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: Wednesday Hospital Reg. No.:

Date of Birth(dd/mm/yy): 24/03/2020 Mothers Name:

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	11:00 PM	1:00 AM	02:00		Grand Mother	jekson	
2	12:00 AM	12:10 AM	00:10		Grand Mother	jekson	
3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	02:10						

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: Tuesday Hospital Reg. No.:

Date of Birth(dd/mm/yy): 24/03/2020 Mothers Name:

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	11:30 PM	11:59 PM	00:29		Grand Mother	jekson	
2	11:00 PM	11:59 PM	00:59		Grand Mother	jekson	

3							
4							
5							
6							
7							
8							
	Total KMC duration in 24 hours (8 am to 8 am):						
	01:28						