KANGAROO MOTHER CARE (KMC) CASE SHEET
FOR MANAGEMENT OF LOW BIRTH WEIGHT NEWBORNS (LESS THAN 2500 GRAMS)
(Attach this to the Special Newborn Care Unit – UNICEF Neonatal Case Record Sheet OR NEWBORN Case Sheet)

A.BACKGROUND INFORMATION (To be filled on admission) **DATE of ADMISSION:** (DD/MM/YY) ☐☐ ☐☐ ☐☐

MCTS No: Thayi card No ☐☐☐☐☐☐☐☐☐☐	**IP No** ☐☐☐☐☐☐	**District / Taluk**

Facility Type (S No) ☐☐☐☐☐☐☐☐☐☐☐☐ **1. DH** – SNCU ☐ / PN ward ☐ **2. TH –** NBSU ☐ / PN Ward ☐
3. CHC ☐ **4. PHC** ☐ **5.Pvt. NICU** ☐ **If Pvt,** _____

B. BABY DETAILS (to be filled on Date of Admission/Birth) **TIME of ADMISSION** ☐☐ ☐☐ AM ☐ PM ☐

Name (Mother):..... **Baby's D.O.B** (DD/MM/YY) ☐☐ ☐☐ ☐☐ **Time of Birth** ☐☐ ☐☐ AM☐ PM☐

Baby: M ☐ F ☐ **Gestational Age** ☐☐ **wks** **Birth Weight:** ☐☐ ☐☐ **grams** **Admission Weight:** ☐☐ ☐☐ **grams**

Inborn: Y ☐ N ☐ → **If N (Outborn), specify place.....:** PHC ☐ CHC ☐ TH ☐ DH ☐ Private ☐ Home ☐

C. Is the Baby Ready for KMC (to be filled on Date of Admission)

Yes ☐ →If Yes, go to Section D **No** ☐ → (go to Section E for monitoring) If no, reason:
Name of Staff Nurse:.....

D. KANGAROO MOTHER CARE (KMC) DETAILS (to be filled once KMC has been initiated)

KMC initiated *means 1. Mother was counselled on KMC ☐ 2. Mother was demonstrated how to give KMC ☐ 3. Mother had completed one session of KMC (1 session of KMC=duration of 1 hour minimum)* ☐

Date KMC initiated: ☐☐ ☐☐ ☐☐ **Time when KMC initiated:** ☐☐ ☐☐ **AM** ☐ PM ☐

Who is the foster KMC provider: Husband (**H**) ☐ Mother's mother (**MM**) ☐ Mother in Law (**MIL**) ☐ Mother's sister (**S**)☐
Any other ☐ (specify)……..

Feeding (tick all applicable): Direct Breast Feed (**DBF**) ☐ Expressed Breast Milk (**EBM**) ☐ Formula feed ☐ Other……
Name of Staff Nurse:.....

E. MONITORING OF KMC DAILY ***(to be filled from Day 1 of Life) – If KMC is not started/not given, give reason for each day***

Use the following abbreviations

- *KMC Provider: (**M)-Mother**; (**H)-** Husband; (**MM)**- Mother's mother; (**MIL)** Mother in law; (**S)** Mother's sister; (**O)** Any other*
- *Feeding Type: **(DBF) –** Direct breast feeding**; (EBM- P) –** Expressed breast milk – Pallada**; (EBM-S)** Expressed breast milk – Spoon; **(EBM-T) –** Expressed breast milk – Tube feed; **(F)**Formula; **(NPO)** – Nil per oral**; (IV) –** IV fluid only*

Date	**Weight (gms)**	**Type of feed**	**KMC Duration (8AM – 8AM)**			**TOTAL (hrs of KMC)**
			8AM to 1PM	**1PM to 8PM**	**8PM to 8AM**	

Name (Mother):..... Baby's D.O.B (DD/MM/YY) ☐☐☐☐☐☐

Date	Weight (gms)	Type of Feed	KMC Duration (8AM – 8AM)			TOTAL (hrs of KMC)
			8AM to 1PM	1PM to 8PM	8PM to 8AM	

F. DISCHARGE DETAILS OF NEWBORN

Date of discharge (DD/MM/YY)☐☐☐☐☐☐ **TIME:** ☐☐☐☐ AM ☐ PM ☐

Weight: ☐☐☐☐ **grams** **Feeding: Baby on DBF only** ☐ **DBF and EBM** ☐ **EBM only** ☐

Gave information to Mother: Y ☐ N ☐ **/ Any other (name): .....**Y ☐ N ☐ **Relationship to Mother**.....

Topics: 1. Exclusive breast feeding ☐ 2.Continuing KMC till baby is 2500gms or baby is uncomfortable ☐ 3. Monitoring during KMC ☐ 4. Action for any danger signs seen in baby ☐ 5. Feeding ☐ How to avoid any infection☐ 6. Follow up to facility ☐ - D7 / D14 / D21/ D28

Informed ASHA: Y ☐ N ☐ ***Done by Staff Nurse (name)* .....**

G. FINAL OUTCOME (to be filled completely, when baby leaves the facility**)** **Date (**DD/MM/YY**)** ☐☐☐☐☐☐

1. **Baby Well:** Y ☐ N ☐ **Went home: Contact Person (name): ..... Ph No.** ☐☐☐☐☐☐☐☐☐☐
   Address: .....
2. **Referred** Y ☐ N ☐ **Referral Facility: ..... Reason: .....**
3. **Discharged against medical advice (DAMA):** Y ☐ N ☐ **Reason: .....**
4. **Died:** Y ☐ N ☐ **Time:** ☐☐☐☐ AM ☐ PM ☐ **Cause: .....**

Signature: ..... Designation: ..... Date ☐☐☐☐☐☐

(*Use additional sheet for recording KMC duration daily, if required)*