

Admission/ Discharge/ Referral Slip

MCTS No.

Booked

Yes

☐

No

☐

IPD/Registration No.

BPL

Yes

☐

No

☐

Name of ASHA

Name of Facility

Block

District

Contact number
(facility)

Name:

Age:

W/o OR D/o:

Contact No:

Address:

Admission date:

Time:

Provisional Diagnosis:

Final Diagnosis:

Delivery date:

Time:

Mode of Delivery/ Procedure: Normal

☐

Assisted

☐

CS

☐

Other (specify)

Indication for assisted/ LSCS/ Others

Delivery outcome: Live

☐

Still births

☐

Sex of Baby: Male

☐

Female

☐

Single

☐

Twins/ Multiple

☐

Birth weight:

in grams

Final outcome: Discharge/ Referral/ Death/ LAMA

Immunization: BCG

☐

OPV

☐

HepB

☐

Discharge

Date:

Time:

FP option (if provided):

Follow-up date:

Treatment given:

Referral

Date:

Time:

Reason:

Facility (Referred to):

Treatment given:

Name and signature of service provider:

Admission/ Discharge/ Referral Slip

MCTS No.

Booked

Yes

☐

No

☐

IPD/Registration No.

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Yes

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Mode of Delivery/ Procedure:

Normal

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CS

☐

Other (specify)

Indication for assisted/ LSCS/ Others

Delivery outcome: Live

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Still births

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Sex of Baby: Male

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Female

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Single

☐

Twins/ Multiple

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Birth weight:

in grams

Final outcome: Discharge/ Referral/ Death/ LAMA

Immunization: BCG

☐

OPV

☐

HepB

☐

Discharge

Date:

Time:

FP option (if provided):

Follow-up date:

Treatment given:

Referral

Date:

Time:

Reason:

Facility (Referred to):

Treatment given:

Name and signature of service provider:

Present History:**Past Obstetrics History:**APH: PPH: PE/E: Malpresentation: Still births: Congenital anomaly: Others (Specify):

.....

Medical/ Surgical History:Gravida: Parity: Abortion: Living children: **PV Examination**Cervical dilatation: (in cms)Cervical effacement: (%)Membranes: Ruptured Intact Colour of amniotic fluid: Clear Meconium Blood Pelvis adequate: Yes No **Gestational Age**LMP: / / EDD: / / Fundal heights (in weeks): USG: Pre-term: Yes No **Vitals**BP: mmHgTemperature: °C/°FPulse: /min.FHR: /min.**Lab Examination**Blood group: Hb: Urine protein: Urine Sugar: HIV: HBsAg: VDRL: Malaria: **PA Examination**Presentation: Cephalic: Others (specify): Engagement: Lie: **General Examination**Height: cmsWeight: kgsPallor: Edema:

CHECK-1 On Admission

Does Mother need referral/specialist care?

- ☐ Yes, organized
☐ No

Refer to FRU/Higher centre if any of following danger signs are present, mention reason and given treatment on transfer note:

- | | |
|--|--|
| <input type="checkbox"/> Vaginal bleeding | <input type="checkbox"/> Severe abdominal pain |
| <input type="checkbox"/> High fever | <input type="checkbox"/> History of heart disease or other major illnesses |
| <input type="checkbox"/> Severe headache or blurred vision | <input type="checkbox"/> Difficulty in breathing |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Chronic illness like TB, Asthma, DM, HTN, Hypothyroidism etc. |
| | <input type="checkbox"/> Previous C-section |

Partograph started?

- ☐ Yes
☐ No: will start when ≥ 4 cm

Start when cervix ≥ 4 cm, then cervix should dilate ≥ 1 cm/hr

- Every 30 min: Plot maternal pulse, contractions, FHR and colour of amniotic fluid
- Every 4 hours: Plot temperature, blood pressure, and cervical dilation in cm

NO OXYTOCIN/ other uterotonics for unnecessary induction/ augmentation of labor

Does Mother need

- Antibiotics?

- ☐ Yes, given
☐ No

Give antibiotics to Mother if:

- ☐ Mother's temperature $\geq 38^{\circ}\text{C}$ ($\geq 100.5^{\circ}\text{F}$)
☐ Foul-smelling vaginal discharge
☐ Rupture of membranes >12 hrs without labour or >18 hrs with labour
☐ Labour >24 hrs or obstructed labour
☐ Rupture of membranes <37 wks gestation

- Inj. Magnesium Sulfate?

- ☐ Yes, given
☐ No

Give first dose of inj. magnesium sulfate and refer immediately to FRU/Higher center OR give full dose (loading and then maintenance) if at FRU if:

Mother has systolic BP ≥ 160 or diastolic ≥ 110 with $\geq +3$ proteinuria **OR** BP systolic ≥ 140 or diastolic ≥ 90 with proteinuria trace to $+2$ along with any of:

- | | | |
|--|---|---------------------------|
| <input type="checkbox"/> Presence of any symptom like: | Blurring of vision | • Difficulty in breathing |
| • Severe headache | Oligouria (passing <400 ml urine in 24 hrs) | |
| • Pain in upper abdomen | | |
| <input type="checkbox"/> Convulsions | | |

Corticosteroid

- ☐ Yes, given
☐ No

Give corticosteroids in antenatal period (between 24 to 34 weeks) to mothers if:

- ☐ True pre-term labour
☐ Conditions that lead to imminent delivery like APH, Preterm Premature ROM, Severe PE/E
Dose: Inj. Dexamethasone 6 mg IM 12 hourly - total 4 doses

HIV status of the mother:

- ☐ Positive
☐ Negative

If HIV+ and in labour:

- ☐ If mother is on ART, continue same
☐ If not on ART, start ART/Nevirapine prophylaxis (if ART is not available) and refer immediately after delivery to ICTC for further HIV management

If HIV status unknown:

- ☐ Recommend HIV testing

☐ Follow Universal Precautions

Encouraged a birth companion to be present during labour, at birth and till discharge ☐ Yes ☐ No

Are soap, water, gloves available?

- ☐ Yes, I will wash hands and wear gloves for each vaginal exam
☐ No, supplies arranged

☐ Confirm if mother or companion will call for help during labour if needed

Explain to call for help if there is:

- Bleeding
- Severe abdominal pain
- Difficulty in breathing
- Severe headache or blurring vision
- Urge to push
- Can't empty bladder every 2 hours

Counsel Mother and Birth Companion on:

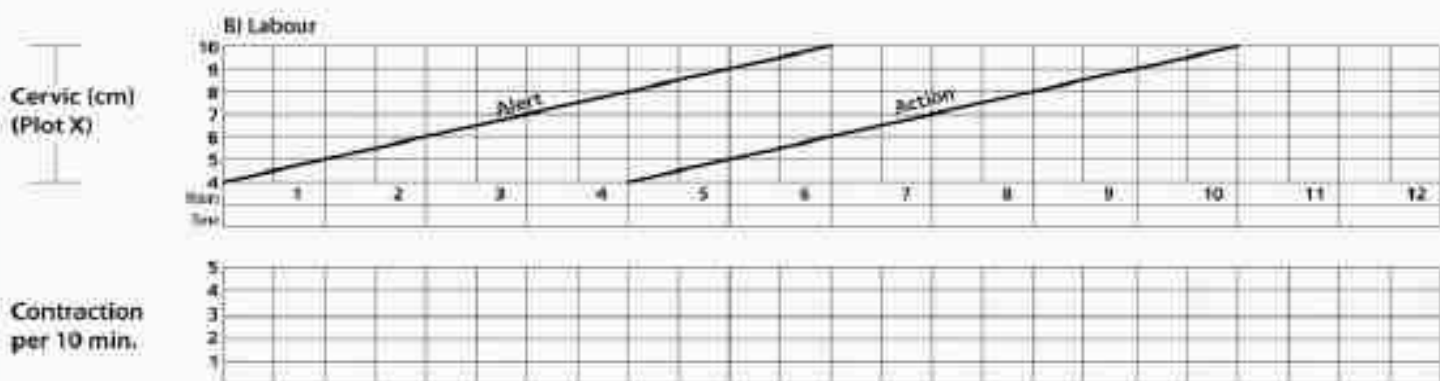
- Support to cope up with labour pains
- No bath/oil for baby
- No Pre-Lacteal feed
- Initiate breastfeeding in half-an-hour
- Clothe and wrap the baby

Name of Provider: Date: Signature:

THE SIMPLIFIED PARTOGRAPH

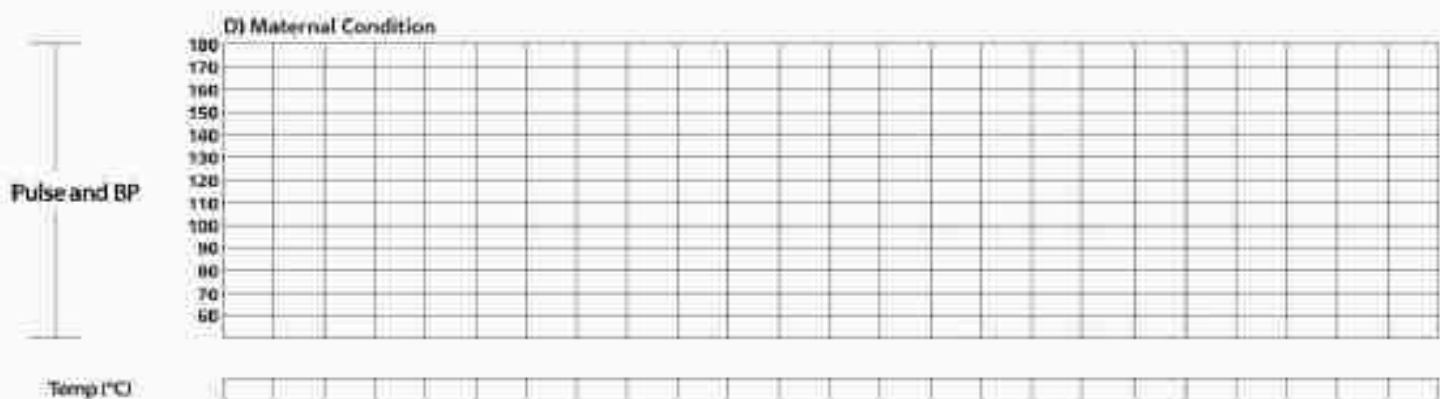
Identification Data

Name:	W/o:	Age:	Parity:	Reg. No.:
Date & Time of Admission:		Date & Time of ROM:		



C) Interventions

Drugs and IV fluid given



Initiate plotting on alert line

Refer to FRU when ALERT LINE is crossed



NOTES ON INTERVENTIONS BEFORE DELIVERY

CHECK-2 Just Before and During Birth (or C-Section)

Does Mother need:

• Antibiotics?

- ☐ Yes, given
☐ No

Give antibiotics to Mother if any of the following are present:

- ☐ Mother's temperature $\geq 38^{\circ}\text{C}$ or $\geq 100.5^{\circ}\text{F}$
☐ Foul-smelling vaginal discharge
☐ Rupture of membranes > 18 hrs with labour
☐ Labour > 24 hrs or obstructed labor now
☐ Cesarean section

• Inj. Magnesium sulfate?

- ☐ Yes, given
☐ No

Give first dose of inj. magnesium sulfate and refer immediately to FRU/Higher center OR give full dose (loading and then maintenance) if at FRU if:

Mother has systolic BP ≥ 160 or diastolic ≥ 110 with $\geq +3$ proteinuria **OR** BP systolic ≥ 140 or diastolic ≥ 90 with proteinuria trace to $+2$ along with any of:

- ☐ Presence of any symptom like:
- Severe headache
 - Blurring of vision
 - Difficulty in breathing
 - Pain in upper abdomen
 - Oligouria (passing < 400 ml urine in 24 hrs)
- ☐ Convulsions

- ☐ Skilled assistant identified and ready to help at birth if needed

Confirm essential supplies are at bedside/labour room:

For Mother

- ☐ Gloves
☐ Soap and clean water
☐ Oxytocin 10 units in syringe
☐ Pads for mother

Prepare to care for mother immediately after birth of baby (AMTSL)*

- Confirm single baby only (rule out multiple babies)
- Give inj. oxytocin 10 units IM within 1 minute
- Do controlled cord traction to deliver placenta
- Massage uterus after placenta is delivered, check for completeness (all Cotyledons and Membranes)

For Baby

- ☐ Two clean dry, warm towels
☐ Sterile scissors/blade to cut cord
☐ Mucus extractor
☐ Cord ligature
☐ Bag-and-mask

Prepare to care for baby immediately after birth

- Dry baby, wrap, and keep warm, give Vit. K, start breastfeeding
- If not breathing: clear airway and stimulate
- If still not breathing:
 - Cut cord
 - Ventilate with bag-and-mask
 - Call for help (Pediatrician/SNCU/NBSU/F-IMNCI trained doctor if available)

Name of Provider: Date: Signature:



DELIVERY NOTES

Delivery date:

/ /

Time:

Type of delivery:

Normal

Assisted

LSCS

Others (specify)

Outcome:

Live birth

Single

Still birth

Twins/ Multiple

Episiotomy:

No

Yes

AMTSL performed:

No

Yes

Uterotonic used: Inj. Oxytocin

Tab Misoprostol

Complications, if any:

PE/E

Prolonged labor

Obstructed labor

PPH

Sepsis

Fetal distress

Others (specify)

BABY NOTES

Sex of the baby:

Male

Female

Birth weight:

in grams

Was the baby dried immediately after birth:

Yes

No

Did the baby require resuscitation:

Yes

No

If yes, steps performed

Any congenital anomaly:

Injection Vitamin K administered:

Vaccination done:

BCG

OPV

Hep B

Foot-print of Baby

CHECK-3 Soon After Birth (within 1 hour)

Is Mother bleeding too much?

- ☐ Yes, shout for help, refer if needed or treat if facilities available
- ☐ No

If bleeding ≥ 500 ml, or 1 pad soaked in < 5 min:

- Call for help, massage uterus, start oxygen, start IV fluids, start oxytocin drip 20 units in 500 ml of RL@40-60 drops/min, treat cause
- If placenta not delivered or completely retained: give IM or IV Oxytocin, stabilize, and refer to FRU/Higher centre
- If placenta is incomplete: remove if any visible pieces, and refer immediately to FRU/higher centre

Does Mother need:

• Antibiotics?

- ☐ Yes, given
- ☐ No

Give antibiotics to mother if manual removal of placenta is performed, or if mother's temperature $\geq 38^{\circ}\text{C}$ ($\geq 100.5^{\circ}\text{F}$) and any of:

- ☐ Chills
- ☐ Foul-smelling vaginal discharge
- ☐ Lower abdominal tenderness
- ☐ Rupture of membranes > 18 hrs during labour
- ☐ Labour was > 24 hours

• Inj. Magnesium sulfate?

- ☐ Yes, given
- ☐ No

Give first dose of inj. magnesium sulfate and refer immediately to FRU/Higher center OR give full dose (loading and then maintenance) if at FRU if:
Mother has systolic BP ≥ 160 or diastolic ≥ 110 with $\geq +3$ proteinuria **OR** BP systolic ≥ 140 or diastolic ≥ 90 with proteinuria trace to $+2$ along with any of:

- ☐ Presence of any symptom like:
- Severe headache
 - Blurring of vision
 - Difficulty in breathing
 - Pain in upper abdomen
 - Oligouria (passing < 400 ml urine in 24 hrs)
- ☐ Convulsions

Does Baby need:

• Antibiotics?

- ☐ Yes, given
- ☐ No

Give baby antibiotics if antibiotics were given to mother, or if baby has any of:

- ☐ Breathing too fast (> 60 /min) or too slow (< 30 /min)
- ☐ Chest in-drawing, grunting
- ☐ Convulsions
- ☐ Looks sick (lethargic or irritable)
- ☐ Too cold (baby's temp $< 36^{\circ}\text{C}$ and not rising after warming)
- ☐ Too hot (baby's temp $> 38^{\circ}\text{C}$)
- ☐ Excessive crying

• Referral?

- ☐ Yes, organized
- ☐ No

Refer baby to NBSU/SNCU/FRU/higher centre if:

- Any of the above (antibiotics indications)
- Baby looks yellow, pale or bluish

• Special care and monitoring?

- ☐ Yes, organized
- ☐ No

Arrange special care/monitoring for baby if any of the following is present:

- ☐ Preterm baby
- ☐ Birth weight < 2500 gms
- ☐ Needs antibiotics
- ☐ Required resuscitation

• Syrup Nevirapine

- ☐ Yes, given and will continue upto 6 weeks
- ☐ No

Give if mother is HIV+

- ☐ **Started breastfeeding. Explain that colostrum feeding is important for baby.**
- ☐ **Started skin-to-skin contact (if mother and baby well) and KMC in pre-term and low-birth weight babies.**
- ☐ **Explain the danger signs and confirm mother/companion will call for help if danger signs present.**

Name of Provider: Date: Signature:

Notes for Mother:

Notes for Baby:

Clinical diagnosis, if any condition present:

☐ Normal ☐ Infection ☐ Jaundice ☐ Hypothermia ☐ Convulsions ☐ Others (specify).....

Assessment of Postpartum Condition

Mother		15 min	15 min	15 min	15 min	30 min	30 min	6 hrs	6 hrs	6 hrs
	BP (mmHg)									
	Temp (°C/°F)									
	Pulse (per min)									
	Bleeding PV Normal-N Excessive-E	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>	N <input type="checkbox"/> E <input type="checkbox"/>
	Uterine Tone Soft-S Contracted-C	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>	S <input type="checkbox"/> C <input type="checkbox"/>
Baby	Breastfeeding									
	Resp rate (per min)									
	Temp (°C/°F)									
	Suckling (Yes/No)									
	Chest movement									

Post-Partum Care of the Mother

Name of Mother		Date/Time of Delivery	
	Day 1	Day 2	Day 3
			Condition On Discharge
Date/Time			
Any Complaints			
Temperature			
Pulse Rate			
Blood Pressure			
Pallor/Icterus- Yes/No			
Oedema- Yes/No			
Breasts- Soft/Engorged			
Nipples- Normal/Cracked			
Uterus- Contracted/Soft			
Uterine tenderness- Yes/No			
Lochia- Healthy/Foul Smelling(H/F)			
Episiotomy/Perineal Tear- Healthy(H)/Infected (I)			
Perineal Care given- Yes/No			
Calf Muscle Tenderness- Yes/No			
Counselling- Yes/No			
Exclusive Breast Feeding			
Hygiene & Nutrition			
Post-Partum Contraception, LAM & Fertility Return			
Pelvic Floor Exercises			
Follow up Counselling & Danger signs in Mother & Newborn			
Family Counselling			
Investigations, If any			
Hb			
Others			
Complications, If any			
Referrals, if required			
Treatment Given			
Signature of attending nurse			
Signature of attending Doctor			

Care of Newborn

Name of Mother		Date	Time of Delivery	
Gestational Age at time of Birth		Weight at Birth		
Day 1	Day 2	Day 3	Condition On Discharge	
Date/Time				
Any Complaints (Diarrhoea/Vomiting/Convulsion/Jaundice)				
Weight				
Temperature				
Respiratory Rate				
Urine Passed- Yes/No				
Stool Passed- Yes/No				
Activity- Good/lethargic/no response on stimulation				
Breast feeding- Good Sucking/poor Sucking/Not feeding				
Skin- Normal/Pustules				
Umbilical Stump- Dry/Infected				
Any Anomalies				
KMC given-Yes/No				
Investigations, If any				
Others				
Complications, If any				
Referrals, if required				
Treatment Given				
Signature of attending nurse				
Signature of attending Doctor				

CHECK-4 Before Discharge

Record temperature of mother:.....
 Record BP of mother:.....
 Record temperature of baby:.....
 Record respiratory rate of baby:.....

Is Mother's bleeding controlled?

- ☐ Yes
☐ No, treat, observe and refer to FRU/
 higher centre if needed

Does mother need antibiotics?

- ☐ Yes, give and delay discharge
☐ No

Give antibiotics to mother if mother has temperature $\geq 38^{\circ}\text{C}$ or $\geq 100.5^{\circ}\text{F}$ with any of:

- ☐ Chills
☐ Foul-smelling vaginal discharge
☐ Lower abdominal tenderness

Does baby need antibiotics?

- ☐ Yes, give, delay discharge and refer to
 FRU/ higher centre
☐ No

Give baby antibiotics if baby has any of:

- ☐ Breathing too fast ($>60/\text{min}$) or too slow ($<30/\text{min}$)
☐ Chest in-drawing, grunting
☐ Convulsions
☐ Looks sick (lethargic or irritable)
☐ Too cold (baby's temp $<36^{\circ}\text{C}$ and not rising after warming)
☐ Too hot (baby's temp $>38^{\circ}\text{C}$)
☐ Stopped breastfeeding
☐ Umbilical redness extending to skin or draining pus

Is baby feeding well?

- ☐ Yes, encourage mother for exclusive breastfeeding for 6 months.
☐ No, help mother, delay discharge; refer to NBSU/ SNCU/ Higher centre if needed

- ☐ Discuss and offer family planning options to mother
☐ Explain the danger signs and confirm mother/companion will seek help/ come back if danger signs are present after discharge
☐ Arrange transport to home and follow-up for mother and baby

Thank mother for availing services from you

Danger Signs

Mother has any of:

- Excessive bleeding
- Severe abdominal pain
- Severe headache or visual disturbance
- Breathing difficulty
- Fever or chills
- Difficulty emptying bladder
- Foul smelling vaginal discharge

Baby has any of:

- Fast/difficulty breathing
- Fever
- Unusually cold
- Stops feeding well
- Less activity than normal
- Whole body becomes yellow

Name of Provider: Date: Signature: