

USAID/BASICS/POPPHI - DELIVERY ROOM REGISTER

Facility Name: \_\_\_\_\_ Zone \_\_\_\_\_

Date of Admission	Date and Time of Delivery	Date of Discharge/referral
	No. of the delivery (monthly)	
	No. of the delivery ( annual)	
	Full name	
	Address	
	Age of mother	
	ANC Register number	
	HIV status ( 1 = +ve; 2 = -ve; 3 = not known)	
	Past Obstetric History : Abortions (A. ) Gravida (G. ) Para (P. ); Stillbirths (S. ) Deaths (D. )	
	Date of LMP	
	Maternal BP	
	Presentation	
	AMSTL implemented 1 = Yes; 2 = No	
	Placenta	
	Maternal problems: Note details actions taken: 1= mother referred; 2=Antibiotics given; 3= Others (specify)	
	Birth weight of baby	
	Sex of the baby	
	Mode of delivery	
	Breathing at birth: 1.) Immediate cry/breathing; 2. breathing delayed----- minutes	
	Resuscitation : 1.) Nil; 2. stimulation. 3. ventilation	
	Feeding: 1. breastfeeding started within 1 hr., 2. BF started later, 3. Alternative feeding started	
	Baby's Temperature: 1.) Dried immediately + wrapped including head; 2.) skin-to-skin contact	
	Cord Care: 1 = cut with sterile instrument; 2 = cut with clean blade; 3 = antiseptic applied; others --(specify)	
	Danger signs during stay: 1 = Not sucking/poor sucking, 2 = inactive, 3 = fever/hypothermia, 4 = difficult breathing, 5 = convulsions, 6 = vomiting, 7 =	
	Treatment given for baby: 1 = vitamin K; 2 = 1st dose of antibiotics 3 = ARV prophylaxis; 4 = Other treatment-specify	
	Actions: 1.) baby discharged home; 2.) Baby referred to higher facility for _____ (note problem)	
	Comments	
	Name of the person conducting the delivery	

