### WHO Safe Childbirth Checklist

**BEFORE BIRTH**

#### On Admission

<table>
<thead>
<tr>
<th>Question</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does mother need referral?</strong></td>
<td>Check your facility’s criteria</td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes, organized</td>
<td></td>
</tr>
<tr>
<td><strong>Partograph started?</strong></td>
<td>Start plotting when cervix ≥4 cm, then cervix should dilate ≥1 cm/hr</td>
</tr>
<tr>
<td>☐ No, will start when ≥4cm</td>
<td>• Every 30 min: plot HR, contractions, fetal HR</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>• Every 2 hrs: plot temperature</td>
</tr>
<tr>
<td></td>
<td>• Every 4 hrs: plot BP</td>
</tr>
<tr>
<td><strong>Does mother need to start:</strong></td>
<td>Ask for allergies before administration of any medication</td>
</tr>
<tr>
<td><strong>Antibiotics?</strong></td>
<td>Give antibiotics to mother if any of:</td>
</tr>
<tr>
<td>☐ No</td>
<td>• Mother’s temperature ≥38°C</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>• History of foul-smelling vaginal discharge</td>
</tr>
<tr>
<td></td>
<td>• Rupture of membranes &gt;18 hrs</td>
</tr>
<tr>
<td><strong>Magnesium sulfate and antihypertensive treatment?</strong></td>
<td>Give magnesium sulfate to mother if any of:</td>
</tr>
<tr>
<td>☐ No</td>
<td>• Diastolic BP ≥110 mmHg and 3+ proteinuria</td>
</tr>
<tr>
<td>☐ Yes, magnesium sulfate given</td>
<td>• Diastolic BP ≥90 mmHg, 2+ proteinuria,</td>
</tr>
<tr>
<td>☐ Yes, antihypertensive medication given</td>
<td>• and any: severe headache, visual disturbance, epigastric pain</td>
</tr>
<tr>
<td></td>
<td>Give antihypertensive medication to mother if systolic BP &gt;160 mmHg</td>
</tr>
<tr>
<td></td>
<td>• Goal: keep BP &lt;150/100 mmHg</td>
</tr>
<tr>
<td><strong>Confirm supplies are available to clean hands and wear gloves for each vaginal exam.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Encourage birth companion to be present at birth.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Confirm that mother or companion will call for help during labour if needed.</strong></td>
<td>Call for help if any of:</td>
</tr>
<tr>
<td></td>
<td>• Bleeding</td>
</tr>
<tr>
<td></td>
<td>• Severe abdominal pain</td>
</tr>
<tr>
<td></td>
<td>• Severe headache or visual disturbance</td>
</tr>
<tr>
<td></td>
<td>• Unable to urinate</td>
</tr>
<tr>
<td></td>
<td>• Urge to push</td>
</tr>
</tbody>
</table>

This checklist is not intended to be comprehensive and should not replace the case notes or partograph. Additions and modifications to fit local practice are encouraged. For more information on recommended use of the checklist, please refer to the “WHO Safe Childbirth Checklist Implementation Guide” at: www.who.int/patientsafety.

© WHO 2015

WHO/HIS/SDS/2015.26

WHO Safe Childbirth Checklist

Completed by ____________________________
Just Before Pushing (Or Before Caesarean)

**Does mother need to start:**

Antibiotics?
- No
- Yes, given

Magnesium sulfate and antihypertensive treatment?
- No
- Yes, magnesium sulfate given
- Yes, antihypertensive medication given

**Ask for allergies before administration of any medication**

Give antibiotics to mother if any of:
- Mother’s temperature ≥38 °C
- History of foul-smelling vaginal discharge
- Rupture of membranes >18 hrs
- Caesarean section

Give magnesium sulfate to mother if any of:
- Diastolic BP ≥110 mmHg and 3+ proteinuria
- Diastolic BP ≥90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP >160 mmHg
- Goal: keep BP <150/100 mmHg

**Confirm essential supplies are at bedside and prepare for delivery:**

For mother
- Gloves
- Alcohol-based handrub or soap and clean water
- Oxytocin 10 units in syringe

For baby
- Clean towel
- Sterile blade to cut cord
- Suction device
- Bag-and-mask

Prepare to care for mother immediately after birth:
Confirm single baby only (not multiple birth)
1. Give oxytocin within 1 minute after birth
2. Deliver placenta 1-3 minutes after birth
3. Massage uterus after placenta is delivered
4. Confirm uterus is contracted

Prepare to care for baby immediately after birth:
1. Dry baby, keep warm
2. If not breathing, stimulate and clear airway
3. If still not breathing:
   - clamp and cut cord
   - clean airway if necessary
   - ventilate with bag-and-mask
   - shout for help

☐ Assistant identified and ready to help at birth if needed.
Soon After Birth (Within 1 Hour)

Is mother bleeding abnormally?
- No
- Yes, shout for help

If bleeding abnormally:
- Massage uterus
- Consider more uterotonic
- Start IV and keep mother warm
- Treat cause: uterine atony, retained placenta/fragments, vaginal tear, uterine rupture

Does mother need to start:
Antibiotics?
- No
- Yes, given

Ask for allergies before administration of any medication
Give antibiotics to mother if placenta manually removed or if mother's temperature ≥38 °C and any of:
- Chills
- Foul-smelling vaginal discharge

Magnesium sulfate and antihypertensive treatment?
- No
- Yes, magnesium sulfate given
- Yes, antihypertensive medication given

Give magnesium sulfate to mother if any of:
- Diastolic BP ≥110 mmHg and 3+ proteinuria
- Diastolic BP ≥90 mmHg, 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain

Give antihypertensive medication to mother if systolic BP >160 mmHg
- Goal: keep BP <150/100 mmHg

Does baby need:
Referral?
- No
- Yes, given

Check your facility's criteria.

Antibiotics?
- No
- Yes, given

Give baby antibiotics if antibiotics given to mother for treatment of maternal infection during childbirth or if baby has any of:
- Respiratory rate >60/min or <30/min
- Chest in-drawing, grunting, or convulsions
- Poor movement on stimulation
- Baby's temperature <35 °C (and not rising after warming) or baby’s temperature ≥38 °C

Special care and monitoring?
- No
- Yes, organized

Arrange special care/monitoring for baby if any:
- More than 1 month early
- Birth weight <2500 grams
- Needs antibiotics
- Required resuscitation

☑️ Started breastfeeding and skin-to-skin contact (if mother and baby are well).

☑️ Confirm mother / companion will call for help if danger signs present.

Responsibility for the interpretation and use of the material in this checklist lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. For more information visit www.who.int/patientsafety.
## Before Discharge

### Confirm stay at facility for 24 hours after delivery.

- **Does mother need to start antibiotics?**
  - No
  - Yes, given and delay discharge

- **Is mother's blood pressure normal?**
  - No, treat and delay discharge
  - Yes

- **Is mother bleeding abnormally?**
  - No
  - Yes, treat and delay discharge

- **Does baby need to start antibiotics?**
  - No
  - Yes, give antibiotics, delay discharge, give special care

- **Is baby feeding well?**
  - No, establish good breastfeeding practices and delay discharge
  - Yes

- **Discuss and offer family planning options to mother.**

- **Arrange follow-up and confirm mother / companion will seek help if danger signs appear after discharge.**

### Danger Signs

**Mother has any of:**
- Bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Breathing difficulty
- Fever or chills
- Difficulty emptying bladder
- Epigastric pain

**Baby has any of:**
- Fast/difficult breathing
- Fever
- Unusually cold
- Stops feeding well
- Less activity than normal
- Whole body becomes yellow

---

Responsibility for the interpretation and use of the material in this checklist lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. For more information visit www.who.int/patientsafety.

WHO Safe Childbirth Checklist

Completed by ________________________________