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: Friday Hospital Reg. No.: 11

Date of Birth(dd/mm/yy): 10/04/2020 Mothers Name: Yu And Then

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	Khusi	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	01:00						

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.: 11

Date of Birth(dd/mm/yy): 10/04/2020 Mothers Name: Yu And Then

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	Reason for pausing KMC (Breast feeding,doctorcheckup,mothers mealtime,mothers personal care,family	KMC Provider	Nurse Name	Nurse Signature
			hour please record in minutes)	visit, discomfort, complications, etc.)			
1	1:00 PM	3:00 PM	02:00		Mother	Khusi	
2							
3							

4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	02:00						