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

Date: April 20, 2020 8 AM - April 21, 2020 8 AM Hospital Reg. No.: 4999

Date of Birth(dd/mm/yy): 20/04/2020 Mothers Name: Rita

| S.No | Start DateTime of KMC | Stop DateTime 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 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total KMC dı | iration in 24 h | ours (2020-04-20 8 A | M to 2020-04-21 8 AM): | | ! | |
| | 00:00 | | | | | | |

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

Date: April 21, 2020 8 AM - April 22, 2020 8 AM Hospital Reg. No.: 4999

Date of Birth(dd/mm/yy): 20/04/2020 Mothers Name: Rita

| S.No | Start DateTime of KMC | Stop DateTime 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 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total KMC duration in 24 hours (2020-04-21 8 AM to 2020-04-22 8 AM): | | | | | | |
| | 00:00 | | | | | | |

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

Date: April 22, 2020 8 AM - April 23, 2020 8 AM Hospital Reg. No.: 4999

Date of Birth(dd/mm/yy): 20/04/2020 Mothers Name: Rita

| S.No | Start DateTime of KMC | Stop DateTime 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 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total KMC duration in 24 hours (2020-04-22 8 AM to 2020-04-23 8 AM): | | | | | | |
| | 00:00 | | | | | | |