

Dakshata



Monthly reporting format

Facility: District: State: Provider name (If applicable): Month and year:

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|--|---|--------------------------------|---------------------------|
| S.No | Data element | Numbers in the reporting month | |
| Α | Obstetric Services | | |
| A1 | Total number of normal deliveries in the facility | | |
| A2 | Total number of assisted deliveries in the facility (Vacuum/ forceps) | | |
| A3 | Total number of caesarean deliveries in the facility | | |
| A4 | Number of live births in the facility | | |
| A5 | Number of still births in the facility | | |
| A6 | Number of Intrauterine deaths in the facility | | |
| A7 | Number of maternal deaths in facility in the month | | |
| A8 | Number of new born deaths in facility in the reported month | | |
| В | Complicated deliveries | Managed at facility | Referred to higher center |
| B1 | Mothers with post-partum hemorrhage | | |
| B2 | Mothers with Sepsis | | |
| В3 | Mothers with Severe Pre-eclampsia/ Eclampsia | | |
| B4 | Mothers with Prolonged labor | | |
| B5 | Mothers with Obstructed labor | | |
| В6 | Newborn with asphyxia | | |
| В7 | Number of newborn with sepsis | | |
| B8 | Number of pre term births (<34 weeks) | | |
| С | Practices | | |
| C1 | Number of deliveries where partographs were used for monitoring of labor | | |
| C2 | Number of deliveries where mother's Blood pressure was recorded at admission | | |
| C3 | Number of deliveries where mother's temperature was recorded at admission | | |
| C4 | Number of deliveries where oxytocin was given as uterotonic for Active management of third stage of labor immediately after birth | | |
| C5 | Number of livebirths where baby was breast feed within 1 hour of delivery | | |
| C6 | Number of deliveries where mothers temperature was recorded at discharge | | |
| C7 | Number of deliveries where Baby's birth weight was recorded after birth | | |
| C8 | Number of deliveries where Safe child birth checklist was used | | |
| C9 | Number of livebirths where Baby's Temperature was recorded at discharge | | |
| C10 | Number of preterm births (<34 weeks) where antenatal corticosteroids were administered | | |
| C11 | Number of mothers who adopted a post-partum family planning method | | |
| C11.1 | PPIUCD | | |
| C11.2 | LAM | | |
| C11.3 | Post-partum sterilization | | |
| C11.4 | Condoms | | |
| C11.5 | Others (specify) | | |