Delivery Summary

Date_____**Time:**_____**SVD** ☐ **C/Section** ☐ **Vacuum/Forceps** ☐ **Episiotomy** ☐

AMTSL: Ergometrine ☐ **Placenta:** Completed ☐ **Laceration rep**: 1st degree ☐

Oxytocine ☐ Incomplete ☐ 2nd degree ☐

Misoprostol ☐ CCT ☐ 3rd degree ☐

MRP ☐

NEWBORN: Single ☐ **Multiple** ☐ **Alive** ☐ **Apgar score**_____ **SB: Mac** ☐ **Fresh** ☐

Sex: Male ☐ **Female** ☐ **Birth wt.(gm.)**_____ **Length (cm.)**_____ **Term** ☐ **Preterm** ☐

BCG (Date)_____ **Polio 0**_____ **Vit K** ☐ **TTC** ☐ **Baby mother Bonding** ☐

Obstetric Cx:	*Maneged*	*Referred*		*Maneged*	*Referred*
Eclampsia	☐	☐	PPH	☐	☐
APH	☐	☐	PROM/Sepsis	☐	☐
Ruptured Ux	Repaired	Hysterect.	Obst/prolg labor	☐	☐

HIV Testing accepted Y N **HIV Couns. and testing offered** Y N

HIV Test result R NR I

ARV Px for mothers (by Type) _____ **ARV Px for NB (by type)**_____

Feeding Option EBF_____ **RF**_____

Mother & Newborn referred for care & sup. Y N

Remark:_____

Delivered by: **Sign:**

Post Partum Visit

	1st visit (better at 6 hrs)	**2nd** (better at 6th day)	**3rd visit** (better at 6th wks)
Date			
BP			
TPR			
Temp			
Uterus contracted/look for PPH			
Dribbling/leaking urine			
Anemia			
Vaginal discharge (after 4			
Pelvic Exam (only if vaginal discharge)			
Breast			
Vitamin A			
Counseling danger signs, EPI, use of ITN given			
Baby Breathing			
Baby Breastfeeding:			
Baby Wt (gm)			
Immunization			
HIV tested			
HIV test result R/NR			
ARV Px for mother			
ARV Px for Newborn			
Feeding option EBF/RF			
Mother referred to c&sup.			
Newborn referred to chronic HIV infant care			
FP Counseled & provided			
Remark			
Action Taken			
Attendant Name and Sig.			