

FORM B1: KMC PATIENT TRACKING FORM

This form is filled by the tracking officer at the time and place of admission to labour ward
Details may come from notes, ANC card, or by asking the woman/family

Section I: Registration Form				
Q No	Question	Option	Code	Notes
1.	Tracker	Name		
		Code		
2.	Facility	Name		
		Code		
3.	Date of registration	<i>DD/MM/YY</i>		
4.	Time of registration (24 hrs clock)	<i>HH:MM</i>		
5.	Hospital ID/Registration Number			
6.	Mother Registered	Yes	1	
		--> Study ID		
		--> Hospital ID		
		No	2	
7.	Name of the Mother	_____		
8.	Date of birth of the Mother	<i>DD/MM/YY</i>	1	
		<i>Don't Know</i>	9	
9.	Age of the Mother	Day		
		Month		
		Year		
10.	Ethnicity of the Mother	Options to be added for context		
11.	Religion of the Mother	Muslim	1	
		Hindu	2	
		Buddhist	3	
		Christian	4	
		Other (Specify) _____	7	
12.	Mother's total years of formal education	xx years	1	
		Don't know	9	
13.	Parity	Primipara	1	
		Multipara	2	
		Grand Multipara	3	
		Don't know	9	
14.		Consented	1	

	Consent	Not consented	2	STOP DATA COLLECTION
		Not asked- not possible	3	
		Not asked- not eligible	4	
		Consented but not admitted	5	
15.	Study ID	_____		
16.	Main address	Level 1: District		
		Level 2:		
		Level 3:		
		Level 4:		
		Details		
17.	Contact Number	Mother		
		Alternate 1.		
18.	Name of the Newborn	Name		
		Not given yet		
19.	Sex of Newborn	Male	1	
		Female	2	
		Ambiguous	3	
		Don't know	9	
20.	Date & Time of birth of the Newborn	DD/MM/YY	1	
		HH/MM	2	
		Don't know	9	
21.	Age of the Newborn	XX Days		
22.	Name of Father			
23.	Baby weighed at admission	Yes	1	Skip to Q25
		No	2	
		Don't know	9	
24.	Baby's weight at admission	nnnn . nn		
		Don't know	9	
25.	Gestational age at admission (weeks)	_____ weeks		
		Don't know	9	
26.	Place of Delivery	Admission Room	1	
		Labour room	2	
		Operation theatre	3	
		Other: _____	7	
27.	Name of facility where delivered	_____		
28.	Date of admission to KMC	DD/MM/YY		
29.	Time of admission to KMC	HH:MM		

FORM B2: KMC OBSERVER CHECKLIST

NB: B0 will have been completed with consent and admission details already by the data tracker

Section I: FOR SUBSET OF BABIES OR ALL BABIES AS APPROPRIATE

FOR ALL KMC ADMISSIONS - TO BE COMPLETED BY OBSERVER

Part I.2 KMC Observation

This section should be completed based on your direct clinical observation of the mother and baby and should only contain details of what you have physically observed taking place

1.	Health worker initiates conversation about KMC with mother	Yes	1	
		No	2	
		Don't know	9	
2.	Is the baby in KMC position?	Yes	1	
		No	2	
3.	Is the baby wearing a hat?	Yes	1	
		No	2	
4.	The baby is vertical.	Yes	1	
		No	2	
5.	The baby is in direct skin to skin contact on the mother's chest	Yes	1	
		No	2	
6.	The legs are flexed in a frog position	Yes	1	
		No	2	
7.	The cheek of the baby is in contact with the mother's chest	Yes	1	
		No	2	
8.	The baby is wearing a nappy/diaper	Yes	1	
		No	2	
9.	The baby is fixed with a:	Cloth/shawl	1	
		Special wrap	2	
		Other, specify: _____		

Section II: FOR SUBSET OF BABIES OR ALL BABIES AS APPROPRIATE
KMC POSITION AND CONTINUITY

The following chart is for observation of the KMC position and the number of hours in KMC position (continuity). Each hour the observer should do a full check of the position and record on the chart. The estimated total will be added up at the end of the day by the app.

Hour X				Comments
	Time of observation	HH:MM		
1.	Baby is in KMC?	Yes	1	
		No	2	
2.	Who is doing KMC?	Mother	1	
		Other: _____		
3.	Assessment of KMC position- Select all relevant answer options	The baby is in an upright position	1	
		The baby is in direct skin-to-skin contact	2	
		The legs are flexed in frog position	3	
		The cheek is in contact with the chest of the mother	4	
		The baby is firmly fixed to the check of the mother	5	
		The baby is wearing a nappy/diaper	6	
		The baby is wearing a hat/bonnet	7	
		The baby is wearing socks	8	
4.	If no- why not?	Baby next to mother	1	
		No one present to do KMC	2	
		Other: _____		

Section III: FOR SUBSET OF BABIES OR ALL BABIES AS APPROPRIATE
Feeding Practises during KMC

This section should be completed based on your direct clinical observation of the mother and babies on the unit and should only contain details of what you have physically observed taking place. At the beginning of each observation shift, X babies should be randomly selected for observations of care.
 Each baby will be observed feeding at least once per shift. Where feeding technique is not applicable, indicate by putting N/A. The options here are yes/no.

	Cup fed		Nasogastric		Sucking at breast	
Hour X 1. DD/MM/YY 2. MM:HH	3.	Baby being cup fed: Y/N	6.	Baby being nasogastric fed: Y/N	9.	Baby sucking at breast? y/n
	4.	If yes, who by? _____	7.	If yes, who by? _____		
	5.	If yes, how much? (in ml) _____	8.	If yes, how much? (in ml) _____		

Section IV: FOR SUBSET OF BABIES OR ALL BABIES AS APPROPRIATE
Other treatments

			Comments
1.	Is other supportive care being given?	Yes	1
		No	2 STOP HERE
2.	Are antibiotics being given	Yes	1
		Is yes, what: _____	
		No	2
3.	Other treatments being given?	Yes	1
		No	2 Skip to Q 5
4.	Treatments being given?	Aminophylline	1
		Other: _____	
		Other: _____	
5.	Is oxygen being given?	Yes	1
		No	2

SECTION V DISCHARGE AND OUTCOME FROM KMC WARD

To be completed by tracker at discharge

1.	Baby's condition at discharge from KMC ward:	Alive Baby's weight at discharge: nnnn . nn (gram)	1	Skip to Q5
		Neonatal death Date of baby death: DD;MM;YYYY Time of baby death: HH:MM	2	
		Don't know	9	
2.	Date of discharge of the baby from KMC	DD/MM/YYYY		
3.	Time of discharge of the baby (24 hrs clock)	HH:MM		
4.	Baby discharged/transferred to:	Home	1	
		Postnatal ward with mother	2	
		Inpatient newborn	3	
		Inpatient Other (Specify) _____	7	
5.	Mother's condition at discharge from KMC ward:	Alive	1	Skip to Q11
		Dead	2	
6.	Mother discharged to:	Home	1	
		Inpatient- postnatal ward	2	
		Referral to higher level inpatient care in another facility	3	
		Inpatient-Other: _____		
11.	What is the status of the observation?	Complete	1	Skip to Q 13
		Partially incomplete	2	
		Totally incomplete	3	
12.	Why partially incomplete or totally incomplete?	Provider related	1	
		Patient related	2	
		Observer related	3	
		Tab or app related	4	
	Please mention _____			
13.	Do you want to report any severe adverse event?	Yes	1	END OBSERVATION
		No	2	
	If yes, then what is the adverse event? _____			
14.	Write down the serial number of the incident form. _____			