



FOGSI FOR ALL, ALWAYS  
**DHEERA**  
STOP VIOLENCE AGAINST WOMEN

# FOGSI 2021-22

# NAIPUNYA - SKILL FOR ALL

## Course for Nurses & Paramedical Staff

17th November 2021 | 4:30 pm - 6:00 pm



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Treasurer FIGO 2021 - 23



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# NAIPUNYA TEAM CORE COMMITTEE



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# Skill development module on Intrapartum care

**Dr Ponnuru Malathi. MD .FICOG**  
**Expert member.**





**270 days of care = 1 day of intrapartum care.**

**9 months** of good care **BUT one day** of poor care intrapartum can result in bad outcomes.

**YOUR SKILLS MATTERS .... TO HER & HER FAMILY.**



## **Objectives**

- 1. Assess mothers risk by Triaging at admission**
- 2. Assess and interpret maternal vitals**
- 3. Discuss on safe practices**
- 4 Describe and interpret parameters of partograph**
- 5. Describe conduct of safe delivery.**



## Check point I - At admission

Triage every mother by ALLOTING CLOUR CODE.

WHY CLOUR CODE ?  
Guides you on what is next.



**See immediately, give first aid manage or refer based on facilities.**

**See , monitor closely & manage or refer based on facilities .**

**See , mange & follow the protocols.**

ALLOT CLOUR CODE  
MANAGE MOTHER AS PER THE COLOUR CODE.



## Check point I - At admission

ALLOT CLOUR CODE

CHECK Mother's History in  
MCP | Antenatal card

- ❖ Height - Short - < 145cms
- ❖ Weight /BMI - High
- ❖ Previous cesarean surgery
- ❖ Previous baby died
- ❖ More than one baby inside -twins
- ❖ Epilepsy- taking medicines for fits
- ❖ Asthma – taking medicines for breathing problem
- ❖ Diabetes – taking medicines for high blood sugar
- ❖ Heart related problem
- ❖ High blood pressure
- ❖ Tuberculosis –taking medicines now
- ❖ HIV tested positive | taking drugs
- ❖ COVID test Positive | took medicines recently or taking now | suspected case

IF YES TO ANY ONE



Check point I - At admission

ALLOT CLOUR CODE

Examine Mother

- ❖ Pale eyes – Anaemia
- ❖ Yellow eyes -Jaundice
- ❖ Temperature > 38 deg C – fever
- ❖ Pulse rate >100/minute
- ❖ Breathing fast- Respiration rate >24/minute
- ❖ Oxygen Saturation< 94%
- ❖ High BP =/ >SBP 140 or DBP 90mmHg
- ❖ Low BP SBP <90 DBP< 60 mm Hg
- ❖ Swollen legs, hands & face

- ❖ Bleeding per vagina
- ❖ Leaking water per vagina >16 hours
- ❖ Labour pains stopped suddenly
- ❖ Uterus bigger in size (more than one baby, more fluid, big baby ) | smaller in size (less fluid, small baby )
- ❖ Uterus shape like peanut | not oval and long
- ❖ Early labour 6 wks before due date - preterm | crossed due date - Post term
- ❖ No fetal movements | less movements

IF YES TO ANY ONE



See immediately, give first aid manage or refer based on your facility.





Why maternal vitals are important ?

Vital	Features	Conditions
<b>Temperature</b>	<p><b>Low- cold hands &amp; feet</b></p> <p><b>High – hot</b></p>	<p><b>Shock</b></p> <p><b>Sepsis   Infection   dehydration</b></p>
Pulse rate	Slow, weak, not felt or very fast	Shock
Respiratory rate   Oxygen saturation	Not able to talk 2-3 sentences Breathing problem	Heart failure, fluid in lungs, fever, shock
BP	<p>Low SBP &lt; 90 mmHg</p> <p>High BP SBP = / &gt; 140 mmHg DBP = / &gt; 90 mmHg</p>	<p>Shock</p> <p>Throw fits , bleeding in the uterus or head, heart failure &amp; baby death.</p>

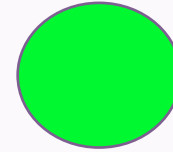


## CHECK LIST FOR BP RECORDING

- Explain mother
- Both feet resting on floor
- Back rest
- Check cuff size
- Tie 2 fingers above elbow
- Check tightness
- Palpate radial pulse
- Check with stethoscope
- Release slow 2mm speed
- Sounds appear – SBP
- Sound disappear /muffles – DBP
- Inform mother
- Document.

Ref to VIDEO 1 for checking BP in sitting position.

Normal BP  
SBP 90-120 mm Hg  
DBP 60- 80 mm Hg



High BP  
SBP 140 or > /  
DBP 90 or > mmHg



❖ Explain

## CHECK LIST FOR TEMPERATURE RECORDING

❖ Expose

Ref to VIDEO 2 for checking Temp in arm pit .

❖ Clean

❖ Dry the arm  
pit

Normal temperature  
98.6 °F / 37°C

❖ Place high  
in arm pit

❖ Wait for  
beep

❖ Read

❖ Add 1 deg

❖ Inform  
mother

❖ Clean

❖ Document



Ref to Video 3

Steps for checking oxygen Sat & Pulse rate



Dos & Donts for checking  
Oxygen sat & Pulse rate

<b>Warm fingers</b>	<b>Remove nail polish</b>
<b>Place it correctly</b>	<b>Sit calmly</b>
<b>Index finger</b>	<b>Top Oxygen sat</b> <b>Bottom Pulse rate</b>

Normal oxygen saturation -  
95-100%

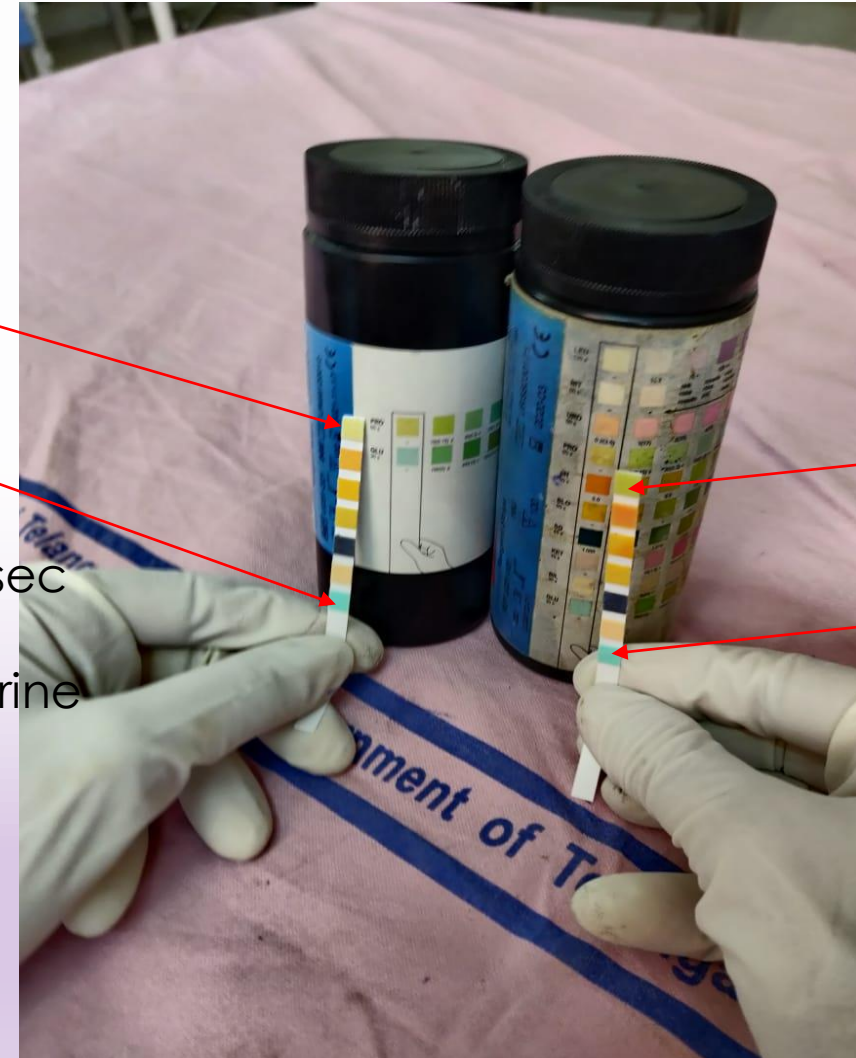
Normal pulse rate  
60-100/minute



## Steps for checking urine protein & sugar at admission

Ref to Video4  
Checking of  
urine protein & sugar.

1. Two channel strip
2. Multichannel strip
3. Protein top
4. Sugar bottom
5. Fresh sample
6. Dip the tip for 30 sec
7. Remove excess urine
8. Colour match
9. Inform mother
10. Document



Check list for labour delivery recovery room - Keep Trays ready

Delivery tray	Episiotomy tray	Baby tray
<p><u>Instruments</u></p> <ul style="list-style-type: none"> <li>• Kidney tray -1</li> <li>• Sponge holder -1</li> <li>• Small steel bowl-1</li> <li>• Scissors -1</li> <li>• Speculum large size -2</li> <li>• Long straight artery forceps - 2</li> </ul>	<p><u>Instruments</u></p> <ul style="list-style-type: none"> <li>• Kidney tray -1</li> <li>• Episiotomy scissors -1</li> <li>• Artery forceps -2</li> <li>• Alleys forceps -2</li> <li>• Straight artery -2</li> <li>• Needle holder -1</li> <li>• Thumb forceps -1</li> <li>• Scissors -1</li> </ul>	<ul style="list-style-type: none"> <li>• Warm towels -2</li> <li>• To receive &amp; dry -1</li> <li>• To wrap -1</li> <li>• Mucous sucker -1</li> <li>• Penguin shape</li> </ul>
<ul style="list-style-type: none"> <li>• Sterile gloves -2 sizes 3 pairs</li> <li>• Sterile gauze pads -6</li> <li>• Cotton balls -6</li> <li>• Perineal Pads -3</li> </ul>	<ul style="list-style-type: none"> <li>• Xylocaine vial 2%-1</li> <li>• Check expiry date</li> <li>• Distilled water -2</li> <li>• 10 cc syringe -1</li> </ul>	<ul style="list-style-type: none"> <li>• Bag &amp; mask -1</li> <li>• Check working condition</li> </ul>
<ul style="list-style-type: none"> <li>• Cord clamp -1</li> <li>• Urinary catheter -1</li> </ul>	<ul style="list-style-type: none"> <li>• Vicryl rapide 1-0 - 2</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamin K injection 1mg – check expiry date</li> <li>• Insulin syringe -1</li> <li>• Sterile cotton swab</li> </ul>
<p>Additional trays - PPH TRAY, ECLAMPSIA TRAY</p>		



## Medicine Tray

**Keep** in fridge at 2- 4 deg

1. Oxytocin ampoules
2. Methergine ampoules
3. Prostin ampoules
- **Keep** in labour room
- 1) Tab Misoprostol 600mg -1 | 200mg -4
- 2) Tab Nifedipine -10mg -one strip
- 3) Diclofenac rectal suppository
- 4) Tab Paracetamol -one strip.

Sponge holder



Episiotomy scissors



Thumb forceps

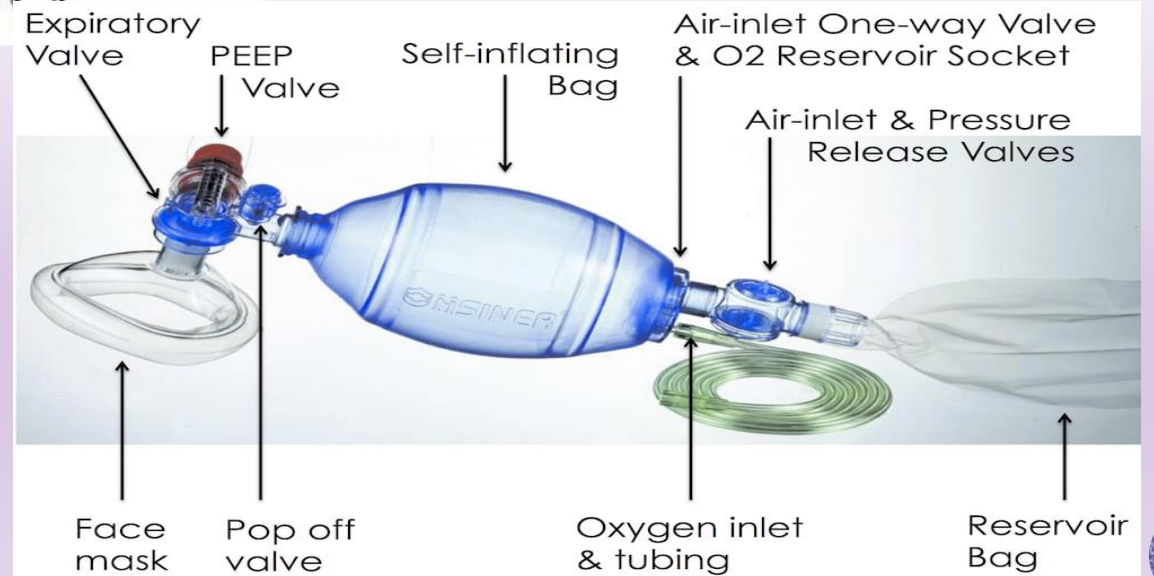


Needle holder



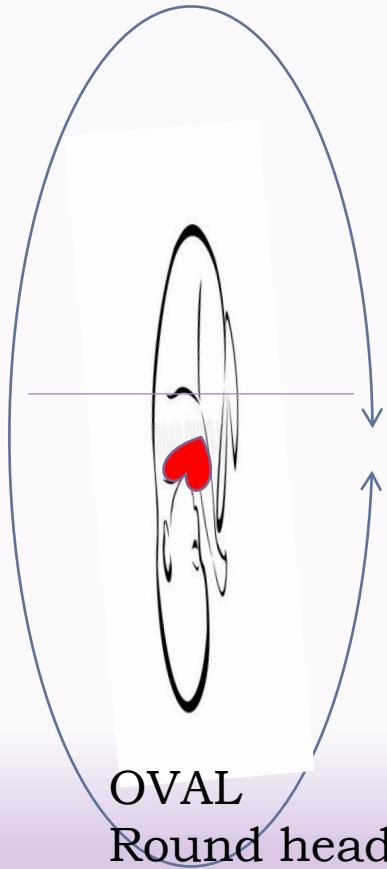
Mucous sucker  
Penguin shape

Bag & mask

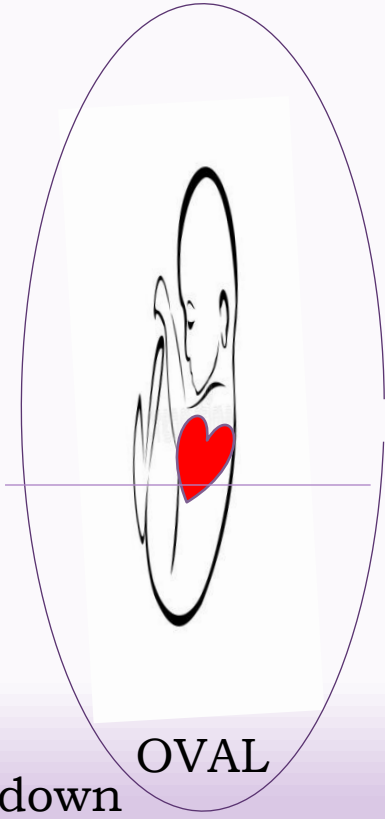


Check point 2 – at admission

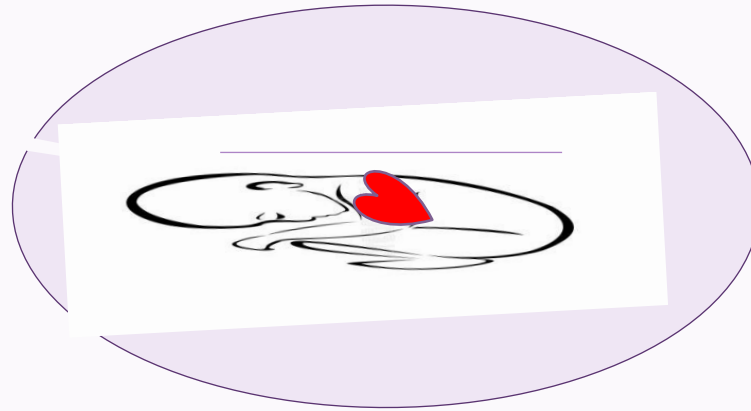
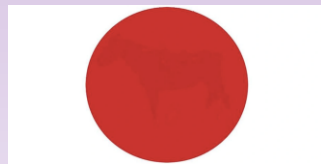
Why shape of Mothers abdomen is important ?



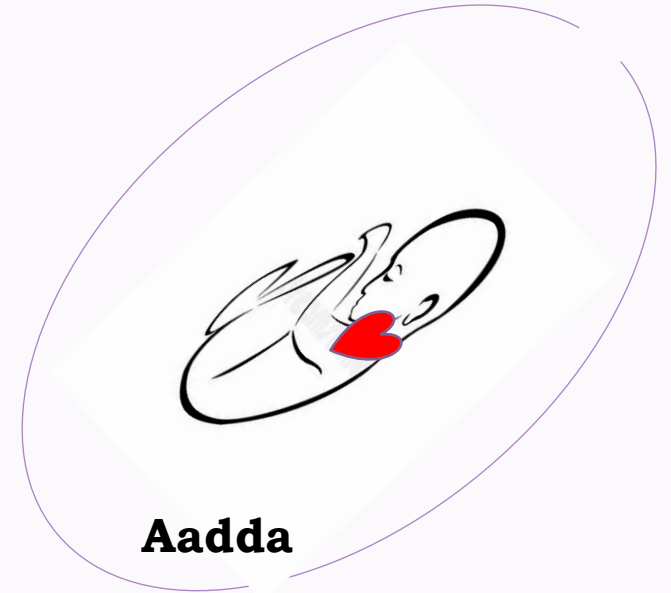
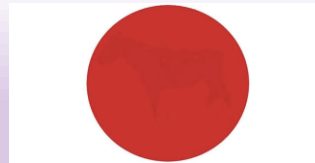
**OVAL**  
Round head down  
**Seedha**



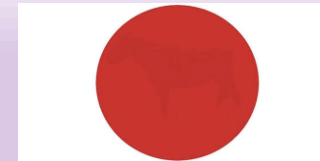
**OVAL**  
Broad buttocks down  
**Ultaa**



**Aadda**  
**OVAL TRANSVERSELY**

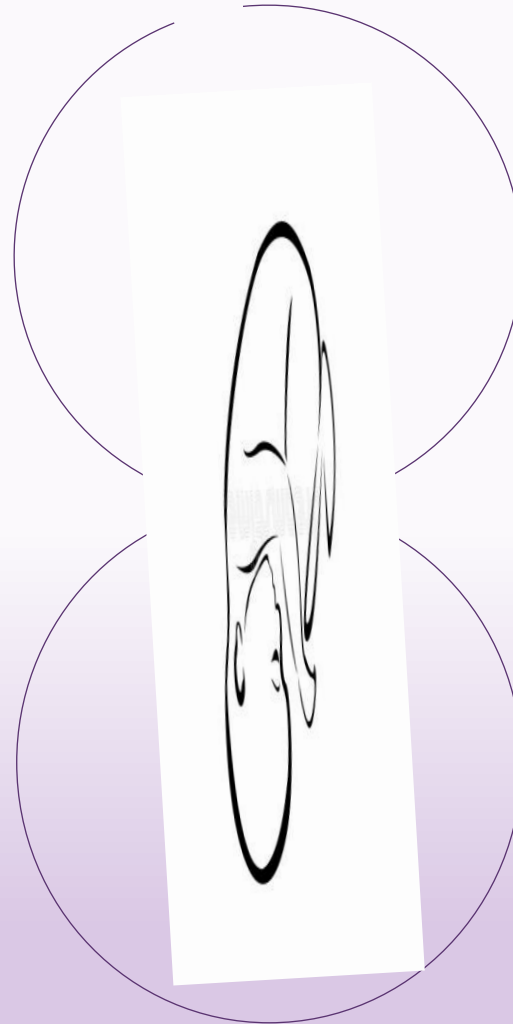


**Aadda**  
**OBLIQUE**





Why shape of Mothers abdomen is important ?



PEANUT SHAPE - OBSTRUCTED LABOUR  
**ATTAK GAYA**



Ref to Video 5

Demonstration of

Abdominal examination in labour.

Check list for Examination of mothers abdomen in labour.

- Explain
- Ask to pass urine
- Expose
  
- See the shape
  
- Bring uterus to the middle
  
- Top – check the part
  
- Side – Check baby back | limbs
  
- Down – Check head | buttocks
  
- Be gentle
  
- Check babies heart beat on the side of its back first with stethoscope then hand doppler
  
- Inform mother
  
- Document.



## Check list for listening to fetal heart in labour

Ref to Video 6  
demonstration of checking  
fetal heart in labour

- Why to check ?

To know babies condition

- When to check?

When pain goes away

- Why not during pain

Mother will not allow u to check.

- Where to check ?

On the babies back

- For how long?

For One minute

- What is Normal ?

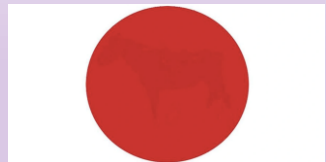
110-160/beats per minute



How to understand babies condition by matching with the fluid colour?



Green Fluid looks like palak juice



Call the doctor immediately



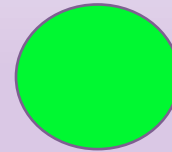
Red Fluid looks like tomato juice



Call the doctor immediately



Clear Fluid looks like coconut water

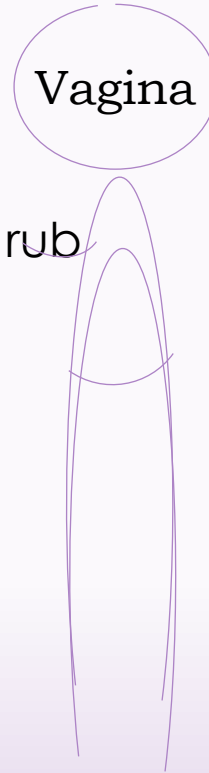


Continue monitoring



## Check list for vaginal examination

- 1) Explain mother
- 2) Wash both hands -6 steps for 2 minutes or alcohol rub
- 3) Wear sterile gloves on both hands
- 4) Clean the outer parts with betadine swab
- 5) Clean the central part with betadine swab
- 6) Wet examination fingers with betadine
- 7) Pass your two fingers gently
- 8) Inform mother
- 9) Document



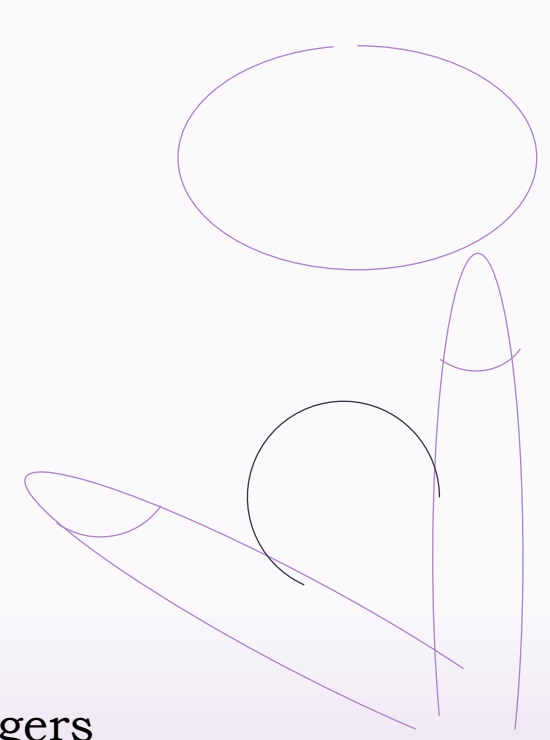
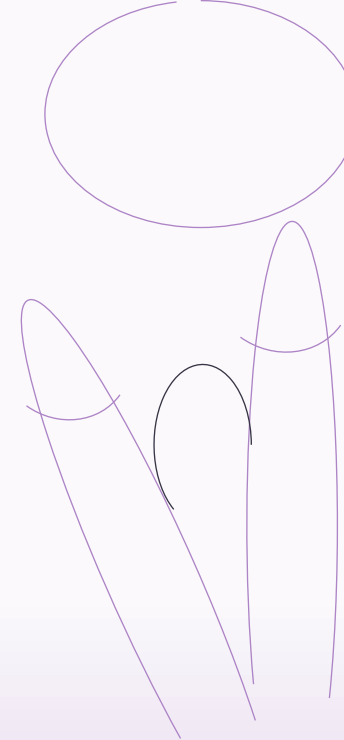
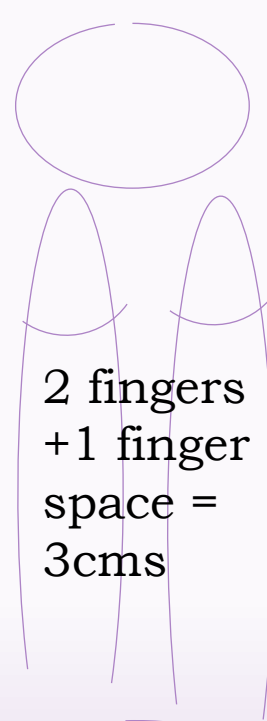
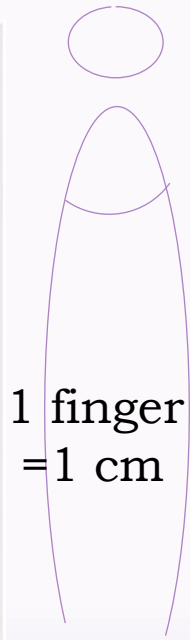
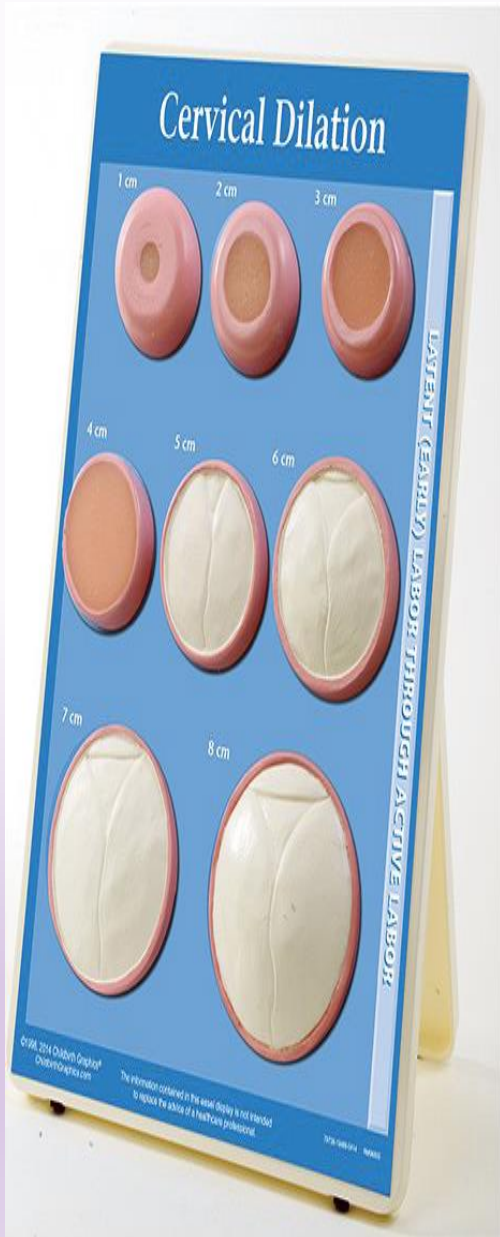
Enter with fingers  
one over other



Keep Fingers side by side  
Inside



# How to learn cervical dilation ?



Fingers move widest 10 cms = full dilatation. Cervix not felt.



**Early labour till cervix opens by 4 cms- 1<sup>st</sup> Stage of labour**

Monitor Mother

Pulse rate Every 1 hour

Temperature, BP every 4 hrs (If high every 30 minutes)

Monitor baby heart rate every 1 hour

Colour of liquor (check stain on diaper)

Monitor labour progress every 1 hour

1. Contractions –number, duration in sec every 10 minutes

By doing P/V exam at 4hrs

1. Cervical dilatation
2. Head coming down

**DOCUMENT IN THE CASE RECORD**

**Active labour from 4 cms to full opening of cervix by 10 cms -1<sup>st</sup> Stage of labour**

Monitor Mother

Pulse rate every 30 minutes

Temperature, BP every 4 hrs.(If high every 30 minutes)

Monitor baby every -30 minutes  
Heart rate (in high risk every 15 min)  
Colour of liquor (check stain on diaper)

Monitor labour progress at 4hrs

1. Contractions –number, duration in sec every 10 minutes

By doing P/V exam

1. Cervical dilatation
2. Head coming down

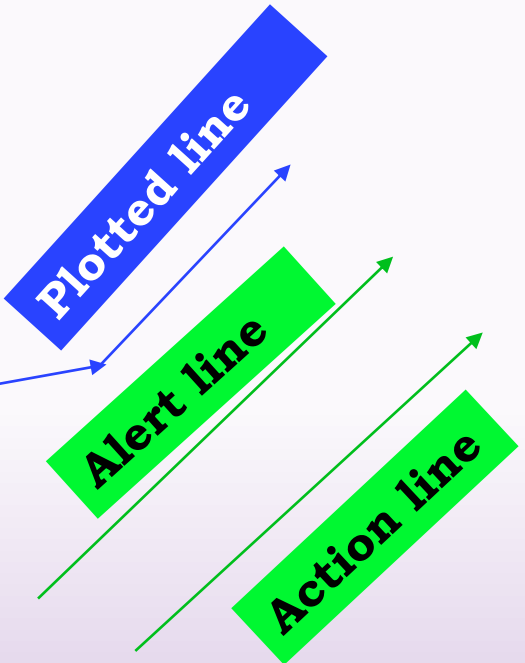
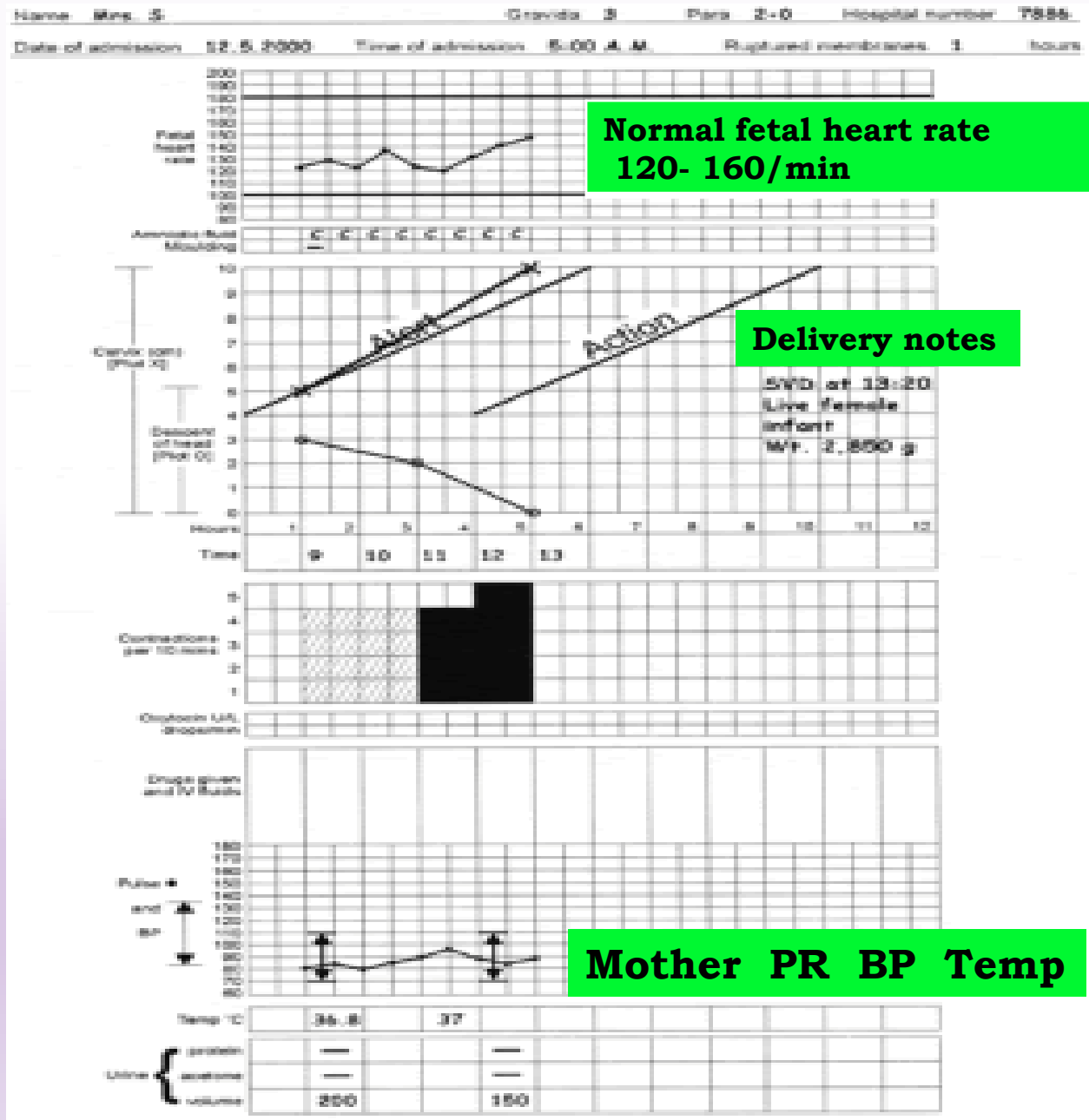
**PLOT IN THE PARTOGRAPH AND INTERPRET**

**In active labour from full dilatation till delivery – 2<sup>nd</sup> stage**

1. Monitor mother and baby heart rate Every 15 min (every 5 min if high risk)
2. Contractions– number, duration in sec every 10 minutes
3. Head coming down.



# Partograph showing normal progress of labour



**Cervical dilatation line**  
 Staying to the right of alert line - Normal

**Contractions 1-5 number**  
 ..... Weak < 19 sec  
 /// Moderate 20 - 40 sec  
 ■ Severe > 40 sec





# Partograph showing Abnormal progress of labour

Fetal heart rate dipping below 120 /min - abnormal

Normal fetal heart rate 120- 160/min

Cervical dilatation line crossing alert or action line is abnormal.

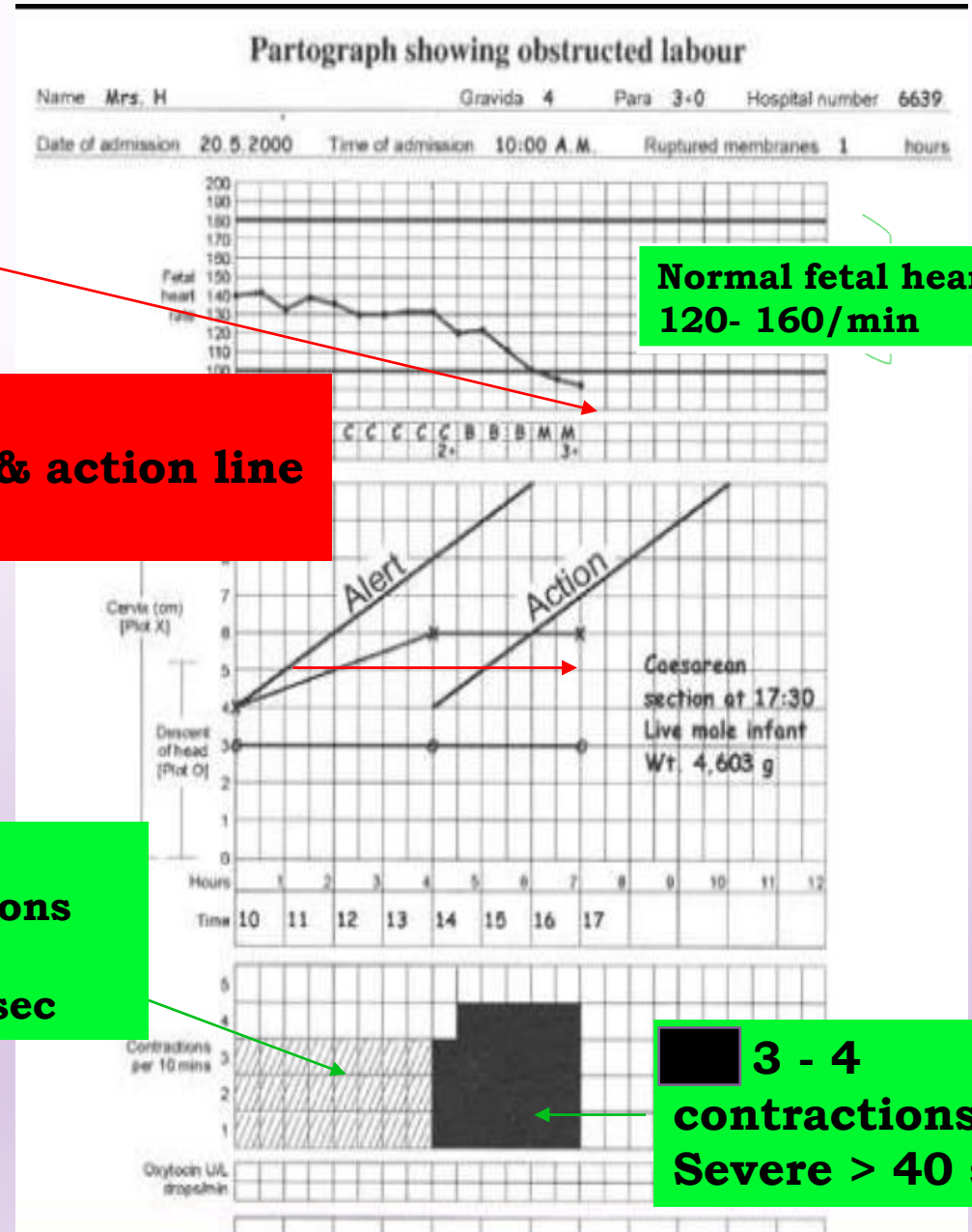
Cervical dilatation Crossing both alert & action line Abnormal

Alert line

Action line

/// 3 contractions Moderate 20 - 40 sec

■ 3 - 4 contractions Severe > 40 sec



Inform doctor immediately, manage or refer based on your facility

## Check points before entering Labour Room

### DO's

1. Hand over jewellery to the attendant & take signature in record
2. Change to hospital clothes
3. Provide mask to mother & her attendant
4. Labour room Temperature 22 -26 deg C
5. Shut windows | doors | fans
6. Check functioning status of Suction apparatus | Ambu bag | Light source | Oxygen | Water supply
7. Foot stepper
8. Fix Intra cath - Green colour
9. Draw X matching sample, label & send to Blood bank
10. Keep trays and Partograph paper ready
11. Load Oxytocin 2 ampoules label & put in fridge-4deg
12. Identify -Birth Companion to Walk , Talk & Support the mother
13. Take her to labour room when cervix opens by 4cms or more.
14. Biomedical waste- Yellow | Red | White | .5% Chlorine water ready.

### DON'TS

- No enema
- No shaving
- No routine IV fluid Only RL | NS if required
- No IV 5% Dextrose
- No routine antibiotics
- Do not keep mother nude -full or partial
- Do not shout at mother
- Do not leave mother alone
- Do not carry cell phone inside -use land line for communication
- Do not allow to take pictures of mother or baby.



## Right way of handling baby

1. Receive in warm towel (one )
2. Place baby flat on mothers abdomen
3. Dry the baby (not cleaning)
4. Remove towel one
5. Cover the baby in warm towel (Two)
6. If not crying cut cord and place the Baby flat under the warmer, position it & start ventilation.

## Wrong way of handling baby

1. Holding baby upside down
2. Beating the babies back
3. Shaking the baby
4. Removing vernix while drying
5. Rubbing oil on babies body
6. Applying powder | oil | spirit | betadine to the cord stump.
7. Feeding baby with honey | holy water
8. Handing over the baby to attendants.



Ref to Video 7  
demonstration of conducting vaginal delivery

Check list for conducting vaginal delivery

Crowning stage

Anus open

Bulge seen

Head seen

How to deliver head safely ?

Right hand supports the Perineum  
Left hand supports the babies head  
Why both hands ? To Prevent tears

Receive baby in a warm towel  
Place on mothers abdomen  
Dry the baby and change the towel  
Don't suction if baby is crying

Tell mother & give 10 IU Oxytocin  
on the thigh.  
Cut cord after pulsations stop.  
Support breast feeding.



## Check list for Active management of labour

Ref to Video 8  
demonstration of  
Active management of labour

1. Keep preloaded syringe of 10units (2 amp) of Oxytocin in fridge ready.
2. Tell mother and give Oxytocin IM in the anterolateral aspect of thigh, as soon as the baby delivers.
3. Encourage mother to feed the baby for natural release of oxytocin.
4. Clamp and cut the cord after pulsations lost.



### How do deliver placenta?

1. Push uterus up
2. Pull cord gently down
3. Twist the membranes
4. All this only when uterus is felt hard

### Placenta needs both examination & disposal

- 1) **See me** - Pehle dhono tharaff Dhekoo - both sides. Hang placenta to see the membranes
- 2) 2 Veins + 1 Artery - smile
- 3) **Throw me** - Baadh mein Phenkoo



\* Document notes with the names of attending staff conducting delivery.



Do's & Dont's to be followed in the labour delivery recovery room.

**DO's**

- 1) Change positions-sitting| standing| squatting
- 2) Allow oral fluids - water |juice| coconut water |soup
- 3) Encourage her to pass urine every 2 hours
- 4) Keep 2 clean warm towels for baby
- 5) One for receiving & drying, other for wrapping the baby.
- 6) One Nurse must call out time & sex of baby.
- 7) Start breast feeding immediately.
- 8) AFTER DELIVERY
- 9) Check for hardness of uterus and vaginal bleeding
- 10) Show the baby to the attendant take signature, full name & relationship.
- 11) Give Vitamin K to the baby IM on the thigh
- 12) Check Pulse , bleeding if light or heavy for next 2 hours in labour room.
- 13) Mother must be able to eat, drink and walk comfortably by 2hrs.
- 14) Shift mother with baby to the ward only after doctor checks her Pulse,BP, vaginal bleeding & baby condition.
- 15) Keep the case records safe.

**DONTS**

1. No lying down with legs up
2. No pushing unless mother feels
3. No pressure on the top of uterus
4. No steel tray for baby
5. No suction if baby is crying
6. No cutting of cord immediately if baby is crying
7. Do not apply anything to the cord
8. Do not leave mother and baby alone.
9. Do not wipe vernix –white coating or give bath.
10. Do not check baby weight immediately
11. No honey for the baby only mothers milk
12. Do not keep baby nude any time.



### Check point 3 How to dispose safely ?



Match the product with bin

<b>PLACENTA</b>	<b>Gloves   glove cover</b>	<b>Perineal pads, under drapes</b>
Syringe   Plastic cover   Ampoules	PPE Kit –gown, mask, leggings , Goggles	Cotton swabs

<b>Needle   IV set/Saline bottle</b>	<b>Instruments   floor spill-blood or body fluids</b>	<b>Urine Catheter</b>
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<b>PLACENTA Yellow bin</b>	<b>Gloves Red bin</b>	<b>Perineal pads Yellow bin</b>
Syringe   Plastic cover   Ampoules	PPE Kit –gown, mask, leggings , Goggles	Cotton swabs

<b>PLACENTA Yellow bin</b>	<b>Under drapes Yellow bin</b>	
Syringe Red	IV set - Red bin Gloves –Red bin	Cotton swabs
Glove cover	Plastic cover of syringe-	PPE Kit –gown, mask, leggings
Goggles	Saline bottles	Urinary Catheter-Red bin
Needle   Broken ampoules	Floor spill- blood/liquor	Instruments – 0.5%Chlorine for 10 min





A close-up photograph of a person's hand resting on a red fabric with a pattern of dark green circles and dots. The fabric is draped over a surface, and a white sheet is visible in the background. The lighting is soft, highlighting the texture of the fabric and the skin of the hand.

**FEEDBACK HELPS U  
TO UNDERSTAND  
WHERE U STAND.**

## Thank You

*Thanks for always listening to me, supporting me, and encouraging me. You're a true friend, and I want you to know how much I love and appreciate you. You're the best!*