

**EmOC MONTHLY DATASET****EMERGENCY OBSTETRIC CARE INFORMATION**

| Sl. No. | Services   | Value |
|---------|--|-------|
| 1.      | No. of ANC Service Recipients  |       |
| 2.      | No. of Admitted Patients   |       |
| 3.      | 3.1 No. of cases with Prolonged/ Obstructed Labor (Complication1)                  |       |
|         | 3.2 No. of cases with Ante partum Hemorrhage (Complication2)                       |       |
|         | 3.3 No. of cases of full term pregnancy with Hand or Cord Prolapses(Complication4) |       |
|         | 3.4 No. of cases with Ectopic Pregnancy (Complication8)                            |       |
|         | 3.5 No. of cases with Hydatiform Mole (Complication12)                             |       |
|         | 3.6 No. of cases with Leaking Membrane (Complication13)                            |       |
|         | 3.7 No. of cases with non-specific Abortion (Complication7)                        |       |
|         | 3.8 No. of cases with Post-Partum Hemorrhage (Complication11)                      |       |
|         | 3.9 No. of cases with Pre-Eclampsia/ Eclampsia (Complication3)                     |       |
|         | 3.10 No. of cases with Pregnancy/ Delivery related Complications                   |       |
|         | 3.11 No. of cases with Puerperal Sepsis (Complication9)                            |       |
|         | 3.12 No. of cases with retained Placenta (Complication10)                          |       |
|         | 3.13 No. of cases with Ruptured Uterus (Complication5)                             |       |
|         | 3.14 No. of cases with Septic Abortion (Complication6)                             |       |
|         | Total Complicated Mother   |       |
| 4.      | No. of Normal Deliveries   |       |
| 5.      | No. of Forceps/Vacuum/Destructive Operation  |       |
| 6.      | No. of Deliveries with Breech or Face Presentation                                 |       |
| 7.      | No. of Cesarean Deliveries   |       |
| 8.      | <b>Total Deliveries</b>  |       |
| 9.      | No. of Live Births (LB)  |       |
| 10.     | No. of Still Births (Fresh or Macerated)   |       |
| 11.     | No. of other Pregnant related Operations/Surgeries                                 |       |
| 12.     | No. of patients Referred In  |       |
| 13.     | No. of patients Referred Out   |       |
| 14.     | No. of PNC Services  |       |
| 15.     | No. of Maternal Deaths (MD)  |       |
| 16.     | No. of total Neonatal Deaths   |       |

|     |   |
|-----|---|
| 17. | No. of Safe Blood Transfusions                        |
| 18. | No. of pregnant women received Misoprostol tablets    |
| 19. | No. of normal deliveries with Misoprostol             |
| 20. | No. of normal deliveries with AMTSL at facility level |

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