

**Annex 1**

Hildegarde Nvonako et al. Effect of in-hospital training in newborn resuscitation on the competence of health-care workers in resuscitating newborn infants at birth at Mboppi Baptist Hospital, Douala, Cameroon. Pan African Medical Journal. 2022;42:169.

<https://www.panafrican-med-journal.com/content/article/42/169/full/>

**Annex 1:** WHO adapted ETAT+ Newborn Resuscitation Checklist for skills (real-time practice, NB: the five bold steps are mandatory/compulsory and achieving all five qualifies a HCW competent in newborn resuscitation skills)

Prior events and observations at birth

Meconium: Yes \_\_\_\_\_ No \_\_\_\_\_

Term baby: Yes \_\_\_\_\_ No \_\_\_\_\_

Delivery mode: Caesarian \_\_\_\_\_ Vaginal \_\_\_\_\_

Weight of baby: \_\_\_\_\_

Immediate cry: YES \_\_\_\_\_ NO \_\_\_\_\_

Initiation of resuscitation: <1 min \_\_\_\_\_ 1 min-4 min \_\_\_\_\_ >5 mins \_\_\_\_\_

Item	Score	
	0	1
Attends to temperature management (radiant warmer, warm towels)		
Receives baby with a warm towel, dries, stimulates and covers with a dry towel		
Notes time of delivery		
If meconium present identifies indications for endotracheal suctioning in a depressed baby		
Positions airway		
If secretions are present, lightly suctions mouth then nose		
Assesses breathing (looks, listens and feels)		
Correctly identifies need for assisted ventilation (apnoea, gasping or RR less than 30 bpm)		
Uses appropriate bag and mask size		
Provides assisted ventilation correctly (30-40 bpm)		
Assesses for circulation		
Apgar score	1 min	5 min 10 min