



## Baby - Mother Health Monitoring Book

Name of Health Facility : \_\_\_\_\_

Hospital Registration No. : \_\_\_\_\_ MCTS No. : \_\_\_\_\_

Baby's Mother name : \_\_\_\_\_ W/O : \_\_\_\_\_

Baby's DOB (dd/mm/yyyy) : \_\_\_\_\_ Gender : \_\_\_\_\_

Address : Rural Urban : Gram sabha/town/city : \_\_\_\_\_

Hamlet/Mohalla/House No. : \_\_\_\_\_ Post/Road : \_\_\_\_\_

District : \_\_\_\_\_ Contact No.: \_\_\_\_\_

Religion : \_\_\_\_\_ Caste : \_\_\_\_\_

Date of shifting/admission to KMC Lounge : \_\_\_\_\_

Weight at the time of admission to KMC lounge : \_\_\_\_\_ grams

Details of primary attendant

Name : \_\_\_\_\_ Contact No. : \_\_\_\_\_

# Kangaroo Care Lounge

## FORM A : KC INITIATION FORM

Objective: This form will be filled at the time of KMC initiation by the nurse on duty in KC Lounge. She will collect the information from case sheets, labour room records and interaction with mother / primary attendant . This form contains information on eligibility of the baby for Kangaroo Care, details of mother /Kangaroo Care provider.

Date & time of shifting baby/ admission to KC Lounge :

Date (dd/mm/yyyy) :

Time :

### 1. BIRTH DETAILS OF BABY

1.1 Date of Birth :    1.2 Time of birth :  :

1.3 Sex :  Male  Female  Ambiguous 1.4 Type of birth :  Normal  Assisted  Caesarean

1.5 Term of birth :  Full Term  Preterm 1.6 Gestational age (in weeks) : \_\_\_\_\_

1.7 Inborn/Outborn :  Inborn  Outborn

1.8 Place of birth(Type) :  Home  Sub Center  PHC  CHC  DWH  Private Hospital

Other \_\_\_\_\_

1.9 Address of Place of birth : \_\_\_\_\_

1.10 Birth weight in grams :  grams

(Give reason in case of no birth weight given \_\_\_\_\_)

1.11 Baby's crying status : \_\_\_\_\_

1.12 Baby skin color at the time of birth : \_\_\_\_\_



## Kangaroo Care Lounge

# FORM A : KC INITIATION FORM

### 2. DETAILS OF BABY at the time of shifting or admission to KC Lounge

#### 2.1 Place from where baby has been referred to / shifted :

Labor room  PNC ward  SNCU  NBSU  OPD  Emergency Ward  Step Down

Other \_\_\_\_\_

2.2 Baby's weight in grams :  grams

2.3 Baby's temperature : \_\_\_\_\_

2.4 Baby's RR count : \_\_\_\_\_ 2.5 Baby's sucking : \_\_\_\_\_

#### 2.6 Observe Baby for following signs of infection :

- The baby's Breathing stops for more than 20 sec (apnea)
- Chest In-drawing
- Grunting / Wheezing sound during breathing
- Jaundice / pale soles and palms
- Seizures / Fits / Convulsions
- Inactive / Lethargy
- Recurrent Vomiting
- Unable to take feed in last 24 hours
- Bleeding from any part of body
- Cyanosis

#### 2.7 If baby is currently on medication please provide name & dosage of medicines below :

Baby on medication :  YES  NO

(I) Medicine name & dosage : \_\_\_\_\_

(II) Medicine name & dosage : \_\_\_\_\_



Kangaroo Care Lounge  
**FORM A : KC INITIATION FORM**  
**(for taking baby's foot prints)**

**Left Foot Print**

**Right Foot Print**



Kangaroo Care Lounge

**FORM A : KC INITIATION FORM**

**3. HEALTH DETAILS OF MOTHER**

3.1 LMP (first day of last menstrual period - dd/mm/yyyy) :  DD  MM  YYYY

3.2 GRAVIDA \_\_\_\_\_ PARITY \_\_\_\_\_ ABORTION \_\_\_\_\_ LIVE BIRTH \_\_\_\_\_

3.3 Mother's temperature : \_\_\_\_\_

3.4 Any signs of infection : \_\_\_\_\_

(also look for breast engorgement / abscess etc) :

3.5 If mother is currently on medication please provide name & dosage of medicines below :

Mother on medication :  YES  NO

(I) Medicine name & dosage : \_\_\_\_\_

(II) Medicine name & dosage : \_\_\_\_\_

**4. HEALTH DETAILS OF KC PROVIDER ( It includes mother as well as the person who is providing Kangaroo care to the baby . If the mother is the only KC provider, this section will not be filled.)**

4.1 Name & Relation with baby (if not mother) : \_\_\_\_\_

4.2 Reason for being KC Provider : \_\_\_\_\_

4.3 KC Provider's temperature : \_\_\_\_\_

4.4 Any sign of infection : \_\_\_\_\_







# FORM D: BABY WEIGHT MONITORING RECORD

**Objective :** To record the pre-feed weight of the baby twice daily in the KC lounge until the discharge.

Hospital registration No. :  grams

Mother's Name :  grams

Day	Date (dd/mm/yy)	Morning pre feed weight (without clothes on the baby's body). Record in grams	Evening pre feed weight (without clothes on the baby's body). Record in grams	Signature of Duty Nurse
1	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
2	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
3	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
4	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
5	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
6	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
7	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
8	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
9	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	
10	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	

Weight at discharge  grams



# FORM E: BABY TEMPERATURE MONITORING RECORD

**Objective:** To record the baby's temperature thrice daily in the KC Lounge until the discharge.

Hospital registration No. : \_\_\_\_\_ Mother's Name : \_\_\_\_\_

Day	Date (dd/mm/yy)			Morning shift temperature (8 am - 2pm)	Evening shift temperature (2 pm - 8 pm)	Night shift temperature (8 pm - 8 am)	Nurse's Signature		
	DD	MM	YYYY				8am - 2pm	2pm - 8pm	8pm - 8am
1	<input type="text"/>	<input type="text"/>	<input type="text"/>						
2	<input type="text"/>	<input type="text"/>	<input type="text"/>						
3	<input type="text"/>	<input type="text"/>	<input type="text"/>						
4	<input type="text"/>	<input type="text"/>	<input type="text"/>						
5	<input type="text"/>	<input type="text"/>	<input type="text"/>						
6	<input type="text"/>	<input type="text"/>	<input type="text"/>						
7	<input type="text"/>	<input type="text"/>	<input type="text"/>						
8	<input type="text"/>	<input type="text"/>	<input type="text"/>						
9	<input type="text"/>	<input type="text"/>	<input type="text"/>						
10	<input type="text"/>	<input type="text"/>	<input type="text"/>						

Kangaroo Care Lounge  
**FORM F : DISCHARGE FORM**  
(Hospital Copy)

Hospital registration No. : \_\_\_\_\_ MCTS No. : \_\_\_\_\_

Baby's Mother name : \_\_\_\_\_ W/O : \_\_\_\_\_

Date of discharge :  DD  MM  YYYY Time of discharge :  hrs :  min  AM/PM

Weight at admission :    gm Weight at discharge :    gm

Net weight gain/loss since admission (in grams) :    grams

Type Of Discharge :

- Discharged by facility staff
- Leave against medical advice (LAMA)
- Mother absconded
- Referral
- Other(specify) \_\_\_\_\_

Date of follow up visit :  DD  MM  YYYY

In case of referral :

Name of facility referred to : \_\_\_\_\_

Address of facility referred to : \_\_\_\_\_

Reason for referral : \_\_\_\_\_

\_\_\_\_\_  
Signature of Doctor / Nurse



Kangaroo Care Lounge

**FORM F : DISCHARGE FORM**

(Mother/Family Copy)

Hospital registration No. : \_\_\_\_\_ MCTS No. : \_\_\_\_\_

Baby's Mother name : \_\_\_\_\_ W/O : \_\_\_\_\_

Date of discharge :    Time of discharge :  :

Weight at admission :    gm Weight at discharge :    gm

Net weight gain/loss since admission (in grams) :    grams

Type Of Discharge :

- Discharged by facility staff
- Leave against medical advice (LAMA)
- Mother absconded
- Referral
- Other(specify) \_\_\_\_\_

Date of follow up visit :

In case of referral :

Name of facility referred to : \_\_\_\_\_

Address of facility referred to : \_\_\_\_\_

Reason for referral : \_\_\_\_\_

\_\_\_\_\_  
Signature of Doctor / Nurse

DISCHARGE FORM (MOTHER/FAMILY COPY)



## घर पर के.एम.सी. के लिए माँ और परिवार के लिए संदेश

घर के हर सदस्य की, अब है ये जिम्मेदारी।  
शिशु को 24 घंटे के 0एम0सी मिले, कर लें सब तैयारी।



शिशु को केवल माँ का ही दूध दें



शान्त, स्वच्छ, एकांत स्थान चुनें



शिशु व माँ के लिए के.एम.सी.  
अनुरूप कपड़ों की व्यवस्था करें



सिर व कमर पर सहारे के लिए तकिये  
या मोटे वस्त्र का प्रबन्ध करें



मौसम अनुरूप कमरे का तापमान  
नियंत्रण करने की व्यवस्था करें



उचित स्वच्छता अपनाएं

शिशु में निम्न लक्षण दिखते ही पास के सरकारी अस्पताल ले  
जाएँ तथा आशा व 102/108 एम्बुलेंस से संपर्क करें।



दूध पीना बंद कर देना



पसली / धुकधुकी चलना



हथेली व तलवे पीले पड़ना



झटके आना



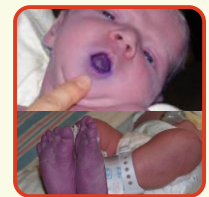
नाल पकना



ठंडा बुखार या  
तेज ज्वर आना



सुस्त पड़ना/ ढीला पड़ना



हथेली, तलवे व होठों के  
चारों ओर नीलापन पड़ना

के एम सी सम्बंधित अधिक जानकारी के लिए  
के 0एम0सी हेल्पलाइन नं 0 पर संपर्क करें



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