| Client Details | Obstetric History | Admission Details | Details of Delivery | Information about Baby | Complications | In case of Refusal | Conditions of mother and baby at Discharge | Postpartum/Pandy Pandy | Antenatal Follow up
|----------------|-------------------|-------------------|--------------------|-----------------------|---------------|----------------------|------------------------------------------|------------------------|------------------------
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Marital Status</th>
<th>Date of Admission</th>
<th>Pre-pregnancy Weight</th>
<th>Weight Gain</th>
<th>Date of Delivery</th>
<th>Mode of Delivery</th>
<th>Duration</th>
<th>Weight</th>
<th>Length</th>
<th>Diameter</th>
<th>APGAR Score</th>
<th>Gestation</th>
<th>Birth Weight</th>
<th>Birth Position</th>
<th>Shoulders</th>
<th>Umbilical Cord</th>
</tr>
</thead>
</table>

**Labor Room Register**

*Induction and Augmentation to be done only at FFUs with C-section facility. Choanalotomy Induction and Augmentation should not be done.*
*Delete the columns in not applicable.*

**Labor Room Register**

*Diabetes may consider including steps of newborn resuscitation: Palpation, Suction, Stimulation, Resuscitation, Bag & Mask ventilators.*
*Delete the columns in not applicable.*
### Client Details
- Registration No.
- MCTS No.
- Name & Age
- Husband's/Father's/Guardians Name
- Address & Contact No. (Mobile No.)
- BPL/JBY/MBS Registration (Yes/No)
- Aadhar Card No.
- Bank Details
- ASHA name & Contact No.

### Obstetric History
- LMP/EDD
- Gravida/Parity/Abortion/Living Children (GPAL)
- Previous LSCS (Yes/No)
- Other previous complications (Yes/No; if 'Yes' then provide details)

### Investigation
- Date
- Time
- Direct in Labour (Yes/No)
- Gestational age (in weeks)

#### Additional Details
- **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
- Partograph filled (Yes/No)
  - * Induced (Yes/No)
  - * Augmented (Yes/No)
- Inj. Dexamethasone (Yes/No)
# Labor Room Register

<table>
<thead>
<tr>
<th>Details of Interventions for Delivery</th>
<th>Details of Delivery</th>
<th>Information about Baby</th>
<th>Complications</th>
<th>In case of Referral</th>
<th>Condition of mother and baby at discharge</th>
<th>Postpartum Family Planning</th>
<th>Addition Info. Follow up details</th>
<th>Signature of U/C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site of Delivery</td>
<td>Date</td>
<td>Time</td>
<td>Baby</td>
<td>Baby</td>
<td>Baby</td>
<td>Baby</td>
<td>Baby</td>
<td>Baby</td>
</tr>
<tr>
<td>Type of delivery (Normal/Aid./Delivery (Vesico-Vag) Caeuren)</td>
<td>Conducted by</td>
<td>Delivery outcome (Mother, Baby, Others)</td>
<td>Single / Multiple</td>
<td>Term (Full term, premature / post term)</td>
<td>Alive / Fetal Status / Mortality Stabilizer / Non-Death No.</td>
<td>Identification No.</td>
<td>Vitamin K (Yes/No)</td>
<td>Complication (Yes/No)</td>
</tr>
<tr>
<td>NICU</td>
<td>Time</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Please fill in ‘NA’ if column is not applicable.