# Section 2

**Supervision of the Reproductive, Maternal, Newborn, Child,**

**Adolescent and Youth Health [RMNCAYH] Services in a Hospital**

# Part – 1

Date and Time of Inspection: ………………………………………………………………………

 Name of the institution: …………………………………………………………………………….

 Type of hospital ………………………………………………………………………………………

 Inspection team:……………………………………………………………………………………... ………………………………………………………………………………………………………… …………………………………………………………………………………………………………

Catchment population/MOH areas: ………………………………………………………………

Last Supervision done by: ………………………………………………………………………….

Date: …………………………………………………………………………………………………

Recommendations made: 1. 2. 3. ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… …………………………………………………………………………………………………

Were they corrected? Yes / No If not, give reasons ……….…………………………………………………

Recommendations made:

1. …………………………………………………………………………………………………

 …………………………………………………………………………………………………

1. …………………………………………………………………………………………………

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1. …………………………………………………………………………………………………

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Were they corrected? Yes / No

 If not, give reasons ……….……………………………………………………

**Human resources**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Category** | **Cadre** | **Available** | **Available staff at the time of** **inspection** | **Remarks** |
| i | VOG |  |  |  |  |
| ii | Paediatrician / Neonatalogist |  |  |  |  |
| iii | Anaesthetist  |  |  |  |  |
| iv | Consultant clinical nutrition physician |  |  |  |  |
| v | Medical officers – * Senior Registrar
* Registrar
* SHO
* RHO
* HO/MO (Gyn/Obs done
* MO (Gyn /Obs not done
* MO Human Nutrition
* MO Public Health
* MO Health Education
 |  |  |  |  |
| vi | Registered Medical Officers |  |  |  |  |
| vii | Nursing Sister |  |  |  |  |
| viii | Nursing Officers – - Midwifery trained- Ordinary |  |  |  |  |
| ix | Midwives |  |  |  |  |
| x | Laborer |  |  |  |  |
| xi | Other staff  |  |  |  |  |

**Patient statistics**

|  |  |  |
| --- | --- | --- |
|  | **Previous month** | **Average/month** |
| Total admission to the maternity unit |  |  |
| Total deliveries  |  |  |
| Total live births |  |  |
| Babies < 37 completed weeks |  |  |
| Babies 34-36 completed weeks |  |  |
| Babies 32-33 completed weeks |  |  |
| Babies 28-31 completed weeks |  |  |
| LBW (<2500g) |  |  |
| NVD  |  |  |
| Vacuum/Forceps |  |  |
| LSCS – Elective/Emergency |  |  |
| Still Birth – Fresh/Macerated |  |  |
| Manual removal of placenta |  |  |
| Serious complications need intervention * APH
* PPH
* Rupture of uterus
 |  |  |
| Transfer out – maternal cases |  |  |
| Maternal Deaths |  |  |

**Facilities for patient transfer**

Number of functioning ambulances - ……………………………………………………………..

If not available; reason ………………………………………………………………………………

# Part - 2

**Maternity Wards**

1. Beds:- ANW - ………………………………………………………………………………….... PNW - ……………………………………………………………………………............. Overcrowding - ………………………………………………………………….............. Bed occupancy - …………………………………………………………………............
2. Obstetric BHT (H 1252) is used - Yes / No

 If “No” reasons ……………………………………………………………………………………

1. Distance to the obstetric theatre -………………………………………………………………
2. Distance to the Mother Baby Centre; ………………………………………................................

(v)Distance to the Neonatal unit; ……………………………………………………………............

1. Distance to LMC - ………………………………………………………………………………
2. Building – ventilation, lighting etc.………………………………………………......................

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**Antenatal ward**

|  |  |  |
| --- | --- | --- |
| **Arrangement of the antenatal ward**  | **Satisfactory** | **Not satisfactory** |
| General cleanliness  |  |  |
| Reception /Admission Area |  |  |
| Examination Area  |  |  |
| Dining Area |  |  |
| Changing Area (mothers) |  |  |
| Toilets/Bath Rooms |  |  |
| Staff Rooms |  |  |
| Comment about the arrangement  |  |  |
| Hand washing facilities  |  |  |
| Availability of Hand Rub within easy access  |  |  |
| Breastfeeding Policy clearly displayed in common language/languages  |  |  |
| Contact numbers of area MOOH available  |  |  |
| Availability of Obstetric Guidelines  |  |  |
| Availability of Neonatal Guidelines  |  |  |

|  |  |  |
| --- | --- | --- |
| **Health promotion activities** |  |  |
| Organized and regular education activities – - Breastfeeding * Postpartum danger signs
* Care of the new-born
* Family planning
 |  |  |
| Availability of useful reading material/display IEC material |  |  |
| Counselling for needy mothers  |  |  |
| **Procedures in the antenatal ward** |  |  |
| Availability of obstetric formats |  |  |
| Examination of mothers on admission |  |  |
| Assessment of mothers, including basic investigations  |  |  |
| Completeness of BHT |  |  |
| Readiness for emergency (Ambu bag, Resuscitation tray) |  |  |
| **Knowledge of mothers in the antenatal ward**  |  |  |
| Danger signs |  |  |
| Breastfeeding |  |  |
| New-born Care |  |  |
| Risk conditions |  |  |
| Family Planning  |  |  |

**Postnatal ward**

|  |  |  |
| --- | --- | --- |
| **Arrangement of the postnatal ward**  | **Satisfactory** | **Not satisfactory** |
| General cleanliness  |  |  |
| Reception /Admission Area |  |  |
| Examination Area  |  |  |
| Dining Area |  |  |
| Changing Area (mothers) |  |  |
| Toilets/Bath Rooms |  |  |
| Staff Rooms |  |  |
| Comment about the arrangement  |  |  |
| Hand washing facilities  |  |  |
| Availability of Hand Rub within easy access  |  |  |
| Breastfeeding Policy clearly displayed in common language/languages  |  |  |
| Contact numbers of area MOOH available  |  |  |
| Availability of Obstetric Guidelines  |  |  |
| Availability of Neonatal Guidelines  |  |  |

|  |  |  |
| --- | --- | --- |
| **Procedures in the postnatal ward** | **Satisfactory** | **Not satisfactory** |
| Pain relief to mother |  |  |
| Newborn Examination by MO |  |  |
| Newborn Screening – * Congenital Hypothyroidism
* Congenital Deafness
* Pulse oximetry
* Eye examination for red reflex
 |  |  |
| Rooming in /Bedding in of mother and baby |  |  |
| Delayed bathing (After 24 hours) |  |  |
| Rubella vaccination |  |  |
| BCG |  |  |
| Administration of Rhogam |  |  |
| Issuing of CHDR |  |  |
| Issuing of preterm growth charts as and when indicated  |  |  |
| Completing the relevant sections CHDR in the ward (sections on delivery details, newborn screening, hearing screening) |  |  |
| Facilities provided for mothers to breastfeed |  |  |
| Supporting mothers and babies to breastfeed |  |  |
| Establishing breastfeeding before discharge |  |  |
| Examination of mother before discharge |  |  |
| Adhering to discharge check list in obstetric format (in Mothers record 512 A) |  |  |
| Adhering to discharge check list in neonatal examination format |  |  |
| **Availability of drugs** | **Available** | **Not Available** |
| **Adequate** | **Not Adequate** |
| Antihypertensives – Hydralizine, Nifedipine |  |  |  |
| Magnesium Sulphate |  |  |  |
| Rhogam |  |  |  |
| Prostaglandins |  |  |  |
| Ergometrine |  |  |  |
| Syntocinon |  |  |  |
| IV fluids |  |  |  |
| IV Cannula |  |  |  |

**Customer satisfaction**

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**Staff satisfaction**

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# Part - 3

**Labour Room Supervision**

Name of the consultant/s in-charge:……………………………………………………… No.of Staff - MOs - ………… No.of NOs - …………… No.of Midwives - ………………… No.of Midwifery trained NOs - …………………………………….

Name of the officer available at the time of supervision……………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **i. Basic facilities** | **Yes** | **No** | **Comments** |
| Suitability of building |  |  |  |
| Venilation is satisfactory |  |  |  |
| 24 hour supply of electricity |  |  |  |
| Generator supply in an emergency |  |  |  |
| Communication (telephone/ direct line) |  |  |  |
| Water supply (24 hours) |  |  |  |
| Availability of on call roster with contact numbers |  |  |  |
| 24 hour allocation of HO/MO to the labour room |  |  |  |
| Display the name of mothers inside the labour room |  |  |  |
| Availability of emergency protocols |  |  |  |
| Availability of emergency trolley |  |  |  |
| Adequate measures for the maintenance of privacy and dignity of mothers  |  |  |  |
| Practicing analgesics during labour |  |  |  |

|  |  |  |
| --- | --- | --- |
| **ii. Areas** | **Yes** |  **No Comments** |
| Reception area |  |  |  |
| Trolley-to-trolley transfer area |  |  |  |
| Delivery area |  |  |  |
| Staff changing rooms |  |  |  |
| New-born resuscitation area |  |  |  |
| Duty rooms for staff |  |  |  |
| Nurses duty station |  |  |  |
| utility room |  |  |  |
| Sterilized good store |  |  |  |
| Washing room |  |  |  |
| Cleaners room |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **iii. Furniture/equipment** | **Yes** | **No** | **Comments** |
| Labour room beds |  |  |  |
| Spot lamps |  |  |  |
| Delivery sets |  |  |  |
| Episiotomy sets |  |  |  |
| Suturing set |  |  |  |
| ARM set |  |  |  |
| Vacuum sets/ Forceps |  |  |  |
| Doppler machines |  |  |  |
| CTG machines |  |  |  |
| USS machines |  |  |  |
| Neonatal suckers |  |  |  |
| Resuscitaries |  |  |  |
| Baby warmers |  |  |  |
| Mini autoclaves |  |  |  |
| Weighing scales |  |  |  |
| Infanto-meters |  |  |  |
| Infusion pump |  |  |  |
| Multipara monitor |  |  |  |
| Syringe pump |  |  |  |

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| --- | --- |
| **iv.Emergency items of drug trolley**  |  **Availability (Yes / No) Remarks** |
| **For PPH** – Oxytocin |  |  |
|  IV drips |  |  |
|  Prostaglandins |  |  |
|  Wide bore cannula (14 -16G) |  |  |
|  IV sets |  |  |
|  DT bottles |  |  |
|  Normal Saline |  |  |
|  20g folley catheter |  |  |
|  Condom |  |  |
|  Pressure cuffs |  |  |
| **For collapse patients** – Hetastarch |  |  |
|  IV fluid |  |  |
|  Oxygen |  |  |
|  Ambu bag |  |  |
|  Wide bore cannula |  |  |
| **For PIH** – Nifedepine |  |  |
|  Magnesium sulphate |  |  |
|  Hydralazine |  |  |
|  Analgesics |  |  |
| **Neonatal resuscitation** - Naloxone |  |  |
|  Adrenaline |  |  |
|  Sodium bicarbonate |  |  |
|  Normal Saline |  |  |
|  10% Dextrose  |  |  |

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| --- | --- | --- | --- |
| **v. Linen** | **Availability** | **No. needed** | **Remarks** |
| Gowns |  |  |  |
| Washable aprons |  |  |  |
| Sterile mackintosh (1.5 meters) |  |  |  |
| Sterile vaginal packs |  |  |  |
| Sterile sanitary pads |  |  |  |
| Washable curtains |  |  |  |
| GS towels |  |  |  |
| Bed sheets |  |  |  |
| Dressing/Cotton wool |  |  |  |
| Gloves |  |  |  |

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| --- | --- | --- |
| **vi.Infection control in the labour room** | **Yes** |  **No Remarks** |
| Hand washing facilities (elbow tap and wash basin) |  |  |  |
| Availability of soap and water |  |  |  |
| Autoclaved packeted system (Delivery sets/epis sets/ baby sets) |  |  |  |
| Cleanliness – Entrance – Changing shoes |  |  |  |
|  Hand drying |  |  |  |
| Washing – wall  |  |  |  |
| Cleaning of floor |  |  |  |
|  Cleaning of Furniture |  |  |  |
| Availability of unused furniture |  |  |  |
| Regular monitoring of infection control in the labour room |  |  |  |

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|  |
| **vii. Cleaning procedure** | **Method of cleaning** |  |
| Linen |  |
| Equipment |  |
| Blood stain/blood stained equipment – cleaning procedure |  |
| Delivery set |  |
| Epis set |  |
| Suturing sets |  |
| Vaginal Examination sets |  |
| Gloves |  |

|  |  |  |
| --- | --- | --- |
| **viii. Waste Disposal** | **Available** | **Not available** |
| Colour code system |  |  |
| Placental disposal system |  |  |
| Sharp disposal system |  |  |
|  | **Satisfactory** | **Not satisfactory** |
| Use of safety measures by the staff |  |  |
| Removal of bodies of stillborn babies |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ix. Procedures in Labour Room** | **Satisfactory**  | **Unsatisfactory** | **Remarks** |
| Takeover of mothers to labour room from antenatal ward |  |  |  |
| Changing clothes when entering the LR |  |  |  |
| Maintaining of partogram (Standard format) |  |  |  |
| Display Emergency protocols  |  |  |  |
| Active management of 3rd stage |  |  |  |
| Inspection of placenta – by whom? |  |  |  |
| Suturing of an episiotomy – time, by whom |  |  |  |
| PP monitoring of mothers  |  |  |  |
| Respecting mothers inside the LR |  |  |  |
| Handing over mothers to Post Natal Ward – Procedure  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **x. Care of the baby - neonatal care** | **Satisfactory** | **Not Satisfactory** |
| Deliver baby onto the abdomen/sterile towel |  |  |
| Drying/cleaning the baby |  |  |
| Sets for cleaning of baby |  |  |
| Keeping the baby warm (cover with a dry towel, head cap, booties) |  |  |
| Temperature of the labour room |  |  |
| Changing gloves before cutting the cord |  |  |
| Delayed cord clamping |  |  |
| Skin to skin care  |  |  |
| Initiation of breastfeeding within one hour |  |  |
| Keeping mother and baby together at least for one hour |  |  |
| Resuscitation if needed |  |  |
| Birth weight measurement (delaying measurements) |  |  |
| Birth length measurement |  |  |
| Neonatal examination (weight, length, anus, gross malformation) |  |  |
| Measures taken to control infection of the baby |  |  |
| Issuing neonatal examination format |  |  |
| Availability of services of PHM when necessary  |  |  |

|  |  |  |
| --- | --- | --- |
| **xi. Equipment** | **Availability** | **Condition** |
| **Yes** | **No** |
| Weighing scale (Beam/Digital) |  |  |  |
| Other weighing scale |  |  |  |
| Length board |  |  |  |
| Neonatal suckers |  |  |  |
| Infant Magill’s laryngoscope (straight blade) |  |  |  |
| Neonatal resuscitate |  |  |  |
| Neonatal cots |  |  |  |
| Low tech incubator |  |  |  |
| Neonatal ambu bag |  |  |  |
| Rectal thermometer |  |  |  |

|  |  |  |
| --- | --- | --- |
| **xii. Training needs** | **Number trained** | **Number need to train** |
| **MO** | **NO** | **PHM** | **MO** | **NO** | **PHM** |
| Infection Control |  |  |  |  |  |  |
| Provision of EmOC |  |  |  |  |  |  |
| Neonatal Advanced Life Support |  |  |  |  |  |  |
| Essential Newborn Care |  |  |  |  |  |  |
| Lactation Management |  |  |  |  |  |  |
| Baby Friendly Hospital Initiative |  |  |  |  |  |  |
| **xiii. Surgical consumable** | **Availability** | **Condition** |
| **Yes** | **No** |
| Cord clamps |  |  |  |
| Naso gastric tubes |  |  |  |
| Endotracheal tubes |  |  |  |
| Flexible Stiletto (for stiffening endotracheal tube) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **xiv. Record Keeping** | **Satisfactory** | **Not Satisfactory** | **Comments** |
| Antenatal Card: Available /Not available |  |  |  |
| BHT entries |  |  |  |
|  Birth information |  |  |  |
|  Postpartum monitoring |  |  |  |
| Birth Register |  |  |  |
| Neonatal Examination Format |  |  |  |
| Maternal Statistics (H 830) |  |  |  |

# Part - 4

**Inspection of the Neonatal Unit**

Date and Time of Inspection; ………………………………………………………………………

Name of the institution; …………………………………………………………………………….

Level of the unit; Level III+ /Level III / Level II / Level I

Inspection team;

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Last Supervision done by; ……………………………… Date; …………………………

Recommendations made;

1. …………………………………………………………………………………………………
2. …………………………………………………………………………………………………
3. ……………………………………………………………………………………………..…..

Were they corrected? Yes / No

If not, give reasons

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| --- | --- |
| **i. Human Resources** |  |
| **Category** | **Cadre** | **Available** | **Available staff at the time of** **inspection** | **Remarks** |
| Consultant Neonatologist/Paediatrician |  |  |  |  |
| Medical officers – * SR
* Registrar
* Medical

Officers |  |  |  |  |
| Nursing Sister |  |  |  |  |
| Nursing Officers – - NICU trained - Ordinary |  |  |  |  |
| Labourer |  |  |  |  |
| Other staff  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **ii. Patient statistics** | **Previous month** | **Average/month** |
| Total admission to the neonatal unit |  |  |
| Total deliveries in the hospital |  |  |
| Total admissions from the Labour Room  |  |  |
| Total admissions from the Operation Theatre |  |  |
| Total admissions from the postnatal ward |  |  |
| ***Admissions according to POA in completed weeks*** |  |  |
| Total admissions of neonates > 42 weeks |  |  |
| Total admissions of neonates 37-41 weeks |  |  |
| Total admissions of neonates 34-36 weeks |  |  |
| Total admissions of neonates 31-33 weeks |  |  |
| Total admissions of neonates 28-30 weeks |  |  |
| Total admissions of neonates < 28 weeks |  |  |
| Total transfers in  |  |  |
| Total transfers out |  |  |
| Neonatal deaths 1 -7 days |  |  |
| Neonatal deaths 8 – 28 days |  |  |

Building - ……………………………………………………………………………………………

Ventilation – …………………………………………………………………………………………

Lighting - ……………………………………………………………………………………………

Distance from the Labour Room – ………………………….……………………………………..

Distance from the obstetric theatre - ………………………………………………………………

Distance from the Mother baby unit - ……………………………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| **iii. Facilities & Services**  | **Yes** | **No** | **Remarks** |
| 24 hr supply of electricity |  |  |  |
| Generator supply in an emergency |  |  |  |
| Communication (telephone/direct line) |  |  |  |
| Computer  |  |  |  |
| Internet facility (wifi/dongle) |  |  |  |
| Water supply (24 hrs) |  |  |  |
| Availability of on call roster with contact number |  |  |  |
| 24 hr allocation of MO to the neonatal unit |  |  |  |
| Availability of emergency protocols |  |  |  |
| Availability of neonatal guidelines |  |  |  |
| Availability of NICU/SCBU/MBC guideline (FHB, 2012) |  |  |  |
| Availability of emergency trolley |  |  |  |
| Provision for the mothers to visit babies in the neonatal unit |  |  |  |
| Provision for the fathers to visit babies in the neonatal unit |  |  |  |
| Restroom for the mother near the neonatal unit  |  |  |  |
| Practice of Kangaroo Mother Care |  |  |  |
| ROP screening in the neonatal unit |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **iv. Areas suggested in the NICU/SCBU** | **Yes** | **No** | **Remarks** |
| Stabilization room |  |  |  |
| High Dependency Area |  |  |  |
| Low Dependency Area |  |  |  |
| Isolation Area |  |  |  |
| Mother Baby Unit |  |  |  |
| Procedure Room |  |  |  |
| Sterilization area |  |  |  |
| Sterilized goods store  |  |  |  |
| Duty station  |  |  |  |
| Drugs store room |  |  |  |
| Incubator washing and drying area |  |  |  |
| Cleaner’s area |  |  |  |
| Dirty utility area |  |  |  |
| Gas room and unloading bay |  |  |  |

|  |  |
| --- | --- |
|  |  |
| **v. Furniture/Equipment** | **Availability** **(Yes / No)** | **No. need** | **Remarks** |
| Multipara monitors  |  |  |  |
|  | Incubators  |  |  |  |
| Ventilators  |  |  |  |
| CPAP machines  |  |  |  |
| Transport Incubators  |  |  |  |
| Pulse oximeters with neonatal probes |  |  |  |
| Open resuscitation table with an overhead warmer |  |  |  |
| Neonatal resuscitation trolley |  |  |  |
| Syringe pumps |  |  |  |
| Infusion pumps |  |  |  |
| Nebulizer |  |  |  |
| Electronic weighing scale (digital) |  |  |  |
| Portable suckers |  |  |  |
| Cold light for IV cannulation |  |  |  |
| Spot lamp |  |  |  |
| Computer |  |  |  |
| UPS |  |  |  |
| Central suction |  |  |  |
| Umbilical probes |  |  |  |
| Phototherapy units |  |  |  |
| Perspex shields |  |  |  |
| Neonatal stethoscopes |  |  |  |
| Steel drums |  |  |  |
| X ray illuminator |  |  |  |
| Digital thermometers |  |  |  |
| Head boxes |  |  |  |
| Portable USS |  |  |  |

|  |  |  |
| --- | --- | --- |
| **vi. Neonatal resuscitation trolley** | **Availability** **(Yes / No)** | **Remarks** |
| Overhead radiant warmer with a stop clock |  |  |
| Low-pressure sucker |  |  |
| Oxygen cylinder with functioning flow meter |  |  |
| Neonatal - ambu bag (250 ml)* Term face mask
* Pre term face mask
 |  |  |
| Laryngoscope  |  |  |
| ET tubes |  |  |
| ET tube with introducer |  |  |
| Emergency tray; syringes 2ml Syringes 5 ml Syringes 10 ml  Cannula 23G/Cannula 25G Umbilical catheterization pack |  |  |
| Emergency tray drugs; Adrenaline Nalaxone 0.9% saline 8.4% NaHCO3 10% Dextrose  Distilled water  |  |  |
| Blood sample bottles, culture bottles |  |  |

# Part 05

**Baby Friendly Initiative Practices**

|  |  |  |
| --- | --- | --- |
| **Infection control in the neonatal unit** | **Yes** | **No** |
| 24 hour water supply |  |  |
| Hand washing facilities (elbow tap and wash basin) at the entrance |  |  |
| Availability of soap and water |  |  |
| Change of clothes |  |  |
| Change of shoes |  |  |
| Availability of sinks in all sub-sections of the unit |  |  |
| Pictorial hand washing poster |  |  |

Total number of babies in the unit on the day of supervision: …………………………………………

No. of babies on exclusive breastfeeding: ………………………………………………………………..

No. of babies on mixed feeding: ………………………………………………………………………… No. of babies on formula feeds: ………………………………………………………………………….

No. of formula packs were used in the previous month in the unit; ……………………………………

|  |  |  |
| --- | --- | --- |
| **Use of formats and registers** | **Yes** | **No** |
| NICU/SCBU register is used |  |  |
| NICU/SCBU history record sheet is used |  |  |
| NICU/SCBU history record sheet complete  |  |  |
| Neonatal Examination Format complete |  |  |
| Neonatal Transfer forms available |  |  |