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## Obstetric and Neonatal Services Inspection Checklist- Random

Name of the Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ref.	Description	Yes	No	N/A	Remarks
<b>5</b>	<b>STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES</b>				
5.11.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
<b>6</b>	<b>STANDARD TWO: HEALTH FACILITY REQUIREMENTS</b>				
6.10.	The LDR or LDRP room should be equipped with the following:				
6.10.1.	Delivery bed				
6.10.2.	Birthing light				
6.10.3.	Medical gas and vacuum system accessible to the mother's delivery area and infant resuscitation				
6.10.4.	Nurse call system				
6.10.5.	Telephone or communication system				
6.10.6.	Sixteen (16) Electric receptacles (8 convenient to head of bed with one on each wall and four (4) convenient to each bassinet with one on each wall).				
6.10.7.	Hand washing station				
6.10.8.	Medical and general waste bin				
6.10.9.	Sharps container				
6.11.	A minimum of one caesarean delivery room shall be provided for every obstetrical unit unless direct access				

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	for caesarean delivery procedures is provided in surgical operation room.				
6.12.	New-born nursery room (if provided) should contain no more than sixteen (16) infant stations.				
<b>7</b>	<b>STANDARD THREE: OBSTETRIC SERVICE REQUIREMENTS</b>				
7.1.	Antenatal care can be provided by the following healthcare professionals only:				
7.1.1.	DHA licensed Consultant/Specialist Obstetrics and Gynecology.				
7.1.2.	DHA licensed Consultant/Specialist Family Medicine,				
7.1.3.	A DHA licensed registered midwife (RM) or assistant midwife (AM) or registered nurse (RN) or assistant nurse (AN), at a ratio of 1:1 (one nurse for each physician)				
7.2.	To provide antenatal care the facility should have the following equipment:				
7.2.1.	Vital signs Monitor				
7.2.2.	Fetoscope				
7.2.3.	Electrocardiogram (ECG)				
7.2.4.	Cardiotocography (CTG)				
7.2.5.	Ultrasonography				
7.2.6.	Access to laboratory testing				
7.2.7.	Emergency crash cart with proper supplies and medication.				
7.9.	In case of high-risk pregnancy, obstetrics and gynecologists should have early communication with the neonatologists in order to ensure provision of safe delivery.				
	Level I - Basic care				
7.13.1.	Provide a basic level of care to uncomplicated pregnancies for pregnant women at thirty five (35) weeks of gestation and above.				

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7.13.6.	Provide blood bank supplies 24/7, including protocols and capabilities for blood and blood component therapy, in addition having Group O Negative red cells (at least 2 units) available on site for emergency use.				
7.13.7.	Establish formal transfer plans in partnership with a higher-level receiving health facility.				
7.13.9.	Shall not provide intrapartum care for any pregnant woman at less than thirty five (35) gestational weeks except in emergency medical case where a pregnant woman having contractions with inadequate time to transfer safely to an appropriate higher level and the transfer will pose a threat to the health or safety of either pregnant woman or fetus.				
7.13.10.	The following equipment shall be available in each labour room:				
a.	A labour bed.				
b.	Vital signs monitor and stethoscope				
c.	CTG.				
d.	Access to portable ultrasonography.				
e.	Intravenous solutions and infusion pumps.				
f.	Equipment for inhalation and regional anaesthesia such as the following but not limited to:				
	• Boyle's apparatus				
	• Anesthesia kit				
	• Oxygen cylinder and mask				
	• Suction unit				
g.	Emergency/crash cart with proper supplies and medication such as:				
	• Defibrillators				
	• Suction devices				
	• Calcium chloride				
	• Sodium chloride				

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	• Intubation kits				
	• Anesthesia				
h.	Instruments and equipment for normal delivery including but not limited to the following:				
	• Forceps (artery, dissecting, sponge)				
	• Umbilical Cord Scissors				
	• Suction apparatus				
	• Equipment for adult resuscitation				
	• Equipment for neonatal resuscitation				
	• Sphygmanometer, adult and newborn thermometer and newborn weighing machine.				
7.14.	Health facilities providing Level I obstetric care shall maintain the below healthcare professionals to provide the intrapartum care on 24/7 basis:				
7.14.1.	Physicians:				
a.	DHA licensed Consultant/Specialist Obstetrician and Gynecologists OR				
b.	DHA licensed GP who obtained a specialty degree and experience in Obstetrics and Gynecology but did not meet the required clinical experience as per the Professionals Qualification Requirements (PQR) to obtain a full specialist title. The GP shall be supervised by a consultant/specialist obstetrics and Gynecology and ratio should not exceed 2:1 (two GP to one consultant/specialist Obstetrics and Gynecology) AND				
c.	DHA licensed Consultant/Specialist Pediatrician or Neonatologist				
d.	DHA licensed Consultant/Specialist Anaesthetist to provide labour analgesia and surgical anaesthesia (when required).				
7.14.2.	Nurses: DHA licensed RM/RN with experience in obstetric care and holding an active Basic Life Support				

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	(BLS) and Neonatal Resuscitation Program (NRP), the following nurse/patient ratios are required:				
a.	Antenatal/postnatal ward at a ratio of 1:4				
b.	Induction of labour at a ratio of 1:2.				
c.	Patients in first stage of labour at a ratio of 1:2.				
d.	Patients in second stage of labour at a ratio of 1:1.				
7.14.3.	In-charge nurse: It is recommended to assign an In-charge nurse to supervise the obstetric care who should be trained, qualified, and competent to stabilize and transfer high-risk women and new-borns.				
7.14.4.	At the time of twins' delivery, two Pediatricians or Neonatologists and two NRP, trained nurses shall be available immediately.				
7.14.6.	DHA licensed Clinical Dietitian with knowledge of maternal and new-born nutrition and parenteral/enteral nutrition management of at-risk new-borns.				
7.14.7.	To ensure competencies of the healthcare professionals providing Level I obstetric services, at least 100 deliveries should be conducted every year.				
7.14.8.	Health facilities providing Level I obstetric care shall provide a Level I. neonatal care services to new-born infants.				
	Level II - Specialty Care				
7.15.	Level II obstetric care can provide care to high-risk pregnancies and for pregnant women at thirty two (32) gestational weeks and above, unless an emergency medical condition exists.				
7.16.	Health facilities providing Level II obstetric care shall maintain the capabilities of Level I in addition to the below:				
7.16.1.	Capability to perform Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI).				

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7.17.	Health facilities providing Level II obstetric care shall maintain the below healthcare professionals:				
7.17.1.	Physicians:				
a.	DHA licensed Consultant/Specialist Obstetrician and Gynecologists, Consultant/Specialist Pediatrician or Neonatologist and Anaesthesiologist shall be available on 24/7 basis.				
b.	Prompt and readily available DHA licensed Medical and Surgical Specialties and Maternal and foetal Medicine Subspecialists either by onsite consultation or by telemedicine, if needed.				
7.17.2.	Nurses: Staffing of nurses shall be similar to Level I in addition to:				
a.	Maintaining at least two (2) RN or RM for labour and delivery.				
b.	Postpartum ward, high dependency unit (HDU) at a ratio of 1:1.				
7.17.3.	DHA licensed Physiotherapist.				
7.17.5.	Health facilities providing Level II obstetric care shall maintain level II neonatal care units.				
	Level III - Subspecialty Care				
7.18.	Level III obstetric care can provide care to more complex obstetric and foetal cases as well as pregnant women at less than thirty two (32) gestational weeks.				
7.19.	Health facilities providing Level III obstetric care shall maintain the same capabilities of Level II in addition to the below:				
7.19.1.	Provide advanced ultrasonography imaging services for maternal and foetal assessment with minimal of the following probes (convex, 4D convex, endo-cavity, linear, small part linear), including Doppler studies on 24/7 basis.				
7.19.2.	Have medical and surgical Intensive Care Units (ICUs).				

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7.19.3.	Provide ventilation and ability to stabilize the patient in labour and delivery until transferred safely to ICU when needed.				
7.20.	Health facilities providing Level III obstetric care shall maintain the below healthcare professionals in addition to those mentioned in level II:				
7.20.1.	Physicians:				
a.	Consultant in Critical Care Medicine.				
7.20.2.	Nurses: staffing of nurses shall be similar to Level II in addition to:				
a.	Appropriately trained and qualified RN/RM with special experience in the management of pregnant women with complex obstetric related illnesses and complications.				
b.	Antenatal/postnatal patients at a ratio of 1:1.				
7.20.3.	Health facilities providing Level III obstetric care shall maintain level III neonatal care units.				
7.21.	Water birth requirements:				
7.21.1.	The Delivery room will require direct access to a water pool area; this may be integrated within the delivery room. Make sure to have an easy flow access and circulation around the pool.				
a.	Birth pools can be either permanently installed or portable as per the manufacturer's specifications.				
b.	Surface should be non-slip, anti-bacterial, nonporous, moisture resistance, smooth, has no crevice or seams, and easy to clean.				
c.	Provision of grab rails for patients.				
d.	Easily accessible medical gases including nitrous oxide and oxygen used for pain relief to the pool area.				
e.	The pool should be regularly maintained.				
f.	Routine testing of the hospital water supply should be applied.				

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g.	Consideration should be given to ensure that the pool temperature is controlled at the time of the birth.				
<b>8</b>	<b>STANDARD FOUR: NEONATAL SERVICE REQUIREMENTS</b>				
8.1.	Neonatal identification				
8.1.1.	All health facilities shall use two / three identifiers for babies, not including the use of the patient's room number or location.				
8.1.2.	The identification bands shall be:				
a.	Accurate and in consistent placement to reduce errors associated with patient identification.				
b.	Small enough to be comfortable and secure for new-borns babies.				
8.1.3.	The following patient identifier should be recorded on the identification card:				
a.	Name: should be identified by the mother name (e.g. baby of Sara)				
b.	In case of twins or multiple babies, an identifier should be, e.g. Twin 1 of Sara, Twin 2 of Sara, etc.				
c.	File number for mother and baby.				
d.	Gender.				
e.	Date and Time of birth.				
f.	Birth weight.				
g.	Head circumference.				
h.	Length.				
i.	Gestation.				
8.3.	To minimize the risk of infant abduction all areas including new-born nurseries, intrapartum and postnatal should be controlled and part of hospital safety program.				
8.4.	Physician coverage in Neonatal Unit available in the hospital on 24/7 basis.				
	Level I - Basic care				

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8.6.	Evaluate and provide routine postnatal care for full term new-born infants.				
8.9.	Stabilize new-born infants who are ill, and those born less than 35 gestational age until they transferred to a higher level of neonatal care.				
8.12.	All healthcare professionals (medical and nursing) working at the neonatology department shall be trained and certified by Neonatal Resuscitation Program (NRP).				
8.13.	The units in level I Neonatal care shall maintain the below healthcare professionals:				
8.13.1.	NICU in charge physician can be one of the following:				
a.	DHA licensed Consultant/Specialist Neonatologist. OR				
b.	DHA licensed Consultant/Specialist Pediatrician shall pass DHA assessment to add the neonatology scope within his/her privilege.				
8.13.2.	The health facility shall have a licensed specialist paediatrician with last 2 years' experience in neonatology.				
a.	Licensed GP with a recognized specialty degree in pediatrics with 2 years' experience can provide the service (the healthcare professional shall apply to add this title in their professional license through the upgrade process on sheryan).				
8.13.3.	Nurses:				
a.	DHA licensed registered nurse (RN) with not less than 2 years of recent experience in neonatology care in appropriate hospital setting. OR				
b.	A DHA licensed neonatal nurse.				
c.	At this level, one nurse should be responsible for the care of a maximum of four babies (ratio 1:4) receiving special or normal care.				

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	Level II - Specialty care				
8.14.	Level II neonatal care services shall have the same capabilities of level I in addition to the below capabilities:				
8.14.1.	Provide care for stable or moderately ill new-born infants who are:				
a.	Born at more than 32 weeks of gestational age.				
b.	Weighs more than or equal to 1500 g at birth with problems that are expected to resolve rapidly.				
8.14.3.	Provide oxygen via nasal cannula or oxygen blender specifically designed for NICU.				
8.14.5.	Stabilize infants born before 32 gestational age and weighting less than 1500g until transfer to a higher level neonatal intensive care unit.				
a.	Hospitals providing level II services shall maintain the below healthcare professionals:				
8.14.7.	NICU in charge physician				
a.	DHA licensed Consultant/Specialist Neonatologist .				
b.	Ensure that a neonatal consultant/specialist is present at all times of the functioning unit.				
c.	The team should include a physician with experience in neonatal care present 24/7 in the NICU.				
8.14.8.	Nurses:				
a.	In this level, one nurse should not be responsible for the care of more than two babies (ratio 1:2).				
8.15.	Hospitals providing level II neonatal care shall maintain the below requirements, in addition to level I:				
8.15.1.	Access to radiology services (CT and MRI) on 24/7 basis.				
8.15.2.	The following range of equipment:				
a.	Neonatal intensive care incubators				
b.	Neonatal ventilator				
c.	Syringe/infusion pumps (0.1 ml/hour)				

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d.	Neonatal resuscitator along with emergency/crash cart including proper supplies and medication.				
e.	Blood gas analyser				
f.	Phototherapy units				
g.	Portable x-rays				
h.	Portable ultrasound scanning				
i.	Breast pump machine				
j.	Oxygen analyser/pulse oximeter				
k.	Umbilical arterial and venous catheter				
l.	Neonatal monitors to measure heart rate, respiratory rate, blood pressure, transcutaneous CO2 monitor, oxygen saturation and ambient oxygen				
n.	Portable incubator with ventilator.				
	Level III - Subspecialty intensive care (NICUs)				
8.16.	Level III neonatal care services shall have the same capabilities of level II in addition to the below capabilities:				
8.16.1.	Provide care for the infants who are born at less than 32 gestational age, weigh less than 1500g at birth, or have medical or surgical conditions, regardless of gestational age.				
8.16.2.	Provide a full range of respiratory support (ongoing assisted ventilation for 24 hours or more) that may include conventional and/or high frequency ventilation and inhaled nitric oxide.				
8.16.3.	Provide a full range of physiologic monitoring equipment, laboratory and imaging facilities, nutrition and pharmacy support with pediatric expertise.				
8.16.4.	Provide hypothermia system (total body cooling) and capability to perform cerebral function monitoring.				
8.16.5.	Perform advanced imaging, with interpretation on an urgent basis, including:				
a.	Computed tomography				

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b.	MRI				
c.	ECG				
d.	Echocardiogram				
8.16.6.	Have a Pediatric cardiologist on-call to perform Function ECHO.				
8.16.7.	Have the capability to perform major surgery onsite or at a closely related hospital, ideally in close geographic proximity.				
8.16.8.	Have the capability of performing Neonatal retrieval from Level I and II NICU for critical Neonates who require Level III care.				
8.16.9.	Hospitals providing level III services shall maintain the below healthcare professionals:				
a.	Physicians				
i.	Minimum of two (2) tertiary neonatal consultants to cover the unit when one is away.				
ii.	Must have a DHA licensed Consultant Neonatologist (NICU in charge and head of the unit )				
iii.	DHA licensed Specialist Neonatologist with last 5 years' experience in neonatology.				
iv.	One physician available in the Neonatal Unit on 24/7 basis:				
	• DHA licensed Specialist Pediatrician with last 2 years' experience in neonatology, OR				
	• Licensed GP with degree in pediatric and last 3 years' experience in neonatology.				
v.	Prompt and readily available full range of DHA licensed Pediatric Medical Subspecialists, Pediatric Surgical Specialists, Anaesthesiologists, and Ophthalmologists with experience in neonates by either onsite access or by prearranged consultative agreements.				
b.	Nurses:				

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i.	Appropriately trained in neonatal services and qualified nurses who should have responsibility for the care of one baby (ratio 1:1).				
8.18.	Premature babies who stay in the NICU shall be monitored closely to make sure that they are getting the right balance of fluids and nutrition.				
d.	Neonatal resuscitator along with emergency/crash cart including proper supplies and medication.				
e.	Blood gas analyser				
f.	Phototherapy units				
g.	Portable x-rays				
h.	Portable ultrasound scanning				
i.	Breast pump machine				
j.	Oxygen analyser/pulse oximeter				

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