

Annexe 4: Delivery Form (Fill in the form completely even in the case of a stillbirth)

1) When did ASHA arrive at the hospital/woman's home: _____ Date: _____ Time: Hrs _____ Min _____ Early morning/ morning/afternoon/evening/night			For Supervisor#
2) When did woman's mild labour pain starts? _____ Date _____ Time: Hrs _____ Min _____ Early morning/ morning/afternoon/evening/night			Correct/Incorrect
Look for the following danger signs and if present, shift mother immediately to hospital			Correct/Incorrect
	Danger sign		Action taken
1) Delivery does not occur within 24 hrs of onset of mild labour	Yes/No		Yes/No/NA
2) Any part of the baby other than head comes out first	Yes/No		Yes/No/NA
3) Mother is having excessive bleeding	Yes/No		Yes/No/NA
4) Placenta is not delivered within 30 mins after delivery	Yes/No		Yes/No/NA
5) Mother is unconscious or is getting fits	Yes/No		Yes/No/NA
TBA/Neighbour or family member/Skilled Birth Attendant/Nurse/Doctor Name: _____			Correct/Incorrect
4) Where was the delivery conducted? Name of the village/town: _____ Home/Sub-Centre/PHC/CHC/ District Hospital/Private Hospital			Correct/Incorrect
4 a) Nature of delivery: Normal/Caesarian			Correct/Incorrect
5) Which part of the baby's body came out first? Head/Cord/Other			Correct/Incorrect
6) Was the amniotic fluid thick and green/yellow? Yes/No			Correct/Incorrect
If yes, was the mouth cavity of baby cleaned with a gauze piece immediately after head came out? Yes/No			Yes/No/NA
7) When did the baby come out fully? Date: _____			Correct/Incorrect
Record the time of birth: Early morning/morning/afternoon/evening/night Time: Hours: _____ Minutes _____ Seconds _____			#: Mar 'Yes' if necessary and possible action has been taken without any mistake.
8) Immediate actions: _____ Was action taken: _____			Yes/No/NA
Dry the baby : Yes/No			Yes/No/NA
Cover the baby : Yes/No			Yes/No/NA

