the posterior wall of the uterus.		
7. Maintains compression until bleeding is controlled and the uterus contracts.		
8. Gives oxytocin in IV infusion.		
9. Performs infection prevention procedures.		
10. Monitors vaginal bleeding.		
11. Takes the woman's vital signs.		
12. Makes sure that the uterus is firmly contracted.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A "C"		

Learners must perform **11 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING	☐ woman	☐ anatomic model	☐ not competent	☐ competent
AFTER COACHING	☐ woman	☐ anatomic model	☐ not competent	☐ competent

COMMENTS

Before Coaching:

[illegible]

After Coaching:

ID Number: _____

SKILLS CHECKLIST
REPAIR OF CERVICAL TEARS
 (To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST REPAIR OF CERVICAL TEARS		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
GETTING READY		
1. Prepares the necessary supplies and equipment.		
2. Tells the woman (and her support person) what is going to be done and encourages her to ask questions.		
3. Provides emotional support and reassurance.		

SKILLS CHECKLIST REPAIR OF CERVICAL TEARS		
STEP/TASK	Before Coaching	After Coaching
* Gives anesthesia (pethidine and diazepam IV or ketamine), if necessary.		
* Inserts a urinary catheter, if necessary.		
REPAIR OF CERVICAL TEARS		
4. Uses antiseptic handrub or washes hands thoroughly.		
5. Puts on high-level disinfected or sterile gloves on both hands.		
6. Grasps the cervix on either side of the tear using ring or sponge forceps.		
7. Places the first suture at the top of the tear and closes it with a continuous suture, including the whole thickness of the cervix each time the suture needle is inserted.		
* If a long section of the rim of the cervix is tattered, under-runs it with a continuous suture.		
* Uses ring forceps if the apex is difficult to reach and ligate.		
POST-PROCEDURE TASK		
8. Performs infection prevention procedures.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”		

* Please note: This step is not calculated in the total “before coaching” and “after coaching” scores. This step is not performed on all women.

Learners must perform **7 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

AFTER COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

COMMENTS

Before Coaching:

After Coaching:

ID Number: _____

SKILLS CHECKLIST REPAIR OF FIRST AND SECOND DEGREE PERINEAL TEARS

(To be used by the **Trainer** conducting assessment)

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Write **C** if step or task is performed competently; write **N** if it is **not** performed competently.

Competent: Performs the step or task according to the standard procedure or guidelines.

Not Competent: Unable to perform the step or task according to the standard procedure or guidelines.

SKILLS CHECKLIST REPAIR OF FIRST AND SECOND DEGREE PERINEAL TEARS		
STEP/TASK	Before Coaching	After Coaching
Dates observed		
GETTING READY		
1. Prepares necessary supplies and equipment.		
2. Tells the woman (and her support person) what is going to be done and encourages her to ask questions.		
3. Provides emotional support and reassurance.		
* Inserts a urinary catheter, if necessary.		

SKILLS CHECKLIST REPAIR OF FIRST AND SECOND DEGREE PERINEAL TEARS		
STEP/TASK	Before Coaching	After Coaching
REPAIR OF FIRST AND SECOND DEGREE TEARS		
4. Uses antiseptic handrub or washes hands thoroughly.		
5. Puts on high-level disinfected or sterile gloves on both hands.		
* If the tear is long and deep through the perineum, inspects to be sure there is no third or fourth degree tear.		
6. Administers local anesthesia.		
7. Places the first suture about 1 cm above the top of the vaginal tear.		
8. Uses a continuous suture, working down to the level of the vaginal opening and brings together the torn edges of the vaginal opening.		
9. Repairs the perineal muscle using interrupted sutures.		
10. Repairs the skin using interrupted (or subcuticular) sutures starting at the vaginal opening.		
POST-PROCEDURE TASK		
11. Performs infection prevention procedures.		
TOTAL NUMBER OF STEPS/TASKS MARKED WITH A “C”		

* Please note: This step is not calculated in the total “before coaching” and “after coaching” scores. This step is not performed on all women.

Learners must perform **10 or more** of the critical steps correctly to be competent in this skill.

BEFORE COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

AFTER COACHING ☐ woman ☐ anatomic model ☐ not competent ☐ competent

COMMENTS

Before Coaching:

After Coaching:

CHECKLIST OF ASSESSMENT TOOLS

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

DIRECTIONS

Mark with an "X" if the form was completed. Send all completed original forms for each learner, including this checklist, to appropriate program evaluation staff at the end of the followup visit.

ANTENATAL CARE

- _____ Knowledge Questionnaire
_____ Skills Checklist: Antenatal History, Physical Examination, and Basic Care

NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE

- _____ Knowledge Questionnaire
_____ Use of the Partograph Case Study
_____ Skills Checklist: Normal Labor, Childbirth, and Immediate Newborn Care

POSTPARTUM CARE (MOTHER AND BABY)

- _____ Knowledge Questionnaire
_____ Skills Checklist: Postpartum History, Physical Examination (Mother and Baby), and Basic Care

MANAGEMENT OF COMPLICATIONS

- _____ Knowledge Questionnaire
_____ Postpartum Hemorrhage Case Study
_____ Skills Checklist: Newborn Resuscitation
_____ Skills Checklist: Manual Removal of the Placenta
_____ Skills Checklist: Bimanual Compression of the Uterus
_____ Skills Checklist: Repair of Cervical Tears
_____ Skills Checklist: Repair of First and Second Degree Perineal Tears

TOOLS FOR DATA COLLECTION

- | | |
|-------|--|
| _____ | Questionnaire: Experience and Confidence in Maternal and Newborn Health Skills |
| _____ | Supervisor Interview – With Completed Action Plan |
| _____ | Supervisor Interview – Without Action Plan |
| _____ | Participant Interview – With Completed Action Plan |
| _____ | Participant Interview – Without Action Plan |
| _____ | Additional Comments Sheet |
| _____ | Followup Visit Summary Form |

COMMENTS:

[illegible]

FOLLOWUP VISIT SUMMARY FORM

Use this form to summarize the scores of all of the learners who were assessed during this visit.

- Write the name of the learner visited in the first column.
- Record the learner's final score on the appropriate knowledge assessment(s).
- Record the learner's final score on the appropriate case study(s).
- Record the learner's performance of the appropriate skill(s) before and after coaching. Write **C** to indicate competent or **N** to indicate not competent.
- If an assessment was not completed for the learner's area of training, explain why on the reverse of this form.

Send this Summary Form together with all completed assessment forms to the designated individual of the organization responsible for the followup visit.

	Antenatal Care			Normal Labor, Childbirth, and Immediate Newborn Care				Postpartum Care (Mother and Baby)			Management of Complications											
	Knowledge Quest.	Skills Checklist: Antenatal History, Physical Exam, and Basic Care		Knowledge Quest.	Case Study: Use of the Partograph	Skills Checklist: Normal Labor, Childbirth, and Immediate Newborn Care		Knowledge Quest.	Skills Checklist: Postpartum History, Phys. Exam, and Basic Care		Knowledge Quest.	Case Study: PPH	Skills Checklist: Newborn Resuscitation		Skills Checklist: Manual Removal of the Placenta		Skills Checklist: Bimanual Compression of the Uterus		Skills Checklist: Repair of Cervical Tears		Skills Checklist: Repair of First and Second Degree Perineal Tears	
Learner Name	%	Before	After	%	%	Before	After	%	Before	After	%	%	Before	After	Before	After	Before	After	Before	After	Before	After
<i>Example: John Smith</i>	95%	N	C	90%	80%	C	C	70%	N	N	85%	88%	N	C	C	C	C	C	N	N	N	C
1.																						
2.																						
3.																						
4.																						
5.																						

EXPERIENCE AND CONFIDENCE
IN MATERNAL AND NEWBORN HEALTH SKILLS QUESTIONNAIRE
(To be completed by **Learner**)

Thank you for taking the time to complete this form. Your answers will contribute to a database of information collected to help improve skill-based training in maternal and newborn healthcare. All answers are confidential and will not be shared with supervisors or affect your job in any way.

Please write your comments about any question in the margins or the spaces provided.

INFORMATION ABOUT YOU AND YOUR INSTITUTION

1. Name of person completing this form _____ Date _____
2. Age _____ years
3. ☐ Male (1) ☐ Female (2)
4. What type of health professional are you? (Check only one)

☐ Physician/Surgeon (1)	☐ Nurse/Midwife (5)
☐ Nurse (2)	☐ Midwife (6)
☐ Medical Student (3)	☐ Nursing/Midwifery Student (7)
☐ Intern/Resident (or equivalent) (4)	
☐ Other (8) (specify) _____	
5. Year preservice training completed _____
6. What is your area of specialty?

☐ Ob/Gyn (1)	☐ Midwifery (4)
☐ Nursing (2)	☐ Nursing/Midwifery (5)
☐ Pediatrics (3)	
☐ Other (6) (specify) _____	
7. What is your current job title? _____
8. How many years have you been working in this position? _____ years
9. What is your primary job responsibility?

☐ Healthcare provider (1)
☐ Clinical training supervisor (2)
☐ Teacher/Educator/Instructor (3)
☐ Other (4) (specify) _____

10. Please estimate the **percentage of your professional time** each week spent in the following activities. **(Total should add up to 100%.)**

Patient/Client Care _____ %

Clinical Training _____ %

Teaching/Educating/Instructing
(not in clinical setting) _____ %

Other (specify) _____ %

TOTAL 100 %

11. Name and address of institution where you provide maternal and newborn healthcare

Institution name _____

Address _____

City _____ Country _____

12. Type of institution

☐ Health Dispensary (1)

☐ Private Clinic/Hospital (5)

☐ Health Center (2)

☐ Nursing/Midwifery Teaching Institution (6)

☐ District Hospital (3)

☐ Other (7) (specify) _____

☐ Regional Hospital (4)

13. Affiliation of institution

☐ Government (1)

☐ Quasi-Government (4) (specify) _____

☐ Religious/Missionary (2)

☐ Nongovernmental Organization (NGO) (5)

☐ Private (3)

☐ Other (6) (specify) _____

14. Does your institution use the current WHO Partograph to monitor labor?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

15. Is the WHO manual *Managing Complications in Pregnancy and Childbirth* available in your institution?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

16. **If yes**, on average, how many times have you used the manual as a reference?

☐ Every day

☐ Once per week

☐ Once per month

☐ Rarely

☐ Never

17. Do you currently belong to any committees or organizations related to Safe Motherhood?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

18. **If yes**, what is (are) the name(s) of the committee(s) or organization(s)? _____

19. Approximately how many births do you attend per week? _____

20. Approximately how many antenatal care clients do you see per week? _____

21. Approximately how many postpartum clients do you see per week? _____

The next questions provide information on how often you perform specific clinical skills that you learned during the course and your level of confidence performing each of these skills. Please indicate which of these skills you have taught to others since you attended the skills-based training course.

22. Date of skills-based training course _____

23. Topic or content of skills-based training course _____

24. Name and address of facility where skills-based training course was conducted

Institution name _____

Address _____

City _____ Country _____

25. Please complete the table according to the following instructions.

Column A. How many cases have you performed since completing the skills-based training course?

Column B. Rate your level of confidence in performing the skills:

1 Very confident; I do not need any coaching

2 Not very confident; I need more coaching

3 Not confident; I cannot perform this skill

N/A Not permitted to perform this skill according to country/institutional policies

Column C. Please check (✓) those skills you have taught to others since you completed the skills-based training course.

SKILL	COLUMN A Number of cases performed	COLUMN B Confidence in performing	COLUMN C Taught the skill to others
Antenatal care			
Counseling women on birth preparedness and complication readiness			
Normal labor, childbirth, and immediate newborn care			
Monitoring labor using the partograph			
Active management of the third stage of labor			
Postpartum care			
Newborn resuscitation			
Manual removal of the placenta			
Bimanual compression of the uterus			
Repair of cervical tears			
Repair of first and second degree perineal tears			
Management of postpartum hemorrhage			

26. If you ranked your confidence as “3” in any skill, please explain some of the reasons why you do not feel confident performing this skill.

27. Do you feel that after training you have had enough practice to remain competent in these skills?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

Please explain: _____

28. Has the skills-based training changed your job performance? ☐ Yes (1) ☐ No (2)

29. If yes, how? _____

30. If no, why not? _____

If you completed an Action Plan as part of your training, please continue on the next page.

FOR LEARNERS WHO COMPLETED AN ACTION PLAN AS PART OF THEIR TRAINING

31. Please list the activities that you included in your Action Plan.

- a. _____

- b. _____

- c. _____

32. What types of additional activities have you participated in as a result of the knowledge and skills you gained during the training course (e.g., training activities, attending conferences, presentations, etc.)?

NAME OF ACTIVITY	VENUE OF ACTIVITY	YOUR RESPONSIBILITY	DATE

33. Has the quality of care improved in your institution? ☐ Yes (1) ☐ No (2)

34. If yes, how? _____

☐ Yes (1) ☐ No (2)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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SUPERVISOR INTERVIEW WITH COMPLETED ACTION PLAN

DIRECTIONS

- The Supervisor Interview is intended to obtain information on the accomplishment of the learner's three Action Plan commitments (see Question 31 on the Experience and Confidence Questionnaire).
- The questions for this interview are the same as the questions used for the Learner Interview. Using the same questions for both interviews allows comparison and confirmation of information obtained.
- Before beginning the interview, note the activities the learner listed in Question 31 of the Experience and Confidence Questionnaire on page 77.
- Inform the supervisor of the purpose of the interview and obtain her/his consent to be interviewed. The text in the box below is provided as a guide.

(**Name of learner**) attended training in (**course topic**) in (**dates of course**). The objectives of this training were to improve knowledge and skills in essential maternal and newborn care based on international standards.

I would like to ask you questions about the work (**name of learner**) has done since completion of the training, in order to understand how (**name of learner**) has applied the new knowledge and skills.

The information you provide will be used to help improve skills-based training programs in essential maternal and newborn care, so your observations are very important. Your response will be combined with other interviews for an aggregate report, and your name will not appear on any reports.

Do you have any questions before we begin?

- Interview the supervisor using the questions in Part I of the interview.
- Part II of the interview has three sections, one for each Action Plan commitment
 - Begin the interview by telling the supervisor what the first commitment was (the text in the box below is provided as a guide).
 - Circle the corresponding action in the response column.
 - Ask the supervisor the series of questions about that action and record the response and any other comments.
 - Repeat for the remaining two commitments.

During the training course, (**name of learner**) completed an Action Plan listing commitments to change up to three aspects of individual or facility performance. The purpose of this part of the interview is to find out the progress that (**name of learner**) has made in implementing these changes.

The Action Plan of (**name of learner**) listed these activities (obtain from Experience and Confidence Questionnaire, Question 31):

- 1.
- 2.
- 3.

SUPERVISOR INTERVIEW WITH COMPLETED ACTION PLAN

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Supervisor's name _____

Part I. Information about the Supervisor and Institution

1. What is your job title? _____
2. How many years have you been working in this position? _____ years
3. What is your gender? ☐ Male (1) ☐ Female (2)
4. Professional cadre:

☐ Physician (1)	☐ Nurse/Midwife (4)
☐ Nurse (2)	☐ Midwife (5)
☐ Administrator (3)	
☐ Other (6) (specify) _____	
5. What year did you graduate from nursing/midwifery/medical school? _____
6. What is your area of specialty?

☐ Ob/Gyn (1)	☐ Midwifery (4)
☐ Nursing (2)	☐ Nursing/Midwifery (5)
☐ Pediatrics (3)	
☐ Other (6) (specify) _____	

7. Prior to this interview, had you heard of the skills-based training course that **(name of learner)** attended?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

8. Do you feel that your institution has benefited from the training of **(name of learner)**?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

Please explain:

9. Do you think that maternal and newborn health services have improved in your facility as a result of **(name of learner)**'s training?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

9a. If yes, why and how? _____

Part II. Information about the Learner's Action Plan

NO.	QUESTION	RESPONSE	COMMENTS
10.	The FIRST ACTIVITY on the action plan was: (Circle the appropriate activity.)	Improve Infection Prevention (IP) Practices 1 Improve Service Delivery of Antenatal Care 2 Improve Birth Preparedness and Complication Readiness Counseling..... 3 Improve Quality of Care in the Labor and Delivery Ward 4 Improve the Use of the Partograph 5 Implement Active Management of the Third Stage of Labor..... 6 Improve Suturing of Episiotomies and Perineal Tears..... 7 Introduce the Use of Magnesium Sulfate 8 Other Commitment 9 Specify: _____ _____	
11.	Has the provider been able to work on the activity?	Yes 1 No..... 2 Note: If no, then skip to Q15.	

NO.	QUESTION	RESPONSE	COMMENTS
12.	What steps has the provider taken to work on the activity? (Please circle all that apply.)	Developed proposal for senior staff..... 1 Discussed with senior staff 2 Discussed with coworkers..... 3 Planned training for coworkers 4 Conducted training for coworkers..... 5 Other (specify) _____ _____	
13.	What helped the provider work on the commitment? (Please circle all that apply.)	Support from supervisor..... 1 Support from coworkers..... 2 Support from administration 3 Other (specify) _____ _____	
14.	What type of support does the provider need to continue to work on the commitment? (Please circle all that apply.)	Additional training 1 Additional supplies 2 Additional time 3 Other (specify) _____ _____	
15.	What type of barriers did the provider encounter (if any)? (Please circle all that apply.)	Current workload/Lack of time 1 Lack of support from supervisor 2 Lack of support from coworkers 3 Lack of financial resources 4 Lack of policy/mandate..... 5 Other (specify) _____ _____	
16.	The SECOND ACTIVITY on the action plan was: (Circle the appropriate activity.)	Improve Infection Prevention (IP) Practices 1 Improve Service Delivery of Antenatal Care 2 Improve Birth Preparedness and Complication Readiness Counseling..... 3 Improve Quality of Care in the Labor and Delivery Ward 4 Improve the Use of the Partograph 5 Implement Active Management of the Third Stage of Labor 6 Improve Suturing of Episiotomies and Perineal Tears 7 Introduce the Use of Magnesium Sulfate 8 Other Commitment 9 Specify: _____ _____	
17.	Has the provider been able to work on the activity?	Yes 1 No..... 2 Note: If no, then skip to Q21.	

NO.	QUESTION	RESPONSE	COMMENTS
18.	What steps has the provider taken to work on the activity? (Please circle all that apply.)	Developed proposal for senior staff..... 1 Discussed with senior staff 2 Discussed with coworkers..... 3 Planned training for coworkers 4 Conducted training for coworkers..... 5 Other (specify) _____ _____	
19.	What helped the provider work on the commitment? (Please circle all that apply.)	Support from supervisor..... 1 Support from coworkers..... 2 Support from administration 3 Other (specify) _____ _____	
20.	What type of support does the provider need to continue to work on the commitment? (Please circle all that apply.)	Additional training 1 Additional supplies 2 Additional time 3 Other (specify) _____ _____	
21.	What type of barriers did the provider encounter (if any)? (Please circle all that apply.)	Current workload/Lack of time 1 Lack of support from supervisor 2 Lack of support from coworkers 3 Lack of financial resources 4 Lack of policy/mandate..... 5 Other (specify) _____ _____	
22.	The THIRD ACTIVITY on the action plan was: (Circle the appropriate activity.)	Improve Infection Prevention (IP) Practices 1 Improve Service Delivery of Antenatal Care 2 Improve Birth Preparedness and Complication Readiness Counseling..... 3 Improve Quality of Care in the Labor and Delivery Ward 4 Improve the Use of the Partograph 5 Implement Active Management of the Third Stage of Labor 6 Improve Suturing of Episiotomies and Perineal Tears 7 Introduce the Use of Magnesium Sulfate 8 Other Commitment 9 Specify: _____ _____	
23.	Has the provider been able to work on the activity?	Yes 1 No..... 2 Note: If no, then skip to Q27.	

SUPERVISOR INTERVIEW WITHOUT ACTION PLAN

DIRECTIONS

- The questions for this interview are the same as the questions used for the Learner Interview. Using the same questions for both interviews allows comparison and confirmation of information obtained.
- Inform the supervisor of the purpose of the interview and obtain her/his consent to be interviewed. The text in the box below is provided as a guide.

(**Name of learner**) attended training in (**course topic**) in (**dates of course**). The objectives of this training were to improve knowledge and skills in essential maternal and newborn care based on international standards.

I would like to ask you questions about the work (**name of learner**) has done since completion of the training, in order to understand how (**name of learner**) has applied the new knowledge and skills.

The information you provide will be used to help improve skills-based training programs in essential maternal and newborn care, so your observations are very important. Your response will be combined with other interviews for an aggregate report, and your name will not appear on any reports.

Do you have any questions before we begin?

SUPERVISOR INTERVIEW WITHOUT ACTION PLAN

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Supervisor's name _____

1. What is your job title? _____

2. How many years have you been working in this position? _____ years

3. What is your gender? ☐ Male (1) ☐ Female (2)

4. Professional cadre:

- | | |
|--|--|
| ☐ Physician (1) | ☐ Nurse/Midwife (4) |
| ☐ Nurse (2) | ☐ Midwife (5) |
| ☐ Administrator (3) | |
| ☐ Other (6) (specify) | _____ |

5. What year did you graduate from nursing/midwifery/medical school? _____

6. What is your area of specialty?

- | | |
|--|--|
| ☐ Ob/Gyn (1) | ☐ Midwifery (4) |
| ☐ Nursing (2) | ☐ Nursing/Midwifery (5) |
| ☐ Pediatrics (3) | |
| ☐ Other (6) (specify) | _____ |

7. Prior to this interview, had you heard of the skills-based training course that **(name of learner)** attended?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

8. Do you feel that your institution has benefited from the training of **(name of learner)**?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

Please explain:

9. Do you think that maternal and newborn health services have improved in your facility as a result of **(name of learner)**'s training?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

- 9a. If yes, why and how? _____

10. What type of changes to maternal and newborn health services has **(name of learner)** made since training?

1. _____
2. _____
3. _____

11. What helped in implementing these changes? (Mark all that apply.)

☐ Support from supervisor
☐ Support from coworkers
☐ Support from administration
☐ Other (specify)

12. What were the barriers to implementing these changes? (Mark all that apply.)

☐ Current workload or lack of time
☐ Lack of support from supervisor
☐ Lack of support from coworkers
☐ Lack of financial resources
☐ Lack of policy/mandate
☐ Other (specify)

(Mark all that apply.)

- Additional time

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LEARNER INTERVIEW WITH COMPLETED ACTION PLAN

DIRECTIONS

- The Learner Interview is intended to obtain information on the accomplishment of the learner's three Action Plan commitments (see Question 31 on the Experience and Confidence Questionnaire).
- The questions for this interview are the same as the questions used for the Supervisor Interview. Using the same questions for both interviews allows comparison and confirmation of information obtained.
- Before beginning the interview, note the activities the learner listed in Question 31 of the Experience and Confidence Questionnaire on page 77.
- Inform the learner of the purpose of the interview and obtain her/his consent to be interviewed. The text in the box below is provided as a guide.

I would like to ask you questions about the work you have done since completion of the training, in order to understand how you have applied the new knowledge and skills.

The information you provide will be used to help improve skills-based training programs in essential maternal and newborn care, so your observations are very important. Your response will be combined with other interviews for an aggregate report, and your name will not appear on any reports.

Do you have any questions before we begin?

- Interview the learner using the questions in Part I of the interview.
- Part II of the interview has three sections, one for each Action Plan commitment.
 - Begin the interview by asking the learner what the first commitment was (the text in the box below is provided as a guide).
 - Circle the corresponding action in the response column.
 - Ask the learner the series of questions about that action and record the response and any other comments.
 - Repeat for the remaining two commitments.

During the training course, you completed an Action Plan listing up to three aspects of individual or facility performance that you committed to change. The purpose of this part of the interview is to find out the progress that you have made in implementing these changes.

Your Action Plan listed these activities (obtain from Experience and Confidence Questionnaire, Question 31):

- 1.
- 2.
- 3.

LEARNER INTERVIEW WITH COMPLETED ACTION PLAN

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

Part I. Information about the Learner and Institution

1. What is your job title? _____
2. How many years have you been working in this position? _____ years
3. What is your gender? ☐ Male (1) ☐ Female (2)
4. Professional cadre:

☐ Physician (1)	☐ Nurse/Midwife (4)
☐ Nurse (2)	☐ Midwife (5)
☐ Administrator (3)	
☐ Other (6) (specify) _____	
5. What year did you graduate from nursing/midwifery/medical school? _____
6. What is your area of specialty?

☐ Ob/Gyn (1)	☐ Midwifery (4)
☐ Nursing (2)	☐ Nursing/Midwifery (5)
☐ Pediatrics (3)	
☐ Other (6) (specify) _____	

7. Do you feel that your institution has benefited from your training?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

Please explain:

8. Do you think that maternal and newborn health services have improved in your facility as a result of your training?

☐ Yes (1) ☐ No (2) ☐ Don't know (98)

8a. If yes, why and how? _____

Part II. Information about the Learner's Action Plan

NO.	QUESTION	RESPONSE	COMMENTS
9.	The FIRST ACTIVITY on the action plan was: (Circle the appropriate activity.)	Improve Infection Prevention (IP) Practices 1 Improve Service Delivery of Antenatal Care 2 Improve Birth Preparedness and Complication Readiness Counseling..... 3 Improve Quality of Care in the Labor and Delivery Ward 4 Improve the Use of the Partograph 5 Implement Active Management of the Third Stage of Labor..... 6 Improve Suturing of Episiotomies and Perineal Tears..... 7 Introduce the Use of Magnesium Sulfate 8 Other Commitment 9 Specify: _____ _____	
10.	Have you been able to work on the activity?	Yes 1 No..... 2 Note: If no, then skip to Q15.	

NO.	QUESTION	RESPONSE	COMMENTS
11.	What steps have you taken to work on the activity? (Please circle all that apply.)	Developed proposal for senior staff..... 1 Discussed with senior staff 2 Discussed with coworkers..... 3 Planned training for coworkers 4 Conducted training for coworkers..... 5 Other (specify) _____ _____	
12.	What helped you work on the commitment? (Please circle all that apply.)	Support from supervisor..... 1 Support from coworkers..... 2 Support from administration 3 Other (specify) _____ _____	
13.	What type of support do you need to continue to work on the commitment? (Please circle all that apply.)	Additional training 1 Additional supplies 2 Additional time 3 Other (specify) _____ _____	
14.	What type of barriers did you encounter (if any)? (Please circle all that apply.)	Current workload/Lack of time 1 Lack of support from supervisor 2 Lack of support from coworkers 3 Lack of financial resources 4 Lack of policy/mandate..... 5 Other (specify) _____ _____	
15.	The SECOND ACTIVITY on the action plan was: (Circle the appropriate activity.)	Improve Infection Prevention (IP) Practices 1 Improve Service Delivery of Antenatal Care 2 Improve Birth Preparedness and Complication Readiness Counseling..... 3 Improve Quality of Care in the Labor and Delivery Ward 4 Improve the Use of the Partograph 5 Implement Active Management of the Third Stage of Labor 6 Improve Suturing of Episiotomies and Perineal Tears 7 Introduce the Use of Magnesium Sulfate 8 Other Commitment 9 Specify: _____ _____	
16.	Have you been able to work on the activity?	Yes 1 No..... 2 Note: If no, then skip to Q21.	

NO.	QUESTION	RESPONSE	COMMENTS
17.	What steps have you taken to work on the activity? (Please circle all that apply.)	Developed proposal for senior staff..... 1 Discussed with senior staff 2 Discussed with coworkers..... 3 Planned training for coworkers 4 Conducted training for coworkers..... 5 Other (specify) _____ _____	
18.	What helped you work on the commitment? (Please circle all that apply.)	Support from supervisor..... 1 Support from coworkers..... 2 Support from administration 3 Other (specify) _____ _____	
19.	What type of support do you need to continue to work on the commitment? (Please circle all that apply.)	Additional training 1 Additional supplies 2 Additional time 3 Other (specify) _____ _____	
20.	What type of barriers did you encounter (if any)? (Please circle all that apply.)	Current workload/Lack of time 1 Lack of support from supervisor 2 Lack of support from coworkers 3 Lack of financial resources 4 Lack of policy/mandate..... 5 Other (specify) _____ _____	
21.	The THIRD ACTIVITY on the action plan was: (Circle the appropriate activity.)	Improve Infection Prevention (IP) Practices 1 Improve Service Delivery of Antenatal Care 2 Improve Birth Preparedness and Complication Readiness Counseling..... 3 Improve Quality of Care in the Labor and Delivery Ward 4 Improve the Use of the Partograph 5 Implement Active Management of the Third Stage of Labor 6 Improve Suturing of Episiotomies and Perineal Tears 7 Introduce the Use of Magnesium Sulfate 8 Other Commitment 9 Specify: _____ _____	
22.	Have you been able to work on the activity?	Yes 1 No..... 2 Note: If no, then skip to Q27.	

LEARNER INTERVIEW WITHOUT ACTION PLAN

DIRECTIONS

- The questions for this interview are the same as the questions used for the Supervisor Interview. Using the same questions for both interviews allows comparison and confirmation of information obtained.
- Inform the learner of the purpose of the interview and obtain her/his consent to be interviewed. The text in the box below is provided as a guide.

I would like to ask you questions about the work you have done since completion of your training, in order to understand how you have applied your new knowledge and skills.

The information you provide will be used to help improve skills-based training programs in essential maternal and newborn care, so your observations are very important. Your response will be combined with other interviews for an aggregate report, and your name will not appear on any reports.

Do you have any questions before we begin?

LEARNER INTERVIEW WITHOUT ACTION PLAN

Name of learner _____

Name of institution _____

Type of institution

- | | |
|--|---|
| ☐ Health Dispensary (1) | ☐ Private Clinic/Hospital (5) |
| ☐ Health Center (2) | ☐ Nursing/Midwifery Teaching Institution (6) |
| ☐ District Hospital (3) | ☐ Other (7) (specify) _____ |
| ☐ Regional Hospital (4) | _____ |

Affiliation of institution

- | | |
|---|---|
| ☐ Government (1) | ☐ Quasi-Government (4) (specify) _____ |
| ☐ Religious/Missionary (2) | ☐ Nongovernmental Organization (NGO) (5) |
| ☐ Private (3) | ☐ Other (6) (specify) _____ |

Topic of training course attended _____ Dates of course _____

Name of trainer conducting assessment _____

Date(s) of assessment _____

1. What is your job title? _____

2. How many years have you been working in this position? _____ years

3. What is your gender? ☐ Male (1) ☐ Female (2)

4. Professional cadre:

- | | |
|--|--|
| ☐ Physician (1) | ☐ Nurse/Midwife (4) |
| ☐ Nurse (2) | ☐ Midwife (5) |
| ☐ Administrator (3) | |
| ☐ Other (6) (specify) | _____ |

5. What year did you graduate from nursing/midwifery/medical school? _____

6. What is your area of specialty?

- | | |
|--|--|
| ☐ Ob/Gyn (1) | ☐ Midwifery (4) |
| ☐ Nursing (2) | ☐ Nursing/Midwifery (5) |
| ☐ Pediatrics (3) | |
| ☐ Other (6) (specify) | _____ |

7. Do you feel that your institution has benefited from your training?

- ☐ Yes (1) ☐ No (2) ☐ Don't know (98)

Please explain:

8. Do you think that maternal and newborn health services have improved in your facility as a result of your training?

- ☐ Yes (1) ☐ No (2) ☐ Don't know (98)

8a. If yes, why and how? _____

9. What type of changes to maternal and newborn health services have you made since this training?

1. _____
2. _____
3. _____

10. What helped in implementing these changes? (Mark all that apply.)

- ☐ Support from supervisor
☐ Support from coworkers
☐ Support from administration
☐ Other (specify)

11. What were the barriers to implementing these changes? (Mark all that apply.)

- ☐ Current workload or lack of time
☐ Lack of support from supervisor
☐ Lack of support from coworkers
☐ Lack of financial resources
☐ Lack of policy/mandate
☐ Other (specify)

12. What type of support do you need to continue to work on these changes? (Mark all that apply.)

- ☐ Additional training
☐ Additional supplies
☐ Additional time

[illegible]

ADDITIONAL COMMENTS SHEET

Name of institution _____

Date(s) of assessment _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ANALYZING AND USING DATA COLLECTED DURING THE FOLLOWUP VISIT

INTRODUCTION

Ideally, development of the followup plan and key indicators should be part of the training design process. Uses for the data collected during the followup visit include the following:

- Assessing the learners' knowledge and skills in order to strengthen those areas that need improvement
- Monitoring performance in order to improve quality of care
- Reporting on key indicators for assessing competence of maternal and newborn healthcare workers
- Evaluating and revising the training course, materials, or overall training plan

Resources needed to **conduct the followup visit** and data analysis are a data analysis team, computer hardware, and a statistical software package.

The data analysis team comprises the following positions:

- **Assessment Coordinator.** The assessment coordinator is responsible for organizing the assessment of healthcare workers. Duties include:
 - contacting the healthcare workers to be assessed,
 - contacting the supervisors of workers to be assessed,
 - organizing and arranging the logistics of the followup visit (including anatomic models),
 - hiring and supervising data manager and data entry clerks,
 - finalizing the analysis plan in collaboration with the data manager and other key stakeholders,
 - finalizing a report of the findings,
 - disseminating findings to healthcare workers and supervisors included in the assessment, and
 - disseminating findings to other key stakeholders.
- **Data Manager.** The data manager is responsible for finalizing the data analysis plan, conducting the data analysis, and writing a report of the findings. Duties include:
 - cleaning the data in collaboration with data entry clerks,
 - supervising data entry clerks,
 - developing and finalizing the analysis plan in collaboration with the assessment coordinator and other key stakeholders,
 - conducting data analysis,
 - developing a report of the findings,
 - disseminating findings to healthcare workers and supervisors included in the assessment, and
 - disseminating findings to other key stakeholders.

The assessment coordinator and the data manager work together to develop and finalize the followup visit, collect and analyze data, report on the findings, and disseminate the findings. If appropriate, the assessment coordinator can perform the duties of the data manager.

- **Data Entry Clerks (2).** The data entry clerks are responsible for entering and cleaning the data. Data entry clerks should have experience in data entry using the software selected for analysis (see below). All data should be double entered—once into each computer by different staff.

COMPUTER HARDWARE

A minimum of 2 computers and 1 printer are needed. Computer specifications are:

- Windows 98, ME, NT 4.0, 2000 or XP
- 128MB or 256 MB RAM
- 733 Pentium 3 processor with 300 MB of free hard disk space
- SVGA monitor

Software. If the number of healthcare workers assessed is 25 or fewer, a Microsoft Excel spreadsheet can be used for data entry. If the number of healthcare workers assessed is more than 25, a statistical software package should be used, such as SPSS or SAS, or EpiInfo 2000 (EpiInfo 2000 is available free of charge from the Centers for Disease Control and Prevention website [www.cdc.gov]). A software program will increase the speed and accuracy of data analysis and make it easier to store data.

It is possible to tabulate some indicators manually, without using a software program. This option is less expensive but may decrease the speed and accuracy of data analysis.

KEY INDICATORS AND SUPPORTING INFORMATION

The key indicators and supporting information that can be obtained from the tools included in these Guidelines are described below. The indicators are illustrative for assessing competence of healthcare providers working in maternal and newborn healthcare. The organization sponsoring the assessment team training and followup should select five to seven key indicators that reflect program goals and objectives. These indicators can be supplemented with the supporting information, and tables and/or graphs.

The indicators should be chosen based on the objectives of the assessment. If the main objective of the assessment is to evaluate the knowledge and skills of healthcare providers, the learner's first score for knowledge, case studies, and skill checklists should be used to calculate the indicators (i.e., the score **before** coaching). If the objective of the assessment is to improve the long-term provision of care through supportive supervision, the learner's second score for knowledge, case studies, and skill checklists should be used to calculate the indicators (i.e., the score **after** coaching). These objectives need to be defined at the **beginning** of the assessment to ensure that indicators are calculated correctly.

KEY INDICATORS	NUMERATOR/DENOMINATOR	DATA SOURCE
Description of Sample		
% of healthcare providers who attend xx births per week ¹	$\frac{\text{Healthcare providers who attended } \mathbf{xx} \text{ births per week}}{\text{Total healthcare providers with valid responses for Q19 on Experience and Confidence Questionnaire}}$	Experience and Confidence Questionnaire Q19
% of healthcare providers who attend xx ANC visits per week ²	$\frac{\text{Healthcare providers who attended } \mathbf{xx} \text{ ANC visits per week}}{\text{Total healthcare providers with valid responses for Q20 on Experience and Confidence Questionnaire}}$	Experience and Confidence Questionnaire Q20
% of healthcare providers who report using the MCPC at least once per month	$\frac{\text{Healthcare providers who report using the MCPC at least once per month}}{\text{Total healthcare providers with valid responses for Q16 on Experience and Confidence Questionnaire}}$	Experience and Confidence Questionnaire Q16
Knowledge		
% of healthcare providers who scored 80% or higher on the knowledge questionnaire	$\frac{\text{Healthcare providers who scored 80\% or higher on the knowledge questionnaire}}{\text{Total healthcare providers who took knowledge questionnaire}}$	Followup Visit Summary Form (Knowledge Questionnaire score)
Knowledge includes description of which questions were most commonly missed		Knowledge Questionnaire(s)
Skill Retention		
% of healthcare providers competent before coaching ³ in skill Skills include - Antenatal care - Normal labor, childbirth, and immediate newborn care - Postpartum care (mother and baby) - Newborn resuscitation - Manual removal of the placenta - Bimanual compression of the uterus - Repair of cervical tears - Repair of first and second degree perineal tears	$\frac{\text{Healthcare providers assessed as competent before coaching in } \mathbf{skill}}{\text{Total healthcare providers assessed in } \mathbf{skill}}$	Followup Visit Summary Form (Skills Checklists) Checklists - Antenatal History, Physical Examination, and Basic Care - Normal Labor, Childbirth, and Immediate Newborn Care - Postpartum History, Physical Examination (Mother and Baby), and Basic Care - Newborn Resuscitation - Manual Removal of the Placenta - Bimanual Compression of the Uterus - Repair of Cervical Tears - Repair of First and Second Degree Perineal Tears

¹ The number of births per week should represent the average number per week at that facility.

² The number of ANC visits per week should represent the average number per week at the facility.

³ Assessing competence **before** coaching will allow you to measure actual retention of skills. Measurements of competence **after** coaching will allow you to measure simple description of competence **after** coaching.

KEY INDICATORS	NUMERATOR/DENOMINATOR	DATA SOURCE
Description of which steps were most commonly missed by skill		Skills Checklist(s)
% of healthcare providers competent in use of partograph	$\frac{\text{Healthcare providers assessed competent in use of partograph}}{\text{Total healthcare providers administered the partograph case study}}$	Followup Visit Summary Form (Use of the Partograph Case Study)
% of healthcare providers competent in management of PPH	$\frac{\text{Healthcare providers assessed competent in management of PPH}}{\text{Total healthcare providers administered the PPH case study}}$	Followup Visit Summary Form (Postpartum Hemorrhage Case Study)
% of healthcare providers competent in normal skills ⁴ with women	$\frac{\text{Healthcare providers assessed competent in normal skills with women}}{\text{Total healthcare providers assessed in normal skills with women}}$	Followup Visit Summary Form (Skills Checklist)
% of healthcare providers competent in complications ⁵ with women	$\frac{\text{Healthcare providers assessed competent in complications with women}}{\text{Total healthcare providers assessed in complications with women}}$	Followup Visit Summary Form (Skills Checklist)
Confidence		
% of healthcare providers who reported being “very confident” in at least 9 skills Skills - Antenatal care - Counseling women on BP/CR - Normal labor, childbirth, and immediate newborn care - Monitoring labor using the partograph - Active management of the third stage of labor - Postpartum care - Newborn resuscitation - Manual removal of the placenta - Bimanual compression of the uterus - Repair of cervical tears - Repair of first and second degree perineal tears - Management of postpartum hemorrhage	$\frac{\text{Healthcare providers who reported being “very confident” in at least 9 skills}}{\text{Total healthcare providers with valid responses for Q25 on Experience and Confidence Questionnaire}}$	Experience and Confidence Questionnaire Q25

⁴ Normal skills include: antenatal care; normal labor, childbirth, and immediate newborn care; and postpartum care.

⁵ Complications include: newborn resuscitation; manual removal of the placenta; bimanual compression of the uterus; repair of cervical tears; and repair of first and second degree perineal tears.

KEY INDICATORS	NUMERATOR/DENOMINATOR	DATA SOURCE
Implementation of Action Plans		
% of healthcare providers who reported initiating activities in at least one of their commitments	$\frac{\text{Healthcare providers who reported initiating activities in at least one of their commitments}}{\text{Total healthcare providers with valid responses for Q11, Q17, Q23 on Learner Interview}}$	Learner Interview (with Completed Action Plan) Q11, Q17, Q23

Note: For skills assessments, include every provider assessed in each skill, regardless of whether s/he was assessed on a model or woman, unless otherwise instructed in the indicator itself.

Supporting information: The following indicators will provide supplemental information to support the key indicators for healthcare providers working in maternal and neonatal health. You will need to choose indicators based on the objectives and goals of your maternal and newborn health program.

SUPPORTING INDICATORS	NUMERATOR/DENOMINATOR	DATA SOURCE
Skills After Coaching		
% of healthcare providers competent after coaching in <i>skill</i> Skills include - Antenatal care - Normal labor, childbirth, and immediate newborn care - Postpartum care (mother and baby) - Newborn resuscitation - Manual removal of the placenta - Bimanual compression the of uterus - Repair of cervical tears - Repair of first and second degree perineal tears	$\frac{\text{Healthcare providers assessed as competent after coaching in } \textit{skill}}{\text{Total healthcare providers assessed in } \textit{skill}}$	Summary skill competence from Skills Checklists Checklists - Antenatal History, Physical Examination, and Basic Care - Normal Labor, Childbirth, and Immediate Newborn Care - Postpartum History, Physical Examination (Mother and Baby), and Basic Care - Newborn Resuscitation - Manual Removal of the Placenta - Bimanual Compression of the Uterus - Repair of Cervical Tears - Repair of First and Second Degree Perineal Tears

SUPPORTING INDICATORS	NUMERATOR/DENOMINATOR	DATA SOURCE
Confidence		
% of healthcare providers who reported being “very confident” in <i>skill</i> Skills - Antenatal care - Counseling women on BP/CR - Normal labor, childbirth, and immediate newborn care - Monitoring labor using the partograph - Active management of the third stage of labor - Postpartum care - Newborn resuscitation - Manual removal of the placenta - Bimanual compression of the uterus - Repair of cervical tears - Repair of first and second degree perineal tears - Management of postpartum hemorrhage	Healthcare providers who reported being “very confident” in <i>skill</i> Total healthcare providers with valid responses for Q25 on Experience and Confidence Questionnaire	Experience and Confidence Questionnaire Q25

Note: For skills assessments, include every provider assessed in each skill, regardless of whether s/he was assessed on a model or with a woman, unless otherwise instructed in the indicator itself.

Suggested tables: Other information can be summarized as tables or histograms. Examples of these other types of information are summarized below. The same format should be followed for writing reports.

I. Background Characteristics

Table XX: Percent distribution of learners by certain characteristics

CHARACTERISTIC	LEARNERS	
	NUMBER	%
Gender		
Male		
Female		
Cadre		
Physician		
Nurse/Midwife		
Midwife		
Other		
Mean Age (years)		
Mean years working since preservice education (years) was completed		
Mean years working in current position (years)		
Type of institution where currently working		
Health dispensary		
Health center		
District hospital		
Regional hospital		
Private clinic/Hospital		
Nursing/Midwifery teaching institution		
Other		
Primary responsibility at institution		
Health care provider		
Clinical training supervisor		
Teacher/Educator/Instructor		
Other		
Total		100%

II. Facilities

Table XX: Percent distribution of learners by type of facility

CHARACTERISTIC	FACILITIES	
	NUMBER	%
Type of facility		
Health dispensary		
Health center		
District hospital		
Regional hospital		
Private clinic/Hospital		
Nursing/Midwifery teaching institution		
Other		
District		
Total		100%

III. Background information

Table XX: Percentage distribution of self-reported services attended per week by cadre of provider and type of service

TYPE OF SERVICE	PHYSICIAN	NURSE/MIDWIFE	MIDWIFE	OTHER
Births attended per week				
0–10				
11–20				
21–35				
36 and over				
Total	100%	100%	100%	100%
ANC visits attended per week				
0–10				
11–20				
21–35				
36 and over				
Total	100%	100%	100%	100%
Number (physicians, nurse/midwives, midwives, other)				

Table XX: Percentage distribution of healthcare workers who have the MCPC available in their institution by cadre and frequency of use

FREQUENCY OF USE	PHYSICIAN	NURSE/MIDWIFE	MIDWIFE	OTHER
Every day				
Once per week				
Once per month				
Rarely				
Never				
Total				
Number (physicians, nurse/midwives, midwives, other)				

IV. Knowledge level

Table XX: Percentage distribution of overall knowledge scores

KNOWLEDGE SCORE	LEARNERS	
	NUMBER	%
95–100%		
90–94%		
85–89%		
80–84%		
75–79%		
74% or below		
Total		100%

V. Skill Retention

Table XX: Percentage of learners assessed as competent in sentinel maternal and neonatal health skills during the followup visit before and after coaching, by type of skill

SKILL	COMPETENT BEFORE COACHING (%) NUMBER (%)	COMPETENT AFTER COACHING (%) NUMBER (%)
Antenatal History, Physical Examination, and Basic Care		
Normal Labor, Childbirth, and Immediate Newborn Care		
Use of the Partograph (Case Study)		
Postpartum History, Physical Examination (Mother and Baby), and Basic Care		
Postpartum Hemorrhage (Case Study)		
Newborn Resuscitation		
Manual Removal of the Placenta		
Bimanual Compression of the Uterus		
Repair of Cervical Tears		
Repair of First and Second Degree Perineal Tears		
Total		

Table XX: Maternal and newborn skills assessed during followup visits by assessment tool

SKILL	ANATOMIC MODEL		WOMAN		CASE STUDY		NOT ASSESSED		TOTAL	
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
Antenatal History, Physical Examination, and Basic Care										100%
Normal Labor, Childbirth, and Immediate Newborn Care										100%
Use of the Partograph										100%
Postpartum History, Physical Examination (Mother and Baby), and Basic Care										100%
Postpartum Hemorrhage										100%
Newborn Resuscitation										100%
Manual Removal of the Placenta										100%
Bimanual Compression of the Uterus										100%
Repair of Cervical Tears										100%
Repair of First and Second Degree Perineal Tears										100%

VI. Confidence and Experience

In addition to calculating the “% of healthcare providers ‘very confident’ in performing each skill,” it is possible to calculate an average “confidence score” in both the training and in the followup visit. The “confidence score” is calculated for each skill by adding three points for each response of “very confident; I do not need any coaching,” two points for each response of “not very confident; I need more coaching,” and one point for “Not confident; I cannot perform this skill.” The fourth category, “Not permitted to perform this skill according to country/institutional policies,” is not included in this analysis. The average score is then calculated by dividing this sum of responses by the TOTAL number of responses included in the sum. By comparing the training score and the followup score, changes in levels of confidence can be assessed.

Example: Of the 10 learners in the followup visit, 5 responded “very confident,” 3 responded “not very confident; I need more coaching,” 1 responded “not confident; I cannot perform this skill,” and 1 responded “Not permitted to perform this skill” for manual removal of the placenta.

The confidence score would be calculated as follows:

Numerator: $3+3+3+3+3+2+2+2+1 = 22$

Denominator: 9 (Because the one response of “Not permitted to perform this skill . . .” is excluded from the analysis.)

Confidence score: 2.44

Table XX: Mean confidence scores during training and during the followup visit

SKILL	TRAINING SCORE (N= X)	FOLLOW UP SCORE (N= X)
Antenatal care		
Counseling women on birth preparedness and complication readiness		
Normal labor, childbirth, and immediate newborn care		
Monitoring labor using the partograph		
Active management of the third stage of labor		
Postpartum care		
Newborn resuscitation		
Manual removal of the placenta		
Bimanual compression of the uterus		
Repair of cervical tears		
Repair of first and second degree perineal tears		
Management of postpartum hemorrhage		

VII. Implementation of Action Plans

The information on the implementation of action plans can be described using the following tables. In addition, qualitative information on what learners were able to implement, barriers encountered, and facilitators that enhanced the implementation of commitment statements can also be presented through case studies or reports.

Table XX: Activities included in learners' action plans as reported by learner, by type of activity

ACTIVITY	NUMBER AND PERCENTAGE OF LEARNERS WHO INCLUDED ACTIVITY IN PLAN	
	NUMBER	%
Total learners		

Table XX: Learners who implemented activities from action plans, by type of activity

ACTIVITY	NUMBER OF LEARNERS WHO INCLUDED ACTIVITY IN PLAN	NUMBER AND PERCENTAGE OF LEARNERS WHO BEGAN TO IMPLEMENT ACTIVITY	
		NUMBER	%
Total learners			

You may find that many of the activities that learners identified in their Action Plans are similar. For purposes of reporting, it may be convenient to group the similar activities into “themes.” To define “theme” areas, review all activities listed in the Action Plans and group similar activities into theme areas. *For example, improving infection prevention or using the partograph may be theme areas.*

Table XX: Number of barriers to implementing activities listed in action plans

BARRIERS	NUMBER AND PERCENTAGE OF LEARNERS WHO REPORT THIS BARRIER	
	NUMBER	%
Total learners		

Table XX: Number of enhancers (“Things that helped learners implement activities”) listed in action plans

ENHANCERS	NUMBER AND PERCENTAGE OF LEARNERS WHO REPORT THIS ENHANCER	
	NUMBER	%
Total learners		

DATA ANALYSIS USING A SOFTWARE PROGRAM

After you have collected information from the assessment tools, it is time for data analysis. The following steps are essential in the data analysis process:

- Step 1. Enter the data**
- Step 2. Clean the data**
- Step 3. Develop an analysis plan and select key indicators in collaboration with stakeholders (if this was not done as part of the training plan)**
- Step 4. Analyze the data**
- Step 5. Disseminate the results**

Step 1: Enter the data

Data entry can be ongoing throughout data collection, or it can occur at the end of the assessment after data collection has been completed. The assessment coordinator/data manager is responsible for determining the best system.

Create data entry programs for the following tools (data manager):

- Followup Visit Summary Form
- Experience and Confidence questionnaire
- Learner Interview
- Supervisor Interview

Test programs: The data manager should test the data entry programs for each tool by entering fictitious data into each data entry file.

Identify and train data entry clerks: (data manager)

Review and number the tools: The data coordinator should review each tool from each learner to make sure that it has been filled in completely, accurately, and consistently. Resolve any inconsistencies. Give each learner a unique identification number. Write this number in the space provided (“ID Number”) on the assessment tool.

Conduct data entry: The data entry clerks should enter all data from tools. All data from each tool should be double entered—once into each computer by different staff.

The following principles are essential for data entry:

- Data entry clerks have to find an appropriate pace for data entry. If data entry is attempted too quickly, errors may occur.
- It is easiest to enter data from all questionnaires of one type sequentially (i.e., all knowledge questionnaires).
- All data files should be backed up regularly on a diskette or CD-ROM, both during data entry and at the end of the day.

- After data entry of questionnaire information, mark each questionnaire with a check or cross to indicate that data entry has been completed. File questionnaires by type of questionnaire and the identification number of the healthcare worker.
- Store filed questionnaires in a locked cabinet to ensure confidentiality of learners.
- The assessment coordinator or data manager should supervise data entry and periodically check the quality of data entry by randomly selecting questionnaires for review.

Step 2: Clean the data

The data manager should validate the entered data by examining frequencies for each variable. Frequencies should be examined for out of range data and inconsistent entries across variables. This process will help identify any inconsistencies in the data, and allow the data manager to correct them using the original data collection tools.

For example, in the Confidence and Experience Questionnaire, Question Number 19 asks about the number of births attended each week. If the data manager finds that there is a large range in the number of answers given, then the data manager may want to look at the original questionnaires to make sure that the data were entered correctly. Or, the data manager may find that some variables have a lot of missing responses. This would signal the data manager to look at the original questionnaires for that variable to make sure that the data were entered correctly.

Step 3: Develop an analysis plan and select key indicators in collaboration with stakeholders (if this was not done as part of the training plan)

The analysis plan and key indicators should be developed before the assessment occurs to make sure that all key questions are addressed. After the data are collected, entered, and cleaned, the assessment coordinator and data manager should meet again with the data collection team and other stakeholders to finalize an analysis plan. This analysis plan should be based on local priorities and circumstances, and should include 5–6 key indicators (see page 102).

Step 4: Analyze the data

The assessment coordinator and data manager should select one or two individuals to do the data analysis, based on the analysis plan. Indicators included in the analysis plan should be calculated by using the data entered in the Microsoft Excel spreadsheet or the statistical software package. Once the indicators are calculated, put them in tables to include in the final report. A Microsoft Excel spreadsheet or table can be very helpful in organizing data for each of the indicators.

Step 5: Disseminate the results

Once indicators have been calculated and tables and/or graphs developed, the results should be disseminated to the assessment team, key stakeholders, and healthcare providers who participated in the assessment. Program managers and other stakeholders can use the results to inform the development of future activities.

DATA ANALYSIS USING MANUAL TABULATION

Step 1: Review and number the tools

The data coordinator should review each tool from each learner to make sure that it has been filled in completely, accurately, and consistently. Resolve any inconsistencies. Give each learner a unique identification number. Write this number in the space provided (“ID Number”) on the assessment tool.

Step 2: Develop an analysis plan and select key indicators in collaboration with stakeholders (if this was not done as part of the training plan)

The analysis plan and key indicators should be developed before the assessment occurs to make sure that all key questions are addressed. After the data are collected, the assessment coordinator and data manager should meet again with the data collection team and other stakeholders to finalize an analysis plan. This analysis plan should be based on local priorities and circumstances, and should include 5–6 key indicators (see page 102).

Step 3: Analyze the data

The assessment coordinator and data manager should select one or two individuals to do the data analysis, based on the analysis plan. Tabulate indicators by counting the total number for the numerator and denominator. A Microsoft Excel spreadsheet or the Followup Visit Summary Form can be very helpful in organizing data for each of the indicators (see the sample of using the Followup Visit Summary Form for Manual Data Analysis, page 118).

Step 4: Disseminate the results

Once indicators have been calculated and tables and/or graphs developed, the results should be disseminated to the assessment team, key stakeholders, and healthcare providers who participated in the assessment. Program managers and other stakeholders can use the results to inform the development of future activities.

SAMPLE FOLLOWUP VISIT SUMMARY FORM FOR MANUAL DATA ANALYSIS

Use this form to summarize the scores of all of the learners who were assessed during this visit.

- Write the name of the learner visited in the first column.
- Record the learner's final score on the appropriate knowledge questionnaire(s).
- Record the learner's final score on the appropriate case study(s).
- Record the learner's performance of the appropriate skill(s) before and after coaching. Write **C** to indicate competent or **N** to indicate **not** competent.
- If an assessment was not completed for the learner's area of training, explain why on the reverse of this form.

Send this Summary Form together with all completed assessment forms to the designated individual of the organization responsible for the followup visit.

	Antenatal Care			Normal Labor, Childbirth, and Immediate Newborn Care				Postpartum Care (Mother and Baby)			Management of Complications											
	Knowledge Quest.	Skills Checklist: Antenatal History, Physical Exam, and Basic Care		Knowledge Quest.	Case Study: Use of the Partograph	Skills Checklist: Normal Labor, Childbirth, and Immediate Newborn Care		Knowledge Quest.	Skills Checklist: Postpartum History, Phys. Exam, (Mother & Baby), and Basic Care		Knowledge Quest.	Case Study: PPH	Skills Checklist: Newborn Resuscitation		Skills Checklist: Manual Removal of the Placenta		Skills Checklist: Bimanual Compression of the Uterus		Skills Checklist: Repair of Cervical Tears		Skills Checklist: Repair of First and Second Degree Perineal Tears	
Learner Name	%	Before	After	%	%	Before	After	%	Before	After	%	%	Before	After	Before	After	Before	After	Before	After	Before	After
1. John Brown	100%	N	C																			
2. Stella Davis	75%	N	C																			
3. Chris Taylor	100%	N	N																			
4. Joseph Smith	87%	C	C																			
5. Rose Reed	78%	C	C																			
Denominator = Total Assessed	5	5	5																			
Numerator	Score ≥ 80% =3	Comp =2	Comp =4																			
Indicator	3/5= 60%	2/5= 40%	4/5= 80%																			

SAMPLE ACTION PLAN

Name _____

Institution _____

City _____ Country _____

Date(s) of training _____

Date _____

Based on what you learned during this training, please write down three things that you would like to change at your facility over the next year:

1. _____

2. _____

3. _____

Specific Area to Improve _____

DETAILED SPECIFIC ACTIONS IN SEQUENCE	RESPONSIBLE PERSON(S)	DATE PLANNED	DATE COMPLETED
Step 1.			
Step 2.			
Step 3.			
Step 4.			
Step 5.			
Step 6.			
Step 7.			
Step 8.			
Step 9.			
Step 10.			

Specific Area to Improve _____

DETAILED SPECIFIC ACTIONS IN SEQUENCE	RESPONSIBLE PERSON(S)	DATE PLANNED	DATE COMPLETED
Step 1.			
Step 2.			
Step 3.			
Step 4.			
Step 5.			
Step 6.			
Step 7.			
Step 8.			
Step 9.			
Step 10.			

Specific Area to Improve _____

DETAILED SPECIFIC ACTIONS IN SEQUENCE	RESPONSIBLE PERSON(S)	DATE PLANNED	DATE COMPLETED
Step 1.			
Step 2.			
Step 3.			
Step 4.			
Step 5.			
Step 6.			
Step 7.			
Step 8.			
Step 9.			
Step 10.			

ANTENATAL CARE KNOWLEDGE QUESTIONNAIRE ANSWER KEY

1. The information obtained from the antenatal history can help the provider
 - a. Plan for childbirth
 - b. Identify existing problems
 - c. Identify health education and counseling needs
 - d. **ALL OF THE ABOVE**
2. Pregnant women should receive educational messages about which of the following?
 - a. Personal hygiene, rest, and exercise during pregnancy
 - b. Diet and nutrition during pregnancy
 - c. Danger signs during pregnancy
 - d. **ALL OF THE ABOVE**
3. When counseling a pregnant woman about formulating a birth plan, the provider should tell her
 - a. If she has no risk factors, she can give birth at home with a traditional birth attendant
 - b. There are ways of knowing whether she will develop a complication
 - c. It is not recommended that she have a companion during labor and childbirth
 - d. **SHE SHOULD PUT MONEY ASIDE TO PAY FOR THE EXPENSES OF THE BIRTH**
4. If the woman trusts the provider and feels that s/he cares about the outcome of the pregnancy, she will be more likely to
 - a. Return for scheduled antenatal care visits
 - b. Return immediately if a danger sign appears
 - c. Comply with recommended treatment
 - d. **ALL OF THE ABOVE**
5. When offering HIV testing services to a pregnant woman, the provider should
 - a. **COUNSEL THE WOMAN AND LET HER DECIDE WHETHER TO BE TESTED**
 - b. Ask the husband's permission
 - c. Perform the test without informing the woman
 - d. Tell the woman she must have the test for her baby's benefit
6. Focused antenatal care means that
 - a. **CARE PROVIDED TO EVERY WOMAN DURING PREGNANCY IS FOR THE PURPOSE OF PROVIDING SUPPORT OF THE NORMAL PREGNANCY AS WELL AS EARLY DETECTION AND MANAGEMENT OF COMPLICATIONS**
 - b. A vaginal exam should be performed at every visit
 - c. All women have the same concerns about their pregnancies
 - d. Women don't need information about danger signs in pregnancy

7. When counseling a pregnant woman about nutrition, be sure to
 - a. **ASK HER WHAT SHE EATS IN A TYPICAL DAY TO DETERMINE IF HER DIET IS ADEQUATE**
 - b. Tell her to eat the same amount of food that she ate before her pregnancy
 - c. Recommend that she weigh herself once a week
 - d. Inform her that only very anemic women need iron/folate supplements
8. Focused antenatal care includes which of the following actions?
 - a. Checking the baby's position at 28 weeks
 - b. **CHECKING THE WOMAN'S BLOOD PRESSURE AT EVERY VISIT**
 - c. Assessing ankle edema at 36 weeks
 - d. Counseling the woman about danger signs only at the last visit
9. Tests that should be performed for every woman during antenatal care include
 - a. Hemoglobin
 - b. Test for syphilis
 - c. Ultrasound of baby
 - d. **A AND B ONLY**
10. After giving a pregnant woman her first dose of tetanus toxoid by intramuscular injection, the used syringe and needle should be
 - a. **DECONTAMINATED BEFORE PLACING IN PUNCTURE-PROOF CONTAINERS**
 - b. Capped again before placing in puncture-proof containers
 - c. Decontaminated before reusing them
 - d. Placed in a garbage can

NORMAL LABOR, CHILDBIRTH, AND IMMEDIATE NEWBORN CARE KNOWLEDGE QUESTIONNAIRE ANSWER KEY

NORMAL LABOR AND CHILDBIRTH CARE

1. One way to prevent transmission of HIV from an infected mother to her baby (vertical transmission) is to
 - a. Use condoms
 - b. Give AZT to the woman after the baby is born
 - c. Rupture membranes early in labor
 - d. **GIVE A SINGLE DOSE OF NEVIRAPINE TO THE WOMAN IN LABOR AND TO THE BABY AFTER BIRTH**
2. When performing a vaginal examination, which of the following is recorded on the partograph?
 - a. Cervical dilation of 3 centimeters
 - b. Vaginal temperature and wetness
 - c. Position of the presenting part
 - d. **DEGREE OF MOLDING**
3. If a woman is admitted during the active phase of labor, cervical dilation is initially plotted on the partograph
 - a. To the left of the alert line
 - b. To the right of the alert line
 - c. **ON THE ALERT LINE**
 - d. On the action line
4. Cervical dilation plotted to the right of the alert line indicates
 - a. Satisfactory progress in labor
 - b. **UNSATISFACTORY PROGRESS IN LABOR**
 - c. The end of the latent phase
 - d. The end of the active phase
5. Active management of the third stage of labor should be practiced
 - a. Only for women who have a history of postpartum hemorrhage
 - b. Only for the primipara
 - c. Only for the multipara
 - d. **FOR ALL WOMEN IN LABOR**
6. The appropriate order of steps in active management of the third stage of labor include
 - a. Controlled cord traction, fundal massage, and oxytocin
 - b. Intravenous oxytocin, cord clamping and cutting, and fundal massage
 - c. Cord clamping and cutting, controlled cord traction, ergometrine administration, and inspection to be sure the placenta is intact
 - d. **INTRAMUSCULAR INJECTION OF OXYTOCIN, CONTROLLED CORD TRACTION WITH COUNTERTRACTION TO THE UTERUS, AND UTERINE MASSAGE**

7. If bleeding continues after delivery of the placenta using active management, the **first thing** the provider should do is call for help and
- Start an IV
 - MASSAGE THE UTERUS**
 - Insert a urinary catheter
 - Check the placenta to make sure that it is complete
8. When Mrs. K. was admitted in labor at 10 AM the following were found: cervix: 5 cm; contractions: 3 in 10 minutes lasting 20–40 seconds; fetal head: 2/5 palpable; membranes intact; fetal heart rate: 138 beats per minute.
- At 2 PM the following were found: cervix: 7 cm; contractions: 2 in 10 minutes lasting 20 seconds; fetal head: 1/5 palpable; membranes intact; fetal heart rate: 142 beats per minute.
- Which is the **most** appropriate intervention?
- Prepare for vacuum extraction
 - Encourage the mother to empty her bladder
 - Sedate the mother so that she can rest
 - AUGMENT THE LABOR WITH OXYTOCIN**
9. Which of the following will help to decrease the risk of infection during childbirth?
- Performing frequent vaginal examinations
 - Rupturing membranes as soon as possible in the first stage of labor
 - Routine catheterization of the bladder before childbirth
 - REDUCING PROLONGED LABOR**
10. Contaminated instruments in the labor ward should immediately be
- Washed with soap and water and boiled for 2 hours
 - SOAKED IN 0.5% CHLORINE SOLUTION FOR 10 MINUTES**
 - Soaked in 0.5% chlorine solution for 30 minutes
 - Washed with soap and water and soaked in 0.5% chlorine solution for 10 minutes

IMMEDIATE NEWBORN CARE

11. The **first** step in thermal protection for the newborn includes
- DRYING THE BABY THOROUGHLY IMMEDIATELY AFTER BIRTH**
 - Drying the baby thoroughly after the cord has been cut
 - Covering the baby with a clean, dry cloth immediately after birth
 - Covering the baby with a clean, dry cloth after the cord has been cut
12. Immediate care for a normal newborn includes
- Skin-to-skin contact followed by placing the baby in a warming incubator
 - DRYING THE BABY, REMOVING THE WET CLOTH, AND COVERING THE BABY WITH A CLEAN, DRY CLOTH**
 - Stimulating the baby by slapping the soles of the baby's feet
 - Deep suctioning of the airway to remove mucus

13. Which of the following can contribute to hypothermia in newborns?
- The baby is not dried thoroughly immediately after birth
 - The baby is bathed immediately after birth
 - The baby is dried and placed in skin-to-skin contact with the mother
 - A AND B**
14. To maintain the newborn's axillary temperature between 36.5° C and 37.5° C it is important to
- Place the baby in an incubator
 - Bathe the baby in warm water immediately after birth
 - Rub the baby vigorously with a blanket
 - COVER THE BABY'S HEAD, PLACE THE BABY IN SKIN-TO-SKIN CONTACT ON THE MOTHER'S CHEST, AND COVER WITH A BLANKET**
15. Before performing an exam on a baby who is 2 hours old and has not been bathed, the skilled provider should
- WASH HANDS WITH SOAP AND DRY WITH A CLEAN TOWEL, THEN PUT ON EXAM GLOVES**
 - Wash hands with soap and dry with a clean towel.
 - Bathe the baby with soap and water.
 - Put on sterile gloves.
16. Care of the umbilicus should include
- Cleansing with alcohol
 - Covering with a sterile compress
 - CLEANSING WITH COOLED, BOILED WATER AND LEAVING UNCOVERED**
 - Applying antibiotic cream
17. The best way to determine if a newborn needs resuscitation is to
- Wait until one minute after birth and assign the Apgar score
 - Listen to the baby's heart rate
 - OBSERVE RESPIRATIONS IMMEDIATELY AND BEGIN RESUSCITATION IF THEY ARE LESS THAN 30/MINUTE**
 - Perform resuscitation only if central cyanosis is present
18. Breastfeeding should begin
- After the baby's first bath
 - When the baby starts to cry
 - WITHIN THE FIRST HOUR FOLLOWING BIRTH**
 - When the mother's milk comes in

19. When counseling the mother about breastfeeding, the skilled provider should tell her to
- a. Avoid giving colostrum to the newborn
 - b. Establish a schedule for breastfeeding so the baby gets plenty of sleep
 - c. Give the baby water after each feed
 - d. **BREASTFEED ON DEMAND FOR AS LONG AS THE BABY WANTS TO FEED**
20. When counseling the mother about her newborn, the skilled provider should
- a. Help the mother formulate a complication readiness plan for her baby
 - b. Make sure the mother understands danger signs for her baby and where to go if they arise
 - c. Tell the mother to bring her baby for a newborn care visit on the sixth day after birth
 - d. **ALL OF THE ABOVE**

USE OF THE PARTOGRAPH CASE STUDY ANSWER KEY

1. What was the fetal heart rate on admission? **120/min**
2. What was the fetal heart rate at 12:30 PM? **180/min**
3. When did the membranes rupture? **2 hours before admission (3 AM)**
4. What was the condition of the amniotic fluid at admission? **Clear**
5. How much molding of the fetal head was recorded?
Molding was first seen at 9 AM, when the bones were overlapping slightly (2), but it did not increase.
6. What was the dilation of the cervix on admission? **5 cm**
7. What was the descent of the head on admission? **4/5 palpable**
8. Describe the contractions at 9 AM.
2 contractions per 10 minutes lasting less than 20 seconds
9. List the vital signs on admission. **BP 110/70, P 80, T 36.8° C**
10. How many vaginal exams were performed during the course of labor? **4**
11. When cervical dilation passes the alert line, what actions should the provider take?
f. All of the above
12. Describe the contractions at 11 AM.
2 contractions per 10 minutes lasting 20–40 seconds
13. What is your intervention?
Give patient oxytocin 2.5 units in 500 mL of dextrose or saline at 10 drops per minute. Increase the rate by 10 drops per minute every 30 minutes until patient has at least 3 contractions per 10 minutes, each lasting more than 40 seconds.
14. Show the trainer where you will mark the administration of oxytocin on the partograph.
Administration of oxytocin should begin at 9 AM.
15. When cervical dilation crossed the action line, what should be your action?
Perform cesarean section because of fetal distress and signs of cephalopelvic disproportion.
16. Why this action?
Although the woman's contractions have become stronger, her cervix is still only 8 cm dilated. Meconium-stained amniotic fluid and fetal heart rate of 180/minute are signs of fetal distress.

POSTPARTUM CARE (MOTHER AND BABY) KNOWLEDGE QUESTIONNAIRE ANSWER KEY

1. During the first 2 hours following birth, the provider should
 - a. Measure the woman's blood pressure and pulse once, and insert a catheter to empty her bladder
 - b. MEASURE THE WOMAN'S BLOOD PRESSURE AND PULSE, AND CHECK THE UTERINE TONE EVERY 15 MINUTES**
 - c. Not disturb the woman if asleep because her rest is more important than her vital signs
 - d. Measure the woman's temperature and pulse, massage the uterus, and perform a vaginal examination to remove clots
2. After childbirth, the mother should have a postpartum visit with a skilled provider
 - a. Once, at 3 weeks postpartum
 - b. Once, at 6 weeks postpartum
 - c. THREE TIMES: AT 6 HOURS, 6 DAYS, AND 6 WEEKS POSTPARTUM AND ANY TIME SHE HAS DANGER SIGNS**
 - d. Only if she has danger signs
3. During the postpartum visit to the clinic, obtain a history for the
 - a. Baby only
 - b. Mother only
 - c. MOTHER AND BABY**
 - d. Mother, her support person, and the baby
4. During each postpartum visit, specific information should be obtained from the woman about
 - a. PROBLEMS DURING PREGNANCY, DURING AND AFTER CHILDBIRTH, AND ANY PRESENT PROBLEMS**
 - b. Present problems only
 - c. Only those problems directly related to childbirth
 - d. None of the above
5. By the tenth day postpartum, you should be able to palpate the uterus
 - a. Just below the umbilicus
 - b. At the level of the umbilicus
 - c. JUST ABOVE THE SYMPHYSIS PUBIS**
 - d. Halfway between the symphysis pubis and the umbilicus
6. Each time you counsel the breastfeeding mother about nutrition, tell her that
 - a. There are many foods that she should avoid
 - b. SHE SHOULD EAT AT LEAST ONE EXTRA MEAL PER DAY**
 - c. She should only drink a few glasses of fluids per day
 - d. Iron/folate supplementation is not necessary

7. At each postpartum visit, the mother should be counseled to seek care if she has which of the following danger signs
 - a. Normal lochia, temperature 37° C, or slight breast engorgement
 - b. Edema of hands and face, severe abdominal pain, or sore, cracked nipples
 - c. Severe headache, foul-smelling lochia, or calf tenderness
 - d. **B AND C**
8. When counseling a new mother about breastfeeding in the 6 hours following birth
 - a. **HELP HER POSITION HER BABY SO THAT S/HE ATTACHES PROPERLY TO THE NIPPLE**
 - b. Tell her to give breast milk substitutes so her baby will grow faster
 - c. Advise that she breastfeed her baby 4 times/day
 - d. Tell her that she needs a method of contraception even if she is exclusively breastfeeding
9. Each postpartum examination should include
 - a. Measurement of blood pressure and temperature; and assessment of conjunctiva, breasts, abdomen, perineum, and legs
 - b. Observation of breastfeeding
 - c. Information about contraception, safer sex, and counseling and testing for HIV
 - d. **ALL OF THE ABOVE**
10. After completing the postpartum examination
 - a. There is no need to wipe off the exam table with 0.5% chlorine solution
 - b. The exam table should be wiped off with 0.5% chlorine solution only if there is blood on it
 - c. **THE EXAM TABLE SHOULD BE WIPED OFF WITH 0.5% CHLORINE SOLUTION AFTER EACH USE**
 - d. The exam table should be wiped off with soap and water after each use

MANAGEMENT OF COMPLICATIONS KNOWLEDGE QUESTIONNAIRE ANSWER KEY

1. Carry out rapid initial assessment
 - a. Only for women who present with abdominal pain and vaginal bleeding
 - b. Only for women who present with abdominal pain
 - c. Only for women who present with vaginal bleeding
 - d. **FOR ALL WOMEN OF CHILDBEARING AGE WHO PRESENT WITH A DANGER SIGN**
2. When there is an obstetric emergency, tell the woman and her family or support person
 - a. **AS MUCH AS POSSIBLE ABOUT THE MANAGEMENT OF THE EMERGENCY**
 - b. As little as possible about the management of the emergency
 - c. What the provider thinks she/they should be told
 - d. Nothing at all
3. Immediate postpartum hemorrhage can be due to
 - a. Uterine atony
 - b. Genital trauma
 - c. Retained placenta
 - d. **ALL OF THE ABOVE**
4. The most effective way to **immediately** control eclamptic convulsions is to
 - a. Give diazepam
 - b. **GIVE MAGNESIUM SULFATE**
 - c. Deliver the baby as soon as possible
 - d. Give nifedipine
5. Newborn resuscitation procedures
 - a. Always require the use of oxygen
 - b. Should be started after assigning the Apgar score
 - c. **CAN USUALLY BE CARRIED OUT WITHOUT OXYGEN**
 - d. Should only be carried out by a pediatrician
6. When performing neonatal resuscitation with an Ambu bag and mask, it is important to verify that
 - a. The newborn's head is in neutral position
 - b. **THE SEAL BETWEEN THE NEWBORN'S MOUTH, NOSE, AND AMBU BAG IS ADEQUATE**
 - c. The baby is not covered
 - d. Cardiac massage is being performed

7. Do not perform vacuum extraction in the case of
 - a. A cephalic presentation
 - b. A FACE PRESENTATION**
 - c. Cervical dilation of 7 cm
 - d. Fetal head not engaged

8. A woman with a ruptured uterus has which of the following signs and symptoms
 - a. Rapid maternal pulse
 - b. Persistent abdominal pain and suprapubic tenderness
 - c. Fetal distress
 - d. ALL OF THE ABOVE**

9. When performing newborn resuscitation with an Ambu bag and mask, ventilate at the rate of
 - a. 20–30 breaths per minute if there is no chest indrawing
 - b. 40 BREATHS PER MINUTE FOR ALL BABIES**
 - c. 60 breaths per minute if the baby is gasping
 - d. None of the above

10. Treatment of postpartum metritis includes
 - a. Discontinuing breastfeeding
 - b. Bedrest and adequate hydration
 - c. Intravenous ampicillin, gentamicin, and metronidazole until fever free for 48 hours
 - d. B AND C**

POSTPARTUM HEMORRHAGE CASE STUDY ANSWER KEY

Mrs. B is a 30-year-old gravida 4, para 4. She gave birth at the health center to a healthy, full-term baby weighing 4.2 kg. You gave oxytocin 10 units IM following birth of the baby. The placenta was delivered 5 minutes later without complication. However, 30 minutes after childbirth, Mrs. B tells you that she is having heavy vaginal bleeding.

1. What is the **first** action you will take?
 - a. **CHECK THE UTERUS TO SEE WHETHER IT IS CONTRACTED**
 - b. Administer more oxytocin
 - c. Perform bimanual compression of the uterus
 - d. Perform manual exploration of the uterus
2. Vaginal bleeding immediately after birth in the presence of a well-contracted uterus is most often due to:
 - a. Uterine atony
 - b. Endometritis
 - c. **GENITAL TRAUMA**
 - d. Abnormal clotting mechanism

You have completed your assessment of Mrs. B, and your main findings include the following:

- Pulse 88/minute
- Respiration rate 18/minute
- Blood pressure 110/80
- Temperature 37° C

Her uterus is firm and well contracted. The placenta is complete. She has no perineal trauma. It is difficult to examine the vagina and cervix because she continues to have heavy vaginal bleeding.

3. Based on these findings, what is your next step?
 - a. Pack the uterus and vagina
 - b. Begin a blood transfusion
 - c. Start antibiotics
 - d. **PERFORM SPECULUM EXAMINATION OF THE VAGINA AND CERVIX TO IDENTIFY AND REPAIR TEARS**
4. What will you tell your assistant to do while you perform the exam?
 - a. Monitor vital signs and begin intravenous fluids
 - b. Reassure Mrs. B and her family
 - c. Draw blood for hemoglobin
 - d. **ALL OF THE ABOVE**

One hour following childbirth, you repair Mrs. B's cervical tear.

5. What is the most appropriate manner to repair a cervical laceration?
 - a. Perform interrupted sutures using silk
 - b. Perform continuous sutures using silk
 - c. PERFORM CONTINUOUS SUTURES USING CHROMIC CATGUT OR POLYGLYCOLIC SUTURE**
 - d. Perform interrupted sutures using chromic catgut or polyglycolic suture

After repair of the cervical laceration, Mrs. B's hemoglobin is found to be 10 g/dL, and her vital signs are stable.

6. What is the most appropriate plan of care?
 - a. Begin transfusing blood
 - b. Send her home
 - c. MONITOR HER VITAL SIGNS FOR 24 HOURS AND BEGIN FERROUS SULPHATE AND FOLATE SUPPLEMENTATION; ENCOURAGE BREASTFEEDING**
 - d. Continue administration of oxytocin for 24 hours

