

THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY
 SIMULATION OF NEWBORN RESUSCITATION

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

FACILITY IDENTIFICATION

QTYPE

| | | |
|---|---|---|
| S | N | R |
|---|---|---|

FACILITY NUMBER

| | | | | |
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CHECK INVENTORY 102(07) CODE 1(YES) CIRCLED: FACILITY PROVIDES NORMAL DELIVERY AND NEWBORN CARE SERVICES

YES, FACILITY PROVIDES NORMAL DELIVERY &
 NEWBORN CARE SERVICES 102(07) CODE [1]
 CIRCLED

| | | |
|--------------------------|---|-----|
| <input type="checkbox"/> | → | END |
|--------------------------|---|-----|

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

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PROVIDER INFORMATION

PROVIDER QUALIFICATION CATEGORY:

- PROVIDER TYPE 1 01
- PROVIDER TYPE 2 02
- PROVIDER TYPE 3 03
- PROVIDER TYPE 4 04
- PROVIDER TYPE 5 05
- PROVIDER TYPE 6 06
- PROVIDER TYPE 7 07
- PROVIDER TYPE 8 08
- PROVIDER TYPE 9 09
- OTHER TYPE 96

PROVIDER CATEGORY

| | |
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SEX OF PROVIDER: (1=MALE; 2=FEMALE)

SEX OF PROVIDER

| |
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INFORMATION ABOUT SIMULATION

DATE

DAY

MONTH

YEAR

| | | | |
|---|---|---|--|
| | | | |
| | | | |
| 2 | 0 | 2 | |

INTERVIEWER'S NAME: _____

INTERVIEWER'S NUMBER

| | | | |
|--|--|--|--|
| | | | |
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LANGUAGE OF QUESTIONNAIRE**

| | |
|---|---|
| 0 | 1 |
|---|---|

LANGUAGE OF INTERVIEW**

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| | |
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NATIVE LANGUAGE OF RESPONDENT**

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TRANSLATOR USED
 (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:

- 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5
- 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6

TEAM

| | |
|--|--|
| | |
|--|--|

NUMBER

TEAM SUPERVISOR

NAME

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

NUMBER

NEWBORN RESUSCITATION SIMULATION QUESTIONNAIRE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------------------|
| 100 | WAS THIS PROVIDER INTERVIEWED WITH THE HEALTH WORKER QUESTIONNAIRE? | YES 1 NO 2 | → NR01 |
| 101 | In your current position, and as a part of your work for this facility, do you personally conduct the actual delivery of newborns, or provide care for the newborn? | YES 1 NO 2 | → 102 → NR11 |
| NR01 | CHECK HEALTH WORKER INTERVIEW [Q505] FOR A PROVIDER OF DELIVERY SERVICES; CHECK [Q512] FOR A PROVIDER OF NEWBORN CARE SERVICES YES, CODE 505 [1] AND/ OR <input type="checkbox"/> OTHER <input type="checkbox"/> CODE 512 [1] CIRCLED ↓ | | → NR11 |
| 102 | IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THE NEWBORN RESUSCITATION SIMULATION? | YES 1 GO TO 103 THE NEWBORN RESUSCITATION CONSENT NO 2 | → NR11 → NR11 |
| 103 | <p>NEWBORN RESUSCITATION SIMULATION INFORMATION AND CONSENT</p> <p>BEFORE OBSERVING THE NEWBORN RESUSCITATION SIMULATION, OBTAIN PERMISSION FROM THE SERVICE PROVIDER. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p> <p>Hello. I am [OBSERVER]. I am representing the [IMPLEMENTING ORG]. We are conducting a study of health facilities in [COUNTRY] with the goal of finding ways to improve the delivery of services. In case you need more information about the survey, you may contact the person listed on the card that has already been given to your facility manager.</p> <p>I would like to ask you to demonstrate a simulated management of the baby that does not breathe at birth in order to understand how delivery and newborn care services are provided in this facility. The simulation usually takes about 5-10 minutes.</p> <p>Information from this simulation is confidential. Your name will not be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; your name will not be entered in any database; however, there is a small chance that the facility can be identified later.</p> <p>Participation in the simulation is voluntary, you may refuse to answer any question or choose to stop the simulation at any time. There is no penalty for refusing to participate, however, your experience and views are important, and we hope you will agree to participate in the simulation.</p> <p>Do you have any questions for me? Do I have your permission to conduct the simulation?</p> <p>SIGNATURE OF _____ DATE _____</p> <p>DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/></p> <p>RESPONDENT AGREES TO CONDUCT SIMULATION . . 1 ↓ REFUSE 2 → NR11</p> | | |
| 104 | RECORD THE TIME USE 24 HOURS FORMAT | HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |

NEWBORN RESUSCITATION SIMULATION QUESTIONNAIRE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | |
|---|---|--|------|------|----------|----------|---|---|------------------|----------|----------|--|
| NR02 | You said that you personally deliver or provide care for the newborn. Do you personally conduct only delivery of newborns, or only provide care for the newborn, or both delivery and newborn care services? | YES, DELIVERY ONLY 1 YES, NEWBORN CARE 2 YES, BOTH 3 NO, NONE OF THEM 8 PROBE AND RECONCILE WITH NR01 OR 101 ← | | | | | | | | | | |
| <p>NOTE TO THE INTERVIEWER: NEWBORN RESUSCITATION SIMULATION IS USED TO DETERMINE WHETHER RESPONDENTS KNOW THE ESSENTIAL STEPS TO HELP A BABY BREATHE. READ THE CASE SCENARIO ALOUD TO THE PARTICIPANT. PROVIDE THE PROMPTS SHOWN IN CAPITAL LETTERS, AND ASK THE QUESTION SHOWN IN SENTENCE CASE. INDICATE THE BABY'S RESPONSE TO THE PARTICIPANT'S ACTIONS USING THE NEONATAL SIMULATOR OR WORDS IF USING A MANNEQUIN^a. FOR EXAMPLE, WHEN THE PARTICIPANTS EVALUATE CRYING, SHOW THAT THE BABY IS NOT CRYING WITH A SIMULATOR. SAY THAT THE BABY IS NOT CRYING IF USING A MANNEQUIN.</p> <p>AS YOU OBSERVE THE RESPONDENT, CIRCLE THE CODE "1" FOR OBSERVED ACTION "DONE" , OR CODE 2 FOR "NOT DONE" FOR EACH ACTIVITY. APART FROM GIVING THESE PROMPTS, KEEP SILENT DURING THE EVALUATION. FINDINGS ARE NOT REPORTED BACK TO THE RESPONDENT.</p> | | | | | | | | | | | | |
| NR03 (1) | <p>Now I would like to ask you to demonstrate a simulated management of the newborn. I am going to read a role play case. Please listen carefully, and then show me the actions you would take. I will indicate the baby's responses, but I will provide no other feedback.</p> <p>You are called to assist at the birth of 34 week (7-1/2 months) gestation baby. You have identified a helper, prepared an area for ventilation, washed your hands, and checked your equipment. The baby is born, and the amniotic fluid is clear.</p> <p>Show how you will care for the baby.</p> <p>a) DRIES THOROUGHLY</p> <p>b) REMOVES WET CLOTH</p> | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a) | 1 | 2 | b) | 1 | 2 | |
| | DONE | NOT DONE | | | | | | | | | | |
| a) | 1 | 2 | | | | | | | | | | |
| b) | 1 | 2 | | | | | | | | | | |
| NR04 (1) | <p>PROMPT: SHOW THE BABY IS NOT CRYING. SAY: You do not see or hear secretions in the baby's mouth or nose.</p> <p>a) RECOGNIZES BABY IS NOT CRYING</p> <p>b)* STIMULATES BREATHING BY RUBBING THE BACK</p> | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)*</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a) | 1 | 2 | b)* | 1 | 2 | |
| | DONE | NOT DONE | | | | | | | | | | |
| a) | 1 | 2 | | | | | | | | | | |
| b)* | 1 | 2 | | | | | | | | | | |

NEWBORN RESUSCITATION SIMULATION QUESTIONNAIRE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|---|---|------|------|----------|-----------|---|---|-----------|---|---|----------|---|---|----------|---------|---|-----------|---|---|----------|---------|---|-----------|---|---|-----------|---|---|--|
| NR05 (1) | PROMPT: SHOW THE BABY IS NOT BREATHING. a) RECOGNIZES BABY IS NOT BREATHING b) CUTS CORD AND MOVES TO AREA FOR VENTILATION OR POSITIONS BY MOTHER FOR VENTILATION c) VENTILATES WITH BAG AND MASK WITHIN THE GOLDEN MINUTE (AT ___SECONDS) d)* ACHIEVES A FIRM SEAL AS DEMONSTRATED BY CHEST MOVEMENT e) TIME OF EFFECTIVE VENTILATION (CHEST MOVING GENTLY AT _____SECONDS) f)* VENTILATES AT 40 BREATHS/MINUTE (30-50 ACCEPTABLE) g)* EVALUATES FOR BREATHING OR CHEST MOVEMENT | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td></td> <td align="center">SECONDS</td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>d)*</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e)</td> <td align="center">SECONDS</td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>f)*</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g)*</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a) | 1 | 2 | b) | 1 | 2 | c) | 1 | 2 | | SECONDS | <input type="text"/> <input type="text"/> | d)* | 1 | 2 | e) | SECONDS | <input type="text"/> <input type="text"/> | f)* | 1 | 2 | g)* | 1 | 2 | |
| | DONE | NOT DONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SECONDS | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d)* | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) | SECONDS | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f)* | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g)* | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NR06 (1) | PROMPT: SHOW THE BABY IS NOT BREATHING. a) RECOGNIZES BABY IS NOT BREATHING b) CALLS FOR HELP c) CONTINUES VENTILATION | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a) | 1 | 2 | b) | 1 | 2 | c) | 1 | 2 | | | | | | | | | | | | | | | | |
| | DONE | NOT DONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NR07 (1) | PROMPT, SAY: Please show what to do if the chest is not moving with ventilation. AFTER ONE OR MORE STEPS TO IMPROVE VENTILATION, SAY: The chest is moving now. a)* REAPPLIES MASK b)* REPOSITIONS HEAD c) CLEARS SECRETIONS FROM THE MOUTH AND NOSE AS NEEDED d) OPENS MOUTH SLIGHTLY e) SQUEEZES BAG HARDER | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)*</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)*</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e)</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a)* | 1 | 2 | b)* | 1 | 2 | c) | 1 | 2 | d) | 1 | 2 | e) | 1 | 2 | | | | | | | | | | |
| | DONE | NOT DONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a)* | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b)* | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NR08 (1) | PROMPT: SHOW THE BABY IS NOT BREATHING a) RECOGNIZES BABY IS NOT BREATHING b) CONTINUES VENTILATION | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a) | 1 | 2 | b) | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| | DONE | NOT DONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NR09 (1) | PROMPT: AFTER 3 MINUTES SHOW THE BABY IS BREATHING a) RECOGNIZES BABY IS BREATHING b) STOPS VENTILATION c) PROVIDES CLOSE OBSERVATION FOR THE BABY AND COMMUNICATES WITH THE MOTHER | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a) | 1 | 2 | b) | 1 | 2 | c) | 1 | 2 | | | | | | | | | | | | | | | | |
| | DONE | NOT DONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NEWBORN RESUSCITATION SIMULATION QUESTIONNAIRE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
|-------------|---|--|------|------|----------|----------|---|---|----------|---|---|----------|---|---|----------|---|---|--|
| NR10 (4) | FOR EACH ACTION LISTED IN 'a' THROUGH 'd', CIRCLE '1' DONE IF THE ACTION IS TAKEN BY THE PROVIDER. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE '2' NOT DONE, RESPECTIVELY AS OBSERVED a) SLAPPING NEWBORN b) HOLDING NEWBORN HEAD DOWN c) MILKING THE NEWBORN'S CHEST OR SQUEEZING THE NEWBORN'S RIBS d) PUMPING OF LEGS | <table border="0"> <tr> <td></td> <td align="center">DONE</td> <td align="center">NOT DONE</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c)</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d)</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | DONE | NOT DONE | a) | 1 | 2 | b) | 1 | 2 | c) | 1 | 2 | d) | 1 | 2 | |
| | DONE | NOT DONE | | | | | | | | | | | | | | | | |
| a) | 1 | 2 | | | | | | | | | | | | | | | | |
| b) | 1 | 2 | | | | | | | | | | | | | | | | |
| c) | 1 | 2 | | | | | | | | | | | | | | | | |
| d) | 1 | 2 | | | | | | | | | | | | | | | | |
| NR11 | RECORD THE TIME | HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | |

FINDINGS ARE NOT REPORTED BACK TO THE RESPONDENT.
 THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT

Interviewer's comments:

| | | | |
|-----------------|---|--|--|
| | FOR DATA PROCESSING (2,3) | | |
| NR12 (2,3) | CHECK NR03-NR09: ANY CODE CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/> → END | | |
| NR13 (1,2,3) | SUM ALL ANSWERS TO NR03 - NR09, AND ENTER TOTAL WITH CODE "1" (DONE) CIRCLED. IF NONE, RECORD "00" | TOTAL DONE <input type="text"/> <input type="text"/> | |
| NR14 (1,2,3) | SUM ANSWERS TO QUESTIONS MARKED WITH AN ASTERISK(*) NR04(b) + NR05(d) +NR05(f) +NR05(g) +NR07(a) +NR07(b) WITH CODE "1"(DONE) CIRCLED, AND ENTER TOTAL. IF NONE, RECORD "0" | TOTAL DONE <input type="text"/> | |
| NR15 (3) | CHECK NR13 FOR TOTAL DONE, AND NR14 FOR TOTAL DONE, AND INDICATE STATUS PASSED: NR13= 17 AND NR14= 6 17 CORRECT OF 23, AND " DONE" MUST BE OBSERVED FOR THE ITEMS MARKED WITH AN ASTERISK(*) | PASSED 1 OTHER 2 | |

NEWBORN RESUSCITATION SIMULATION: FOOTNOTES

^a Decision about whether USING THE NEONATAL SIMULATOR OR A MANNEQUIN will be made during the tool development, could be also a country specific

1. Adapted from THE HEPLING BABY BREATH, OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCE- B) TOOL

See the training Video:

[Welcome | AAP](#)

[NRP | AAP](#)

2. Score computation is based on the original OSCE- B tool. Scoring results are not reported back to the respondent.

Scoring is automated by the CAPI program after results are entered into a data file.

3. Delete NR12-15 if the scoring is automated by CAPI program

4. Question NR10 (harmful practices) is Not part of the original OSCE- B tool, and is not used in the scoring