



Case Sheet for Maternity Services - L3 Facility



Admission Form

MCTS No.	
Booked	Yes ☐ No ☐
IPD/Registration No.	
BPL/JSY Registration	Yes ☐ No ☐
Aadhar Card No.	
Referred from & Reason	

Name of Facility	
Block	
District	
Contact number (facility)	
Name of ASHA	

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

Delivery outcome: Live ☐	Abortion ☐	Sex of Baby: Male ☐	Female ☐
Fresh Still Birth ☐	Macerated Still Birth ☐	Preterm: Yes ☐	No ☐
Single ☐	Twin/Multiple ☐	Birth weight (in kgs)	Inj.Vit.K1 ☐
Delivery date:	/ /	Time:	
Immunization: BCG ☐	OPV ☐	HepB ☐	
Mode of Delivery/ Procedure:	Normal ☐	Assisted ☐	CS ☐
Other (specify)			
Indication for assisted/ LSCS/ Others			
Final outcome: Discharge/ Referral/ Death/ LAMA/ Abortion			

Name and signature of service provider:

Designation:

Phone No:..... Date & Time:

Presenting complaints:	Past Obstetrics History:	Medical/ Surgical History: (Please specify)	
	APH:		
	PPH:		
	PE/E:		
	C-section:		
	Obstructed labor:		
	Still births:		
	Congenital anomaly:		
Anemia			
Others (Specify):.....			
		Family H/o chronic illness: (Please specify)	

Date and time of onset of labor:	/ /
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Gravida:		Parity:		Abortion:		Living children:	
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General Examination	Height:	cms	Weight:	kgs
	Pallor:		Jaundice:	
			Pedal Edema:	

Vitals	BP:	mmHg	Temperature:	°C/°F
	Pulse:	/min.	Respiratory rate:	/min.
			FHR:	/min.

PA Examination	Presentation: Cephalic:		Others (specify):.....
	Engagement:		Lie:

Gestational Age	LMP:	/ /	EDD:	/ /
	Pre-term:	Yes ☐ No ☐	Fundal heights (in wks):	
	Antenatal corticosteroid given:	Yes ☐ No ☐	Age from USG:	
			Final estimated Gestational Age (in wks):	

PV Examination	Cervical dilatation:	(in cms)	Cervical effacement:	(%)
	Membranes:	Ruptured ☐ Intact ☐		
	Colour of amniotic fluid:	Clear ☐ Meconium ☐	Blood	
	Pelvis adequate:	Yes ☐ No ☐		

Investigations	Blood Group & Rh:		Anti-D given:	
	Hb:		Blood Sugar:	
	Urine Protein:		Urine Sugar:	
	HIV:		HBsAg:	
	Syphilis:		Malaria:	
	Others:	.....		

CHECK-1 On Admission

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:

- | | |
|--|--|
| ☐ Vaginal bleeding | ☐ Severe abdominal pain |
| ☐ High fever | ☐ History of heart disease or other major illnesses |
| ☐ Severe headache or blurred vision | ☐ Difficulty in breathing |
| ☐ 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 $\geq +3$ 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 |
| • Pain in upper abdomen | • Oligouria (passing <400 ml urine in 24 hrs) |
| ☐ 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

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:

OBSTETRIC NOTES (INTERVENTIONS BEFORE DELIVERY)

Augmentation performed: Yes

☐

No

☐

If yes, please specify the indication for augmentation

AUGMENT ONLY IF INDICATED AND IN CENTERS WITH FACILITY FOR C-SECTION

THE SIMPLIFIED PARTOGRAPH

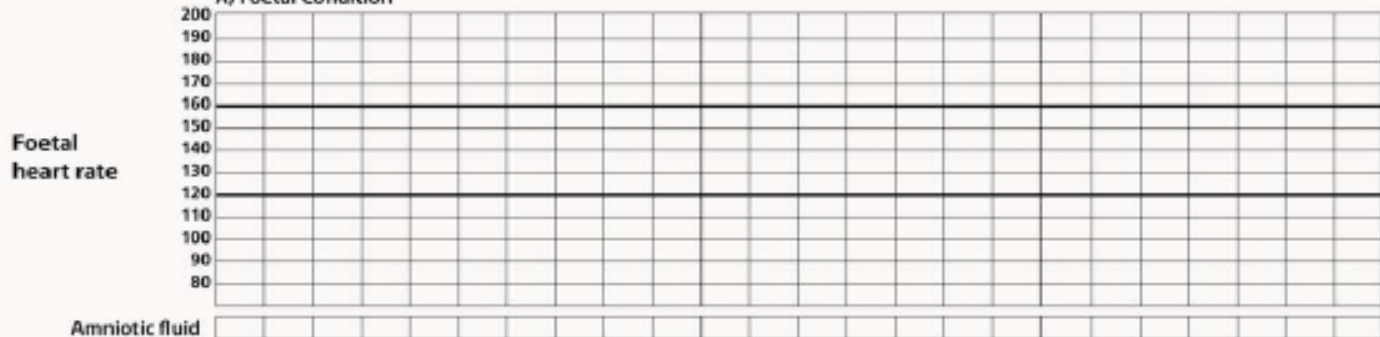
Start plotting partograph when woman is in active labor, i.e., Cx $\geq$ 4 cms

Identification Data

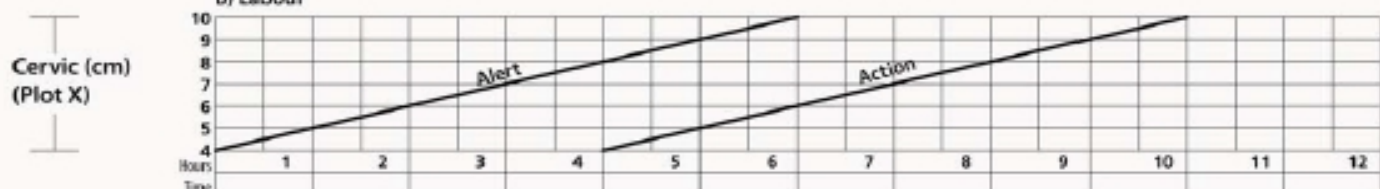
Name: _____ W/o: _____ Age: _____ Parity: _____ Reg.No.: _____

Date & Time of Admission: _____ Date & Time of ROM: _____

A) Foetal Condition



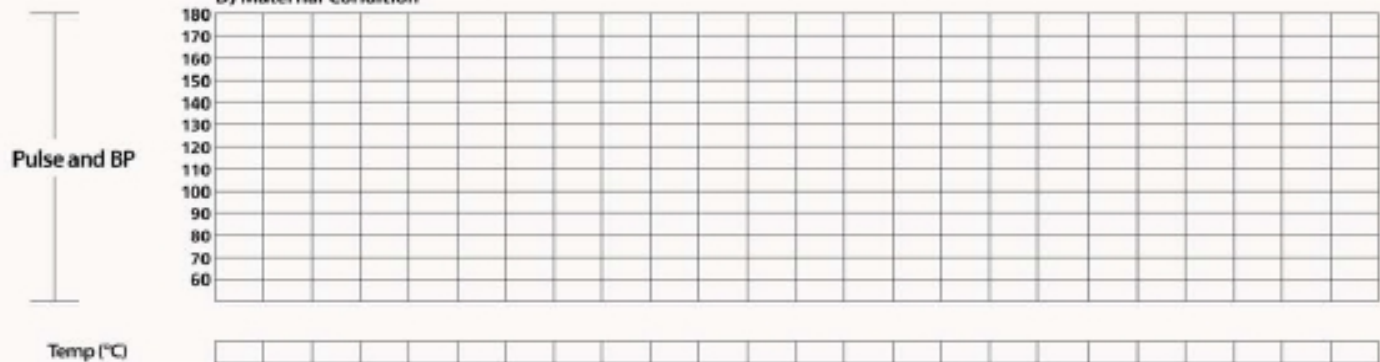
B) Labour



C) Interventions

Drugs and I.V. fluid given _____

D) Maternal Condition



Initiate plotting on alert line

Refer to FRU when ALERT LINE is crossed



Ministry of Health & Family Welfare
Government of India



Consent for procedures

I _____ son/daughter/wife of _____ age (yrs) _____ address _____
_____ myself _____ or other _____ age (yrs) _____
relation (Son/Daughter/Father/Mother/Wife/Other) _____ provide my consent for
Medical/Surgical _____ /Anesthesia _____ procedure (Write the name of procedure).

I have been informed about the probable consequences of this procedure/anesthesia in detail, in the language I understand. I am signing this consent form without any undue pressure and in my complete consciousness.

The doctor/provider shall not be held responsible in case of any complication/mishap.

Parent/Guardian's signature _____

Consent for PPIUCD

I _____ son/daughter/wife of _____ age (yrs) _____ address _____
_____ myself _____ or other _____ age _____ relation (Mother/Father/Husband)
_____ provide my consent for procedure (Write the name of procedure).

I have been informed about the probable consequences of this procedure in detail, in the language I understand. I am signing this consent form without any undue pressure and in my complete consciousness.

The doctor/provider shall not be held responsible in case of any complication/mishap.

Name & signature of patient

Name & signature of attendant

Notes on Pre-Anesthetic Check-up

Date:/...../..... Time:

Planned procedure:

History:

Physical Examination:

CVS:.....

RS:

CNS:

Others:.....

Investigations:

Instructions:

Signature of Anesthetist

Anesthesia Notes

Date:/...../..... Start time: End time:

Procedure:

Name of Anesthesiologist:..... Name of Anesthesia Nurse:

Notes:

Reversal:.....

Post-operative Instructions:

Signature of Anesthetist

Just Before and During Birth | SAFE CHILDBIRTH CHECKLIST

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:



Adapted from "WHO Safe Childbirth Checklist"

Operation/Procedure Notes (If applicable)

Procedure performed

Indication for the procedure

.....

Whether Patient/Guardian explained about the procedure and probable

.....

Consent of patient/ Guardian

Yes

☐

No

☐

Procedure start time

Procedure end time

Type of Anesthesia

Procedure notes:

.....

.....

.....

.....

.....

.....

Condition at transfer to ward

.....

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Treatment advised

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Signature of Doctor

DELIVERY NOTES

Delivery date:

/ /

Time:

Type of delivery:

Normal

Assisted: Vacuum

Forceps

LSCS

Others (specify)

Outcome:

Live birth

Abortion

Fresh Still Birth

Macerated Still birth:

Single

Twin/ Multiple

Episiotomy:

No

Yes

Delayed Cord Clamping

AMTSL performed:

No

Yes

Yes

No

1. Uterotonic administered:

Inj. Oxytocin

OR

Tab Misoprostol

2. CCT:

Yes

No

3. Uterine massage

Yes

No

Complications, if any:

PPH

Sepsis

PE/E

Prolonged labor

Obstructed labor

Fetal distress

Maternal death

Cause and Time:

Others (specify)

PPIUCD Inserted:

Yes

No

BABY NOTES

Sex of the baby:

Male

Female

Skin-to-skin contact done: Yes

No

Birth weight:

in kgs

Preterm: Yes

No

Did the baby cry immediately after birth:

Yes

No

Did the baby require resuscitation:

Yes

No

If yes, was it initiated in labor room

Yes

No

Breastfeeding initiated:

Yes

No

Time of initiation:

Any congenital anomaly (please specify):

Any other complication (please specify):

Injection Vitamin K1 administered:

Yes

No

If yes, dose

Vaccination done:

BCG

OPV

Hep B

Temperature of baby

Identification for Baby

Continuation Sheet for Post Delivery Notes

Continuation Sheet for Post Delivery Notes

Blood Transfusion or Other Procedure Notes

CHECK-3 Soon After Birth (within 1 hour)

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
 - 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+:

- 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:

Notes for Mother:

Notes for Baby:

Clinical diagnosis, if any condition present:
Normal ☐ Infection ☐ Jaundice ☐ Hypothermia ☐ Convulsions ☐ Death ☐
Others (specify).....

Date and time of transfer to PNC ward:

/ /

Condition at transfer to PNC ward:

If referred, reason for referral of mother/baby:

Assessment of Postpartum Condition										
Mother		30 min	30 min	30 min	30 min	6 hrs	6 hrs	6 hrs	Day 2 Morning	Day 2 Evening
	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)									

CHECK-4 Before Discharge

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:

Discharge Notes

Condition at Discharge:

Final outcome: Discharged ☐ Referred out ☐
Condition of mother: Live and healthy ☐ Maternal death ☐
BP of mother: mmHg Temperature of mother °C/°F
Condition of baby: Live and healthy ☐ Newborn death ☐ Referred to SNCU ☐
Temperature of baby °C/°F Respiratory rate of baby /min.

Advise at Discharge:

Counselling on danger signs done: Yes ☐ No ☐
Family Planning method adopted: PPIUCD ☐ PPS ☐ LAM ☐ Condom ☐
None ☐ Others (specify):

Other 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 HYDROCEPHALUS Q003



2 MICROCEPHALY Q002



3 ANENCEPHALY Q000



4 ENCEPHALOCELE Q001



5 SPINA BIFIDA WITH MENINGOCELE Q005

2 EYES, EARS, MOUTH AND LIPS

EYES

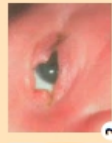
1. Eyelid- swelling
2. Eyelid- droopy
3. Gap in eyelid
4. Eyeball- absent
5. Eyeball -small
6. Inside the eye- corneal clouding
7. Inside the eye- opacity of lens/white reflex



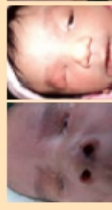
1 HEMANGIOMA D 18.01



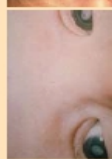
2 PTOSIS Q 10.0



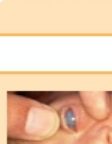
3 COLOBOMA OF EYELID Q10.3



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



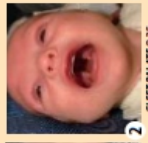
3 MICROTIA II

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 78.9



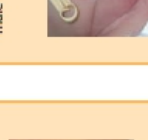
3 GASTROSCHISIS Q 79.3

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

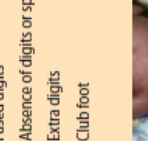
1. Bladder - not covered
2. Wrinkled abdominal wall
3. Urinary stream- check if male child



1 BLADDER ECTOPHY Q 64.0



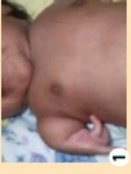
2 PRUNE BELLY Q 79.4



3 POSTERIOR URETHRAL VALVE Q 62.20

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 SYNDACTYL Q 69



4 ECTRODACTYL Q 72.7



5 POUDDACTYL Q 70



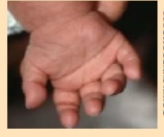
6 CLUB FOOT- TALIPES EQUINOVARUS Q 66.0

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



1 DOWN SYNDROME Q90



3 CLUB FOOT- TALIPES EQUINOVARUS Q 66.0

* If any of the above identified, record findings in RCH register and RBSK birth defect recording format along with MCTS details.

* Need urgent referral

Discharge/ Referral/ LAMA/ Death Form (Tick (✓) whichever applicable)

Name of Facility:			
Block:		District:	
Name and signature of service provider:		Phone No.	

Name:		W/o or D/o:		Age (yrs):	MCTS No.
Date of admission: / /	Time of admission:	Date of Discharge/ Referral: / /		Time of Discharge/Referral:	
Date of delivery: / /	Time of delivery:	Delivery outcome: Live birth ☐ Abortion ☐ Single ☐ Fresh Still birth ☐ Macerated Still birth ☐ Twins/Multiple ☐			

Final outcome: Discharge/ Referred out/ LAMA/ Death/ Abortion
(Tick (✓) whichever applicable)

Discharge summary:	Referral summary:
Condition of mother	Reason for referral
FP option (if provided) .....	.....
Condition of baby	Facility name (referred to)
Sex of baby M ☐ F ☐ Birth weight (kgs).....	.....
Pre-term: Yes ☐ No ☐ Inj. Vit K1: Yes ☐ No ☐	Treatment given
Immunization: BCG ☐ OPV ☐ Hepatitis B ☐	.....
Advice on discharge:	.....
☐ Counselling on danger signs for mother and baby	.....
☐ Rest, nutrition and plenty of fluids	.....
☐ Tab iron ☐ Tab calcium.....	.....
Treatment given .....	.....
.....	
Follow-up date .....	.....

Notes on Discharge/ Referral/ Death

खतरे के लक्षण

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



अधिक रक्त स्राव



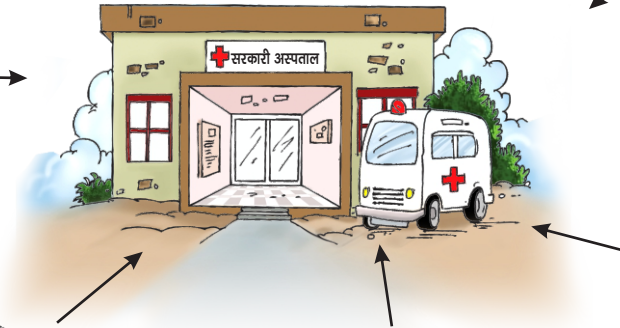
पेट में तेज़ दर्द या सांस लेने में तकलीफ



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 से स्तनपान न करना



तेज़ सांस चलना या सांस लेने में तकलीफ



पूरा शरीर पीला पड़ना



दस्त



बुखार या असाधारण रूप से ठंडा पड़ना