DELIVERY REGISTER

Facility / Zone: Sub-district:													
				Address			of Sy	ivery	Date		*Outcon		
S/N o	Date	NHIS Reg. No.	Name	(Location /Community /Hse No.)	Age	Parity	Duration of pregnancy	Date of Delivery	Discharged	Referred	Single (M/F)	Multiple (M/F)	Live
									Disch				

^{*} 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

Type	of
Birth (Tick)

, ,									
	Still								
Fresh	Мас	— Weig ht							

Year.....

District:

Vital Signs					Delivere d by	Apgar Score	Length of Baby (cm)	Head circumference of Baby (cm)	stfeedin	tiation		al Care 「)	Oxyticin/Ergometrin (Y/N)	Placenta Examined (Y/N)	Status of Mother	
Mother BP Pulse Tem Weig Ht FHt			who?	ad circur Baby (cn	within 1 1 hour Breastfeedin Alter g Initiation 1 hour			Blood Loss	** Perineal Care (E/T)	xyticin/Er (Y/N	acenta E (Y/N	(Alive or Dead)	Remarks/Complaints			
	i disc	р	ht	1110		Ар	Le	He	WIT 1 ho	Affer 1 hour	BIC	7	Ô	Ы		