

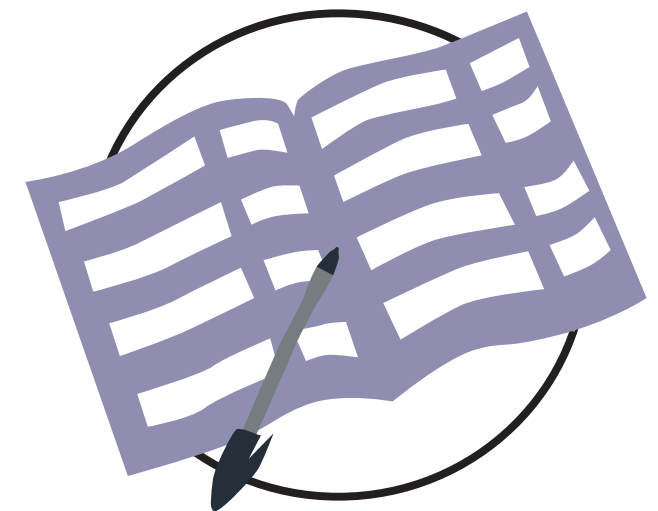
Health Information System

9.2 Reproductive Health

Organisation: _____

Location: _____

Delivery Register



> Illustrated Guide to Delivery Register

A								B								C								D																
Serial No.	ANC No.	Name	Age	Status (Ref / Nat)	Address	Date of admission	Time of admission	REGISTRATION								DELIVERY DETAILS				DELIVERY OUTCOME				REFERRAL	NEWBORN															
								Gravidity	Parity	No. of children	LMP	EDD	Gest. age	Blood Pressure	Fetal HR	Presentation	Syphilis -ve +ve	Date of delivery	Time of delivery	Mode of delivery	Location of delivery	Att'd by skilled hlth worker	Normal Delivery	Delivery Compl.*	Stillbirth Macer. Fresh	Was referral needed If Yes, give reason	Sex (M / F)	Condition	Apgar Score	Birth Weight < 2500g > 2500g		Vitamin A 200 000 IU	Name of newborn							

A Basic Information

Serial No.:
> **Enter sequence number in register**

Antenatal No.:
> **Enter unique identifying number**

Name:
> **Print name of expectant mother**

Age:
> **Fill age (in years)**

Status:
> **Classify as Refugee (Ref) / National (Nat)**

Address:
> **Print Camp Address (Refugee) / Nearest Village (National)**

Date of admission:
> **Enter date (dd/mm/yy)**

Time of admission:
> **Enter time (hh:mm)**

NOTES

ALL deliveries should be recorded in this register, including those outside the maternity ward.

Deliveries at home, births before arrival and births in referral facilities should be updated into the register using relevant data sources (e.g. CHW and TBA reports, hospital records).

B Obstetric History

Gravidity:
> **Number of pregnancy (see glossary)**

Parity:
> **Number of previous deliveries (see glossary)**

No. of children:
> **Number of surviving children**

LMP:
> **Date of Last Menstrual Period (dd/mm/yy)**

EDD:
> **Expected Delivery Date (dd/mm/yy)**

Gest. Age:
> **Gestational Age in weeks (XX / 36)**

Blood Pressure:
> **Enter Blood pressure of mother (mmHg)**

Fetal HR:
> **Enter Fetal heart rate (beats per minute)**

Presentation:
> **Classify as Cephalic / Breech / Oblique / Transverse**

Syphilis:
> **Enter date of test in column that corresponds with result (-ve / -+e).**

C Delivery Details and Outcome

Date of delivery:
> **Enter date (dd/mm/yy)**

Time of delivery:
> **Enter time (hh:mm)**

Mode of delivery:
> **Spontaneous Vaginal Delivery (SVD) / Vacuum Extraction (VE) / C-Section (CS)**

Location:
> **Specify Health facility (Name) / Birth before arrival / Home**

Att'd by skilled hlth worker:
> **Doctor / Nurse-Midwife (NM) / Nurse / TBA / None**

Normal Delivery:
> **Yes (Y) / No (N)**

Delivery compl.:
> **Enter delivery complication abbreviation from list (to be adapted):**

X = No complication	OL = Obstructed Labour
PPH = Postpartum Haem.	B = Breech
E = Eclampsia	T = Third Degree Tear
PS = Puerperal Sepsis	CS = Caesarian Section
Ot = Other	

Still birth:
> **If stillbirth, enter date to indicate macerated or fresh (dd/mm/yy)**

Referral:
> **Enter reason for referral, if indicated**

D Newborn Condition

Newborn sex:
> **Enter Male (M) / Female (F)**

Newborn Condition:
> **Enter comment on physical state of newborn: Good / Poor / Critical**

Apgar Score:
> **Enter Apgar Score (1 - 10)**

Birth Weight:
> **Enter weight (g) in column corresponding to above or below 2500g**

Vitamin A:
> **Enter Yes (Y) / No (N) to indicate if vitamin A was given to the mother after delivery**

Name of newborn:
> **Print name of newborn**

NOTES

Apgar criteria and scoring chart should be clearly visible on wall of every maternity ward.

If postnatal Vitamin A is provided on the maternity ward, this information should be tallied in Vitamin A tally sheet and recorded on the antenatal card (see Module 7: EPI)

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								Gravidity	Parity	No. of children	LMP	EDD	Gest. age	Blood Pressure	Fetal HR	Present'n	- ve	+ ve	

DELIVERY DETAILS					DELIVERY OUTCOME				REFERRAL	NEWBORN						
Date of delivery	Time of delivery	Mode of delivery	Location of delivery	Att'd by skilled hith worker	Normal Delivery	Delivery Compl.*	Stillbirth		Was referral needed? If Yes, give reason.	Sex (M / F)	Condition	Apgar Score	Birth Weight		Vitamin A 200 000 IU	Name of newborn
							Macer.	Fresh					< 2500g	> 2500g		

* Delivery Complications:

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