



Case Sheet for Maternity Services - L1 Facility (PHC and Sub-Centre)



Admission Form

MCTS No.	<input type="text"/>	Name of Facility	<input type="text"/>
Booked	Yes <input type="checkbox"/> No <input type="checkbox"/>	Block	<input type="text"/>
IPD/Registration No.	<input type="text"/>	District	<input type="text"/>
BPL/JSY Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact number (facility)	<input type="text"/>
Aadhar Card No.	<input type="text"/>	Name of ASHA	<input type="text"/>
Referred from & Reason	<input type="text"/>		

Name:	<input type="text"/>	Age:	<input type="text"/>	W/o OR D/o:	<input type="text"/>
Address:	<input type="text"/>				
Contact No:	<input type="text"/>	Marital status:	<input type="text"/>		
Admission date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time:	<input type="text"/>	Name of birth companion:	<input type="text"/>
Admission category:	presented with labor pain <input type="checkbox"/>	presented with complications of pregnancy	<input type="checkbox"/>		
	referred in from other facility <input type="checkbox"/>				
LMP:	<input type="text"/> / <input type="text"/> / <input type="text"/>	EDD:	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Provisional Diagnosis:	<input type="text"/>	Final Diagnosis:	<input type="text"/>		
Contraception History:	<input type="text"/>				

Delivery outcome: Live	<input type="checkbox"/>	Abortion	<input type="checkbox"/>	Sex of Baby: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Fresh Still Birth	<input type="checkbox"/>	Macerated Still Birth	<input type="checkbox"/>	Preterm: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Single	<input type="checkbox"/>	Twin/Multiple	<input type="checkbox"/>	Birth weight (in kgs)	<input type="text"/>	Inj. Vit. K1	<input type="checkbox"/>
Delivery date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time:	<input type="text"/>	Immunization: BCG	<input type="checkbox"/>	OPV	<input type="checkbox"/>
Mode of Delivery: Normal	<input type="checkbox"/>						
Final outcome: Discharge/ Referral/ Death/ LAMA/ Abortion							

Name and signature of service provider:	<input type="text"/>	Designation:
		Phone No:..... Date & Time:

ON ADMISSION	Gestational Age (weeks):		Past Obs H/O: APH/PPH/PE/E/C-sect/ Obst labor/ Still birth/ Anemia / Others.....		Hb%: Blood Gp Rh:	
	Antenatal steroids given: one dose/two doses/none				HIV Status: Syphilis:	
	Gravida: Para: Living children: Abortion:			Urine sugar: Albumin:		
					Malaria: Others:	
Present H/O:						
Medical H/O, if any:						
Weight:		Pulse:	Temp:	BP:	RR:	FHR:
PA findings - Fundal height (weeks):		Presenting part:		Multiple pregnancy:		
Yes/No PV findings - Cx dilation (cms):		Effacement (%):		Membranes: I / C / M / B, If ruptured,		
duration of rupture:(hrs)		Antibiotic given: Yes/No				

DURING LABOR	<p>A) Foetal Condition</p>		<p>Start plotting partograph when woman is in active labor, i.e., Cx > = 4 cms</p> <p>Initiate plotting on alert line</p> <p>Refer to FRU when ALERT LINE is crossed</p>
	<p>B) Labour</p>		
	<p>C) Interventions</p> <p>Drugs and I.V. fluid given</p>		
	<p>D) Maternal Condition</p>		
<p>Final Outcome: Discharge/ Referral/ Death/ LAMA/ Abortion</p>			

AT DELIVERY	Outcome of delivery: Live/ Abortion/ Fresh Stillbirth/ Macerated Stillbirth/ Single/ Twins*				
	Time of birth:	Sex of baby: M/F	Preterm: Yes/No	Birth weight (kg):	Cried immediately after birth: Yes/No Resuscitated: Yes/No
	Breastfeeding initiated: Yes/No If yes, time of initiation.....			Congenital anomaly: Yes/No, specify.....	
	Inj. Vit K1 given: Yes/No		Hepatitis B given: Yes/No	Condition of baby: Normal/ Infection/ Jaundice/ Hypothermia/ Convulsions/ Death/ Others, specify.....	
	BCG given: Yes/No		OPV given: Yes/No		
	Baby referred: Yes/No If yes, give reason:				
	Details of 3rd/4th stage of labor: Oxytocin 10 IU IM: Yes/No Tab Misoprostol (600 microgms): Yes/No Any other drug specify:				
	CCT: Yes/No	Ut. Massage: Yes/No		Placenta complete: Yes/No	Episiotomy given: Yes/No
	Delayed Cord Clamping: Yes/No			Skin-to-skin contact done: Yes/No	
	PPIUCD inserted: Yes/No		Complications during delivery: PPH/ Sepsis/ Pre-eclampsia/ Eclampsia/ Prolonged labor/ Obstructed labor/ Fetal distress/ Maternal death/ Others, specify.....		
Date and time of transfer to PNC ward:		Condition at transfer to ward		If referred, specify reason:	

PNC Notes for Mother and Baby										
Mother		30 min	30 min	30 min	30 min	6 hrs	6 hrs	6 hrs	Day 2 mornng	Day 2 eveng
	BP (mmHg)									
	Temp (°C/°F)									
	Pulse (per min)									
	Breast condition (soft/engorged)									
	Bleeding PV Normal-N Excessive-E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E
	Uterine Tone Soft-S Contracted-C Tender-T	S/C/T	S/C/T	S/C/T	S/C/T	S/C/T	S/C/T	S/C/T	S/C/T	S/C/T
	Episiotomy/Tear (healthy infected)									
Baby	Resp rate (per min)									
	Temp (°C/°F)									
	Breastfeeding/ Suckling (yes/no)									
	Activity (good/ lethargy)									
	Umbilical stump (dry/bleeding)									
	Jaundice (yes/no)									
	Passed urine? (yes/no)									
	Passed stool? (yes/no)									

Encircle the appropriate answer or enter the data

- Gravida- Total number of times the woman has been pregnant including this pregnancy
- Para- Total number of babies born after 20 weeks
- Living children- Total number of children currently alive
- NVD = Normal vaginal delivery
- Membranes: I/C/M/B = Intact/clear liquor/meconium/blood
- Sex of baby: M/F = Male or Female
- Specify type of genital injury: Perineal tear/cervical tear/extension of episiotomy/vulval hematoma
- Specify if there is any gross congenital anomaly: Cleft lip/cleft palate; Neural tube defect; spina bifida; meningo-myelocoele; hydrocephalus; anencephaly; Down's syndrome; Club foot; imperforate anus; Tracheo-esophageal fistula; Others

***In case of another baby, add additional sheet for baby notes**



EXAMINATION OF THE NEWBORN FROM HEAD TO TOE FOR COMMON BIRTH DEFECTS

GENERAL OBSERVATION : If present, refer

- Looks ill
- Lethargic
- Abnormal cry
- Not feeding
- **Colour of skin:** a) Pale b) Blue c) Yellow

1 HEAD AND SPINE

1. Size too large > 38 cms (full term)
2. Size too small < 32 cms (full term)
3. Absence of skull cap
4. Swelling or protruding of the brain
5. Abnormal swelling of the spine



1 HYDROCEPHALOUS Q03



2 MICROCEPHALY Q02



3 ANENCEPHALY Q00



4 ENCEPHALOCELE Q01



5 SPINA BIFIDA WITH MENINGOCELE Q05

2 EYES, EARS, MOUTH AND LIPS

EYES

1. Eyelid- swelling
2. Eyelid- droopy
3. Gap in eyelid
4. Eyeball- absent
5. Eyeball -small
6. Inside the eye- corneal clouding
7. Inside the eye- opacity of lens/white reflex



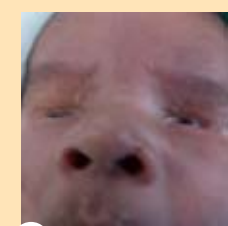
1 HAEMANGIOMA D 18.01



2 PTOSIS Q 10.0



3 COLOBOMA OF EYELID Q10.3



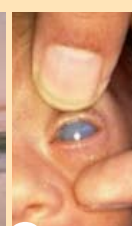
4 ANOPHTHALMOS Q11.0, Q11.1 ONE EYE OR BOTH EYES



5 MICROPTHALMOS Q11.2



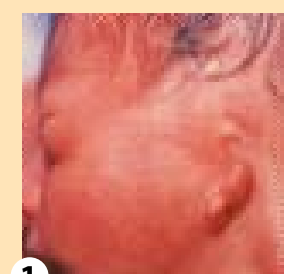
6 CONGENITAL CATARACT Q12.0



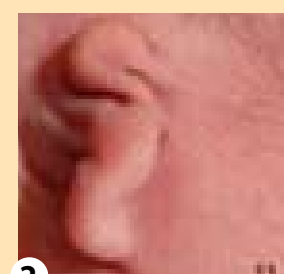
7 CONGENITAL GLAUCOMA Q15.0

EAR

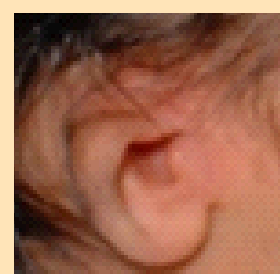
1. Absent
2. Abnormal shape



1 ANOTIA Q 16.0



2 MICROTIA III



3 MICROTIA II

MOUTH

1. Cleft (split) lip
2. Cleft (split) palate
3. Cleft (split) lip and palate



1 CLEFT LIP Q 36



2 CLEFT PALATE Q 35



3 CLEFT LIP & PALATE Q37

3 ABDOMEN AND ANUS

ABDOMEN

1. Scaphoid (sunken and concave) with respiratory distress: X-ray abdomen
2. Distended: X-ray abdomen
3. Wall defect- gap with herniation of the gut



1 DIAPHRAGMATIC HERNIA Q 79.0



2 INTESTINAL OBSTRUCTION Q 76.9



3 GASTROSCHISIS Q 79.3



3 OMPHALOCELE Q 79.2

ANUS

1. Absent/imperforate/ abnormally positioned



1 IMPERFORATE ANUS/ANORECTAL ATRESIA AND STENOSIS WITH OR WITHOUT FISTULA Q42.0-Q42.3

4 GENITALIA

1. Ambiguous genitalia
2. Vaginal opening absent
3. Abnormal urethral opening- look where



1 AMBIGUOUS GENITALIA Q 56.4



2 VAGINAL AGENESIS Q 52.0



3 HYPOSPADIAS Q 54

5 URINARY TRACT

1. Bladder – not covered
2. Wrinkled abdominal wall
3. Urinary stream- check if male child



1 BLADDER EXSTROPHY Q 64.0



2 PRUNE BELLY Q 79.4



3 POSTERIOR URETHRAL VALVE Q 64.20

7 CHROMOSOMAL

1. Flattened facial features and nose
2. Single palmar crease
3. Upward slanting of eyes
4. Short neck with excess skin on the back of the neck



DOWN SYNDROME Q90



6 LIMBS (UPPER & LOWER)

1. Absence of a whole or part of upper limb
2. Absence of a whole or part of lower limb
3. Fused digits
4. Absence of digits or split hand/foot
5. Extra digits
6. Club foot



1 LIMB REDUCTION DEFECT UPPER Q71



2 LIMB REDUCTION DEFECT LOWER Q72



3 SYNDACTYLY Q 69



4 ECTRODACTYLY Q 72.7



4 POLYDACTYLY Q 70



5 CLUB FOOT-TALIPES EQUINOVARUS Q 66.0



6 CLUB FOOT-TALIPES EQUINOVARUS Q 66.0

Facility Name:

Name of ASHA:

Discharge/Referral Slip
(Encircle whichever applicable)

Name:	W/o:	Age:	Booked case: Yes/No BPL/JSY Reg.: Yes/No	MCTS NO:
Date of admission:		Time of admission:	Date of discharge/referral:	
			Time of discharge/referral:	
Delivery date:		Time:	Mode of delivery: Normal vaginal delivery	
Delivery outcome: Live/ Abortion/ Fresh Stillbirth/ Macerated Stillbirth/ Single/ Twins				
Sex of baby: M/F		Birth weight (kgs):	Preterm: Yes/No	
Immunization: BCG/OPV/Hepatitis B			Inj. Vitamin K1 given: Yes/No	
Condition of mother at discharge/referral:			Condition of baby at discharge/referral:	
<p>Advice for mother:</p> <ul style="list-style-type: none"> - Rest - Tab iron - Tab calcium - Plenty of fluids - Nutritious diet - Contraception - Danger signs for mother: <ul style="list-style-type: none"> • Excessive bleeding • Severe abdominal pain • Severe headache or visual disturbance • Breathing difficulty • Fever or chills • Difficulty emptying bladder • Foul smelling vaginal discharge 			<p>Advice for baby:</p> <ul style="list-style-type: none"> - Exclusive breastfeeding for 6 months..... - No water/honey/ghutti - Dry cord care - Ensure burping after breastfeeding - Danger signs: <ul style="list-style-type: none"> • Fast/ Difficulty breathing • Fever • Unusually cold • Stops feeding well • Less activity than normal • Whole body becomes yellow 	
<p>If referred:</p> <p>Name of facility referrer to..... Reason for referral.....</p> <p>Other notes:</p>				

Name and Signature of provider:

खतरे के लक्षण

यदि आपको निम्न में से कोई भी खतरे का संकेत हो तो तुरन्त अस्पताल आएँ



अधिक रक्त स्राव



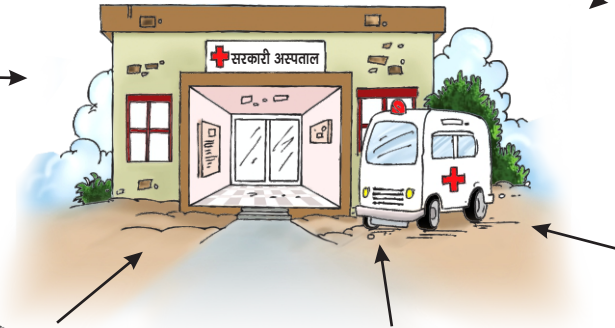
पेट में तेज़ दर्द या सांस लेने में तकलीफ



अत्यधिक सिरदर्द और धुंधलापन



योनि से बदबूदार स्राव



दौरे आना



पेशाब करने में तकलीफ



बुखार या ठिठुरना/कंपकपाहट

यदि आपके शिशु को निम्न में से कोई भी खतरे का संकेत हो तो तुरन्त अस्पताल आएँ



बच्चा स्वस्थ न लगे



ठीक स स्तनपान न करना



तेज़ सांस चलना या सांस लेने में तकलीफ



पूरा शरीर पीला पड़ना



दस्त



बुखार या असाधारण रूप से ठंडा पड़ना

CHECK-1 On Admission

Record temperature of mother:.....

Record BP of mother:.....

Record Fetal Heart Rate (FHR):

Does Mother need referral?

- ☐ 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 | |

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

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
- ☐ If ART is not available, refer immediately after delivery to ICTC/ART Centre/Link ART Centre for further HIV management

☐ Follow Universal Precautions

If HIV status unknown:

- ☐ Recommend HIV testing

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:

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

Record temperature of mother:.....
Record BP of mother:.....
Record Fetal Heart Rate (FHR):

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)

***AMTSL - Inj. Oxytocin 10 units IM given within one minute of birth of baby?**

- ☐ Yes
- ☐ No

Breastfeeding initiated in first half-an-hour of birth of the baby

- ☐ Yes
- ☐ No

*AMTSL - Active Management of Third Stage of Labour

Name of Provider:Date: Signature:



CHECK-3 Soon After Birth (within 1 hour)

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

Is Mother bleeding abnormally?

- ☐ 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 • Oliguria (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 ($> 60/\text{min}$) 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 $> 38^{\circ}\text{C}$)
☐ 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+:

- If mother has received > 24 weeks of ART, give syrup Nevirapine to baby for 6 weeks
- If mother has received < 24 weeks of ART or mother is not on ART, give syrup Nevirapine to baby for 12 weeks

- ☐ **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:

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
☐ Confirm post delivery stay at facility for 48 hours in normal delivery and 7 days in C-section cases
☐ 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: