Dr L H Hiranandani Hospital

" Your family superspecialty hospital"

A NABH Accredited Hospital

" To be the preferred choice for healing and good health"

CAHO (CQE) SERIES 12 :

Monitoring & DOCUMENTATION (Antenatal, Post- natal & Intrapartum monitoring, Immunisations, Partograph, Discharge Summary

Dr Rakhee R. Sahu M.D,FCPS,DGO, Diploma in Endoscopy(Germany)

Consultant Obstetrician & Gynecologist

Dr.L.H.Hiranandani Hospital, Mumbai

- **Excellence in medical documentation reflects and creates Excellence in medical care**

- *Teichman PG; Tips for medical documentation, 2000 American Academy for Family Physicians*

Medical Documentation

- Medical records provide the best evidence of contemporaneous events. If the medical records show that a particular action/ treatment should have been performed and it was not done, then it helps the plaintiff to prove an act of negligence
- Medical records should have detailed physician's notes, communication and recommendation to patient's & relatives

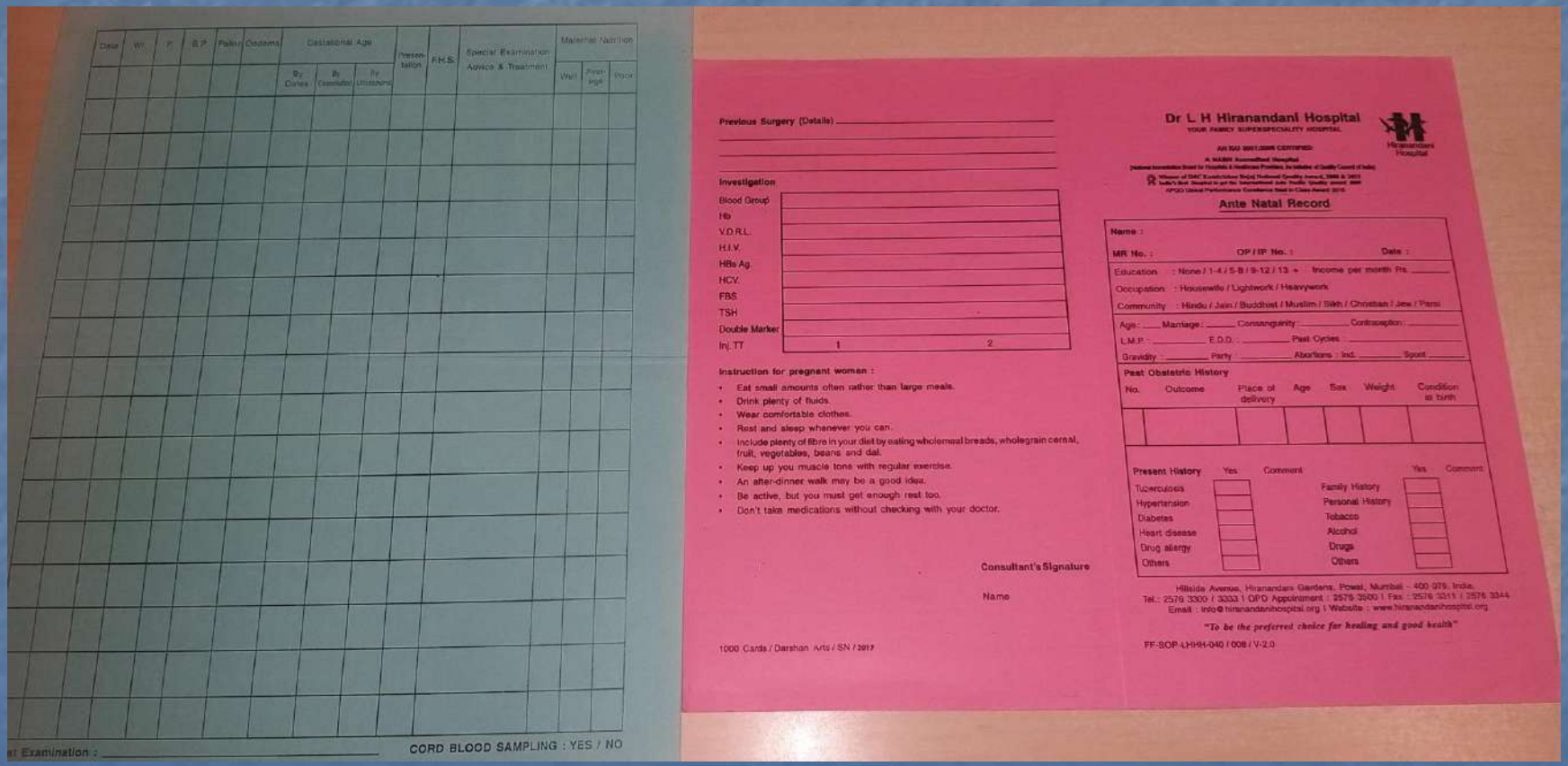
Common obstetric issues for medico-legal litigations

- Complications during normal labour- instrumental delivery- forceps/ vacuum antepartum or post partum haemorrhage
- Delay in performing emergency caesarean section- causing maternal/ fetal complications– fetal hypoxia/ NICU admission, still births

LLH SOP -Antenatal record card
Green colour –low risk pregnant woman
Pink colour- high risk pregnant woman

- Patient's details- Name, age religion, occupation, years of marriage
- GPL status- Gravida Para Living Abortion
- Obstetric history- Full term/ preterm delivery, place of delivery, ANC and PNC details, h/o medical disorders
- any drug & food allergies
- Family H/o- HT , DM, VTE

LLH ANC card



Date | Wt. | P. | B.P. | Pallor | Oedema | Gestational Age (By Dates / By Ceph. / By Uterus/Sym.) | Presentation | F.H.S. | Special Examination Advice & Treatment | Maternal Nutrition (Well / Average / Poor)

Examination : _____ CORD BLOOD SAMPLING : YES / NO

Previous Surgery (Details) _____

Investigation

	1	2
Blood Group		
Hb		
V.D.R.L.		
H.I.V.		
HBs Ag.		
HCV.		
FBS		
TSH		
Double Marker		
Inj. TT		

Instruction for pregnant woman :

- Eat small amounts often rather than large meals.
- Drink plenty of fluids.
- Wear comfortable clothes.
- Rest and sleep whenever you can.
- Include plenty of fibre in your diet by eating wholemeal breads, wholegrain cereal, fruit, vegetables, beans and dal.
- Keep up you muscle tone with regular exercise.
- An after-dinner walk may be a good idea.
- Be active, but you must get enough rest too.
- Don't take medications without checking with your doctor.

Consultant's Signature

Name

1000 Cards / Darshan Arts / SN / 2017

Dr L H Hiranandani Hospital

YOUR FAMILY SUPERSPECIALITY HOSPITAL

AN ISO 9001:2008 CERTIFIED

A NABH Accredited Hospital

Winners of TMC Construction Style National Quality Awards, 2008 & 2013

India's Best Hospital to get the Accredited Joint Quality Award, 2008

APQCI Global Performance Excellence Award in Class Award 2010

Ante Natal Record

Name :

MR No. : OP / IP No. : Date :

Education : None / 1-4 / 5-8 / 9-12 / 13 + Income per month Rs. _____

Occupation : Housewife / Lightwork / Heavywork

Community : Hindu / Jain / Buddhist / Muslim / Sikh / Christian / Jew / Parsi

Age: ____ Marriage: ____ Consanguinity _____ Contraception: _____

L.M.P. _____ E.D.D. _____ Past Cycles _____

Gravidity _____ Parity _____ Abortions : Ind. _____ Spont. _____

Past Obstetric History

No.	Outcome	Place of delivery	Age	Sex	Weight	Condition at birth

Present History	Yes	Comment		Yes	Comment
Tuberculosis			Family History		
Hypertension			Personal History		
Diabetes			Tobacco		
Heart disease			Alcohol		
Drug allergy			Drugs		
Others			Others		

Hillside Avenue, Hiranandani Gardens, Powai, Mumbai - 400 076. India.
Tel.: 2576 3300 / 3333 | OPD Appointment : 2576 3600 | Fax : 2576 3311 / 2576 3344
Email : info@hiranandanihospital.org | Website : www.hiranandanihospital.org

"To be the preferred choice for healing and good health"

FF-SOP-LHHH-040 / 008 / V-2.0

WHO recommendations- ANC visits

- WHO- minimum 4 ANC visits and ideally (2016) 8 visits
- 1st visit as early in pregnancy and then every 3 weeks till 32 weeks followed by visits every 2 weeks till 36 weeks and weekly till delivery

LLH SOP- Antenatal programme

Weeks of gestation	Date of test	Tests
6-8 weeks	weight, pulse , BP, PA- uterus size, fetal heart rate	Blood test- beta HCG + Antenatal profile + 1st Sonography for gestational sac location & fetal heart Folic acid, vitamin B12 & D3 supplements
11- 13 weeks	If required- NIPT / Amniocentesis (age > 35yrs)	2nd Sonography for Nuchal Translucency (NT) + Blood test for Double marker (Screening test for Genetic diseases like Down's Syndrome) + Inj. Vaccination against Influenza/ H1N1 Iron and calcium supplements
18-20 weeks		Anomaly Sonography + Inj Tetanus Toxoid (TT) 1st dose
24-26 weeks		Blood tests- Oral Glucose Tolerance test-OGTT, CBC, TSH, Urine + Inj TT/ Tdap 2nd dose
26- 28 weeks		Routine Sonography for fetal wellbeing
37 - 38 weeks	USG+COLOUR DOPPLER , NST sos	Sonography obstetrics + blood test for CBC, Admission Package +RTPCR –covid (HIV,HbsAG, HCV)

LHH- SOP- 1st trimester ANC screening

Weeks of gestation	Date of test	Tests
6-8 weeks	every visit weight Pulse/ BP PA- uterus size Fetal heart rate	Blood test- beta HCG + Antenatal profile + 1st Sonography for gestational sac location & fetal heart Folic acid, vitamin B12 & D3 supplements
11- 13 weeks	If required- NIPT / Amniocentesis (age > 35yrs)	2nd Sonography for Nuchal Translucency (NT) + Blood test for Double marker (Screening test for Genetic diseases like Down's Syndrome) + Inj. Vaccination against Influenza/ H1N1 Iron and calcium supplements

2nd & 3rd trimester screening

18-20 weeks		**Anomaly Sonography + Inj Tetanus Toxoid (TT) 1st dose**
24-26 weeks	wt/ p/ BP/ PA- FHR	Blood tests- Oral Glucose Tolerance test-OGTT, CBC, TSH, Urine + Inj TT/ Tdap 2nd dose
26- 28 weeks		Routine Sonography for fetal wellbeing
37 - 38 weeks	USG+COLOUR DOPPLER , NST sos	Sonography obstetrics + blood test for CBC, Admission Package +RTPCR –covid (HIV,HbsAG, HCV)

LHH SOP- SAMPLE HIGH PROTEIN DIET FOR PREGNANT WOMEN

TIME	DIET
08:30AM	1 cup milk with sugar + 2 boiled egg whites + 1 bowl of dalia porridge / oats porridge 1 bowl of Wheat flakes / 2 parathas (less oil, wheat bran + besan +methi)/ 2 slices atta bread + 1 besan chila
11:00AM	1 Fruit + 1 glass of buttermilk
01:30 PM	1 Bowl of salad + 4 dry phulkas or 2 phulkas (dry) + 1 katori rice (parmilled) 1 katori of dal / chole / rajmah / chowli + 2 katori of vegs (restrict roots n tubers) + 1 katori soya / homemade paneer / 2 pcs fish / chicken 1 katori curds or 1 glass buttermilk (prepared from cows milk)
04:30 PM	1Cup tea with sugar + 1 katori sprouted moong dal / Handful of roasted chana / 4 pcs of steamed Dhokla/ 1 cheese s/w / 2 pcs grilled fish / tandoori chicken
6.30 PM	1 Bowl of palak soup with lime / 1 Bowl of chicken soup (no cream / no corn flour) / 1 Fruit
9:30 PM	1 Bowl of salad + 3 dry phulkas or 2 phulkas (dry) + ½ katori rice (parmilled) 1 katori of dal / kadhi/ sambhar + 2 katori of vegs (restrict roots n tubers) + 1 katori curds or 1 glass buttermilk (prepared from cows milk)
BED TIME	1 Cup milk + 1 Fruit

Labour & Intrapartum Monitoring

- Patient's are informed about Emergency room -availability 24 x 7.
- Admission criteria for labour room– all pregnant woman in active phase of labour
- 2 -3 contractions/ 20 secs/ 10 mins
- 3 – 4 cm cervical dilatation
- Note presence of amniotic fluid leak/ bleeding per vaginum

SOP LHH- Intrapartum Monitoring- parameters

- Alerts - Labour room staff, paediatrician, NICU, operation theatre, anaesthesiologist (Epidural analgesia)

Labour room protocols

- Informed consent- for Vaginal delivery/ augmentation of labour/ instrumental delivery
- Separate consent for- epidural analgesia, caesarean section
- In labour room patient's vitals are charted in IPD papers- nurses every hour & by doctors every 2 hourly in latent phase

Labour room protocols

- In active phase of labour- Continuous IPM- intrapartum monitoring- Electrocardiotocography of fetal heart rate or every 4 hours 20 mins strip is documented
- Check Delivery trolley
- Check baby's warmer with oxygen
- Neonatal resuscitation tray

Intrapartum Monitoring- parameters

- WHO- Safe Child Birth Checklist
- 1-on admission –partograph, need of antibiotics, birth companion, call for help signs
- 2- just before delivery/ Caesarean section
- 3- soon after birth (within 1 hour)- signs of PPH, gestational hypertension
- 4- before discharge- vitals, r/o infection ,baby ‘s condition

Microsoft Start | 2. Partograph.pdf

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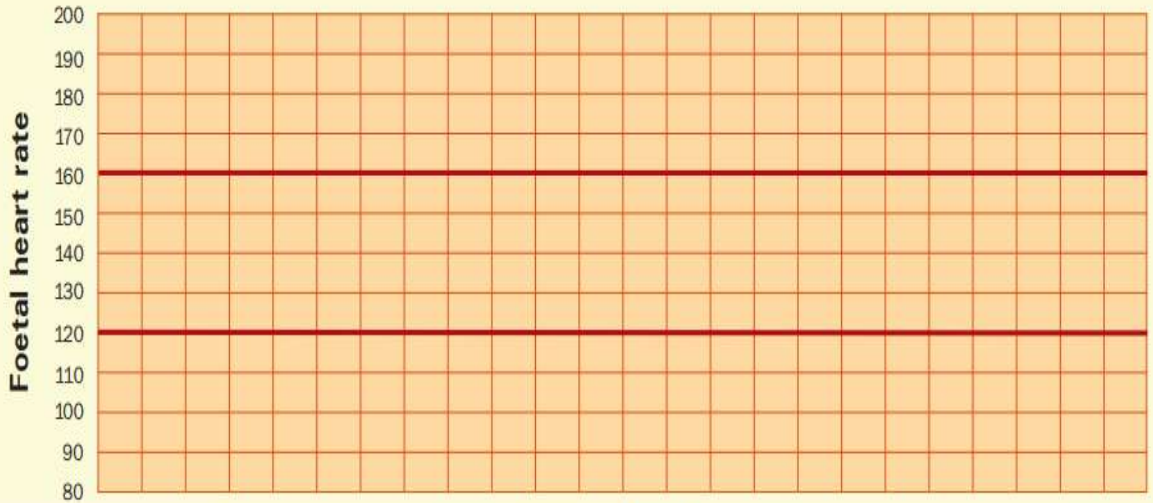
1 of 1 | Page view | Read aloud | Add text | Draw | Highlight | Erase

Maternal Health Division
Ministry of Health and Family Welfare
सत्यमेव जयते Government of India

Partograph

NATIONAL RURAL HEALTH MISSION

Name	Gravida	Para	Hospital number
Date of admission	Time of admission	Ruptured membranes	Hours



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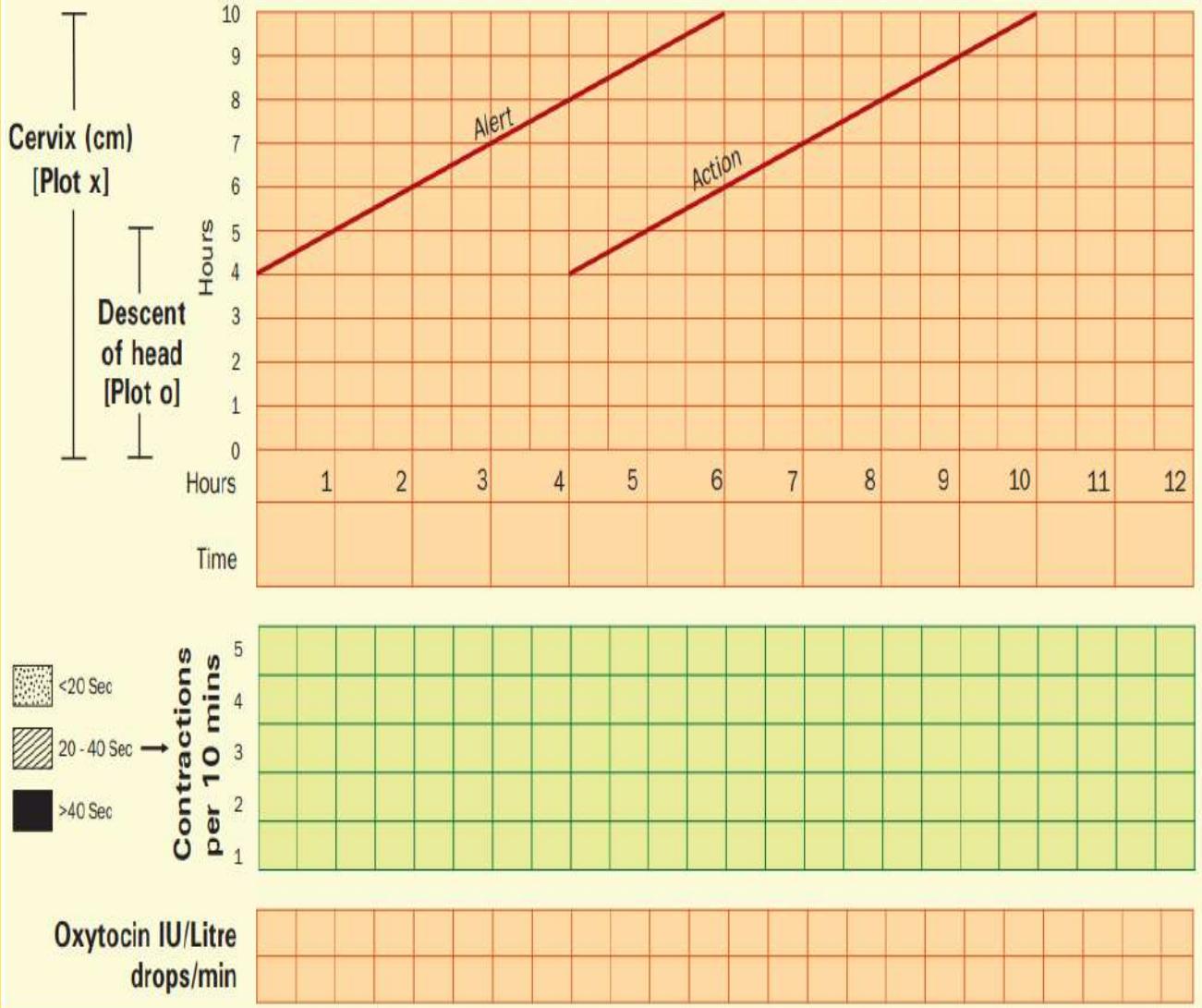

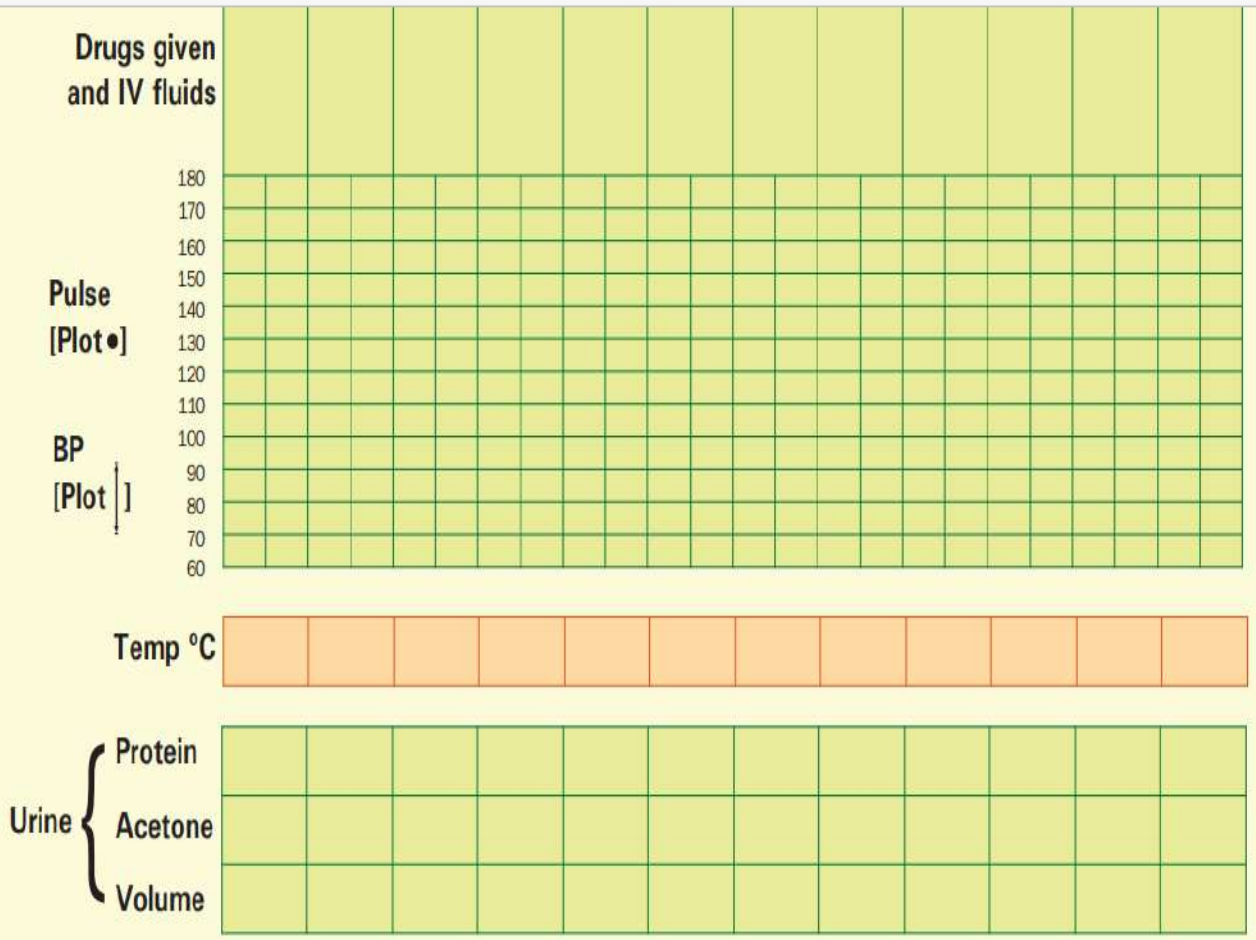

For use in medical colleges, district hospitals and FRUs

Post delivery &Post- natal care

- AMLTS- Active management of 3rd stage of labour- use of uterotonics after delivery of baby, controlled cord traction for removal of placenta & uterine massage(prevention of PPH)
- Watch for signs of eclampsia
- Golden hour- 1 hr post delivery
- Post delivery – 3 days stay
- Episiotomy/ wound care
- Neonatal care & vaccination - Pediatrician

SAMPLE- DISCHARGE SUMMARY For Mother

DISCHARGE SUMMARY

Name of Patient: MRS. S A
IP NO- IP2200645 MR NO – MR 18003994
Age / Sex: 34 years/ Female

Date of Admission: 31/03/2022 **Date of Discharge:03/04/2022**

In charge: Dr. Rakhee Sahu

DIAGNOSIS
G2P1L1 at 38.2 weeks of gestation with pain in abdomen k/c/o hypothyroidism
Final Diagnosis: Full term normal vaginal delivery
ICD Nos: ICD-O81

CASE HISTORY
Primigravida at 38.2 weeks of gestation came with the complaint of pain abdomen
LMP -1/07/2021
EDD 12/04/2022
M/H: 4-5/28-30 days regular, moderate, painless
O/H: G2P1L1
L1 – 2 year / ftnd / 2.5 kg / gestational hypothyroidism

EXAMINATION FINDINGS
Vital parameters stable.
P/A – Uterus full term, cephalic, relaxed
FHS + regular at 144bpm
P/V- os-2 cm , 60% effaced
Station -3 , membrane + ,pelvis @

ALLERGIES
Not known

INVESTIGATIONS
Blood Group : O positive
Covid 19 antigen, HIV, HbsAg, HCV negative on **19/03/2022**
(19/03/2022) CBC- Hb: 11.5 gm %, WBC- 7200 /cumm, Platelet- 1.10 L/cumm

DISCHARGE SUMMARY FOR MOTHER

SURGERY / PROCEDURE PERFORMED

Full term vaginal delivery with left mediolateral episiotomy sutured under LA on 21/02/2022
Outcome: Baby- Alive male baby
Wt. of baby: 2.775 kg
Time of birth10:02 am
Alive male baby delivered by vertex presentation
Baby cried immediately after birth
Inj carbetocin 100 mcg given iv
Placenta retained, manual removal of placenta was done
Episiotomy sutured under LA
Hemostasis confirmed
Delivery uneventful

COURSE IN THE WARD

Uneventful

TREATMENT GIVEN

Inj Oframax forte 1.5gm IV stat
Tab Dompan PO 1-0-1 (before meals) x 3 days
Tab Dolo 650 mg PO 1-1-1 x 2 days
Mupirocin ointment L/A 1-1-1 x 2 days
Jonac suppository 100 mg PR 1-1-1 x 2 days
Cap Lactare oral 2-2-2 x 3 days
Cap Lactare PO 1-1-1 x 2 days
Tab Thyronorm 50 mcg PO 1-0-0 x 2 days

REMARKS ON DISCHARGE

Patient is fit for discharge
.

TREATMENT ADVISE

Tab Thyronorm 50 mcg 1-0-0
Tab Neksium PO 1-0-1 (before meals) x 5-7 days
Tab Dolo 650 mg PO 1-1-1 x 5 days
Mupirocin ointment L/A 1-1-1 x 7 days

DISCHARGE SUMMARY FOR MOTHER

PREVENTIVE ASPECTS OF CARE

1. Keep wound clean.
2. Avoid lifting heavy weights.
3. No oil massage.
4. Plenty of oral fluids.
5. Abstinence x 6 weeks
6. To follow up in OPD after 6 weeks for contraceptive advice

TO OBTAIN URGENT CARE SOS IN CASE OF

Excessive bleeding per vaginum, pain in abdomen or fever

FOLLOW UP ADVICE

Follow up with Dr. Rakhee Sahu after 7 days in OPD with prior appointment

Name of Consultant: Dr. Rakhee Sahu
Consultant Gynecologist and Obstetrician

Signature of Consultant:

Date:03/04/2022

Emergency contact No. 2576 3323, OPD online appointment booking No. 2576 3500
“ For home care services , contact us on below numbers
Nursing - 9819873621/ 9920945097/ 25763323/22
Physiotherapy - 022 – 25763479
Laboratory - 9769023328/25763365/66’’

SAMPLE -DISCHARGE SUMMARY FOR NEONATE

NAME: B/O SHWETA DURVAS MAVALANKAR

SEX: FEMALE MR NO- 22005856 IP NO- 22004133

DATE OF BIRTH: 28/02/2022, 10:57 PM

DATE OF ADMISSION IN NICU: 28/02/2022

DATE OF TRANSFER TO WARD: 02/03/2022

DATE OF DISCHARGE: 03/03/22

Diagnosis: FULLTERM NEWBORN, APPROPRIATE FOR GESTATION, POST RESUSCITATION CARE, NEONATAL HYPERBILIRUBINEMIA(OB setup)& MSL
ICD Nos: Z38.01, P21, P59

	Date	Age	Wt	TL	HC
DOB/DOA	28/02/2022	Full term	2.8 kg	46 cm	32.5 cm
DOT	02/03/2022	Full term	2.82 kg	46 cm	32.5 cm
DOD	03/03/22	Full term	2.765kg	46cm	32.5cm

MATERNAL HISTORY:

31 year old , G4A2E1 , Spontaneous conception. Mother is a c/o Gestational Diabetes mellitus, on Tab. Glycomet and hypothyroidism , on Tab. Thyronorm

DISCHARGE SUMMARY FOR NEONATE

BIRTH HISTORY:
Baby born by emergency LSCS done in view of maternal tachycardia to G4A2E1 mother on 28/02/22 at 10:57 PM. The liquor was thick meconium stained. Baby was born limp with HR<60/min and did not cry immediately after birth. Neonatal resuscitation was done with PPV for 15 seconds with 100% O2. After which the baby was pink with spontaneous respiration and spo2 – 100% in room air. . APGAR was 7/10 and 9/10 at 1 and 5 min respectively.

NICU stay:
Baby was shifted to NICU for post resuscitation care.

RESPIRATION:
Baby maintained SpO2 on room air with no respiratory distress.

CVS
S1,S2 normal, no murmur. BP maintained throughout NICU stay.

METABOLIC:
In view of neonatal resuscitation, S. Lactate was sent which was 8.8. HGT was maintained throughout the NICU stay.

RENAL:
Unremarkable

CNS:
There were no signs suggestive of HIE. Neonatal reflexes were normal.

NEONATAL HYPERBILIRUBINEMIA
Baby looked icteric on dol-2. Single surface phototherapy was started . Mother blood group is O positive , Baby blood group is B positive.

NUTRITION AND FEED:
Upon admission, IV fluids were started. Later, baby was started on feeds which were rapidly increased to full oral feeds. Direct breast feeding was also tried. Baby latched well. Now baby is on direct breast feeding along with full oral feeds 25 ml 3 hourly (Formula feeds – Aptamil) which she is tolerating well.

DISCHARGE SUMMARY FOR NEONATE

INVESTIGATIONS

Blood group: report attached (B POSITIVE)
OAE: done on 02/03/2022 , both ears PASS on OAE test.
Opthal: done on 02/03/2022 , both eyes within normal limits
Metabolic screening : sent on 03/03/2022

TREATMENT GIVEN

NICU care
Iv Fluid
Formula feeding
Inj Vit K
Phototherapy

CONDITION ON DISCHARGE

On discharge weight 2.765 kg
Oxygen saturation on room air 99%

VACCINES GIVEN

OPV given on
HEP B1 given on
BCG given on

DISCHARGE ADVICE

1. Cooler room
2. Direct breastfeeding each breast 15-20minutes every 3 hourly along with EBM +FF 30ml 3 hrly
3. Immunization as per schedule. (Baby's growth chart handed over).
4. Revisit on (/03/22) of life for first baby check up with Dr. Bijal Shrivastava in Pediatric OPD after appointment.
5. Ensure baby passes urine 7-8 times a day from day 4/5 (> 6-7 wet nappies in 24 hrs.)
6. Cord care- Keep it dry and apply Betadine Powder.
7. Ultra D3 Drops 1ml once a day till further advice.
8. BERA test at 5 weeks.
9. For mother: breastpump: pump every 3 hours 15mins each breast
   Cap Lactare 2 –2—2 ill further advice
   Lactonic granules 2tsf –2tsf till further advice

DISCHARGE SUMMARY FOR NEONATE

Parent Education:

1. Identifying normal infant behavior:	Feeding pattern Bowel and bladder function Sleep wake cycles.
2. Identifying abnormal behavior:	Not hungry or feeding Sleepier or less active Irritable or fussy than usual.
3. Changes in physical signs:	Breathing pattern Blueness of lips or mouth. Flushed or pale or mottled Lower muscle tone. No urine for 12 hrs Vomiting or diarrhea Black or red stools No stools for more than 2 days Axillary temp of more than 99.6 or below 97.

Sign of Consultant

Name of consultant: Dr. Bijal Shrivastava

Date 03/03/2022

Dr. Bijal : 10 AM to 5 PM on a working day : 2576 3208

Emergency contact No. 2576 3323, OPD online appointment booking No. 2576 3500

In emergency – NICU 25763447 /9769027817

“ For home care services , contact us on below numbers

Nursing - 9819873621/ 9920945097/ 25763323/22. Physiotherapy - 022 – 25763479

Laboratory - 9769023328/25763365/66. “

Medical Records Department: - Contact Nos. 022 25763247 /

3598 - Email id mrd@hiranandanihospital.org

ABOUT MANYATA

Flagship program for the private sector, driven by Federation of Obstetrics and Gynaecological Societies of India (FOGSI), to reduce preventable maternal and newborn mortality in India.

Runs as LaQshya-Manyata, a PPP between FOGSI and PHD Government of Maharashtra

Follows 16 clinical standards, based on WHO standards, for antenatal, intrapartum and postpartum care to ensure that women receive quality maternity care

Applies innovative methods like virtual sessions, mentoring visits, drills and simulation to train and equip private healthcare providers.

PROGRAM PROCESS AT A GLANCE

Health Coverage (UHC) and national maternal health priorities

Registration & On-boarding → **Self-Assessment & Validation** → **Quality Improvement** → **Assessment** → **Certification**

Quality Improvement

Quality Assurance (managed by FOGSI-NPMU)

CHALLENGES IN QUALITY ACROSS THE PRIVATE SECTOR IN INDIA

Maternal health a challenge for women across the country

The country recorded 26,437 maternal deaths in 2018*– 20% of all global maternal deaths

The ripple effect of a mother's death is enormous - **devastating families, communities, nation's economy**

Inconsistent quality across private maternity providers

High rate of institutional deliveries with nearly **50%* occurring** in private facilities

The **Quality of care in private sector is inconsistent,** lacks standardized provision of services[1 2] and is not part of **national health**

Putting women's health at risk

Lack of quality care can make it **difficult to manage labour complications** and puts **pregnant women and new mothers' health at risk**

As women are accessing private maternity care, it is important to ensure regulations and monitoring of quality across these facilities

PROGRAM CURRICULUM: STANDARDS

16 Clinical Standards

- 1 Antenatal Care
- 3 Intrapartum Care
- 1 Post-Partum Care
- 1 C-Section (Robsons criteria)

1. Screens for key clinical conditions for complications such as anaemia, hypertensive disorders, DM, HIV, syphilis, malaria during pregnancy, establish blood type and Rch at first ANC visit.
2. Prepares for safe care during delivery (to be checked every day)
3. Assesses all pregnant women at admission
4. Conducts PV examination appropriately and follow infection prevention
5. Ensures respectful and supportive care
6. Monitors the progress of labor appropriately
7. Assists the woman to have a safe and clean birth immediately
8. Conducts a rapid initial assessment and performs immediate newborn care (if baby cries immediately)
9. Performs Active Management of Third Stage of Labor (AMTSL)
10. Identifies and manages Post-Partum Hemorrhage (PPH)
11. Identifies and manages severe Pre-eclampsia/Eclampsia (PE/E)
12. Performs newborn resuscitation if baby does not cry immediately after birth
13. Ensures care of newborn with small size at birth
14. Ensures the facility adhere to universal infection prevention protocols
15. Ensures adequate postpartum care package is offered to the mother and baby, at discharge
16. Provider reviews clinical practices related to C-section at regular intervals

Manyata 16 assessment points

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Manyata 16 assessment points

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Thank You