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: August 7, 2020 8 AM - August 8, 2020 8 AM Hospital Reg. No.: 98888558586

Date of Birth(dd/mm/yy): 08/08/2020 Mothers Name: H Ug

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	August 8, 2020 1:00 AM	August 8, 2020 1:00 AM	00:00		Grand Mother	Nirmala	
2							
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (2020-08-07 8 AM to 2020-08-08 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: August 8, 2020 8 AM - August 9, 2020 8 AM Hospital Reg. No.: 98888558586

Date of Birth(dd/mm/yy): 08/08/2020 Mothers Name: H Ug

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 (2020-08-08 8 AM to 2020-08-09 8 AM):						
	00:00						