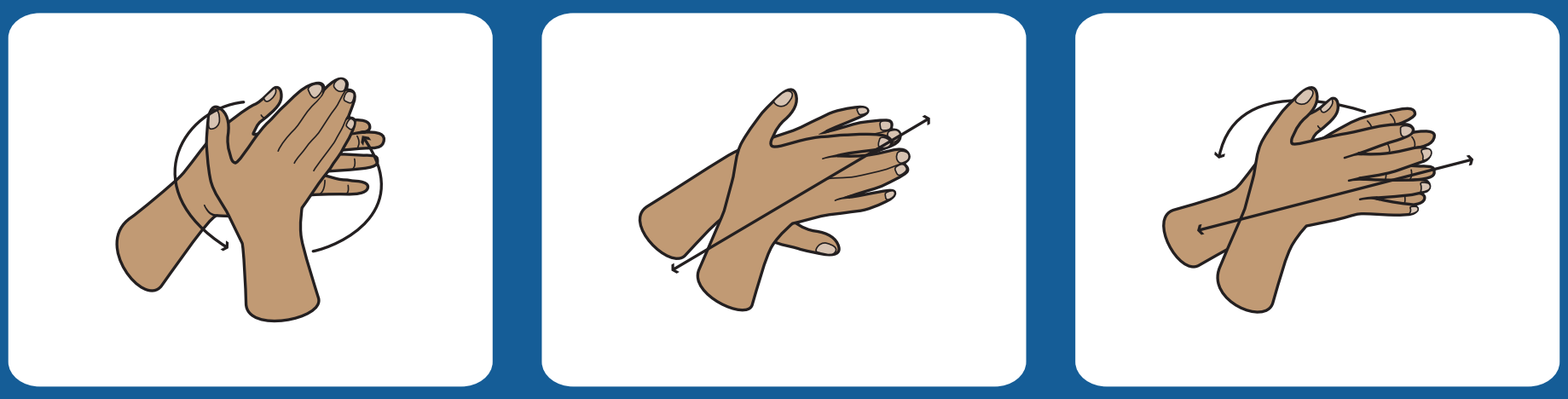
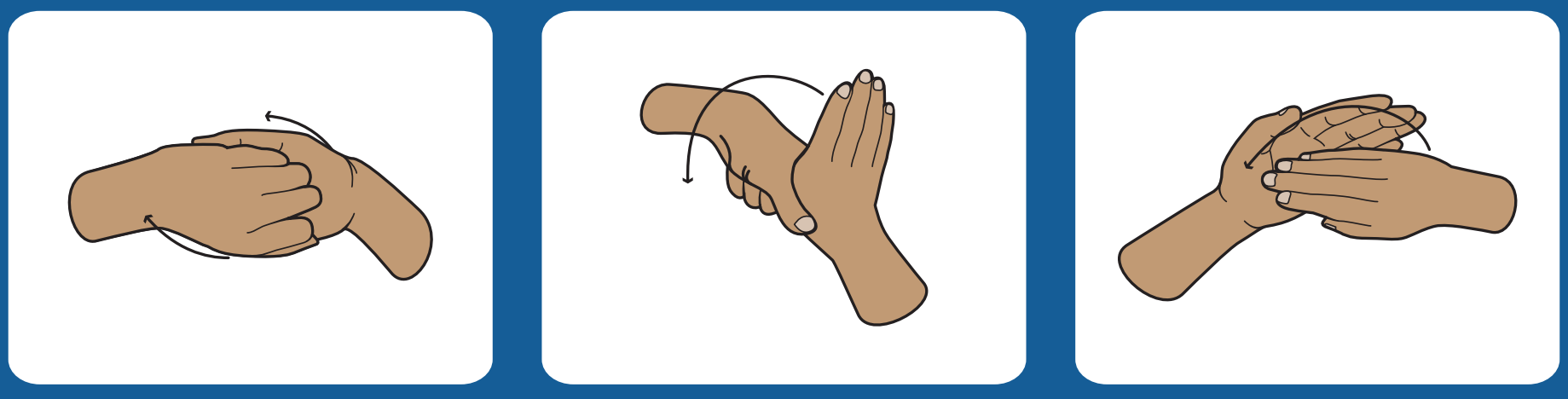
HAND WASHING

TECHNIQUE	MAIN PURPOSE	AGENTS	RESIDUAL EFFECT
Routine hand washing	Cleansing	Non medicated soap	Short
Careful hand washing	Cleansing after patient contact	Non medicated soap	Short
Hygienic hand rub	Disinfection after contamination	Alcohol	Short
Surgical hand disinfection	Pre-operative disinfection	Antibacterial soap Alcoholic solutions	Long

STEPS OF HAND WASHING





Ensure handwashing for 5 minutes before surgical procedures

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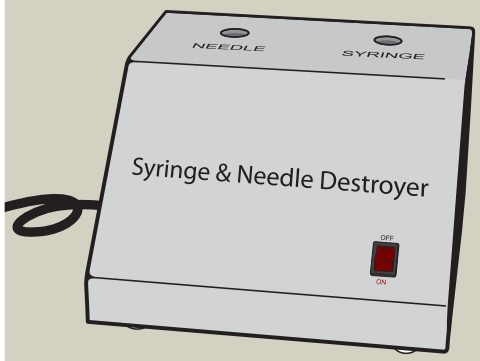
INFECTION PREVENTION

Puncture Proof Container

All Needles and Sharps
I.V. Cannulas
Broken Ampoules
All Blades

Needle Destroyer



Hand washing

Use of protective attire

Proper handling and disposal of sharps

Ensuring general cleanliness
(walls, floors, toilets,
and surroundings)

Bio-Medical Waste disposal

- Segregation
- Disinfection
- Proper storage before transportation
- Safe disposal

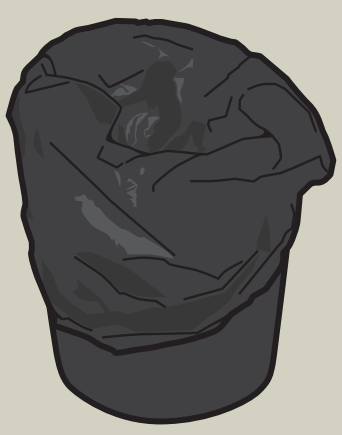
Hand Washing

Protective Attire

Disposal Bag

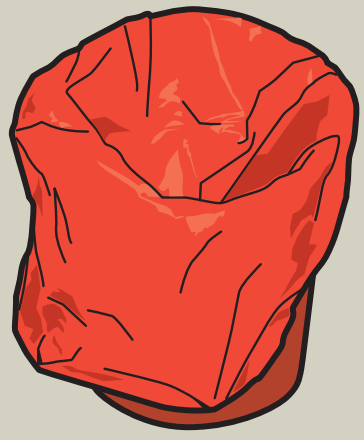
Yellow Bag

Human tissue
Placenta and PoCs
Waste swabs / bandage
Other items (surgical waste) contaminated with blood



Black Bag

Kitchen waste
Paper bags
Waste paper / thermocol
Disposable glasses & plates
Left over food



Red Bag

Disinfected catheters
I.V. bottles and tubes
Disinfected plastic gloves
Other plastic material

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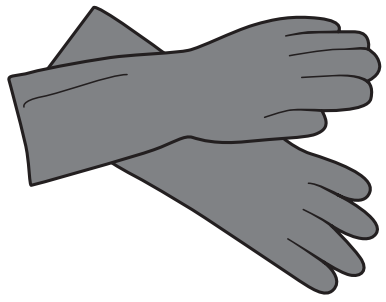
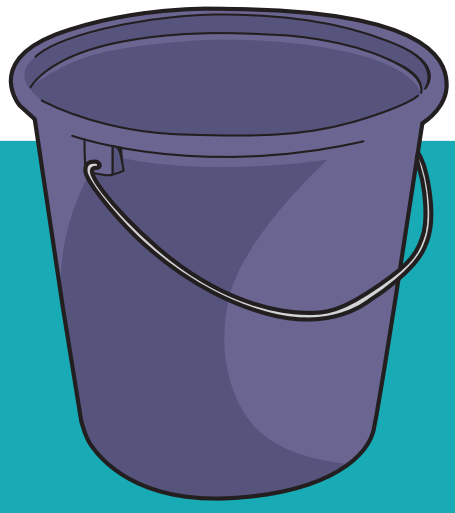
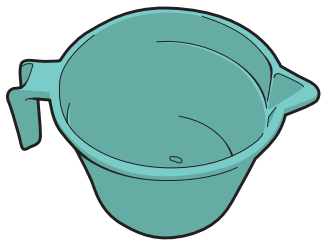
PREPARATION OF 1 LITRE BLEACHING SOUTION



Wear utility gloves and plastic apron.

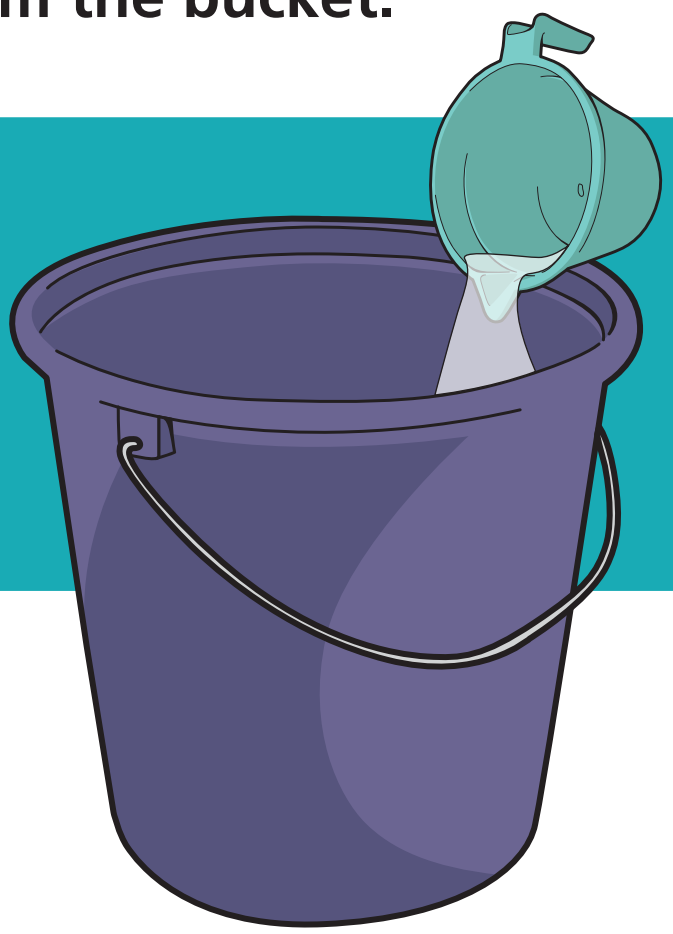


Take 1 litre of water in plastic bucket.



Make thick paste in a plastic mug with 3 level tea-spoons of bleaching powder and some water from the bucket.

Mix paste in the bucket of water to make 0.5% chlorine solution.



Maintain same ratio for larger volumes.

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PROCESSING OF USED ITEMS

DECONTAMINATION
Soak in 0.5% chlorine solution
for 10 minutes

Thoroughly wash and rinse
Wear gloves and other protective barriers

Preferred Method

Sterilisation

Chemical
Soak for
10 - 24 hrs.

Autoclave
106 kPa pressure
121° C
20 min. unwrapped
30 min. wrapped

Dry Heat
170° C
60 min.

Acceptable Method

High Level Disinfection (HLD)

Boil or Steam
Lid on 20 min.

Chemical
Soak for 20 min.

Cool
(use immediately or store)

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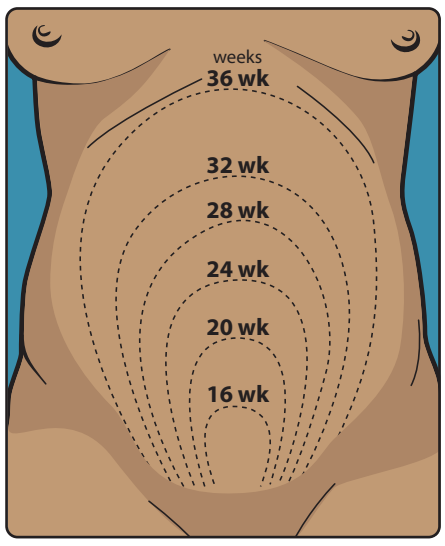
ANTENATAL EXAMINATION

FUNDAL HEIGHT

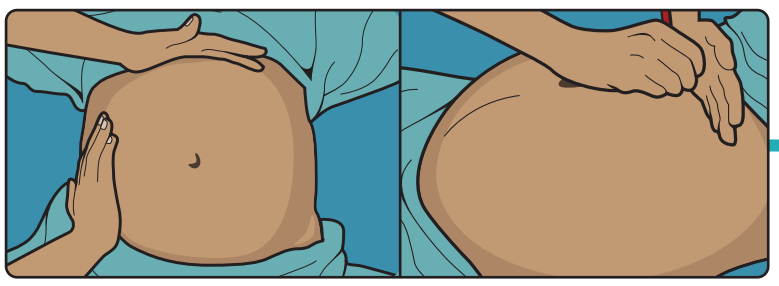
Preliminaries

- Ensure privacy
- Woman evacuates bladder
- Examiner stands on right side
- Abdomen is fully exposed from xiphi-sternum to symphysis pubis
- Patient's legs are straight
- Centralise the uterus

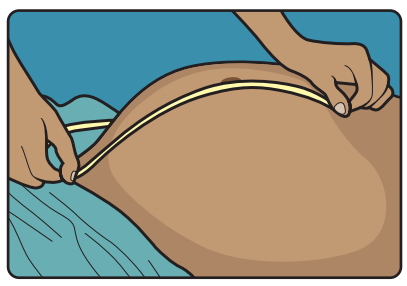


Fundal height in cms. corresponds to weeks of gestation after 28 weeks

Correct dextrorotation



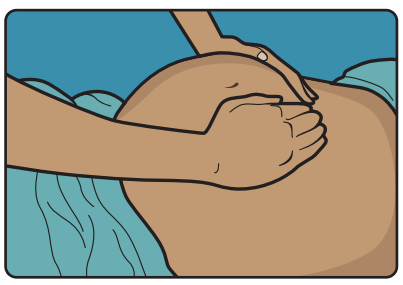
Ulnar border of left hand is placed on upper most level of fundus and marked with pen



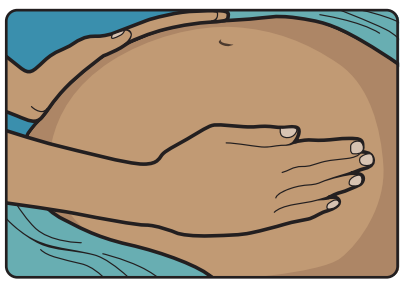
Measure distance between upper border of pubic symphysis and marked point

GRIPS

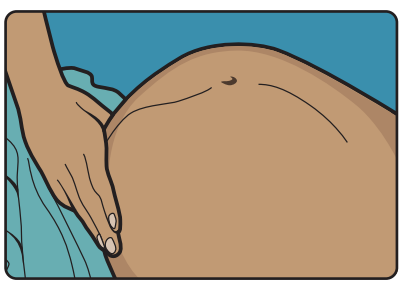
Legs are slightly flexed and seperated for obstetrical grips



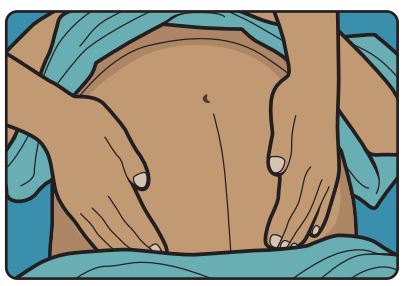
Fundal Grip



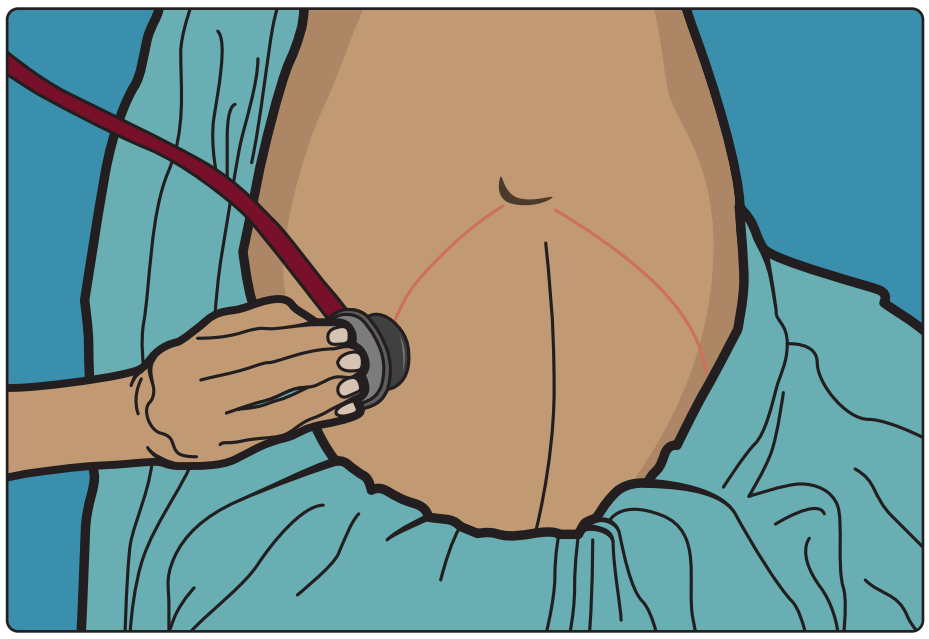
Lateral Grip



First Pelvic Grip



Second Pelvic Grip



Fetal heart sound is usually located along the lines as shown

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THE SIMPLIFIED PARTOGRAPH

Identification Data

Name: **W/o:** **Age:** **Parity:** **Reg. No.:**

Date & Time of Admission: **Date & Time of ROM:**

A) Foetal Condition

Foetal heart rate

200 190 180 170 160 150 140 130 120 110 100 90 80

Amniotic fluid

B) Labour

Cervic (cm) (Plot X)

10 9 8 7 6 5 4

Alert

Action

Hours 1 2 3 4 5 6 7 8 9 10 11 12

Time

Contraction per 10 min.

5 4 3 2 1

C) Interventions

Drugs and I.V. fluid given

D) Maternal Condition

Pulse and BP

180 170 160 150 140 130 120 110 100 90 80 70 60

Temp (°C)

Initiate plotting on alert line

Refer to FRU when ALERT LINE is crossed

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KANGAROO CARE

Place baby prone on mother's chest in an upright and extended posture, between her breasts, in skin to skin contact

Cover the baby with mother's pallu or gown. Wrap baby-mother with added blanket/shawl.

Keep room warm. Breastfeed frequently.

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VAGINAL BLEEDING BEFORE 20 WEEKS

Threatened abortion

c/o pain abdomen and light bleeding P/V

No h/o expulsion of PoC

O/E uterus soft, corresponds to POG, os closed

Advise rest at home

Consult/Refer to M.O. for ANC

Incomplete abortion

c/o pain abdomen and excessive bleeding P/V

h/o expulsion of PoC

O/E uterus size smaller than POG, os may be open

If bleeding stops

Consult/Refer to M.O.

If bleeding does not stop or in shock

Establish I.V. line and give I.V. fluids rapidly

Consult / Refer to M.O. with referral slip

Complete abortion

c/o light bleeding

h/o pain abdomen, bleeding P/V with expulsion of PoC

O/E uterus size smaller than POG, os closed

Observe for 4-6 hrs.

If bleeding continues

Consult/Refer to M.O.

If bleeding stops

Reassure and advise to take rest at home

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ANTEPARTUM HEMORRHAGE

VAGINAL BLEEDING AFTER 20 WEEKS

PLACENTA PREVIA
(Placenta lying at or near os)

ABRUPTIO PLACENTAE
(Detachment of normally placed placenta before birth of fetus)

Establish I.V. line

Start I.V. Fluids

Monitor vitals - PR, BP

NO P/V TO BE DONE

Refer to FRU

Arrange for blood donors

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ECLAMPSIA

Convulsions
BP ≥ 140/90 mmHg
Proteinuria

Immediate Management

Position woman on her left side

Ensure clear airway (use padded mouth gag after convulsion is over)

Do gentle oral suction

Give Inj. Magnesium Sulphate
5g (10ml, 50%) in each buttock deep I.M.

Delivery imminent

Conduct delivery and refer to FRU

Delivery not imminent

Refer immediately to FRU

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Management of PPH

Shout for Help: Mobilise available health personnel.
Quickly evaluate vital signs: Pulse, BP, Respiration.
Establish I.V. Line (draw blood for blood grouping & cross matching)
Infuse rapidly Normal Saline/Ringer Lactate 1L in 15-20 minutes.
Give Oxygen @ 6-8 L per minute by mask (if available)
Catheterize the bladder.
Check vital signs and blood loss (every 15 minutes).
Monitor fluid intake and urinary output.

Give Inj. Oxytocin 10 IU, I.M. (if not given after delivery)

Start Inj. Oxytocin 20 IU in 500 ml R/L @ 40-60 drops per minute (in other hand)

Check to see if placenta has been expelled

Placenta not delivered

Retained placenta

Continue Inj. Oxytocin 20 IU in 500 ml, R/L @ 40-60 drops per minute

Refer to FRU

Placenta delivered

Massage the uterus to expel the clots

Examine placenta & membranes for completeness

Complete

Feel the consistency of uterus per abdomen

Uterus well contracted (Traumatic PPH)

Pack the vagina and refer to FRU

Continue Inj. Oxytocin 20 IU in 500 ml, R/L @ 40-60 drops per minute

Soft and flabby uterus (Atonic PPH)

Bimanual compression of uterus

Continue Inj. Oxytocin 20 IU in 500 ml R/L / DNS-I/V

Administer another uterotonic drug (Inj. Methergine / Tab. Misoprostol)

Patient still bleeding

Refer to FRU

Not Complete

Continue Inj. Oxytocin 20 IU in 500 ml, R/L @ 40-60 drops per minute

Refer to FRU

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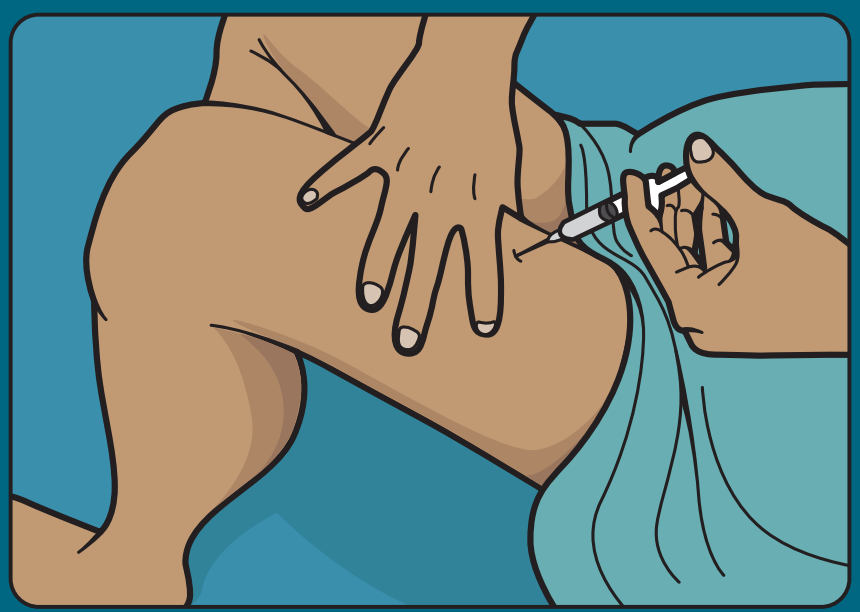
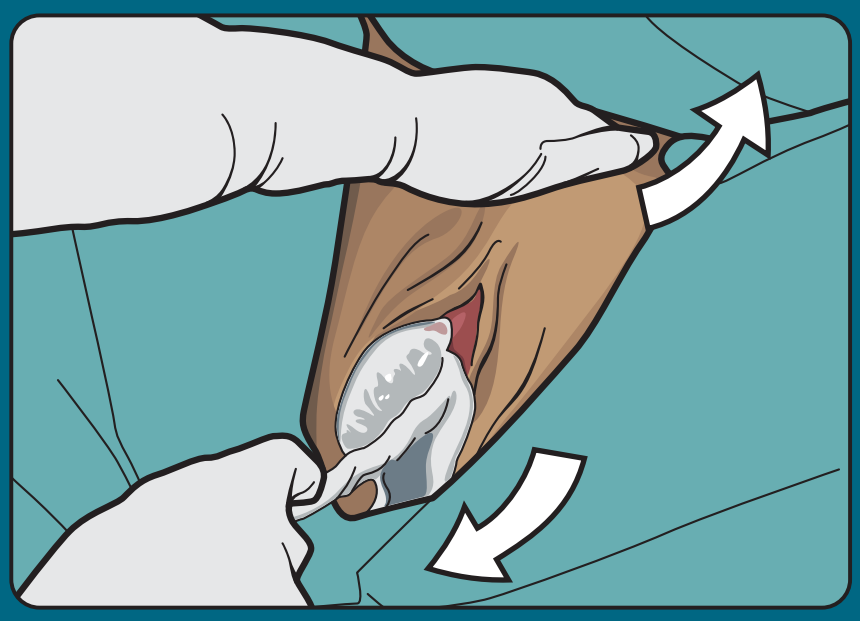
Active Management of Third Stage of Labour

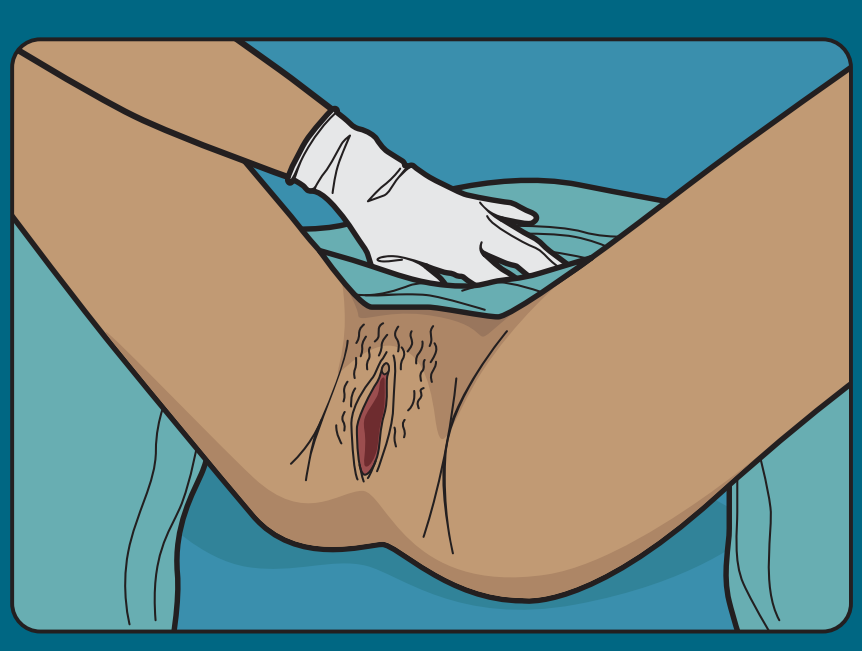
(AMTSL)



After the birth of the baby, exclude the presence of another baby and give Injection Oxytocin 10 units I.M.



Once the uterus is contracted, apply cord traction (pull) downwards and give counter-traction with the other hand by pushing uterus up towards the umbilicus.



Uterine massage to prevent atonic PPH

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NEWBORN RESUSCITATION

Birth

No meconium - dry the baby

Meconium present - suction mouth and nose (if baby is not crying) and dry the baby

Assess breathing

Not breathing well

Initial steps

- Cut the cord immediately
- Place on firm, flat surface
- Provide warmth
- Position baby with neck slightly extended
- Suction mouth and then nose
- Stimulate, reposition

Assess breathing

Not breathing well

Provide bag and mask ventilation for 30 sec., ensure chest rise. Make arrangements for referral

Assess breathing

Not breathing well

- Call for help and make arrangements for referral
- Continue bag and mask ventilation
- Add oxygen, if available

Assess Heart Rate
(Umblical pulsation: check for 6 sec. and multiply by 10)

heart rate < 100

- Continue ventilation with oxygen
- Provide advanced care (chest compression, medication and intubation, if M.O. / trained personnel are available)

heart rate ≥ 100

- Continue bag and mask ventilation
- If breathing well, slowly discontinue ventilation and provide observational care

Breathing well / crying

Routine care

- Place the baby on mother's abdomen
- Wipe mouth and nose
- Clamp & cut the cord (after 1 - 3 min. of birth)
- Keep baby with mother
- Initiate breastfeeding
- Watch colour and breathing

Breathing well

Breathing well

Observation / Care

- Provide warmth
- Observe colour, breathing and temperature
- Initiate breastfeeding
- Watch for complications (convulsions, coma, feeding problems)
- Refer when complications develop

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BREAST FEEDING

Baby well attached to the mother's breast

1. Chin touching breast (or very close)
2. Mouth wide open
3. Lower lip turned outward
4. More areola visible above than below the mouth

Baby poorly attached to the mother's breast

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ANTENATAL CHECKUP

Registration and Antenatal checkups during pregnancy:

- **Necessary for well being of pregnant woman and foetus**
- **Help in identifying complications of pregnancy on time and their management.**
- **Ensure healthy outcomes for the mother and her baby**

Preferred Time for Antenatal Checkups*

Registration & 1st ANC	**In first 12 weeks of pregnancy**
2nd ANC	**Between 14 and 26 weeks**
3rd ANC	**Between 28 and 34 weeks**
4th ANC	**Between 36 and term**

*** Provide ANC whenever a woman comes for check up**

FIRST VISIT

- **Pregnancy detection test**
- **Fill up MCH Protection Card & ANC register**
- **Give filled up MCH Protection Card & Safe Motherhood booklet to the pregnant woman**
- **Patient's past and present history for any illness/complications during this or previous pregnancy**
- **Physical examination (weight, BP, respiratory rate) & check for pallor, Jaundice & oedema**

CHECK UP AT ALL VISITS (From 1st to 4th)

- **Physical examination**
- **Abdominal palpation for foetal growth, foetal lie and auscultation of Foetal Heart Sound**
- **Counselling:**
  - **Nutritional Counselling**
  - **Educate woman to recognise the signs of labour**
  - **Recognition of danger signs during pregnancy, labour and after delivery or abortion**
  - **Encourage institutional delivery/ identification of SBA/avail JSY benefits**
  - **Identify the nearest functional PHC/FRU for delivery and complication management**
  - **Pre Identification of referral transport and blood donor**
  - **To convey the importance of breastfeeding, to be initiated immediately after birth**
  - **For using contraceptives (birth spacing or limiting) after birth/abortion**

ADVISE

- **Laboratory investigations**

At SC:

- **Haemoglobin estimation**
- **Urine test for sugar and proteins**
- **Rapid malaria test (in endemic areas)**

At PHC/CHC/FRU:

- **Blood group, including Rh factor**
- **VDRL, RPR, HBsAg & HIV testing**
- **Rapid malaria test (if unavailable at SC)**
- **Blood sugar(random)**

- **Give Iron/Folic acid tablets and two doses of TT injection**

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POSTNATAL CARE

Post natal care ensures well being of the mother and the baby.

Postnatal care

1st Visit	1st day after delivery
2nd Visit	3rd day after delivery
3rd Visit	7th day after delivery
4th Visit	6 weeks after delivery

Additional visits for Low Birth Weight babies on 14th, 21st and 28th days

SERVICE PROVISION DURING VISITS

Mother

- **Check:**
  - Pallor, pulse, BP and temperature
  - Urinary problems and vaginal tears
  - Excessive bleeding (Post partum Haemorrhage)
  - Foul smelling discharge (Purperal sepsis)
- **Care of the breast and nipples**
- **Counsel and demonstrate good attachment for breast feeding**
- **Advice on Exclusive Breast Feeding for 6 months**
- **Provide IFA supplementation to the mother**
- **Advise for nutritious diet and use of sanitary napkins**
- **Motivate and help the couple to choose contraceptive method**

Newborn

- **Check temperature, jaundice, umblical stump and skin for pustules**
- **Observe breathing, chest indrawing, convulsions, diarrhea and vomitting**
- **Confirm passage of urine (within 48 hours) and stool (within 24 hours)**
- **Counsel on keeping the baby warm**
- **Keep the cord stump clean and dry**
- **Observe suckling by the baby during breastfeeding**
- **Make more visits for the Low Birth Weight babies**
- **Emphasise on importance of Routine Immunisation**

NOTE: Manage the complications and refer if needed

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