



# FOGSI CLINICAL STANDARDS

(For Accreditation to ensure safe delivery)

Antenatal Care Standard		Remarks
<div style="background-color: #92d050; padding: 5px; display: inline-block; font-weight: bold; font-size: 24px; margin-right: 10px;">1</div> <b>Provider screens for key clinical conditions that may lead to complications during pregnancy</b>		
Screens for anemia	Estimates Hb at each scheduled ANC visit	To be verified only among booked cases
Screens for hypertensive disorders of pregnancy	Functional BP instrument and stethoscope at point of use is available	
	Records BP at each ANC visit	
	Performs proteinuria testing during each scheduled ANC visit	
Screens for DM	Uses/ refers for standard 75gm OGTT for screening of GDM at first ANC visit and repeats OGTT test at second ANC visit (24 -28 weeks) if negative in first screening	
Screens for HIV	Screens/ refers for HIV during first ANC visit in all cases, and in fourth ANC visit in high risk cases	
Screens for syphilis	Screens/refers for syphilis in first ANC visit in all cases, and in fourth ANC visit in high risk cases	
Screens for malaria	Screens for malaria (only in endemic areas)	
Establishes blood group and Rh type during first ANC visit	Establishes blood group and Rh type during first ANC visit	



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## At admission: Remarks

**2**

### Provider prepares for safe care during delivery (to be checked every day)

Ensures sterile/ HLD delivery tray is available	Ensure availability of uterotonic agents - IM/IV oxytocin (preferred), misoprostol	
Ensures functional items for newborn care and resuscitation	Designated new born corner is present	
	Ensures functional items for newborn care and resuscitation	
	Switches radiant warmer 'on' 30 min. before childbirth	

**3**

### Provider assesses all pregnant women at admission

Takes obstetric, medical and surgical history	Takes obstetric, medical and surgical history	
Assesses gestational age correctly	Assesses gestational age through either LMP or Fundal height or USG (previous or present is available)	
Records fetal heart rate	Functional doppler/ fetoscope/ stethoscope at point of use is available	
	Records FHR	
Records mother's BP and temperature	Functional BP instrument and stethoscope and functional thermometer at point of use is available	
	Records BP and temperature	

**4**

### Providers conducts PV examination appropriately

Conducts PV examination as per indication	Conducts PV examination only as indicated (4 hourly or based on clinical indication)	
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Conducts PV examination following infection prevention practices and records findings	Soap, running water, antiseptic solution, sterile gauze/ pad is available	
	Performs hand hygiene (washes hands and wears sterile gloves on both the hands with correct technique)	
	Cleans the perineum appropriately before conducting PV examination	
	Alert specialist/doctor if liquor is meconium stained	
	Records findings of PV examination	

## 5

### Provider monitors the progress of labor appropriately

Undertakes timely assessment of cervical dilatation and descent to monitor the progress of labor	Partographs are available in labor room	
	Initiates Partograph plotting once the Cx dilation is $\geq 4$ cm	
Interprets partograph (condition of mother and fetus and progress of labor) correctly and adjusts care according to findings	If parameters are not normal, identifies complications, records the diagnosis and makes appropriate adjustments in the birth plan	

## 6

### Provider ensures respectful and supportive care

Encourages and welcomes the presence of a birth companion during labor	Encourages and welcomes the presence of a birth companion during labor	
Treats pregnant woman and her companion cordially and respectfully (RMC), ensures privacy and confidentiality for pregnant woman during her stay	There are provisions for privacy in LR (curtains / partition between tables and non-see through windows)	
	Treats pregnant woman and her companion cordially and respectfully	
Explains danger signs and important care activities to mother and her companion	Explains danger signs and important care activities to mother and her companion	



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## 7

### Provider assists the woman to have a safe and clean birth

Provider ensures six 'cleans' while conducting delivery	Sterile gloves are available	
	Antiseptic solution (Betadine/ Savlon) is available	
	Sterile cord clamp is available	
	Sterile cutting edge (blade/scissors) is available	
	Ensures six cleans while conducting delivery	
Performs episiotomy only when indicated with the use of appropriate local anesthetic	Performs an episiotomy only if indicated and uses local anesthesia	
Provider allows spontaneous delivery of head by flexing it and giving perineal support; manages cord round the neck; assists delivery of shoulders and body	Allows spontaneous delivery of head by flexing it and giving perineal support; manages cord round the neck; assists delivery of shoulders and body	

## 8

### Provider conducts a rapid initial assessment and performs immediate newborn care (if baby cried immediately)

Delivers the baby on mother's abdomen	Two towels at normal room temperature or pre warmed to room temperature	Consider: Two pre warm towels are available to receive baby
	Delivers the baby on mother's abdomen	
Ensures immediate drying, and asses breathing	If breathing is normal, dries the baby immediately and wraps in second warm towel	
Performs delayed cord clamping and cutting	Performs delayed cord clamping and cutting unless medical indication otherwise	
Ensures early initiation of breastfeeding	Initiates breast feeding within one hour of birth	
Assesses the newborn for any congenital anomalies	Provider immediately assess the newborn for any congenital anomalies	
	Provider ensures specialist care if required	
Weights the baby and administers Vitamin K	Baby weighing scale is available	
	Vitamin K injection is available	
	Weights the baby and administers Vitamin K	



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9

## Provider performs Active Management of Third Stage of Labor (AMTSL)

Performs AMTSL and examines placenta thoroughly

Palpates mothers abdomen to rule out second baby

Administers uterotonic. Preferred is Inj. Oxytocin 10 I.U. IM/IV within one minute of delivery of baby (use Misoprostol 600 micrograms if oxytocin is not available)

Performs controlled cord traction (CCT) during contraction

Performs uterine massage

Checks placenta and membranes for completeness before discarding

Shouts for help, follows ABC approach, monitors vitals, elevates the foot end and keeps the woman warm

Starts IV infusions, collects blood for Hb and grouping and cross matching, catheterizes the bladder and monitors I/O, gives oxygen at the rate of 6-8 liters per minute

10

## Provider identifies and manages Post-Partum Hemorrhage (PPH)

Assesses uterine tone and bleeding per vaginum regularly after delivery

Assesses uterine tone and bleeding per vaginum regularly

Identifies shock

Identifies shock by signs and symptoms (pulse > 110 per minute, systolic BP < 90 mmHg, cold clammy skin, respiratory rate > 30 per minute, altered sensorium and scanty urine output < 30 ml per hour)

Manages shock

Ensures availability of wide bore cannulas (No. 14/16), IV infusion sets and fluids and containers for collection of blood for hemoglobin, blood grouping and cross matching

Shouts for help, follows ABC approach, monitors vitals, elevates the foot end and keeps the woman warm

Starts IV infusions, collects blood for Hb and grouping and cross matching, catheterizes the bladder and monitors I/O, gives oxygen at the rate of 6-8 liters per minute

Identifies specific cause of PPH



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Manages atonic PPH	Initiates 20 IU oxytocin drip in 1000 ml of ringer lactate at the rate of 40-60 drops per minute	
	Continues uterine massage	
	If uterus is still relaxed, gives other uterotonics as recommended	
	If uterus is still relaxed, performs mechanical compression in the form of bimanual uterine compression or external aortic compression or balloon tamponade	
	If uterus is still relaxed, refers to higher centers while performing mechanical compression	
Manages PPH due to retained placenta/ placental bits	Identifies retained placenta if placenta is not delivered within 30 minutes of delivery of baby or the delivered placenta is not complete	
	Initiates 20 IU oxytocin drip in 1000 ml of ringer lactate at the rate of 40-60 drops per minute	
	Refers to higher centers if unable to manage	
	Performs manual removal of placenta	

## 11

### Provider identifies and manages severe Pre-eclampsia/Eclampsia (PE/E)

Identifies mothers with severe PE/E	Dipstick for proteinuria testing in labor room is available	
	Records BP at admission	
	Identifies danger signs or presence of convulsions	
Gives correct regimen of Inj. MgSO <sub>4</sub> for prevention and management of convulsions	MgSO <sub>4</sub> in labor room (at least 20 ampoules) is available	
	Inj. MgSO <sub>4</sub> is appropriately administered	
Facilitates prescription of anti-hypertensives	Antihypertensive are available	
	Facilitates prescription of anti-hypertensives	
Ensures specialist attention for care of mother and newborn	Ensures specialist attention for care of mother and newborn	
Performs nursing care	Performs nursing care	



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12

## Provider performs newborn resuscitation if baby does not cry immediately after birth

Performs steps for resuscitation within first 30 seconds	Suction equipment/mucus extractor, shoulder roll is available	
	Considers endotracheal intubation and tracheal suctioning if available. If not available, performs oropharyngeal suction and proceeds with next steps	
	Performs following steps within first 30 seconds on mothers abdomen: Suction if indicated; dries the baby; immediate clamping and cutting the cord and shifting to radiant warmer if still not breathing	
	Performs following steps within first 30 seconds under radiant warmer: Positioning, Suctioning, Stimulation, Repositioning (PSSR)	
Initiates bag and mask ventilation for 30 seconds if baby still not breathing	Functional ambu bag with mask for pre-term and term (size 0 and 1) baby is available	
	Initiates bag and mask ventilation for 30 seconds if baby still not breathing	
Takes appropriate action if baby doesn't respond to ambu bag ventilation after golden minute	Functional oxygen cylinder (with wrench) with newborn mask is available	
	Assesses breathing, if still not breathing continues bag and mask ventilation; starts oxygen	
	Checks heart rate/cord pulsation	
	Calls for advance help/arranges referral	
Performs advanced resuscitation in babies not responding to basic resuscitation when chest is rising and heart rate is < 60 per minute	Performs chest compressions at the rate of 3 compressions to 1 breath till heart rate is > 60 beats per minute	
	If heart rate persists to be undetectable or < 60 beats/minute, administers epinephrine (1:10000), 0.1 - 0.3 ml/kg IV	

13

## Provider ensures care of newborn with small size at birth

Facilitate specialist care in newborn weighing <1800 gm	Facilitates specialist care in newborn <1800 gm (refer to FBNC/seen by pediatrician)	
Facilitates assisted feeding whenever required	Facilitates assisted feeding whenever required	
Facilitates thermal management including kangaroo mother care (KMC)	Facilitates thermal management including KMC	



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## Beyond delivery: Remarks

**14**

### The facility adheres to universal infection prevention protocols

Instruments and re-usable items are adequately and appropriately processed after each use	Facilities for sterilization of instruments are available	
	Instruments are sterilized after each use	
	Delivery environment such as labor table, contaminated surfaces and floors are cleaned after each delivery	
Biomedical waste is segregated and disposed of as per the guidelines	Color coded bags for disposal of biomedical waste are available	
	Biomedical waste is segregated and disposed of as per the guidelines	
Performs hand hygiene before and after each procedure, and sterile gloves are worn during delivery and internal examination	Performs hand hygiene before and after each procedure, and sterile gloves are worn during delivery and internal examination	

## Postpartum Care Standard: Remarks

**13**

### Provider ensures adequate postpartum care package is offered to the mother and baby – at discharge

Conducts proper physical examination of mother and newborn during postpartum visits	Conducts mother's examination: breast, perineum for inflammation; status of episiotomy/tear suture; lochia; calf tenderness/redness/swelling; abdomen for involution of uterus, tenderness or distension	
	Conducts newborn's examination: assesses feeding of baby; checks weight, temperature, respiration, color of skin and cord stump	
Identifies and appropriately manages maternal and neonatal sepsis	Checks mother's history related to maternal infection	
	Checks mother's temperature	
	Gives correct regimen of antibiotics	
	Checks baby's temperature and other looks for other signs of infections	
	Gives correct regime of antibiotics/refers for specialist care	





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Correctly diagnoses postpartum depression based on history and symptoms	Provides emotional support and refers woman to specialist care	
Counsels on importance of exclusive breast feeding	Provides counselling and assistance on the importance of exclusive breast feeding and techniques of breast feeding	
Counsels on danger signs, post-partum family planning	Counsels on return of fertility and healthy timing and spacing of pregnancy – Counsels on postpartum family planning to mother at discharge	

## C-section Standard:

## Remarks

**16**

### Provider reviews clinical practices related to C-section at regular intervals

Ensures classification as per Robson's criteria and reviews indications and complications of C-section at regular intervals	Ensure all C-section cases are classified as per modified Robson's criteria and rates of different categories are monitored in facility	
	Reviews C-section cases through a clinical audit once every quarter in facility	
	Ensures that rate of complications of C-sections are periodically monitored in facility	