Labor Room Register

Yearly S. No.	Monthly S. No.	Client Details									Obstetric History				Admission Details																	Details of Interventions for Delivery			
																			Investigations																
		Registration No.	MCTS No.	Name & Age	Husband's/Father's/Guardians Name	Address & Contact No. (Mobile No.)	BPL/JSY/MBS Registration (Yes/No)	Aadhar Card No.	Bank Details	ASHA name & Contact No.	LMP/EDD	Gravida/Parity/Abortion/Living Children (GPLA)	Previous LSCS (Yes/No)	Other previous complications (Yes/No; if 'Yes' then provide details)	Date	Time	Direct in Labour (Yes/No)	Gestational age (in weeks)	BP	Temp	FHR	Proteinuria	Hb gms %	Blood Group	HIV	Syphilis	Malaria	Hep B	Hep C	Referred (Yes/No ; if 'Yes' then details of referred facility)	Identified as High Risk Pregnancy (Yes/No ; if 'Yes' specify)	Partograph filled (Yes/No)	* Inducted (Yes/No)	* Augmented (Yes/No)	Inj. Dexamethasone (Yes/No)

*Induction and Augmentation to be done only at FRUs with C-section facility (Unnecessary Induction and Augmentation should not be done

Please fill in 'NA' if column is not applicable

Labor Room Register

Details of Interventions for Delivery							Details of Delivery									Information about Baby										Complications		In case of Referral				Condition of mother and baby at discharge							Postpartum Family Planning			Addtion Info. /Follow up details
													Baby										Vaccination (Yes/No)			Mother	Baby	Mother		Baby			Mother			Baby						
Inj. Magnesium Sulfate (Yes/No)	Episiotomy (Yes/No)	AMTSL (Yes/No)	Oxytocin IM (Yes/No ; if 'No' then specify any other uterotonic used)	Delayed cord clamping (1-3min (yes/No))	Antibiotics (Yes/No)	Blood Transfusion (Yes/No)	Date	Time	Type of delivery (Normal/Assisted Delivery (Instrumental/Vacuum) Caesarean)	If Caesarean, Specify indications	Conducted by	Delivery outcome Mother (Alive /Maternal Death)	Single / Multiple	Term (Full term/ preterm / post term)	Alive/Fresh Stillbirth / Macerated Stillbirth / Newborn Death	Identification No.	Sex (Male / Female / Other)	Weight (Kgs)	Dried immediately after birth (Yes/No)	** Resuscitation required (Yes/No)	Brest feed within 1 hours (Yes/No ; if 'No' then mention time)	Vitamin K1 given (Yes/No)	BCG	OPV	Hep B	Complication (APH; PPH; Pre-Eclampsia; Eclampsia; Sepsis; Obs. labour; Prolonged labour; Others (specify))	Complication (Sepsis; Asphyxia; LBW; Pre Maturity; Others (specify))	Reason	Referred to	Reason	Referred to	Date and Time	BP	Temp	Bleeding PV (Yes/No)	Temp	Feeding (Yes/No)	Respiratory rate	Counselling (Yes/No)	Method chosen (LAM; Condoms; Injectable; PPIUCD; Male Sterilization; PPS; Others (Specify))	Date of method adopted	Signature of LR I/C

**States may consider including steps of newborn resuscitation: Position, Suction, Stimulation, Reposition, Bag & Mask Ventilation.

Please fill in 'NA' if column is not applicable

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