

# DELIVERY REGISTER

Facility / Zone: .....

Sub-district: .....

S/N o	Date	NHIS Reg. No.	Name	Address (Location /Community /Hse No.)	Age	Parity	Duration of pregnancy	Date of Delivery	Date		*Outcome of delivery		Live
									Discharged	Referred	Single (M/F)	Multiple (M/F)	

\* Indicate M or F for single birth outcome, (2M, 2F), (2M, 1F), (1M, 1F) etc for multiple birth outcome

\*\* Perineal Care (E/T): E = Episiotomy, T = Tear

[illegible]

**Year.....**

**District:** .....

[illegible]