MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Delivery Register

Region	Zone/Subcity/Woreda	Health Facility Name	Begin Date	End Date

INSTRUCTION FOR DELIVERY CARE REGISTER

The register is kept in delivery room (HC/Clinic/Hospital) completed by delivery care provider.

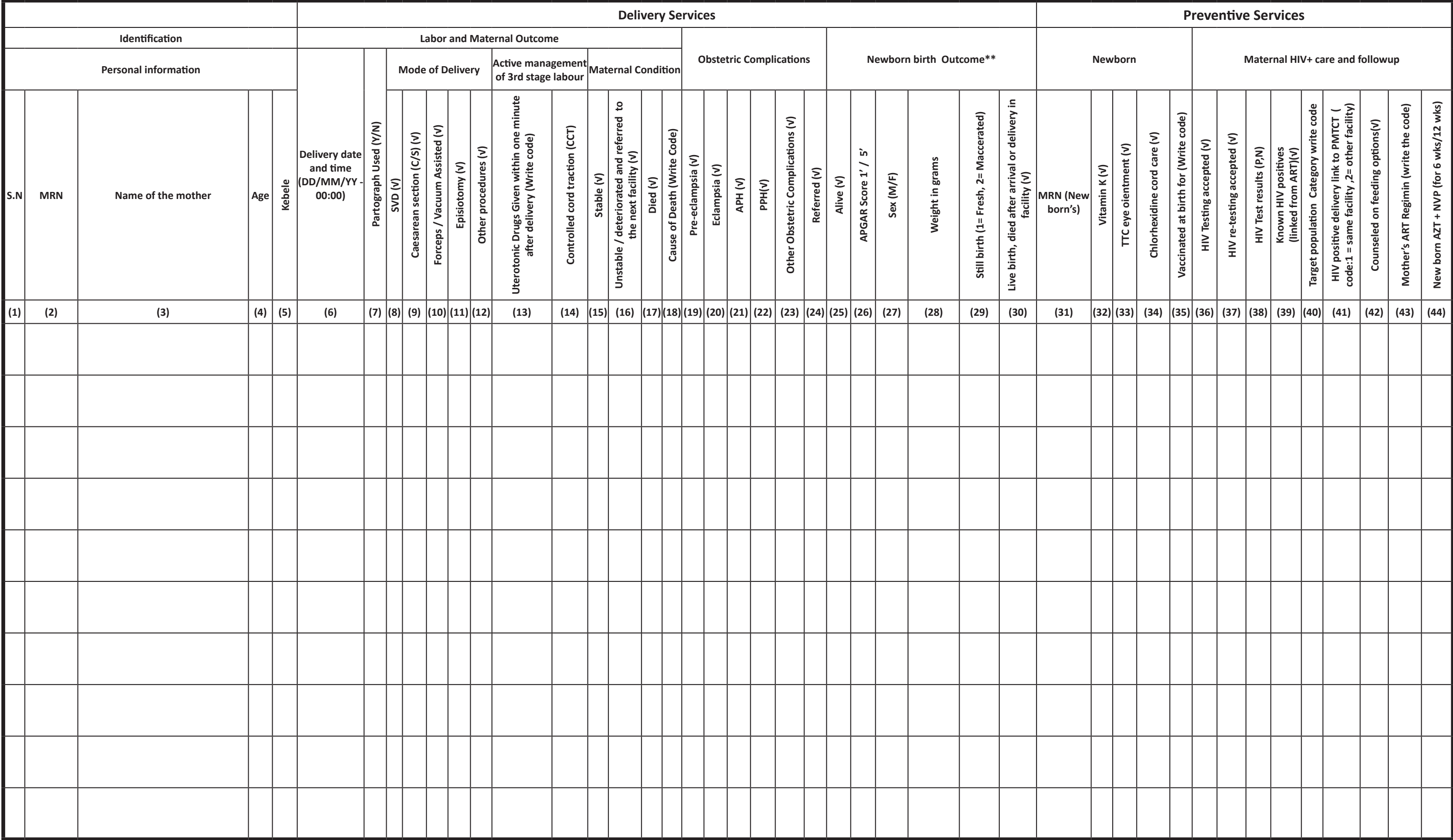Location information to be completed at front of the register:

Region	Write region name where the facility is located
Zone/Sub-City /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.
Name of Health Facility	Write the name of the health facility where the service was provided.
Register begin date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Write the date of the last entry in the register, written as (EC) Day / Month / Year(DD/MM/YY)

	Identification	
1	S.N	Sequential serial number in registration book; to be entered in client's registration cared for later identification in the register
2	MRN	Medical Record Number(MRN) unique individual identifier used in medical information folder, for HC and hospital
3	Name	Write the name of the mother who deliver
4	Age	Write age of the mother in years
5	Kebele	Write Kebele where the mother comes from
	Labor and maternal outcome	
	Mode of Delivery	
6	Delivery Date and time	Write delivery date and time of the client as (E.C.). DD/MM/YY- 00:00
7	Partograph Used	Write "Y" if maternal condition, Fetal condition & Progress of labor monitored, If not all write "N"
8	SVD (spontaneous vaginal delivery)	Tick (√) for spontaneous vaginal delivery
9	Caesarean Section (C/S)	Tick (√) if the delivery is caesarean section
10	Forceps /Vacuum Assisted (√)	Tick (√) if the delivery is Forceps /Vacuum Assisted
11	Episiotomy (√)	Tick (√) if the delivery supported by episiotomy
12	Other (√)	Tick (√) if the delivery is by other (Assisted breach, Detractive, etc)
	Active management of 3rd stage labour	
13	Uterotonic Drugs Given within one minute after delivery (Write code)	Write codes listed in raw 23 (Write 1=Oxytocin, 2=Misoprostol, 3= Ergometrine 4= Other
14	Controlled cord traction (CCT)	Tick (√) for CCT performed
	Maternal status	
15	Stable	Tick(√) if the mother is stable
16	Unstable/deteriorated and referred to the next facility (√)	Tick (√) if the mother maternal status is unstable /deteriorated and referred to other facility
17	Died	Tick(√) if the mother died
18	Cause of maternal death	1 Hemorrhage 2 PE/Eclampsia 3 Obstructed Labore 4 Sepsis 5 Anemia 6 Others
	Obstetric complications during intra-partum	
19	Pre-eclampsia (√)	Tick (√) if there is pre- eclampsia
20	Eclampsia (√)	Tick(√) if there is eclampsia
21	APH(√)	Tick (√) if there is Antepartum hemorrhage (APH)
22	PPH(√)	Tick (√) if there is Post Partum Hemorrahge (PPH)
23	Other obstetric complications (√)	Tick (√) if other obstetric complications (such as Obstructed labor, Sepsis, etc) occurred
24	Referred (√)	Tick (√) if the client is referred
	New born birth outcome	
25	Alive (√)	Tick (√) if the newborn is live birth
26	APGAR score 1'/5'	Write the APGAR score of the newborn at the first and fifth minute of birth (1st minute /5th minute)
27	Sex (M/F)	Enter M for Male and F for female
28	Weight in gram	Write the weight of the newborn in gram
29	Still birth (√)	Put 1 if still birth is fresh and 2 if it is macerated
30	Live birth, died after arrival or delivery in facility(√)	Tick (√) if the live birth died after arrival or delivery in facility. these newborn death should be reported as 'new born death within 24 hours)
	Preventive services: Newborn	
31	MRN (Newborn's)	Enter Newborn's Medical Record Number(MRN)
32	Vitamin K (√)	Tick(√) if the newborn received vitamin K
33	TTC eye ointment (√)	Tick(√) if TTC is applied for the newborn
34	Chlorhexidine (√)	Tick(√) if Chlorhexidane is applied for the newborn
35	Vaccinated at birth for (Write code)	Write code 1 for BCG, 2 for OPV 0, 3 for HBV. **NB**: You can use more than one code
	Preventive services : maternal HIV+ care and follow-up	
36	HIV testing accepted (√)	Tick (√) if the mother accepts testing for HIV
37	HIV retesting accepted (√)	Tick (√) if the mother have already tested and know her status negative but risk for HIV
38	HIV test status (P/ N)	Write P in red pen if the test result is positive, write **N** in normal color if the result is negative.
39	Known HIV positives (linked from ART) (√)	Tick (√) if the women is known HIV positives and linked from ART

40	Targeted population category write code	Write the code target population category listed below the register. an individual needs to be assigned only in one category that best describe him/her.
		
		    A. Female Commercial Sex workers
		    B. Long distance drivers
		    C. Mobile/Daily Laborers
		    D. Prisoners
		    E. OVC
		    F. Children of PLHIV
		    G. Partners of PLHIV
		    H. Other MARPS
		    I. General population

41	HIV positive delivery link to PMTCT (code:1 = same facility ,2= other facility)	Write 1 if the mother linked to PMTCT in same facility and write 2, if mother linked to other facility PMTCT.
42	Counseled on feeding options (√)	Tick (√) if the mother counseled for feeding options
43	Mother's ART Regimen write code	Write mother's ART regimen code
44	Newborn AZT + NVP (for 6 wks/12 wks)	Tick (√) Newborn AZT + NVP for 6 wks & NVP only the next **6** wks
Partner HIV testing		
45	Partner HIV testing accepted (√)	Tick (√) if the partner/husband accepts testing for HIV
46	Partner HIV test result (P/ N)	Write P in red pen if the test result is positive, write **N** in normal color if the result is negative.
47	HIV Positive partner Linked to ART	Tick (√) if the partner is positive and linked to ART.
48	Target population Category	Write code see column.38 for coding
IPPFP (Immediate Post-Partum family planning)		
49	New acceptor (√)	Tick (√) if client is new acceptor at the time of registration. A new acceptor is someone who has not received a contraceptive method from a recognized Provider before registration.
50	Repeat acceptor (√)	Tick (√) if client is repeat acceptor at the time of registration. A repeat acceptor is someone who is not a new acceptor; in other words, a repeat acceptor has received a contraceptive method from a recognized Provide before registration.
51	Type of immediate PPFP methods received (0-48hrs)	Write the type of contraceptive provided **POP=Progestin only pill** **Imp=Implant** **IUCD=Intrautrine device** **TL=Tubaligation** **Oth=Other**
Problem identified : Newborn		
52	Prematurity (√)	Tick(√) if the newborn is premature
53	Sepsis/ (VSD) (√)	Tick(√) if the new born has sepsis or very sever disease (VSD)
54	Respiratory distress/asphyxia (√)	Tick (√) if the newborn has respiratory distress or asphyxia
55	Low birth weight (√)	Tick(√) if the newborn is low birth weight (LBW)
56	Congenital malformation (√)	Tick(√) if the newborn has Congenital malformation
57	Other (specify)	Tick (√) if the newborn has other problems
58	Breast feeding initiated time write code	Write the code for breast feeding option 1.<1hr , 2.1-2hr , 3.>3hrs, 4.Not at all 5.Other milk
Treatment given and out come		
59	Oxygen resuscitated (√)	Tick (√) if the newborn treated with oxygen/resuscitation
60	Resuscitated and survived (√)	Tick(√) if the newborn is resuscitated and survived
61	Died(√)	Tick(√) if the newborn is died
62	Age at death	Write the age of the newborn in days and hours
63	Cause of death	Write code for new born cause of death as 1.Prematurity 2.Infection 3.Asphexiya 5.Other
64	If alive, Birth notification given for the mother (√)	Tick if the mother given birth notification
65	Managed by	Write the name and signature of the care provider
66	Remark	Write any appointment or other concerns not addressed in this registry book

NB ** If twin or triple deliver occurs use consecutive rows for each newborn**

Delivery Register

Delivery Services | Preventive Services

							Labor and Maternal Outcome																		Newborn birth Outcome**					Newborn					Maternal HIV+ care and followup								
Identification (Personal information)							**Mode of Delivery**					**Active management of 3rd stage labour**		**Maternal Condition**				**Obstetric Complications**																								
S.N	MRN	Name of the mother	Age	Kebele	Delivery date and time (DD/MM/YY - 00:00)	Partograph Used (Y/N)	SVD (v)	Caesarean section (C/S) (v)	Forceps / Vacuum Assisted (v)	Episiotomy (v)	Other procedures (v)	Uterotonic Drugs Given within one minute after delivery (Write code)	Controlled cord traction (CCT)	Stable (v)	Unstable / deteriorated and referred to the next facility (v)	Died (v)	Cause of Death (Write Code)	Pre-eclampsia (v)	Eclampsia (v)	APH (v)	PPH(v)	Other Obstetric Complications (v)	Referred (v)	APGAR Score 1' / 5'	Sex (M/F)	Weight in grams	Still birth (1= Fresh, 2= Maccerated)	Live birth, died after arrival or delivery in facility (v)	MRN (New born's)	Vitamin K (v)	TTC eye oientment (v)	Chlorhexidine cord care (v)	Vaccinated at birth for (Write code)	HIV Testing accepted (v)	HIV re-testing accepted (v)	HIV Test results (P,N)	Known HIV positives (linked from ART)(v)	Target population Category write code	HIV positive delivery link to PMTCT (code:1 = same facility ,2= other facility)	Counseled on feeding options(V)	Mother's ART Regimin (write the code)	New born AZT + NVP (for 6 wks/12 wks)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)

Write ART regimine code on col.(43)
1c = AZT-3TC-NVP
1d = AZT-3TC-EFV
1e = TDF-3TC-EFV
1f = TDF-FTC-NVP
1J = TDF-3TC-DTG
1g = Others, specify

Uterotonic Drugs Given code Col(13)
1 = Oxytocin
2 = Misoprostol
3 = Ergometrine
4 = Other

Cont Delivery

Count C/S

Cause of maternal death Col(18)
1 Hemorhage,   4 Sepsis
2 PE/Eclampsia   5 Aneamia
3 Obstructed Labore   6 Others

NB** If twin or triple deliver occurs use consecutive rows for each newborn

Count Maternal deaths

Count PPH

Vaccinated at birth col(35)
1 .BCG   2 .OPV 0   3 . HBV
NB: You can use morethan one code

count Live births

	Total Weighed		Total Still birth	count Newborn deaths	count Chlorhexidine
<=2000		Fresh			
b/n 2000 & 2500		Mac-cerated			

Targeted population category (40)
A. Female Commercial Sex workers
B. Long distance drivers
C. Mobile workers/daily laborers
D. Prisoners
E. OVC/Children of PLHIV
F. Other MARPS
G.General Population

Delivery Register

Partner testing				IPPFP*			Newborn													If alive,Birth notification given for mother (v)	Managed by	Remark
							Problem identified						Breast feeding initiated time write code	Treatment and outcome								
Partner HIV Testing accepted (v)	Partner HIV Test results (P/N)	HIV positives Partner linked to ART(v)	Target population Category	New acceptor (v)	Repeat acceptor(v)	IPPFP methods received (0-48hrs) use abbrevation	Prematurity (v)	Sepsis/ VSD(v)	Respiratory distresse/asphyxia (v)	Low birth Weight (v)	Congenital Malformation (v)	Other (specify)		Oxygen/ Resuscitation(v)	Resuscitated and survived(v)	Died(v)	Age at death (postnatal age)	Cause of death 1.Prematurity 2.Infection 3.Asphexiya 5.Other				
(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)

Use Abbrevation For col. 51
POP=Progestin only pill
Imp=Implant
IUCD=Intrautrine device
TL=Tubaligation
Oth=Other

Count sepsis cases

Breast feeding initiated time code col (58)
1.<1hr   4.Not at all
2. 1-2hr   5.Other milk
3.>3hrs

Count # resuscitated

Count # Resuscitated & survive

count # of deaths within 0-24hrs

count # of deaths within 1-7 days

* To avoide duplication IPPFP should be registered only if service is provided in the unit

Use FP tally Sheet to capture Age and Method disaggregation

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