

Core Standards for Quality Assurance

ANC Standards

Standard 1	
Provider conducts an appropriate and adequate assessment of clinical condition of pregnant woman and fetus in all ANC visits	
A	Establishes gestational age
B	Takes appropriate history (medical, surgical, obstetric and personal) and performs general and systemic examination (Box 1)*
C	Records weight of pregnant woman during all ANC visits
D	Conducts abdominal examination
E	Records fetal heart rate (FHR)
F	Performs PV examination during 4th ANC visit (37weeks or more) to check for pelvic adequacy (Box 2)

Standard 2	
Provider screens for key clinical conditions that may lead to complications during pregnancy	
A	Laboratory facilities/linkage to laboratory facilities are available
B	Screens for anemia
C	Screens for hypertensive disorders of pregnancy
D	Screens for DM (as per relevant national guidelines)
E	Screens for HIV
F	Screens for hepatitis B (if applicable, as per national guidelines)
G	Screens for syphilis
H	Screens for malaria
I	Establishes blood group and Rh type during first ANC visit

Standard 3	
Provider ensures adequate preventive care for key clinical conditions which can lead to complications in pregnancy	
A	Ensures adequate preventive care for anemia
B	Ensures adequate preventive care for neonatal tetanus by tetanus toxoid vaccination
C	Ensures adequate preventive care for pre-eclampsia/eclampsia by calcium supplementation
D	Ensures adequate preventive care for malaria (if applicable, through IPTp in moderate to high transmission areas of Africa or as per relevant national guidelines)

***Boxes are given in next section**

Intra- and Immediate Postpartum Care Standards

Standard 1	
Provider conducts an appropriate and adequate assessment of clinical condition of pregnant woman and fetus at the time of admission	
A	Elicits comprehensive obstetric, medical and surgical history and conducts examination (Box 1)
B	Assesses gestational age correctly
C	Records fetal heart rate
D	Records mother's blood pressure
E	Records mother's temperature

Standard 2	
Provider ensures respectful and supportive care for the pregnant woman coming in for delivery	
A	Treats pregnant woman and her companion cordially and respectfully (RMC), ensures privacy and confidentiality for pregnant woman during her stay
B	Encourages the presence of birth companion during labor
C	Explains danger signs and important care activities to pregnant woman and her companion during the stay (for the woman and her newborn)

Standard 3	
Provider monitors the progress of labor in every case by using partograph and adjusts care accordingly	
A	Monitors progress of labor regularly on various parameters (Box 9)
B	Interprets partograph correctly and adjusts the care according to findings

Standard 4	
Provider conducts a rapid initial assessment and performs immediate newborn care (if baby cried immediately)	
A	Delivers the baby and places on mother's abdomen to conduct immediate newborn care - drying and assessment of baby's breathing
B	Performs delayed clamping of cord
C	Assesses the newborn for any congenital anomalies
D	Ensures early initiation of breastfeeding
E	Weighs the baby and administers Vitamin K

Standard 5	
Provider performs newborn resuscitation if baby does not cry immediately after birth	
A	Performs recommended initial steps for resuscitation within first 30 seconds
B	Initiates bag and mask ventilation for 30 seconds if the baby is still not breathing
C	Takes appropriate action if baby doesn't respond to ambu bag ventilation after golden minute
D	Performs next level of resuscitation in babies not responding to initial resuscitation- when chest rise is seen after bag and mask but heart rate continues to be < 60/pm (only at facilities where specialist care for newborn or SNCU is available)

Standard 6	
Provider performs Active Management of Third Stage of Labor (AMTSL)	
A	Performs AMTSL and examines the placenta thoroughly

Standard 7	
The facility adheres to universal infection prevention protocols	
A	Instruments and re-usable items are adequately and appropriately processed after each use
B	Biomedical waste is segregated and disposed of as per the guidelines
C	Performs hand hygiene before and after each procedure, and sterile gloves are worn during delivery and internal examination

Standard 8	
Provider identifies and manages severe Pre-eclampsia/Eclampsia (PE/E)	
A	Identifies mothers with severe PE/E
B	Gives correct first dose of MgSO ₄ and refers to higher center or manages appropriately (Box 4)
C	Facilitates prescription of anti-hypertensives (Box 5)
D	Ensures specialist attention for care of mother and newborn

Standard 9	
Provider identifies and manages Postpartum Hemorrhage (PPH)	
A	Assesses uterine tone and bleeding per vaginam regularly after delivery
B	Performs initial steps of management as per the protocol in case of PPH
C	Manages atonic PPH
D	Manages PPH due to retained placenta/placental bits

Standard 10	
Provider ensures appropriate care of newborn with small size at birth	
A	Facilitate specialist care in newborn weighing <1800 gm
B	Facilitates assisted feeding whenever required
C	Facilitates thermal management including kangaroo mother care (KMC)

(Caesarean Section)

Standard 11	
Provider reviews clinical practice related to C-section at regular intervals	
A	Ensures classification as per Robson's criteria and reviews indications and complications of C-section at regular intervals

Postpartum Care Standards

Standard 1	
Provider ensures adequate postpartum care package is offered to the mother and newborn	
A	Ensures at least 4 postpartum visits for the mother
B	Conducts proper physical examination of the mother and newborn
C	Identifies and appropriately manages maternal and neonatal sepsis
D	Identifies and appropriately manages postpartum maternal depression
E	Ensures to offer the FP services