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|---|-----------------------------------|---------------------------------|----------------|---------------------|--|
| Date: | | | | Unit: | |
| Health care worker- Name: | | | | Designation: | |
| Trained in HBB: Y / N | | Year: | | Month: | |
| Non-Compliant (NC) Compliant (C) ** Critical items | | | | | |
| Equipment required: | | | | | |
| 1. Resus. Mannequin | 2. Resuscitation device (Ambubag) | 3. Size 0 and 1 round facemasks | | | |
| 4. Size 6,8 and 10 suction catheters | 5. Handspray | 6. Stethoscope | | | |
| 7. Two towels/ blankets | 8. Cap | 9. Cord ties /clamp | | | |
| <i>State: "You are called to assist the birth of a term baby. There are no complications in the pregnancy, mother is fully dilated. Introduce yourself and show what you will do"</i> | | | | | |
| | NC | C | Comment | | |
| Prepares for birth | | | | | |
| 1. Introduces herself and prepares the mother | | | | | |
| 2. Identifies a helper | | | | | |
| 3. Makes an emergency plan | | | | | |
| 4. Prepares the area for delivery (Clean, warm and well lit) | | | | | |
| 5. Cleans hands | | | | | |
| 6. Prepares an area for ventilation –turns resuscitaire on and ensures there is a temp probe | | | | | |
| 7. Checks equipment-suction, oxygen | | | | | |
| 8. Checks that resus trolley has been checked & is easily accessible | | | | | |
| 9. Checks duck billed valve on resus device is present | | | | | |
| 10. Checks pressure release valve is working | | | | | |
| 11. Checks there are no leaks in the resus device ** | | | | | |
| <i>Give baby to health care worker and say, "The baby is delivered and is not crying and appears limp. Show how you will care for the baby."</i> | | | | | |
| Golden minute | | | | | |
| 12. Dries thoroughly and removes wet cloth | | | | | |
| 13. Covers with warm, dry towel and covers head | | | | | |
| 14. Assesses breathing/crying (Asks or looks for breathing) ** | | | | | |
| <i>State: "Baby is not breathing."</i> | | | | | |
| 15. Positions skin to skin on mothers chest with neck extended | | | | | |
| 16. Clears airway (if meconium or secretions present) | | | | | |
| 17. Stimulates breathing by rubbing the back | | | | | |
| 18. Assesses breathing (Asks or looks for breathing) ** | | | | | |
| <i>State: "Baby is not breathing."</i> | | | | | |
| 19. Cuts cord and moves to area for ventilation | | | | | |
| 20. Starts ventilation within the golden minute (at _____ seconds) | | | | | |
| 21. Ventilates at 40-60bpm (breath 2,3, breath2,3) for 1 minute ** | | | | | |
| 22. Assesses breathing (Asks or looks for breathing) ** | | | | | |
| <i>State: "The baby is breathing well now and the heart rate is 140bpm. What will you do now?"</i> | | | | | |
| Monitors with Mother | | | | | |
| 23. Stops ventilation | | | | | |
| 24. Returns the baby to skin to skin | | | | | |
| 25. Asks mother to continue feeling baby's breathing and assessing colour | | | | | |
| 26. Communicates with mother and reassures | | | | | |
| Totals: | X0 | X1 | | | |

| | | | |
|--------------------|--|-------------|------|
| | | Total: | /26* |
| | | Percentage: | |
| Assessed By: Print | | Sign: | |

*** Must achieve 80%**

Use the questions below to help the participant reflect on his or her own performance and then provide feedback.

1. What happened at the birth?
2. Did you follow the Action Plan?
3. What went well and what could have gone better?
4. What did you learn?
5. What will you do differently next time?