

**Maternity Care Provider  
Assessment/Observation Summary Results Worksheet**

Use this sheet to tally all of the data collected during the observations using the Assessment Tool.

No.	Data	Day 1	Day 2	Day 3	Total
1.	Number of midwives providing care				
2.	Number of FWV or other nursing cadre providing care				
3.	Number of students				
4.	Number of physicians providing care				
5.	Total number of providers (add the numbers in #1-3 above; only include physicians if they stay in the L/D room and actively provide care)				
6.	Number of patients in Labor and Delivery Unit				
7.	Staff to patient ratio (Total number of staff (use the # in 5. above) divided by the number of patients in L&D (use the number in 6. Above)				
8.	Number of patients observed				
9.	Hours of observation <b>in labor and delivery unit for the day</b>				
10.	<b>Behaviors:</b> count the number of ticks listed next to each behavior on the assessment tool for each patient:				
	<b>I. ATTEND TO PHYSICAL NEEDS</b>				
	• CHECK THAT PATIENT TAKES FLUIDS/FOOD				
	• PROVIDE PAIN MEDICATIONS OR OTHER PAIN RELIEF MEASURES				
	• ENCOURAGE PATIENT TO GO TO TOILET EVERY TWO HOURS				

No.	Data	Day 1	Day 2	Day 3	Total
	<b>II. BE ACCESSIBLE TO CLIENTS</b>				
	• ENCOURAGE PATIENT TO CALL IF NEEDED				
	• COME QUICKLY WHEN PATIENT CALLS				
	• ENCOURAGE PATIENT TO ASK QUESTIONS				
	• RESPOND TO PATIENT'S QUESTIONS POLITELY, COMPLETELY AND TIMELY				
	<b>III. ATTEND TO EMOTIONAL NEEDS</b>				
	• MAKE STATEMENTS TO REASSURE PATIENT				
	• TOUCH OR DEMONSTRATE CARING IN A CULTURALLY APPROPRIATE WAY (EXAMPLE: RUB HER BACK FOR COMFORT)				
	• TALK WITH PATIENT				
	<b>IV. HUMAN DIGNITY/ RIGHTS</b>				
	• GREET AND WELCOME PATIENT				
	• ENSURE PRIVACY				
	• PULL CURTAIN AROUND WOMAN DURING PROCEDURES				
	• COVER WOMAN WITH HOSPITAL GOWN OR OTHER COVERING DURING EXAM, BIRTH AND PROCEDURES				
	<b>V. INFORM/ EXPLAIN/ INSTRUCT/ COUNSEL</b>				
	• EXPLAIN TO PATIENT WHEN TO CONTACT MIDWIFE: RUPTURE OF MEMBRANES, URGE TO PUSH OR HAVE BOWEL MOVEMENT				
	• EXPLAIN PROGRESS OF LABOR OR LACK OF PROGRESS				
	• EXPLAIN WHAT NEEDS TO BE DONE BY OBSTETRIC TEAM WHEN A COMPLICATION OCCURS				
	• ADVISE PATIENT TO (FOR COMFORT AND TO HASTEN LABOR):				
	• CHANGE POSITION				
	• WALK AROUND				
	• BREATHE IN AND OUT				
	<b>VI. INVOLVE FAMILY</b>				

No.	Data	Day 1	Day 2	Day 3	Total
	<ul style="list-style-type: none"> <li>ENCOURAGE FAMILY MEMBERS' ACCESS TO PATIENT WHEN APPROPRIATE</li> </ul>				
	<ul style="list-style-type: none"> <li>GIVE PERIODIC UPDATES ON PATIENT STATUS/PROGRESS OF LABOR</li> </ul>				
	<b>VII. INCORPORATE CULTURAL CONTEXT</b>				
	<ul style="list-style-type: none"> <li>ASK PATIENT/FAMILY ABOUT RELIGIOUS PREFERENCES/REQUIREMENTS</li> </ul>				
	<ul style="list-style-type: none"> <li>ALLOW PATIENT/FAMILY TO OBSERVE CULTURAL PREFERENCES/PRACTICES</li> </ul>				
	<ul style="list-style-type: none"> <li>MAINTAIN PHYSICAL DISTANCE OR TOUCH/PHYSICAL CONTACT</li> </ul>				
	<ul style="list-style-type: none"> <li>ASK AND PROVIDE GENDER PREFERENCE AND ARRANGE IF POSSIBLE</li> </ul>				
	<ul style="list-style-type: none"> <li>ASK IF RITUAL BURIAL OF PLACENTA MOTHER/CHILD REQUIRED</li> </ul>				
	<ul style="list-style-type: none"> <li>ASK AND ALLOW PREFERRED BIRTH POSITION</li> </ul>				
	<ul style="list-style-type: none"> <li>ASK IF PATIENT PREFERS TO LABOR/DELIVER CLOTHED OR UNCLOTHED</li> </ul>				
	<ul style="list-style-type: none"> <li>ASK AND ALLOW DECISION-MAKING BY HIERARCHY OF SOCIOFAMILIAL RELATIONSHIPS</li> </ul>				
	<ul style="list-style-type: none"> <li>ASK AND OBSERVE REQUIREMENTS RELATED TO CASTE OR RITUAL POLLUTION</li> </ul>				
	<b>NEGATIVE BEHAVIORS</b>				
	<ul style="list-style-type: none"> <li>BELITTLING BEHAVIOR TO PATIENT</li> </ul>				
	<ul style="list-style-type: none"> <li>ROUGH TREATMENT OF PATIENT</li> </ul>				
	<ul style="list-style-type: none"> <li>NOT RESPONDING TO PATIENT NEEDS</li> </ul>				
	<ul style="list-style-type: none"> <li>EMOTIONAL DISTANCE FROM PATIENT</li> </ul>				
	<ul style="list-style-type: none"> <li>SHARING PATIENT'S PERSONAL INFORMATION PUBLICALLY</li> </ul>				
	<b>Patient Assessment:</b> count the number of times a clinical procedure is performed for each patient observed				
	<ul style="list-style-type: none"> <li>FETAL HEART</li> </ul>				

No.	Data	Day 1	Day 2	Day 3	Total
	• BLOOD PRESSURE				
	• CERVICAL DILATION				
	• STATUS OF MEMBRANES				
	• URINE OUTPUT				
	• FLUID INTAKE				
	• OTHER				