Obstetric Register

DHIS – 15 (R)

**Name of Institution District**



**The Vision of District Health Information System (DHIS)** is to improve the health care services through evidence-based management of health service delivery.

Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

**Purpose of this Register**

* To serve as a permanent record of deliveries attended at the facility and their outcomes
* To provide facility-based data on deliveries and obstetric complications managed in the facility
  + number of deliveries conducted in the facility, by mode of delivery
  + number and type of obstetric complications attended at the facility
* To provide facility-based data on number of live births, low birth-weight babies and still births
* To provide facility-based maternal and neonatal mortality data

**OBSTETRIC REGISTER**

***(To be maintained at Obstetric Ward/Female Ward/Labor Room)***

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| **Monthly Obs. Serial Number** | **Time of Admission** | **Name**  **with Husband’s Name** | **Address/CNIC** | **Age** | **Parity** | **Diagnosis**  *(Complication or illness if any, tick appropriate column)* | | | | | | | | | | **Management**  *(Tick appropriate column)* | | | | | **Other** **procedure done**  *(Specify)* |
| Ante partum Hemorrhage (APH) | Complications of Abortion | Ectopic Pregnancies | Postpartum Hemorrhage (PPH) | Pre-Eclampsia/ Eclampsia | Prolonged/ Obstructed Labors | Puerperal Sepsis | Ruptured Uterus | Intrauterine Death(IUD) | Others | **Nature of Delivery**  *(Tick)* | | | **Abortions** | |
| Normal  Vaginal Delivery | Vacuum / Forceps | Cesarean | Abortions | Dilation & curettage (D&C) |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** |
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**Month: Year:**

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| **Delivery** | | **Outcome: Baby** | | | | | | | | | | | **Complications after Delivery** *(None/Specify)* | **Outcome: Mother** | | | | | **Delivery Conducted by** *(Name / Signature)* | **Remarks** |
| Date | Time | **Live Birth** | | **Weight in Kg** (Circle if less than 2.5 kg) | **Premature Births (Tick)** | **Still birth (Tick)** | **Neonatal Death** | | | | | | *(Tick appropriate column)* | | | | |
| Sex (Tick) | | **(Tick appropriate column)** | | | | | | Discharged/DOR | LAMA | Referred | Maternal Death | Date and time of Death/ Discharge/ DOR/LAMA/ |
| M | F | Birth Trauma | Birth Asphyxia | Bacterial sepsis | Congenital Abnormality | Prematurity | Hypothermia |
| **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **32** | **33** | **34** | **35** | **36** | **37** | **38** | **39** | **40** | **41** | **42** | **43** |
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**Obstetric Register Monthly Summary**

***Year:***

|  | January | February | March | April | May | June | July | August | September | October | November | December | **Year Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Admissions**  (From Col No. 1) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of Normal Vaginal Deliveries**  (From col. No. 17) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of Vacuum / Forceps Deliveries**  (From col. No. 18) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Cesarean Sections**  (From Col. No. 19) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of Abortions**  (From Col. No. 20) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Dilation & curettage (D&C)**  (From Col. No. 21) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Live Birth in Facility**  (Total of Col. No. 25 & 26) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Live Birth with LBW <2.5 kg**  (From Col. No. 27) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Premature Birth**  (From Col. No. 28) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Stillbirth in the facility**  (From Col. No. 29) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Intra Uterine Death (IUD)**  (From Col. No. 15) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Trauma**  (From Col. No. 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Birth Asphyxia**  (From Col. No. 31) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Bacterial sepsis**  (From Col. No. 32) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Congenital Abnormality**  (From Col. No. 33) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prematurity**  (From Col. No. 34) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Hypothermia**  (From Col. No. 35) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Neonatal Deaths**  (Compilation of the totals of Col. No.  30 to 35) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of LAMA**  (From Col. No. 38) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Referred**  (From Col. No. 39) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Number of Maternal Deaths**  (From Col. No. 40) |  |  |  |  |  |  |  |  |  |  |  |  |  |