

Annex J: *Essential Intrapartum and Newborn Care (EINC) Protocol Checklist*

Revised as of September 2022



Republic of the Philippines
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Registry No. _____

ESSENTIAL INTRAPARTUM NEWBORN CARE (EINC) PROTOCOL CHECKLIST WITH SPECIAL CONSIDERATION FOR PREMATURE *OR* SMALL BABIES

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	
B. MEMBER	<i>(Answer only if the patient is a dependent; otherwise, write, "same as above")</i>	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	

Place a (✓) in the status column if DONE or NA if not applicable.

I. PROCEDURES UPON ARRIVAL TO THE FACILITY AND PRIOR TO DELIVERY	Status
A. Upon arrival at facility	
1. Identified the <i>mother at risk of preterm birth</i> at point of entry	
2. <i>Mother in labor between 24-36 weeks was given antenatal steroids, if not yet previously given</i>	
3. History	
4. Vital signs	
5. Physical exam	
6. Obtained birth plan	
7. Determined companion of choice	

I. PROCEDURES UPON ARRIVAL TO THE FACILITY AND PRIOR TO DELIVERY	Status
B. During labor	
1. Allowed <i>mobility</i> and position of choice, <i>when applicable</i>	
2. Used partograph, <i>as indicated</i> , to monitor labor	
3. Allowed a companion of choice	
4. Allowed the mother to have oral fluids and light snacks, as indicated in Physician's orders.	
5. Ordered IV fluids and NPO, only when indicated	
6. Non-routine practice of perineal shaving or enema	
C. Prior to delivery	
1. Ensured room temperature is 25-28 degrees Celsius. Eliminated air drafts	
2. Arranged all instruments in a linear sequence.	
3. Mother informed by skilled health professional on the care of her baby in the first hours of life	
4. Checked resuscitation area and equipment	
D. Perineal bulging	
1. Performed proper handwashing	
2. Put on two pairs of sterile gloves (if solitary birth attendant)	
3. No routine episiotomy or fundal pressure done.	
II. PROCEDURES FROM DELIVERY TO TIME SIX HOURS POSTPARTUM	
A. Delivery	
1. Supported the perineum of the mother with controlled delivery of the head	
2. Called out time of birth and sex of the baby	
3. <i>Delivered the baby prone on the mother's abdomen or chest</i>	
B. First 30 seconds	
1. Immediately and thoroughly dried the baby and checked breathing	
2. When the newborn premature or small baby is vigorous, placed skin-	

II. PROCEDURES FROM DELIVERY TO TIME SIX HOURS POSTPARTUM	Status
to-skin on the mother's abdomen/chest, head covered with a cap and back covered with blanket(s) and mother's gown. Considered use of plastic wrap for very small newborns.	
3. <i>Newborn attended to by another health care professional with special training on care of high risk neonates</i>	
C. One minute to three minutes	
1. After excluding a 2nd baby, gave the mother oxytocin IM	
2. <i>Removed the soiled pair of gloves, if double gloving was done. Within 1-3 minutes of birth, felt for cord pulsations, clamped, cut cord aseptically, if not earlier done due to neonatal instability</i>	
3. <i>Delivered the placenta by controlled traction of cord of the mother with counter-traction.</i>	
4. Massaged uterus of the mother <i>gently</i>	
5. Examined the birth canal for lacerations, bleeding	
6. Examined the placenta and membranes	
7. Basic newborn resuscitation provided, <i>as needed</i> <ul style="list-style-type: none"> ● Instead of room air resuscitation, for babies < 32 weeks, it is preferable to start with 30% oxygen, where feasible ● Oxygen 0.5-1 lpm given by nasal cannula if needed, while maintaining skin-to-skin contact with mother ● If vigorous and stable, returned the baby to prone position, allowed to stay on mother's chest in skin-to-skin contact and latched on the breast once with feeding cues. 	
8. Advanced newborn resuscitation provided, <i>as needed</i>	
9. Vital signs taken including oxygen saturation by pulse-oximetry, every 5 minutes and recorded	
D. 15 to 90 minutes	
1. Supported first full breastfeed	
2. Monitored as a mother-infant dyad every 15 minutes, <i>or less if indicated</i>	
3. Checked that the mother's uterus is contracted and there is no profuse vaginal bleeding.	
4. <i>Initial dose of surfactant given, as needed</i>	
5. <i>Premature or small baby placed in skin-to-skin contact, with persistent respiratory distress, pallor/ cyanosis, and/ or desaturation despite oxygen inhalation and appropriate resuscitation, transferred to NICU for further care, as needed</i>	

6. <i>Premature or small baby, without respiratory distress, unable to latch on the breast, transferred to NICU for further care, as needed</i>	
7. <i>Transferred the mother and her baby to be roomed-in together in Kangaroo position, if possible</i>	
8. Eye care done	
9. Did thorough physical exam of baby including weight, anthropometric measurements, <i>when appropriate</i>	
10. Injected vitamin K IM	
11. Injected hepatitis B vaccine IM, <i>when appropriate</i>	
12. Injected BCG vaccine ID, <i>when appropriate</i>	
E. More than 6 hours	
1. Breastfeeding support on positioning and attachment provided	
2. Bathing done (optional)	
3. <i>No additional "cord care" with trimming and application of alcohol or povidone iodine</i>	

Certified correct by:		Conform by:	
(Printed name and signature) Attending Physician		(Printed name and signature) Parent/Guardian	
PhilHealth Accreditation No.	<input type="text"/>	Date signed (mm/dd/yyyy)	
Date signed (mm/dd/yyyy)			