3.0 INTRODUCTION

All facilities providing Maternal and Newborn Health (MNH) services should have a mother and newborn friendly environment. Dignity and safety (privacy and choice) of clients should be ensured. Staff deputed at such facilities should adhere to clinical protocols/standards of service delivery and ensure infection prevention measures.

This unit provides an outline for planning infrastructure, equipment, drugs and supplies, record keeping, reporting and monitoring. It is the responsibility of the facility in charge and service providers to ensure that the institution and its premises remain clean, safe and client friendly. A nodal officer should be designated at every institution for assuring quality of services. All staff including support staff should be oriented and trained on relevant protocols including infection prevention. Audit of sample prescription/case sheets should be weekly exercises by faculty members or treating physicians to ensure rational treatment as per clinical standards.

In this unit you will learn about organising a labour room which include infrastructure and equipment required for a labour room and newborn care corner.
3.1 OBJECTIVES

After completing this practical, you should be able to:

- Identify infrastructure needed to set up a labour room; and
- Recognise and collect all the equipments needed in labour room a newborn care corner.

3.2 MOTHER AND BABY FRIENDLY ENVIRONMENT

- Respecting the right of every mother and baby to stay safe in the facility and with dignity
- Designing the infrastructure for easy mobility and comfortable stay
- Training the service providers for necessary behavioural and technical skills
- Providing integrated maternal newborn and child health services in accordance with protocols with required competency.
- Practice of infection prevention and bio-medical waste management as per guidelines
- Establishing assured referral linkages
- Monitoring quality of service delivery and establishing a process for improvement of quality.
- Ensuring functional grievances redressal system both for client and service providers
- Assessing client satisfaction periodically
- For smooth planning at each level of facility, the plan should take care of infrastructure, equipment, drugs and supplies, record keeping, reporting and monitoring.

3.3 INFRASTRUCTURE

While planning for infrastructure, planners may face two situations:

a) To improve existing infrastructure

b) To create additional infrastructure particularly where bed occupancy is more than 70%

3.3.1 Improving Existing Infrastructure (Fig. 3.1)

Although it may not be always possible to ensure the recommended layouts and infrastructure within an existing facility Fig. 3.1 Maternal and Noenatal unit, it is still essential to make the existing facility as mother and baby friendly as possible. Planning therefore cannot be based on a one size fits all, and will differ from facility to facility as per the local situation. Some of the critical steps to follow are to:

1) Perform a need assessment and identify the gaps by observing client flow and time taken for actual service delivery from the time clients report to the registration or emergency.
2) Plan to address gaps to improve service delivery and minimise the third delay.

3) Relocate/redesign/rearrange available area/rooms for optimal utilisation keeping in mind client safety, privacy and comfort.

4) Repair and refurbish facility with appropriate tiling, flooring, roofing and ventilation.

5) Ensure privacy, create anterooms before aseptic zones such as LR, OT, obstetric HDU, ICU, SNCU etc.

6) Ensure availability of 24×7 running water supply, uninterrupted power supply.

7) Attention should be given for improving the ambience of the premises, waiting area and other facilities for the clients.

8) If you are not posted at wellness centre or a Sub-centre then prepare an isolation labour room for eclampsia, sepsis, HIV, Hepatitis B & C and such cases which might need isolation.

![Fig. 3.1: Maternity and Neonatal Unit](image)

### 3.3.2 Creating New Infrastructure

While creating new infrastructure, the criteria given below must be used:

1) Functionality of the facility

2) Delivery point

3) Bed occupancy

4) Services being delivered

### 3.4 MATERNITY WING

This section deals with organisation of ‘Maternity Wing’ with minimum standards of care which should be observed on a facility. A Maternity Wing comprises (Fig. 3.2) following:

![Fig. 3.2: Maternity Wing](image)
Delivery Unit Includes the following

- Receiving Area
- Examination Room
- Pre-delivery room (1st stage area)
- Delivery (Labour) room both septic and aseptic with NBCC (2nd - 3rd stage)
- Post-Delivery observation room (4th stage area)

Receiving Area

This is the place where all pregnant women including those in emergency situation are received. The pregnant woman's BP, weight etc. are noted. Records and registers are filled and a case sheet is prepared after her examination in the examination room. Relevant registers and records must be kept in the receiving area.

Any woman coming to the receiving area has to be quickly assessed for signs of acute emergencies, danger signs or a stage of full dilatation with imminent delivery. Initial/emergency management of such cases will be done in the examination room. Then the woman is sent to the appropriate area for further management.

![Diagram of Flow of a client within the Maternity Wing]

**Fig. 3.3 : Flow of a client within the Maternity Wing**

3.4.1 Examination Room

This is a place where adequate privacy with curtains between examination tables schedule be maintained. It is a well lit room with examination tables and enough space for movement of the pregnant woman/patient and also the examining doctor. The room also has the following equipment and consumables for conducting general, abdominal and vaginal examination.

Equipment and Accessories

1) Wheelchairs and/or stretcher
2) Examination table with foot step and curtain for privacy
3) Foetoscope/Doppler
4) Table and chair
5) BP apparatus with stethoscope
6) Thermometer
7) Wall clock
8) Adult weighing scale
9) Measuring tape
10) Emergency drug tray
11) Hub cutter
12) Puncture proof container
13) Colour coded bins
14) Partograph
15) Cetrime swabs
16) Disposable gloves
17) Records/registers
18) Refrigerator
19) Utility gloves
20) MCP Card, safe motherhood booklet
21) IUCD Client Card
22) Sterilised swabs and instruments
23) Washbasin
24) 0.5% Chlorine solution and a tub
25) Examination tray
26) Delivery tray in case of emergency
27) Bucket with kellys pad
28) IV stand
29) A pair of Scissors
30) For communication - Telephone facility

3.4.2 Pre-Delivery Observation Room (1st Stage Area)

After initial examination, the pregnant woman with good uterine contractions but cervical dilatation still less than 4 cm that is not in active phase of labour will be sent to pre-delivery room area for close observation. The woman should change into a clean gown.

Equipment and accessories
1) Foetoscope/Doppler
2) BP Apparatus with stethoscope
3) Thermometer  
4) Wall clock  
5) Colour coded bins  
6) Cetrimide swabs  
7) Disposable gloves  
8) Bed head tickets with attached partograph  
9) Utility gloves  
10) Washbasin  
11) IV stand  
12) Sterilised instruments

3.4.3 Delivery (Labour) Room (Fig. 3.4)

A pregnant woman will go to the Delivery/Labour room if she is in active phase of labour, i.e. cervical dilatation = or 4 cm. Essential services in Labour Room:

- Conducting Normal Delivery  
- Plotting Partograph  
- Identifying and managing complications  
- AMTSL  
- ENBC including newborn resuscitation

![Labor Room](image)

**Fig. 3.4: Labour Room**

**Labour room equipment and accessories (Fig. 3.5)**

Every labour room should have the following:

1) Labour room with mattress, sheet, pillow (numbers as per case load), macintosh, foot-rest.  
2) Brass V Drape to collect blood and amniotic fluid  
3) Wall clock with seconds hand  
4) Wall mounted thermometer  
5) Suction apparatus
6) Equipment for adult resuscitation
7) Equipment for neonatal resuscitation
8) Delivery tray
9) IV Drip stand
10) Screen/partition between two tables
11) Stool for birth companion
12) Lamp-wall mounted or side
13) Autoclave drums for instruments, linen, gloves, cotton, gauge, threads, sanitary pads.
   - Autoclaved delivery set for each delivery
14) Refrigerator
15) Sphygmomanometer, adult and newborn thermometer and newborn weighing machine.
16) Consumables like gloves, apron, cotton, thread. Gauze, sanitary napkins, catgut, IV drips sets, needle, cord clamp, medicines (injectable, oral and parenteral, leucoplast etc.)
17) Pulse oxymeter
18) Steriliser
19) Oxygen cylinder
20) Oxygen concentrator
21) Partograph
22) Labelled plastic jars for drugs and injectables with date of expiry written on them against each drug.
23) Coloured bins for biomedical waste management
24) Hub cutter
25) Puncture proof container
26) Plastic tubs for 05% chlorine solution
27) Intranatal protocols (AMTS, PPH etc.)
28) Wheel chair/patient’s trolley
29) 7 trays: delivery tray, episiotomy tray, medicine tray, emergency drug tray, baby tray, MVA tray, PPIUCD tray
30) Hand washing area and toilet for the admitted clients
31) Foetoscope/ foetal Doppler
32) Stethoscope
33) Display of protocols
34) Mosquito repellent
Fig. 3.5: Equipment and accessories in Labour Room
While working in the labour room ensure that all equipments are ready for use.
The nursing staff should hand over and take over all equipment and supplies in
working condition and in sufficient quantity.

7 TRAYS OF LABOUR ROOM

Delivery Tray
- Scissor, Aretrexy forceps, Sponge holding forceps, Speculum, Urinary catheter,
  Bowl for antiseptic lotion, Kidney tray, Gauze pieces, Cotton swabs, Sanitary
  pads, Gloves

Episiotomy Tray
- Inj. Xylocaine 2%, 10ml disposable syringe with needle, Episiotomy scissors,
  Artery forceps, Allis forceps, Sponge holding forceps, Toothed forceps,
  Thumb Forceps, Kidney tray, Needle holder, Needle holder, Needle (round
  body and cutting), Chromic catgut no.0, Gauze pieces, Cotton swabs,
  Antiseptic lotion, Gloves

Baby Tray
- Two pre-warmed towels/sheets for wrapping the baby (Baby should be
  received in a pre warmed towel. Do not use metallic tray.), Mucous extremer,
  Bag and mask, Sterilised/cord clamp, Needle (26 gauge) and syringe (1ml), Inj.
  Vitamin K, Gloves.

Medicine Tray
  Betamethasone, Inj. Hydralazine, Cap. Amoxicillin 500mg, Tab.
  Metronidazole 400mg, Tab. Paracetamol, Tab. Ibuprofen, Tab. B complex,
  Tab. Misoprostol 200 micrograms, Tab. Nefedipine, Tab. Methyldopa, IV
  fluids - Ringer lactate, Normal Saline, Magnifying glass.

Emergency drug Tray
- Inj. Oxytocin (to be kept in fridge), Inj. Magnesium 50%, Inj. Calcium
  gluconate - 10%, Inj. Dexamethasone, Inj. Amoxicillin, Inj. Gentamicin,
  Betamethasone, Inj. Hydralazine, IV fluids - Ringer lactate, normal
  saline, IV sets with 16-gauge needle at least two, IV Cannula, Vials for
  blood collection, Syringes and needles, Tab. Nifedipine, Tab.
  Methyldopa, Suction catheter, Mouth gag.

MVA/EVA Tray
- Gloves, Speculum, Anterior vaginal wall retractor, Posterior vaginal wall
  retractor, Sponge holder forceps, MVA syringe and cannulas, MTP cannulas,
  Urinary catheter, Small bowl of antiseptic lotion, Sterilized gauze/pads, Cotton
  swabs, Disposable syringe and needle, Tab. Misoprostal

PPIUCD
- PPIUCD Insertion Forceps, Svm's speculum, Ring forceps or sponge holding
  forceps, Cu IUCD 200A: Cu IUCD 275 in a sterile package, Cotton swabs,
  Betadine solution

3.4.4 Service Area

- Every LR should have demarcated service area for the paper work (recording/
  reporting) which should not be completely segregated from the patient areas,
  so that the staff on duty can quickly respond to any exigency or the requirments
  of the women in labour.

- This area should not be used as a store for drugs, consumables, equipment,
  etc. which can be kept in a separate store as replacement stock.

- Although, oxytocin is the drug of choice for PPH prevention and treatment,
  it is not always feasible in low-resource settings because it requires
  refrigeration, sterile equipment for injection and a skilled provider. When
  oxytocin is unavailable, use of oral misoprostol (600 micrograms) is
  recommended.
• For smooth working of the Labour Room, one labour table will require 10x10 sq.ft of space; two tables will need 20x20 and so on. Every labour table should have a sleek vertical trolley with space for six trays.

3.4.5 Post-Delivery Observation Room (4th Stage Area)

Mother and baby must be observed for 2 hours after delivery before shifting to the ward. This area can be planned alongside the pre-delivery observation side.

3.4.6 General Requirements for Labour Room

• Floor should be tiled, preferably anti-skid and white without any design on it.
• Walls should also be tiled up to a height of 6 ft.
• Remaining walls and ceiling should be painted white.
• There should be windows and ventilators with frosted glass panes.
• Windows to be covered with mesh to ward off flies, mosquitoes, insects.
• Provision of running water (24x7) in the labour room and adjoining toilets. In case of restricted supply.
• Washing area should be hands-free with elbow operated taps.
• Every labour room should have refrigerator for keeping drugs such as Inj. Oxytocin.
• Size of the labour room and number of beds and delivery tables would depend upon the delivery case load of the facility.
• Maternity wing must have a separate store where weekly/monthly stock of essential drugs and supplies are kept.
• Labour room should be centrally air conditioned.
• Alternatively, cross ventilation with exhaust is required if air conditioning is not present.

3.4.7 Infection Prevention in Labour Room

• Demarcated area for keeping slippers for the hospital staff and relatives and slippers to be used for entering the labour/pre-labour room.
• Sterile gown to be given to patient going for delivery.
• Floor should be cleaned
• Proper sterilisation has to be ensured for gloves, instruments, linen etc. needed for conducting a delivery. Standard procedures for disinfection and sterilisation need to be followed.
• Sodium hypochlorite solution/bleaching powder solution must be used to decontaminate the used gloves, instruments etc. After use the item should not be thrown on the floor or elsewhere.
• Disinfect the items in bleaching powder solution following by washing and autoclaving.
• Clean the floor and sinks with detergent (soapy water) and keep floor dry.
• Clean table top with phenol/bleaching solution.
• Clean other surfaces like light shades, almirahs, lockers, trolley, etc with low level disinfectant Phenol.
• In case of spillage of blood, body fluids on floor, absorb with newspaper (discard in yellow bin), soak with bleaching solution for 10 min and then mop.
- Discard placenta in yellow bins.
- Discard soiled linen in laundry basket and not on floor.
- Disinfect with bleaching solution followed by washing and autoclaving.
- Mop the floor every 3 hrs with disinfect solution.
- Clean the labour table after every delivery.

### Labour Room Sterilisation

#### 3.4.8 Do's and don'ts for Labour Room

<table>
<thead>
<tr>
<th>Do's</th>
<th>Don'ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Equipment must be checked for its functionality during change in shifts of nursing staff</td>
<td>- Do not keep almirahs and metal cabinets in LR</td>
</tr>
<tr>
<td>- Privacy and dignity of the woman should be maintained.</td>
<td>- Do not burn Coal in LR for lighting/ heating or any other purpose</td>
</tr>
<tr>
<td>- Use sterilised instrument for every delivery</td>
<td>- Do not allow Doctors or Nurses and birth companions to enter LR</td>
</tr>
<tr>
<td><strong>Do's</strong></td>
<td><strong>Don'ts</strong></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Each Labour table must have light source</td>
<td>without wearing gown, cap, slipper, mask</td>
</tr>
<tr>
<td>Use plastic curtains between adjacent tables to maintain privacy</td>
<td>Do not put cloth curtains between LR tables as they gather dust.</td>
</tr>
<tr>
<td>LR should draught free</td>
<td>Do Not allow people to enter LR unnecessarily</td>
</tr>
<tr>
<td>20% buffer stock of LR drugs must be available all the time</td>
<td>Do not put pressure on the abdomen for accelerating Labour or delivery</td>
</tr>
<tr>
<td>Temperature must be between 25 to 28 degree Celsius must be maintained in LR. Hilly, cold areas will need warmers during winters</td>
<td>Do not Give routine Oxytocin IM or in drip for augmenting labour pains before delivery without indication</td>
</tr>
<tr>
<td>Injection Oxytocin should be kept in fridge (not freezer)</td>
<td>Do not conduct frequent PV Examination.</td>
</tr>
<tr>
<td>Practice infection prevention protocols</td>
<td>Do not allow Dai, Mamta, ASHA, Yashoda conduct delivery</td>
</tr>
<tr>
<td>Initiation of breastfeeding within one hour of birth.</td>
<td>Do not Slap the baby if not crying</td>
</tr>
<tr>
<td>Collect Cord Blood in Rh Negative mother</td>
<td>Do not keep the baby unwrapped</td>
</tr>
<tr>
<td></td>
<td>Do not leave the baby Unattended, if in warmer</td>
</tr>
<tr>
<td></td>
<td>Do not keep unnessary store in the service area</td>
</tr>
</tbody>
</table>

### 3.5 NEWBORN CARE CORNER

This is Mandatory for all Labour rooms and obstetric OT's of delivery points: (Fig. 3.6)

**Essential Care at Birth**

- Resuscitation of Newborn
- Provision of Warmth
- Early initiation of breastfeeding
- Weighing the neonate
- Inspecting Newborn for gross congenital anomalies
- Every Labour room and obstetric OT should have an NBCC, with a radiant warmer and a functional bag and mask of appropriate size
- Room should be draught free

Please Note that every baby will not need care under a radiant warmer. Only when the following conditions are observed in the mother or baby, then the baby should be put under a radiant warmer for ENBC and, if required, given resuscitation:
- Meconium stained liquor and preterm labour
- Baby not crying and limp/ floppy baby
- Or as per doctor's advice

Fig. 3.6: Newborn Unit

3.5.1 Equipment and Accessories Needed at NBCC

1) Baby Tray
2) Paediatric Stethoscope (preferable to have a neonatal stethoscope)
3) Baby Scale
4) Radiant Warmer
5) Self-Inflating bag and Mask- neonatal size (0 and 1)
6) Oxygen hood (neonatal)
7) Laryngoscope and Endotracheal Intubation tubes
8) Two set of Pencil Batteries
9) Mucous Extractor with suction Tube and foot-operated suction machine NG tubes
10) Blankets
11) Two Clean and dry towels
12) Feeding Tubes
13) Empty Vials for collecting blood
14) Alcohol Handrub
15) HLD/ Sterile gloves
16) Syringe Hub Cutter
### 3.5.2 Services Provided at Newborn Care Facilities of DH/FRU/CHC

<table>
<thead>
<tr>
<th>SITE</th>
<th>Newborn Stabilisation Unit (NBSU)</th>
<th>Special Newborn Care (SNBC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FRU/CHC</td>
<td>DH</td>
</tr>
<tr>
<td></td>
<td>Human Resources</td>
<td>BEDS</td>
</tr>
</tbody>
</table>
| Human Resources (HR) | MO/paediatric trained in FIMCI/ paediatrician 1 dedicated nursing staff per shift. Total 4 dedicated staff | For a 12 bed - unit (plus 4 beds for step-down area), the recommended dedicated staffing:  
- Staff Nurse: 10-12  
- Paediatrician / M trained in SNCU: 3-4 (Paediatrician / MO and staff nurses trained in FNBC  
- Support Staff : 4, 1 |
| Services | • Care at birth– followed time of birth and sex of the baby and show the baby to the mother, ensure details are recorded.  
• Deliver the baby on the mother’s abdomen in a prone position with face to one side.  
• Resuscitation - Resuscitate as per GOI guideline if the baby is not crying or breathing  
• If the baby is crying delay cord clamping 1-3 minutes before cutting.  
• Dry baby with pre warmed towel while over mother’s breast.  
• Monitoring of Vital Signs  
• Check cord for any oozing of blood  
• Place an identity wrist band on the baby | • Care at birth, including resuscitation of asphyxiated newborns  
• Managing sick newborns (except those requiring mechanical ventilation and major surgical interventions)  
• Postnatal care  
• Follow-up of high risk newborns  
• Referral Services  
• Immunisation Services |
3.5.3 Expected Services to be Provided at Newborn care Facilities

<table>
<thead>
<tr>
<th>Newborn Care Corner (NBCC)</th>
<th>Newborn Stabilisation Unit (NBSU)</th>
<th>Special Newborn Care (SNCU)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care at birth</strong></td>
<td><strong>Care at birth</strong></td>
<td><strong>Care at birth</strong></td>
</tr>
<tr>
<td>- Prevention of Infection</td>
<td>- Prevention of Infection</td>
<td>- Prevention of Infection</td>
</tr>
<tr>
<td>- Provision of Warmth</td>
<td>- Provision of Warmth</td>
<td>- Provision of Warmth</td>
</tr>
<tr>
<td>- Resuscitation</td>
<td>- Resuscitation</td>
<td>- Resuscitation</td>
</tr>
<tr>
<td>- Early Initiation of breastfeeding</td>
<td>- Early Initiation of breastfeeding</td>
<td>- Early Initiation of breastfeeding</td>
</tr>
<tr>
<td>- Weighing the Newborn</td>
<td>- Weighing the Newborn</td>
<td>- Weighing the Newborn</td>
</tr>
<tr>
<td><strong>Identification and prompt referral of ‘at risk’ and ‘sick’ newborn</strong></td>
<td><strong>Management of Low birth weight infants ≥ 1800g with no other complications</strong></td>
<td><strong>Care of Sick Newborn</strong></td>
</tr>
<tr>
<td><strong>Care of normal newborn</strong></td>
<td><strong>Care of normal newborn</strong></td>
<td><strong>Care of normal newborn</strong></td>
</tr>
<tr>
<td>- Breastfeeding/feeding support</td>
<td>- Phototherapy for newborns with hyperbilirubinemia</td>
<td>- Managing all sick newborns (except those requiring mecha-</td>
</tr>
</tbody>
</table>

Organising Labour Room
Maternal Health Skills

- Care of Sick Newborn
- Identification and prompt referral of 'at risk' and 'sick' newborn
- management of newborn sepsis
- Stabilisation and referral of sick newborn and those with very low birth weight
- Mechanical ventilation and major surgical interventions
- Follow-up of all babies discharged from the unit and high risk newborns
- Immunisation services
- Referral Services

### 3.5.4 Newborn Care

We shall discuss Do's and Don'ts of newborn care in following table.

<table>
<thead>
<tr>
<th>Do's</th>
<th>Don'ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Always wash your hands before handling the baby</td>
<td>• Do not keep all babies as a routine under the radiant warmer</td>
</tr>
<tr>
<td>• Rooming in of baby with the mother</td>
<td>• Do not delay breastfeeding beyond half an hour as that may lead to rapid decrease in suckling reflex of the baby</td>
</tr>
<tr>
<td>• Keep the baby warm</td>
<td>• Do not use prelacteals even water</td>
</tr>
<tr>
<td>• Take extra care to maintain baby's temperature in preterm and LBW baby</td>
<td>• Do not apply anything on the cord</td>
</tr>
<tr>
<td>• Keep the cord dry and clean</td>
<td>• Do not bathe the newborn for 24 hrs after birth.</td>
</tr>
<tr>
<td>• Breast fed the baby exclusively</td>
<td>• Do not forget to undertake routine checkup</td>
</tr>
<tr>
<td>• Early initiation of breastfeeding is essential for a good reflex action</td>
<td></td>
</tr>
<tr>
<td>• Any signs/symptoms of complications must be referred and attended to by a doctor</td>
<td></td>
</tr>
<tr>
<td>• The care provider should observe every 2 hours in the first 6 hours and every 6 hours from 6-24 hours after delivery</td>
<td></td>
</tr>
<tr>
<td>• If the newborn is LBW then at least three additional visits should ensured</td>
<td></td>
</tr>
</tbody>
</table>

### 3.6 SEPTIC ROOM AND ECLAMPSIA ROOM

The following inventory should be available in septic room and Eclampsia room respectively.
<table>
<thead>
<tr>
<th>S.No</th>
<th>Inventory (Essential)</th>
<th>Quantity (Minimum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Labour Beds</td>
<td>2 Beds</td>
</tr>
<tr>
<td>2.</td>
<td>Oxygen Supply/ Cylinder</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Foetal Doppler</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Suction Machine (Electric)</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Foot Operated Suction Machine</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Stethoscope + BP instrument</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Adult Resuscitation kit</td>
<td>1 set</td>
</tr>
<tr>
<td>8.</td>
<td>Neonatal Resuscitation kit</td>
<td>1 set</td>
</tr>
<tr>
<td>9.</td>
<td>Digital weighing machine</td>
<td>1 adult and 1 newborn</td>
</tr>
<tr>
<td>10.</td>
<td>Air Conditioners (to be calculated as per the volume specifications for air conditioners)</td>
<td>1-2</td>
</tr>
<tr>
<td>11.</td>
<td>Radiant Warmers</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Pulse Oxyometer- with 2 Adult Probe and 1 Neonatal Probe</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>Delivery Trays</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>Episiotomy Trays</td>
<td>2</td>
</tr>
<tr>
<td>15.</td>
<td>MVA Trays</td>
<td>1</td>
</tr>
<tr>
<td>16.</td>
<td>Adult Emergency Drug Tray</td>
<td>1</td>
</tr>
<tr>
<td>17.</td>
<td>Newborn Emergency Drug Tray</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>Mackintosh</td>
<td>2</td>
</tr>
<tr>
<td>19.</td>
<td>Kelly's Pad</td>
<td>2</td>
</tr>
<tr>
<td>20.</td>
<td>Open Dustbin Buckets</td>
<td>2</td>
</tr>
<tr>
<td>21.</td>
<td>Colour Coded Bins</td>
<td>1 Set</td>
</tr>
<tr>
<td>22.</td>
<td>Needle Cutter</td>
<td>1</td>
</tr>
<tr>
<td>23.</td>
<td>Wheel Chair</td>
<td>1</td>
</tr>
<tr>
<td>24.</td>
<td>Wall Clock</td>
<td>1</td>
</tr>
<tr>
<td>25.</td>
<td>Movable Shadow Less Lamp</td>
<td>1`</td>
</tr>
<tr>
<td>26.</td>
<td>Dressing Drum- All Sizes</td>
<td>As Per Requirement</td>
</tr>
<tr>
<td>27.</td>
<td>Baby Tray</td>
<td>1</td>
</tr>
<tr>
<td>28.</td>
<td>Thermometer</td>
<td>2</td>
</tr>
<tr>
<td>29.</td>
<td>Drapes and Linen</td>
<td>As per Requirement</td>
</tr>
<tr>
<td>30.</td>
<td>Emergency Call Bell</td>
<td>1</td>
</tr>
</tbody>
</table>
### ECLAMPSIA ROOM

<table>
<thead>
<tr>
<th>S.No</th>
<th>Inventory (essential)</th>
<th>Quantity (minimum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Labour Cots with Side railing</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Oxygen Supply/ Cylinder</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Pulse Oxymeter- with 2 adult probe and 1 neonatal probe</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Foetal Doppler</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Suction Machine ( Electric)</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Foot Operated Suction Machine</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Stethoscope + BP instrument</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>Adult Resuscitation kit</td>
<td>1 set</td>
</tr>
<tr>
<td>9.</td>
<td>Neonatal Resuscitation Kit</td>
<td>1 set</td>
</tr>
<tr>
<td>10.</td>
<td>Air Conditioners ( to be calculated as per the volume specifications for air conditioners)</td>
<td>1-2</td>
</tr>
<tr>
<td>11.</td>
<td>Delivery Tray</td>
<td>2</td>
</tr>
<tr>
<td>12.</td>
<td>Episiotomy Trays</td>
<td>2</td>
</tr>
<tr>
<td>13.</td>
<td>Adult Emergency Drug Tray (including Magnesium Sulphate)</td>
<td>1</td>
</tr>
<tr>
<td>14.</td>
<td>Newborn Emergency Drug Tray</td>
<td>1</td>
</tr>
<tr>
<td>15.</td>
<td>Makintosh</td>
<td>2</td>
</tr>
<tr>
<td>16.</td>
<td>Kelly's Pad</td>
<td>2</td>
</tr>
<tr>
<td>17.</td>
<td>Open Dustbin Buckets</td>
<td>2</td>
</tr>
<tr>
<td>18.</td>
<td>Colour Coded Bins</td>
<td>1 Sets</td>
</tr>
<tr>
<td>19.</td>
<td>Movable Shadow Less Lamp</td>
<td>1</td>
</tr>
<tr>
<td>20.</td>
<td>Wall Clock</td>
<td>1</td>
</tr>
<tr>
<td>21.</td>
<td>Torch</td>
<td>1</td>
</tr>
<tr>
<td>22.</td>
<td>Nebulizer</td>
<td>1</td>
</tr>
<tr>
<td>23.</td>
<td>Emergency Call Bell</td>
<td>1</td>
</tr>
<tr>
<td>24.</td>
<td>Drapes and Linen</td>
<td>As per Requirement</td>
</tr>
</tbody>
</table>

### 3.7 LET US SUM UP

A mother and baby friendly environment to be ensured. Health staff should be polite, courteous and respectful in behaviour towards their client; equipment has to be accessible and functional and subject to checks during every shift of staff duty; drugs and consumables to be made available 24×7; assured referral linkages
have to be established; and daily rounds conducted by facility managers to identify gaps and bottlenecks and address these on priority basis. In this unit we have discussed about the infrastructure requirement of labour room and how to organise labour room or new born care corner.

### 3.8 ACTIVITY

1) During your clinical experience at District hospital, prepare the labour room along with all equipments required for the following:
   a) For normal delivery
   b) For vaccum/forceps delivery
   c) For pre eclamptic mothers who have been in labour.

### 3.9 REFERENCES

1) Maternal and Newborn Health Toolkit.
2) Daksh Skills Lab (RMNCH + A) Training Manual for participants.