Obstetric and Neonatal Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection:_____/_____/_____

Ref.	Description	Yes	No	N/A	Remarks
	STANDARD ONE: HEALTH FACILITY DESIGN REQUIREMENTS				
1	OBSTETRIC UNIT DESIGN				
1.8.	The LDR or LDRP room should be equipped with the following:				
1.8.1.	Delivery bed				
1.8.2.	Birthing light				
1.8.3.	Medical gas and vacuum system accessible to the mother's delivery area and infant resuscitation				
1.8.4.	Nurse call system				
1.8.5.	Emergency call system				
1.8.6.	Telephone or communication system				
1.8.7.	Sixteen (16) Electric receptacles (8 convenient to head of bed with one on each wall and four (4) convenient to each bassinet with one on each wall).				
1.8.8.	Hand Hygiene				
1.14.	Newborn nursery room (if provided) should contain no more than sixteen (16) infant stations.				
2	**NEONATAL UNIT DESIGN**				
2.2.	All entries to the NICU shall be controlled. The family entrance and reception area shall be clearly identified.				
2.3.	The reception area shall permit visual observation and contact with all traffic entering the unit.				
2.6.	Adequate ventilation and air exchange, with at least six (6) air changes per hour as per American Society of				

	Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) requirement, shall be maintained in NICU. NICU should be kept at positive pressure relative to the adjacent areas. The area temperature should be maintained at 21°C - 24°C and relative humidity 30 % to 60% and should be adjustable. High efficiency filters should be installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served.				
2.9.	Support areas for the neonatal unit				
2.9.9.	Infant feeding preparation facilities				
a.	Location: space for preparation and storage of formula and additives to human milk and formula shall be provided in the unit or other location away from the bedside.				
c.	Storage for human milk shall be provided in a designated space in the infant feeding preparation room or in designated spaces on the nursing unit.				
d.	Human milk storage container shall be labelled with at least two identifiers (e.g. baby's name and date of birth) and date/time of expression.				
e.	Surfaces in infant feeding preparation areas shall be non-absorbent, smooth and easily cleaned.				
f.	Wall construction, finish, and trim, including joints between the walls and the floors, shall be free of insect and rodent harbouring spaces.				
g.	Walls shall be non-absorbent, smooth, easily cleaned and light in colour.				
2.9.10.	Lactation support space: the space shall be provided for lactation support and consultation immediately accessible to the NICU.				

b.	Lactation support space shall have comfortable chairs for providing Kangaroo mother care.				
c.	Provisions shall be made for the following immediately accessible to the NICU:				
i.	Refrigeration and freezing				
ii.	Storage for pumps and attachments and educational materials				
	STANDARD TWO: OBSTETRIC SERVICE REQUIREMENTS				
3	ANTENATAL CARE				
3.12.	Antenatal care can be provided under supervision of the following healthcare professionals:				
3.12.1.	DHA licensed Consultant/Specialist Obstetrics and Gynecology.				
3.12.2.	DHA licensed Consultant/Specialist Family Medicine.				
3.12.3.	A DHA licensed registered midwife (RM) or assistant nurse (AN) or registered nurse (RN) or assistant midwife (AM), at a ratio of 1:1 (one nurse for each physician)				
3.13.	To provide antenatal care the facility should have the following equipment:				
3.13.1.	Vital signs Monitor				
3.13.2.	Feotoscope				
3.13.3.	Electrocardiogram (ECG)				
3.13.4.	Cardiotocography (CTG) monitor				
3.13.5.	Ultrasonography				
3.13.6.	Access to laboratory testing.				
3.13.7.	Emergency crash cart with proper supplies and medication.				
4	**OBSTETRIC LEVELS OF CARE**				
4.1.	Level I - Basic care				
4.1.1.	Provide a basic level of care to uncomplicated				

	pregnancies for pregnant women at thirty five (35) weeks of gestation and above.				
4.1.4.	Provide ultrasonography imaging services for maternal and fetal assessment with minimal of the following probes (convex, 4D convex, endo-cavity), and cardiotocography (CTG)				
4.1.5.	Provide clinical laboratory services for on 24/7 basis.				
4.1.7.	Establish formal transfer plans in partnership with a higher-level receiving health facility.				
4.1.10.	The following equipment shall be available in each labor room:				
a.	A labor bed.				
b.	Vital signs monitor and stethoscope				
c.	CTG monitor.				
d.	Access to portable ultrasonography.				
e.	Intravenous solutions and infusion pumps.				
f.	Equipment for inhalation and regional anesthesia.				
g.	Emergency/crash cart with proper supplies and medication.				
h.	Instruments and equipment for normal or operative delivery (including vacuum and forceps).				
i.	Medications for the mother and infant (appendix 5).				
4.1.12.	Health facilities providing Level I obstetric care shall maintain the below healthcare professionals to provide the intrapartum care on 24/7 basis:				
a.	Physicians:				
i.	DHA licensed Consultant/Specialist Obstetrician and Gynecologists OR				
ii	DHA licensed GP who obtained a specialty degree and experience in Obstetrics and Gynecology but did not meet the required clinical experience as per the				

	Professionals Qualification Requirements (PQR) to obtain a full specialist title, ratio should not exceed 2:1 (two GP to one consultant/specialist Obstetrics and Gynecology) OR				
iii.	DHA licensed Consultant/Specialist Pediatrician or Neonatologist.				
iv.	DHA licensed Consultant/Specialist Anesthetist to provide labor analgesia and surgical anesthesia (when required).				
b.	Nurses:				
	DHA licensed RM/RN with experience in obstetric care and holding an active				
	Basic Life Support (BLS) and Neonatal Resuscitation Program (NRP), the following nurse/patient ratios are recommended				
i.	Antenatal/postnatal ward at a ratio of 1:4				
ii.	Induction of labor at a ratio of 1:2.				
iii.	Patients in first stage of labor at a ratio of 1:2.				
iv.	Patients in second stage of labor at a ratio of 1:1.				
c.	In-charge nurse:				
	It is recommended to assign an In-charge nurse to supervise the obstetric care who should be trained, qualified, and competent to stabilize and transfer high-risk women and newborns.				
i.	At the time of twins' delivery, two Pediatrician s or Neonatologists and two NRP, trained nurses shall be available immediately.				
iii.	DHA licensed Clinical Dietitian with knowledge of maternal and newborn nutrition and parenteral/enteral nutrition management of at-risk newborns.				
4.1.13.	Health facilities providing Level I obstetric care shall provide a Level I. neonatal care services to newborn				

	infants.				
4.2.	Level II - Specialty Care				
	Level II obstetric care can provide care to high-risk pregnancies and for pregnant women at thirty two (32) gestational weeks and above, unless an emergency medical condition exists. Health facilities providing Level II obstetric care shall maintain the capabilities of Level I in addition to the below:				
4.2.1.	Capability to perform Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI).				
4.2.3.	Health facilities providing Level II obstetric care shall maintain the below healthcare professionals:				
a.	Physicians:				
i.	DHA licensed Consultant/Specialist Obstetrician and Gynecologists, Consultant/Specialist Pediatrician or Neonatologist and Anesthesiologist shall be available on 24/7 basis.				
ii.	Prompt and readily available DHA licensed Medical and Surgical Specialties and Maternal and Fetal Medicine Subspecialists either by onsite consultation or by telemedicine, if needed.				
b.	Nurses:				
	Staffing of nurses shall be similar to Level I in addition to:				
i.	Maintaining at least two RN/RM for labor and delivery.				
ii.	Postpartum ward, high dependency unit (HDU) at a ratio of 1:1.				
c.	DHA licensed Physiotherapist.				
4.2.4.	Health facilities providing Level II obstetric care shall maintain level II neonatal care units.				
4.3.	Level III - Subspecialty Care				

	Level III obstetric care can provide care to more complex obstetric and fetal cases as well as pregnant women at less than thirty two (32) gestational weeks. Health facilities providing Level III obstetric care shall maintain the same capabilities of Level II in addition to the below:				
4.3.1.	Provide advanced ultrasonography imaging services for maternal and fetal assessment with minimal of the following probes (convex, 4D convex, endo- cavity, linear, small part linear), including Doppler studies on 24/7 basis.				
4.3.4.	Health facilities providing Level III obstetric care shall maintain the below healthcare professionals in addition to those mentioned in level II:				
a.	Physicians:				
i.	Consultant in Critical Care Medicine.				
b.	Nurses: staffing of nurses shall be similar to Level II in addition to:				
ii.	Antenatal/postnatal patients at a ratio of 1:1.				
4.3.5.	Health facilities providing Level III obstetric care shall maintain Level III and/or Level IV neonatal care units.				
	STANDARD THREE: NEONATAL SERVICE REQUIREMENTS				
5	NEONATAL LEVELS OF CARE				
5.1.	Level I - Basic care				
5.1.4.	Stabilize newborn infants who are ill, and those born less than 35 gestational age until they transferred to a higher level of neonatal care.				
5.1.6.	Provide clinical laboratory services, x-ray and ultrasonography on 24/7 basis.				
5.1.7.	All healthcare professionals (medical and nursing) working at the neonatology department shall be trained and certified by Neonatal Resuscitation Program (NRP).				
5.1.8.	The units shall maintain the following healthcare				

	professionals:				
a.	NICU in charge physician:				
i.	DHA licensed Consultant/Specialist Neonatologist. **OR**				
ii.	DHA licensed Consultant Pediatrician with last 3 years' experience in Neonatology from appropriate hospital setting providing a similar or higher level of neonatal care. **OR**				
iii.	DHA licensed Specialist Pediatrician with last 5 years' experience in Neonatology from appropriate hospital setting providing a similar or higher level of neonatal care.				
	Note: DHA licensed Consultant/Specialist Pediatrician shall pass DHA assessment to add the neonatology scope within his/her privilege.				
b.	Physician coverage in Neonatal Unit available in the hospital on 24/7 basis:				
i.	Licensed Specialist Pediatrician with last 2 years' experience in neonatology **OR**				
ii.	Licensed GP with master degree in pediatric with approved specialty degree equivalent to Tier 3 or more as per the PQR with last 2 years' experience in pediatric and neonatology.				
c.	Nurses:				
i.	DHA licensed registered nurse (RN) with not less than 2 years of recent experience in neonatology care in appropriate hospital setting. **OR**				
ii.	A DHA licensed neonatal nurse.				
iii.	At this level, one nurse should be responsible for the care of a maximum of four babies (ratio 1:4) receiving special or normal care.				
5.2.	Level II - Specialty Care				

	Level II neonatal care services shall have the same capabilities of level I in addition to the below capabilities:				
5.2.1.	Provide care for stable or moderately ill newborn infants who are:				
a.	Born at more than 32 weeks of gestational age.				
b.	Weighs more than or equal to 1500 g at birth with problems that are expected to resolve rapidly.				
5.2.7.	Hospitals providing level II services shall maintain the below healthcare professionals:				
a.	NICU in charge physician:				
i.	DHA licensed Consultant/Specialist Neonatologist. **OR**				
ii.	DHA licensed Consultant Pediatrician with last 7 years' experience in neonatology from appropriate hospital setting providing a similar or higher level of neonatal care, AND shall pass DHA's assessment to add the neonatology scope within his/her privilege.				
b.	Physician coverage in Neonatal Unit available in the hospital on 24/7 basis: (similar to Level I)				
c.	Nurses:				
i.	In this level, one nurse should not be responsible for the care of more than two babies (ratio 1:2).				
d.	Other healthcare professionals as Respiratory Therapists (optional) and DHA licensed Clinical Dietitian with knowledge of newborn nutrition.				
5.2.8.	Hospitals providing level II shall maintain the below requirements, in addition to level I:				
a.	Access to radiology services (CT and MRI) on 24/7 basis.				
i.	Neonatal intensive care incubators				
ii.	Neonatal ventilator				
iii.	Syringe/infusion pumps (0.1 ml/hour)				

iv.	Neonatal resuscitator along with emergency/crash cart including proper supplies and medication.				
v.	Blood gas analyzer				
vi.	Phototherapy units				
vii.	Portable x-rays				
viii.	Portable ultrasound scanning				
ix.	Breast pump machine				
x.	Oxygen analyser/pulse oximeter				
xi.	Umbilical arterial and venous catheter				
xii.	Neonatal monitors to measure heart rate, respiratory rate, blood pressure, transcutaneous or intra-arterial oxygen tension, oxygen saturation and ambient oxygen				
xiii.	Medications for infant				
xiv.	Portable incubator with ventilator.				
5.3.	Level III – Sub specialty intensive care (NICUs)				
	Level III neonatal care services shall have the same capabilities of level II in addition to the below capabilities:				
5.3.1.	Provide care for the infants who are born at less than 32 gestational age, weigh less than 1500gm at birth, or have medical or surgical conditions, regardless of gestational age.				
5.3.2.	Provide a full range of respiratory support (ongoing assisted ventilation for 24 hours or more) that may include conventional and/or high frequency ventilation and inhaled nitric oxide.				
5.3.3.	Provide a full range of physiologic monitoring equipment, laboratory and imaging facilities, nutrition and pharmacy support with paediatric expertise.				
5.3.4.	Provide hypothermia system (total body cooling) and capability to perform cerebral function monitoring.				

5.3.5.	Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, MRI, and ECG.				
5.3.8.	Hospitals providing level III services shall maintain the following healthcare professionals:				
a.	Physicians				
i.	DHA licensed Consultant Neonatologist (NICU in charge and head of the unit|)				
ii.	DHA licensed Specialist Neonatologist with last 5 years' experience in neonatology.				
iii.	One physician available in the Neonatal Unit on 24/7 basis:				
*	DHA licensed Specialist Pediatrician with last 3 years' experience in neonatology **OR**				
*	Licensed GP with degree in pediatric and last 2 years' experience in neonatology.				
b.	Nurses:				
i.	Appropriately trained and qualified nurses who should have responsibility for the care of one baby (ratio 1:1).				
5.4.	Level IV services				
5.4.2.	Maintain an access to full range of pediatric Medical Subspecialists, Pediatric Surgical Subspecialists, and Anesthesiologists with experience in pediatrics/neonates on 24/7 basis.				
10	**BLOOD MANAGEMENT**				
10.2.	Health facilities providing intrapartum care shall have group O negative red cells available on site for emergency use (at least 2 units), informed consent for the transfusion shall be obtained prior to administering any blood components / products, for further details, refer to the United Arab Emirates (UAE) Cabinet Resolution No. 28 concerning Blood Transfusion				

	Regulation.				
10.3.	Health facilities shall provide the appropriate equipment and supplies necessary for blood management.				
14	**SECURITY**				
14.1.	Neonatal identification				
14.1.1.	All health facilities shall use three identifiers for babies, not including the use of the patient's room number or location.				
14.1.2.	The identification bands shall be:				
a.	Accurate and in consistent placement to reduce errors associated with patient identification.				
b.	Small enough to be comfortable and secure for newborns babies.				
14.1.3.	The following patient identifier should be recorded on the identification band/ card:				
a.	Name: should be identified by the mother name (e.g. baby of Sara)				
i.	In case of twins or multiple babies, an identifier should be, e.g. Baby A of Sara, Baby B of Sara, etc.				
b.	File number for mother and baby.				
c.	Gender.				
d.	Date and Time of birth.				
e.	Birth weight.				
f.	Head circumference.				
g.	Length.				
14.3.	To minimize the risk of infant abduction all areas including newborn nurseries, intrapartum and postnatal should be controlled and part of hospital safety program.				
15	**TRANSFER**				
15.2.4.	Minimum equipment required to transfer, but not limited to the following:				

a.	Portable suction				
b.	Portable ECG				
c.	Oxygen and breathing equipment				