

LCG Review

Facility: _____

Date (dd/mm/yyyy): ____ / ____ / ____

Randomly select three recent LCGs filled out by different providers, if possible. Also ask for the case notes and/or patient records for these LCGs. There is one column for each LCG. Complete the codes/answers for each question, answering all the questions for one LCG, and then go to the second LCG, and the third LCG.

No.	Item	Case 1	Case 2	Case 3
1	What was the woman's dilatation when the LCG was started? [write number of centimeters]			
2	How many hours and minutes elapsed between starting the LCG and start of second stage? (refer to the case notes/patient record if necessary) [write number of hours and minutes]	____ hrs ____ min	____ hrs ____ min	____ hrs ____ min
3	How many hours and minutes was she in second stage? [write number of hours and minutes]	____ hrs ____ min	____ hrs ____ min	____ hrs ____ min
Admission				
4	Name and parity are recorded? [Write "1" if recorded; Write "0" if not recorded]			
5	Labour onset is recorded? [Write "1" if recorded; Write "0" if not recorded]			
6	Date of active labour diagnosis is recorded? [Write "1" if recorded; Write "0" if not recorded]			
7	Date and time of ruptured membranes are recorded? [Write "1" if recorded; Write "0" if not recorded]			
8	Risk factors are recorded? [Write "1" if risk factors recorded or "None" recorded if there were no risk factors; Write "0" if nothing recorded]			
9	If risk factors were identified, was care appropriately altered to reflect additional needs? [Write "1" if care was appropriately adapted for identified risk factors; Write "0" if not appropriately adapted; Write "N/A" if no risk factors]			
Supportive care				
10	Was the presence of a companion recorded at least hourly in first stage? [Write "1" if recorded hourly; Write "0" if not recorded hourly]			
11	Was the need for pain relief recorded at least hourly in first stage? [Write "1" if recorded; Write "0" if none recorded]			
12	Was oral fluid intake recorded at least hourly in first stage? [Write "1" if recorded; Write "0" if none recorded]			
13	Was the posture of the woman recorded at least hourly in first stage? [Write "1" if recorded; Write "0" if none recorded]			
14	If there were alert signs, were the findings circled? [Write "1" if appropriately circled; Write "0" if not circled; Write "N/A" if no alert signs]			
15	If there were alert signs, were appropriate actions written in the plan? [Write "1" if appropriate action was taken; Write "0" if inappropriate/no action was taken; Write "N/A" if no alert signs]			
Well-being of the baby				
16	Was the baseline fetal heart rate recorded at least half-hourly in first stage? [Write "1" if recorded half-hourly; Write "0" if not recorded half-hourly]			

No.	Item	Case 1	Case 2	Case 3
17	Was the presence of FHR decelerations recorded at least half-hourly in first stage? <i>[Write "1" if recorded half-hourly; Write "0" if not recorded half-hourly]</i>			
18	Was the state of the membranes or colour of the liquor recorded in first stage? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			
19	Was fetal position recorded in first stage? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			
20	Was presence of caput recorded in first stage? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			
21	Was presence of moulding recorded in first stage? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			
22	If there were alert signs, were the findings circled? <i>[Write "1" if appropriately circled; Write "0" if not circled; Write "N/A" if no alert signs]</i>			
23	If there were alert signs, were appropriate actions written in the plan? <i>[Write "1" if appropriate action was taken; Write "0" if inappropriate/no action was taken; Write "N/A" if no alert signs]</i>			
Well-being of the woman (first and second stage)				
24	How many times was the woman's pulse checked and recorded between starting the LCG and childbirth (including first exam and childbirth)? <i>[Write the number of times pulse was checked]</i>			
25	How many times was blood pressure checked and recorded between starting the LCG and childbirth (including first exam and childbirth)? <i>[Write the number of times BP was checked]</i>			
26	How many times was the woman's temperature checked and recorded between starting the LCG and childbirth (including first exam and childbirth)? <i>[Write the number of times temperature was checked]</i>			
27	Was proteinuria and acetonuria recorded in first and second stages? <i>[Write "1" if recorded; Write "0" if none recorded]</i>			
28	Was the frequency of checking vital signs appropriate to the woman's condition? <i>[Write "1" if appropriate; Write "0" if not appropriate]</i>			
29	If there are alert signs, are the findings circled? <i>[Write "1" if appropriately circled; Write "0" if not circled; Write "N/A" if no alert signs]</i>			
30	If there are alert signs, are appropriate actions written in the plan? <i>[Write "1" if appropriate action is taken; Write "0" if appropriate action is not taken; Write "N/A" if no alert signs]</i>			
Labour progress (first stage)				
31	How many times was a vaginal examination carried out and recorded between first exam and start of second stage? <i>[Write the number vaginal exams performed]</i>			
32	Were any vaginal examinations performed more frequently than every 4 hours? <i>[Write "yes" if recorded less than four-hourly; Write "no" if only recorded 4-hourly]</i>			

No.	Item	Case 1	Case 2	Case 3
33	If a vaginal examination was recorded less than 4 hours after the most previous examination, was there a clear reason for it? <i>[Write "1" if there was a clear reason; write "0" if there was no clear reason; write "U/K" if it was unclear why the exam was done; write "N/A" if exams were only carried out every 4 hours]</i>			
34	Were contractions assessed at least half-hourly? <i>[Write "1" if recorded half-hourly; Write "0" if not recorded half-hourly]</i>			
35	Was the descent checked and recorded in first stage? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			
36	If there are alert signs, are the findings circled? <i>[Write "1" if appropriately circled; Write "0" if not circled; Write "N/A" if no alert signs]</i>			
37	If there are alert signs, are appropriate actions written in the plan? <i>[Write "1" if appropriate action is taken; Write "0" if appropriate action is not taken; Write "N/A" if no alert signs]</i>			
Second stage				
38	Was pushing recorded? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			
39	Was the presence of a companion recorded at least hourly in second stage? <i>[Write "1" if recorded hourly; Write "0" if not recorded hourly]</i>			
40	Was the need for pain relief recorded at least hourly in second stage? <i>[Write "1" if recorded; Write "0" if none recorded]</i>			
41	Was oral fluid intake recorded at least hourly in second stage? <i>[Write "1" if recorded; Write "0" if none recorded]</i>			
42	Was the posture of the woman recorded at least hourly in second stage? <i>[Write "1" if recorded; Write "0" if none recorded]</i>			
43	Was the baseline fetal heart rate recorded at least every 15 minutes in second stage? <i>[Write "1" if recorded every 15 minutes; Write "0" if not recorded every 15 minutes]</i>			
44	Was the presence of FHR decelerations recorded at least every 15 minutes in second stage? <i>[Write "1" if recorded every 15 minutes; Write "0" if not recorded every 15 minutes]</i>			
45	Was the state of the membranes or colour of the liquor recorded in second stages? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			
46	Were contractions recorded at least every fifteen minutes in second stage? <i>[Write "1" if recorded every 15 minutes; Write "0" if not recorded every 15 minutes]</i>			
47	Was the descent recorded in second stage? <i>[Write "1" if recorded; Write "0" if not recorded; Write "N/A" if descent was 0/5 at the end of first stage/]</i>			
48	If there were alert signs, were the findings circled? <i>[Write "1" if appropriately circled; Write "0" if not circled; Write "N/A" if no alert signs]</i>			
49	If there were alert signs, were appropriate actions written in the plan? <i>[Write "1" if appropriate action was taken; Write "0" if inappropriate/no action was taken; Write "N/A" if no alert signs]</i>			
50	Was time of birth filled in? <i>[Write "1" if recorded; Write "0" if not recorded]</i>			

No.	Item	Case 1	Case 2	Case 3
Medications (first and second stages)				
51	Were the U/L and drops/min recorded half-hourly if labour was augmented with oxytocin or was "N" recorded if labour was not augmented? [Write "1" if oxytocin rate was recorded or "N" was recorded if oxytocin not given; Write "0" if nothing recorded]			
52	If labour was augmented with oxytocin, was it appropriate? (refer to the case notes/patient record if necessary) [Write "1" if labour was appropriately augmented; Write "0" if augmentation was not appropriate]			
53	Were medicines recorded or was "N" recorded if no medicines were given? (refer to the case notes/patient record if necessary) [Write "1" if medicines given were recorded or "N" was recorded if no medicines given; Write "0" if nothing recorded]			
54	If medicines were recorded, was there a clear reason for them? (refer to the case notes/patient record if necessary) [Write "1" if there was a clear reason; write "0" if there was no clear reason; write "U/K" if it was unclear why the medicines were given; Write "N/A" if no medicines were given]			
55	Were IV fluids recorded? (refer to the case notes/patient record if necessary) [Write "1" if IV fluids given were recorded or "N" was recorded if no IV fluids given; Write "0" if nothing recorded]			
56	If IV fluids were recorded, was there a clear reason for them? (refer to the case notes/patient record if necessary) [Write "1" if there was a clear reason; write "0" if there was no clear reason; write "U/K" if it was unclear why the IV fluids were administered; Write "N/A" if no IV fluids were given]			
Shared decision-making (first and second stages)				
57	Was an assessment recorded after each evaluation? [Write "1" if recorded; Write "0" if not recorded]			
58	Did the assessment reflect the results recorded on the LCG? [Write "1" if yes; Write "0" if no]			
59	Was a plan recorded after each evaluation? [Write "1" if recorded; Write "0" if not recorded]			
60	Did the plan reflect the assessment/results recorded on the LCG? [Write "1" if yes; Write "0" if no]			
61	Were the provider's initials recorded after each evaluation? [Write "1" if recorded; Write "0" if not recorded]			

Comments

Instructions: Facilitate a discussion on the following questions with team members and the person in charge of the maternity.

No.	
1	<p>What potential barriers exist that may prevent providers from consistently using the LCG? (Check all that apply)</p> <p><input type="checkbox"/> Staff are not trained</p> <p><input type="checkbox"/> No blank LCGs</p> <p><input type="checkbox"/> Staff do not have time</p> <p><input type="checkbox"/> Inadequate equipment to monitor labour</p> <p><input type="checkbox"/> Other (specify) _____</p>
2	<p>What potential barriers exist to providing care in during labour/childbirth? (Check all that apply)</p> <p><input type="checkbox"/> Basic accommodation facilities for companions (chair, space to change, clothes, access to a toilet)</p> <p><input type="checkbox"/> Private physical space for the woman and her companion</p> <p><input type="checkbox"/> Clean and accessible bathrooms for the use of women in labour</p> <p><input type="checkbox"/> Curtains if more than one bed</p>
3	<p>Which of the following are available to facilitate care in during labour/childbirth? (Check all that apply)</p> <p><input type="checkbox"/> Adequate numbers of: BP machine, stethoscope, thermometer, fetal stethoscope/Doppler</p> <p><input type="checkbox"/> Medications: IV fluids, uterotonic drugs, MgSO₄, antibiotics, antiretroviral drugs, antihypertensives, analgesics</p> <p><input type="checkbox"/> Infection prevention supplies</p> <p><input type="checkbox"/> Handwashing infrastructure/supplies</p> <p><input type="checkbox"/> Oxygen</p> <p><input type="checkbox"/> Urine dipsticks</p>
<p>Instructions: Update/Revise the Taking Action! plan based on findings from the LCG audit and responses to the questions above.</p>	

PPC: _____

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Maternity In-Charge: _____

Date: ____/____/20____