## FORM C: DAILY KMC COMPLIANCE FORM

**Objective:** To record the number of hour of KMC given to the baby admitted in the KMC unit in 24 hours (8AM - 8AM), the duration of each session and the reason for not giving continuous KMC. To be collected by nurse on duty in KMC room via direct observation or from mother/caregiver

Day: Thursday Hospital Reg. No.: 52/4

Date of Birth(dd/mm/yy): 25/03/2020 Mothers Name: Jtfxf

S.No	Starting time of KMC	Stopping time of KMC	Duration of KMC per episode (if KMC duration>=1hour then record in hours if <1 hour please record in minutes)	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family visit,discomfort,complications,etc.)	KMC Provider	Nurse Name	Nurse Signature		
1	1:00 AM	2:00 AM	01:00		Grand Mother	Anjali			
2	12:00 AM	1:00 AM	01:00		Grand Mother	Anjali			
3	12:00 AM	12:07 AM	00:07		Aunty	Anjali			
4	1:00 AM	2:00 AM	01:00		Father	Anjali			
5									
6									
7									
8									
	Total KMC duration in 24 hours (8 am to 8 am):								
	03:07								