**Labor Room Register**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year SN** | **Month SN** | **Client Detail** | **Age and Obstetric History** | **Admission**  **Details** | **Detail of interventions for Delivery** | **Details of Delivery** | **Information about Baby** | **Condition of the mother and child at discharge** | | **Complications** | | **Postpartum Family planning** | **Addition Info./ Follow up details** |
| **Mother** | **Baby** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** |
|  |  | Registration No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Husband’s Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Religion  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Education  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age (in Years)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LMP/EDD  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gravida/Parity  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Abortion  ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Living children  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous LSCS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other previous  complications:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_  Time\_\_\_\_\_\_\_\_\_\_\_  Booked  Unbooked  **Term**  Pre- term  Full-term  Post-term  BP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Temp\_\_\_\_\_\_\_\_\_\_\_\_  FHR\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proteinuria  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hb gms%\_\_\_\_\_\_\_\_  Pulse Rate\_\_\_\_\_\_\_  Blood Group\_\_\_\_\_  HIV \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Malaria\_\_\_\_\_\_\_\_\_\_  Hep B\_\_\_\_\_\_\_\_\_\_\_\_ | **Partograph Filled**  **Inducted**  **Augmented**  **Episiotomy**  **AMTSL**  Yes  No  **Type of Uterotonic**  Oxytocin IM  If others, then specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Antibiotics  Blood transfusion | Date \_\_\_\_\_\_\_\_\_\_\_\_\_  Time\_\_\_\_\_\_\_\_\_\_\_\_\_  **Type:**  Normal  Assisted Delivery (Instrumental, Vacuum, etc.)  Caesarean  **If caesarean,**  **Indication:**  Conducted By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Identification No\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Sex:**  Male  Female  Other  **Weight (Kgs):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dried immediately after birth  Yes No  Breast feed within 1 hour  Yes No  Vitamin K given  Yes No | **Child**  Alive  Still birth  IUD  New born  death  **Mother**  Alive  Maternal  Death | Date and time of Discharge  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Temp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bleeding PV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child**  Temp\_\_\_\_\_\_\_\_\_\_\_\_  Feeding\_\_\_\_\_\_\_\_\_\_  Respiratory Rate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | APH  PPH  Pre-eclampsia  Eclampsia  Sepsis  Obs. Labour  Prolonged labour  Others (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referred  Yes No | Sepsis  Asphyxia  LBW  Pre Maturity  Others  (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referred out  Yes No | Counselling  Yes No  **Method chosen:**  LAM  Condoms  Injectable  PPIUCD  Male Sterilization  PPS  Others  Date of method adopted  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Due date of Follow-up  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | Registration No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Husband’s Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Religion  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Education  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age (in Years)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LMP/EDD  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gravida/Parity  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Abortion  ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Living children  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous LSCS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other previous  complications:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_  Time\_\_\_\_\_\_\_\_\_\_\_  Booked  Unbooked  **Term**  Pre- term  Full-term  Post-term  BP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Temp\_\_\_\_\_\_\_\_\_\_\_\_  FHR\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proteinuria  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hb gms%\_\_\_\_\_\_\_\_  Pulse Rate\_\_\_\_\_\_\_  Blood Group\_\_\_\_\_  HIV \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Malaria\_\_\_\_\_\_\_\_\_\_  Hep B\_\_\_\_\_\_\_\_\_\_\_\_ | **Partograph Filled**  **Inducted**  **Augmented**  **Episiotomy**  **AMTSL**  Yes  No  **Type of Uterotonic**  Oxytocin IM  If others, then specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Antibiotics  Blood transfusion | Date \_\_\_\_\_\_\_\_\_\_\_\_\_  Time\_\_\_\_\_\_\_\_\_\_\_\_\_  **Type:**  Normal  Assisted Delivery (Instrumental, Vacuum, etc.)  Caesarean  **If caesarean,**  **Indication:**  Conducted By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Identification No\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Sex:**  Male  Female  Other  **Weight (Kgs):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dried immediately after birth  Yes No  Breast feed within 1 hour  Yes No  Vitamin K given  Yes No | **Child**  Alive  Still birth  IUD  New born  death  **Mother**  Alive  Maternal  Death | Date and time of Discharge  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Temp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bleeding PV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child**  Temp\_\_\_\_\_\_\_\_\_\_\_\_  Feeding\_\_\_\_\_\_\_\_\_\_  Respiratory Rate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | APH  PPH  Pre-eclampsia  Eclampsia  Sepsis  Obs. Labour  Prolonged labour  Others (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referred  Yes No | Sepsis  Asphyxia  LBW  Pre Maturity  Others  (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referred out  Yes No | Counselling  Yes No  **Method chosen:**  LAM  Condoms  Injectables  PPIUCD  Male Sterilization  PPS  Others  Date of method adopted  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Due date of Follow-up  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |