**Reporting format for New Born Stabilization Units (NBSUs)**

**(All New Born Stabilization Units (NBSUs) should submit this monthly report to the District. A compiled report from all NBSUs in the district)**

Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_ of reporting

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_ HPD (Yes/No) Block \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of the Health Facility : (CHC/FRU/SHD/PHC) Tick one

Name and address of the facility : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Operationalization (DD/MM/YYY) of NBSU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (One time)

Total number of beds (Radiant Warmer) : \_\_\_\_\_\_\_\_\_\_\_\_ (One time-to be updated if any changes)

Number of MO designated for NBSU (1 / 2 / 3 / 4) Tick any one.

Number of Staff Nurses designated for NBSU (1 / 2 / 3 / 4) Tick any one.

Number of Live births at the facility in the reporting period : Total \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total No. of admissions in NBSU | Inborn | Outborn | Birth weight | Duration of stay |
| Male | Female | Male | Female | More than & equal to 25000gm | Less than 2500gm | Within 24hrs | 1-3 days | More than 3 days |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Outcome (Number of babies) |
| Discharged | Referred | Lama | Died |
|  |  |  |  |

Signature of Unit Incharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_