

## HOME HEALTH CENTER &amp; HEALTH PROFESSIONAL INFORMATION

Name of Home Health Center: PGHHome Health Center contact no: 112 Mobile no (optional):Date issued: 13 / 4 / 2024 Place issued: MCHName/Designation of health care provider: Ranju prasadSignature: [Signature] BMHC no: PM/HA2315

## MOTHER'S INFORMATION:

Mother's name: Som Maya Ghalley

MCH reg. number

CK-PHY-24-0144-0

MCH reg. number of last pregnancy (if applicable)

ST-SIP-28-0030-0DOB: 11 / 04 / 1994 Age: 30CJD/SRP/Permit/Passport No: 11213001961

Present Address:

Village: Bhutan Post area Gewog:Dzongkhag: P/ling Contact no: 17796215

## MOTHER'S INFORMATION (continued)

Education: ☒ None ☐ Primary ☐ Secondary  
☐ Graduate ☐ NFE ☐ Other (specify):Mother's occupation: Support staff (BOB)

## EMERGENCY CONTACTS (please provide two)

Contact name #1: Sher Bahadur Ghalley 11208000734 15/10/1989Mobile no #1: 17802806 Relation: husband

Contact name #2:

Mobile no #2: Relation:

# DELIVERY RECORD

Name of the Health facility: Phuntsholing General Hospital  
Date of delivery: 7/10/24 Time of delivery: 8:29 ☒ AM ☐ PM  
POG at delivery: 39 wks + 4 Days

## Mode:

- ☒ Vaginal  
☒ SVD  
☐ Induced  
☐ Augmentation  
☐ Assisted delivery  
☐ Vacuum  
☐ Forceps

- ☐ Cesarean  
☐ CS-Elective  
☐ CS-Emergency  
Indication for above:

## Outcome:

- ☒ Live birth  
☒ Single  
☐ Twins  
☐ Triplets  
☐ Still birth (SB)  
☐ Ante-partum SB  
☐ Intra-partum SB  
☐ Miscarriage

\_\_\_\_\_ wks

## Complications:

- ☒ None  
☐ Prolonged labor  
☐ PROM  
☐ Obstructed labor  
☐ Retained Placenta  
☐ Fetal distress  
☐ Shoulder dystocia  
☐ 3rd & 4th degree tear  
☐ Cervical tear  
☐ PPH  
☐ Abruptio  
☐ Other:

## Resuscitation:

- ☒ None  
☐ Oxygen  
☐ PPV  
☐ Intub.  
☐ CPR  
☐ Medicines

## By whom:

- ☐ Ped  
☐ MO  
☐ Nurse  
☐ HA  
☐ Other

Delivered by: (Name) S/S Kumari ☐ OB/GYN ☐ MO  
☒ Nurse ☐ HA ☐ Other

APGAR Scores: 1 min 9 /10 5 min 10 /10

Other delivery comments/observations:

- ☒ Skin to skin contact  
☒ Oxytocin given within 1 minute  
☒ Delayed cord clamping  
☒ Injection Vit K given  
☒ Eye prophylaxis  
☒ Hep B Vaccination  
☐ Hep B Immunoglobulin (only for HBsAg+)  
☐ Anti-D Immunoglobulin

BF Initiated Time 9:00 ☒ AM ☐ PM

**For Non-Institutional Delivery ONLY: Baby's appearance in first minutes after birth(Ask)**

## Color:

- ☐ All pink  
☐ Pink with blue hands/feet  
☐ All blue/pale

## Cry:

- ☐ Immediate loud cry  
☐ Delayed or weak cry  
☐ No cry

## Muscle Tone:

- ☐ Actively moving  
☐ Little movement  
☐ No movement

Report delivery to Home Health Center if it takes place outside the catchment area

# BABY'S INITIAL PHYSICAL EXAMINATION

Date: 7/10/24 Time: 8:29 ☒ AM ☐ PM  
Birth weight: 3200 grams Length: 52 cm HC: 34 cm  
Sex: ☐ Female ☒ Male ☐ Ambiguous

Exam	NL	Abnormal findings	Exam	NL	Abnormal findings
Tone/Cry	<input checked="" type="checkbox"/>	<input type="checkbox"/> Floppy/Weak	Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/> Murmur
Extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/> Not moving equally <input type="checkbox"/> Extra digits (specify)	Umbilicus	<input checked="" type="checkbox"/>	<input type="checkbox"/> Erythema/Discharge <input type="checkbox"/> Less than 3 vessels
Color	<input checked="" type="checkbox"/>	<input type="checkbox"/> Central cyanosis <input type="checkbox"/> Jaundice <input type="checkbox"/> Pallor	Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/> Distended
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/> Caput <input type="checkbox"/> Cephalohematoma <input type="checkbox"/> Microcephaly	Genitalia	<input checked="" type="checkbox"/>	<input type="checkbox"/> Ambiguous <input type="checkbox"/> Hypospadias <input type="checkbox"/> Undescended testes
Fontanelle	<input checked="" type="checkbox"/>	<input type="checkbox"/> Bulging <input type="checkbox"/> Sunken	Anus	<input checked="" type="checkbox"/>	<input type="checkbox"/> Imperforate
Mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/> Cleft lip / palate	Hips		<input type="checkbox"/> Click/clunk
Chest	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tachypnea (over 60) <input type="checkbox"/> Grunting <input type="checkbox"/> Retractions	Back/spine		<input type="checkbox"/> Dimple or Tuft
			Other comments/observations:		

# Discharge Record

## Mother's Issues:

- ☐ None  
☐ Postpartum Hemorrhage  
☐ Fever  
☐ Foul lochia  
☐ Retention of urine  
☐ Surgical site infection  
☐ Episiotomy wound dehiscence  
☐ Other.....

Date of discharge:...../...../.....

Time of discharge:..... ☐ AM ☐ PM

## Baby's Issues:

- ☐ None  
☐ Breast feeding problems  
☐ Jaundice  
☐ Prematurity  
☐ Has not passed stool/urine  
☐ Admitted to NICU / SNCU  
☐ Medical issue  
☐ Other.....

Wt on Discharge:.....gms

Date of discharge:...../...../.....

Time of discharge:..... ☐ AM ☐ PM

# Maternity History Sheet

Health Centre's ( Name ) PGH

Name	<u>Som Maya Ghaley</u>	Age	<u>30</u>	Regd. No.	<u>B5 Ec5A7B 0A</u>
Occupation	<u>Support Staff (BOB)</u>	IPD No.	<u>713</u>		
Village	<u>Malabases</u>	Geog.	<u>Samtse</u>	Dzongkhag	<u>Samtse</u>
C/O	<u>Sher Bahadur (Husband)</u>				
Local Address	<u>Bhutan Post Area / Pliney</u>				
Phone No.	<u>17 802806</u>				
Date and time of Admission	<u>7/10/24</u>	@	<u>8:24 pm</u>		
Date and time of Discharge					
Diagnosis	<u>G<sub>3</sub> P<sub>2</sub> 39+4</u>				
Result					

## History :

G G<sub>3</sub> P 2 Abortion 0 Still Birth 0 Preterm 0 Alive 2 Dead 0

LMP 3/1/24 EDD 10/10/2024 POA 39+4

Date of 1st USG 8/3/24 Gestational age at 1st USG 8+6

Problem during present pregnancy (ask and check ANC card):

Jaundice, diabetes and any other Nil

Problem during previous deliveries (circle where appropriate):

VE, indication Nil

Forceps indication Nil

C.S, indication Nil

PPH, retained placenta, prolonged labour, any other Nil

\* Blood Group : B<sup>+</sup>

\* Last blood HB with Date : 13.7 on 26/9

Examination :

General :

Height (cm) 151 cm Pallor - Oedema - Jaundice -

BP - Pulse - Temp - Resp -

Abdominal exam:

Fundal height 37 cm weeks, presentation Cep position LOA

Decent of presenting part - FHR - Contraction (yes/No) -

P/V exam:

Time of P.V - show (Present/absent) - Effacement -

Dilatation - Membrane - station - Caput -

Moulding - Liquor -

\* Time of onset of labour :

\* Time of rupture of membrane :

\* Collect cold blood if mother is VDRL+ve