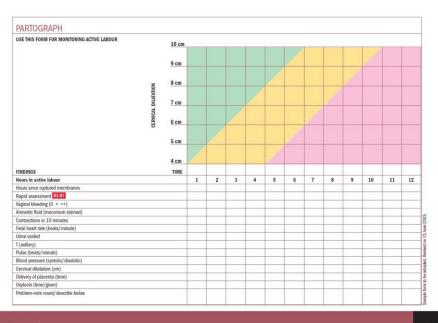
	IONITORING DU	RING LABO	UR, DEL	IVERY AND	POSTPAI	RTUM							RE	CORD NUMBER
NAME								AG	E		PARITY			
ADDRESS														
DURING LABOUR	AT	OR AFTE	R BIRTH -	MOTHER				AT OR AFT	ER BIRT	H - NEWBOR	PLANNED NEWBORN TREATMENT			
ADMISSION DATE	BIF	BIRTH TIME							_ STILL	LBIRTH: FRES				
ADMISSION TIME	OX	OXYTOCIN - TIME GIVEN							ATION N	OI YES				
TIME ACTIVE LABOUR STARTED			PLACENTA COMPLETE NO YES							GHT				
TIME MEMBRANES RUPTURED			TIME DELIVERED								WEEKS OF			
TIME SECOND STAGE STAF	ECOND STAGE STARTS ESTIMATED BLOOD LOSS SECOND BABY													
ENTRY EXAMINATION	MORETHAN	ONE FETUS	- SPE	CIFY	F	ETAL LIE:	LONGITUD	INAL	TRANSVER	SE	FETAL PRES	ENTATION:	HEAD	BREECH OTHER - SPECIFY
STAGE OF LABOUR NOT IN	ACTIVE LABOUR	RL A	ACTIVE LA	BOUR										
NOT IN ACTIVE LABOUR														PLANNED MATERNAL TREATMENT
HOURS SINCE ARRIVAL		1	2	3	4	5	6	7	8	9	10	11	12	
HOURS SINCE RUPTURED MEMBRANES														
VAGINAL BLEEDING (0 + +	+)													
STRONG CONTRACTIONS I	N 10 MINUTES													
FETAL HEART RATE (BEATS	PER MINUTE)													
TEMPERATURE (AXILLARY)														
PULSE (BEATS/MINUTE)														
BLOOD PRESSURE (SYSTOLIC/DIASTOLIC)														
URINE VOIDED														
	1)													
CERVICAL DILATATION (CM	PROBLEM TIME		E ONSET TREATMENTS OTHER THAN NORMAL SUPPORTIVE CARE											

Sample form to be adapted. Revised on 13 June 2003



Partograph

N5

Postpartum record

N6

RECORDS AND FORMS

MONITORING AFTER BIR	EVERY	5-15 MII	N FOR 1S	T HOUR	2 HR	3 HR	4 HR	8 HR	12 HR	16 HR	20 HR	24 HR	MOTHER			
TIME RAPID ASSESSMENT														Postpartum care and hygiene Nutrition		
BLEEDING (0 + ++)				-	$\overline{}$								Birth spacing and family planning Danger signs			
UTERUS HARD/ROUND?														☐ Danger signs ☐ Follow-up visits BABY		
MATERNAL: BLOOD PRES	SURE													☐ Exclusive breastfeeding		
PULSE														☐ Hyglene, cord care and warmth		
URINE VOIDED														□ Special advice if low birth weight		
VULVA														☐ Danger signs		
NEWBORN: BREATHING														☐ Follow-up visits		
WARMTH														DDENENTINE MEAGUIDES		
NEWBORN ABNORMAL SIGNS (LIST)											PREVENTIVE MEASURES					
														FOR MOTHER		
TIME FEEDING OBSERVED	D	☐ FEEDI	ING WELL	LIDIE	FICULTY											
COMMENTS																
														Sulphadoxine-pyrimethamine		
PLANNED TREATMENT	ED TREATMENT TIME TREATMENT GIVEN									Tetanus toxoid immunization						
MOTHER														RPR test result and treatment		
														1 ARV		
														FOR BABY		
NEWBORN														☐ Risk of bacterial infection and treatmen		
														BCG, OPV-0, Hep-0 RPR result and treatment		
IF REFERRED (MOTHER OF	NEWBORN)	RECORDT	IME AND	EXPLAIN:										☐ TB test result and prophylaxis		
														☐ ARV		
IF DEATH (MOTHER OR NE	MIDODNII DAT	TIME AND	D CALICE											-		