DELIVERY REGISTER

Name of the Health Unit: ........................................................................................................

Code No of the Health unit: ...................................................................................................

Block: .....................................................................................................................................

District: .....................................................................................................................................
**Instruction:**

1. All pregnant women should be encouraged for institutional delivery.

2. Should the pregnant women desires for home delivery, skill attendant at Birth should be provided.

3. At the time of registration, MCH Card (Mother-Infant Immunization Card, JSY Card) should be provided to the Pregnant Women.

4. Eligible Couple Registration number (ECR No) and Unique Identification number (UID No) for NBITS should be clearly indicated in the ANC register and MCH Card of the Pregnant Women.

5. All data elements should be filled and should not be left blank.

6. Necessary equipments and instruments to conduct delivery should be available and properly maintained in the health unit. A fully equipped and operational labour room must have the following:
   b. A labour table
   c. Suction machine
   d. Facility for Oxygen administration
   e. Sterilisation equipment
   f. 24-hour running water
   g. Electricity supply with back-up facility (generator with POL)
   h. Attached toilet facilities
   i. An area earmarked for new-born care
   k. Delivery kits, including those for normal delivery and assisted deliveries.

   NB: PRIVACY of a woman in labour should be ensured as a quality assurance issue.

7. **Danger Sings for referral to nearest Higher Centre:** * sluggish pains or no pains after rupture of membranes, * good pains for an hour after rupture of membranes but no progress, * prolapsed of the cord or abnormal presenting parts, * meconiumstained liquor or aslow irregular or excessively fast foetal heart rate, * excessive ‘show’ or bleeding during labour, * post-partum haemorrhage or collapse and * a temperature of 38°C or over during labour.

8. For any queries please contact Medical Officer/Programme Officer of the respective health unit.
| Sl No | Full Name of Mother | QID NO | EC No | Date & Time of delivery | Place of delivery (Home or Institutional-Public/Private) | If Home Type, Whether SBA or Non-SBA | Delivery Type (Normal/Instrumental/CS) | Complication (Yes/No) | Abortion (MTP-<12 wks or >12 wks / Spontaneous / None) | Delivery Outcome (Livebirth-1/2/3/4/5 or Still Birth (0)) | Sex of the child (M/F) | Birth weight of the child (kgs) | Initiated Breastfeeding within 1 hour (Y/N) | Condition of Child | Date of Discharge from Hospital (If applicable) | JSY benefit Paid (date) | Remarks |
|-------|---------------------|--------|-------|-------------------------|---------------------------------------------------------|-------------------------------------|-------------------------------------|---------------------|---------------------------------------------|-------------------------------------------------|------------------------|------------------------|-----------------------------------------------|-----------------------|--------------------------------|------------------------------------------|---------------------|---------|