POSTPARTUM IUCD INSERTION REGISTER

Date: _____ To: _____

Facility: _____

USAID FROM THE AMERICAN PEOPLE

झारखण्ड सरकार

MCHIP Maternal and Child Health Integrated Program

POSTPARTUM IUCD INSERTION REGISTER

POSTPARTUM IUCD INSERTION REGISTER

S.No.	Indoor Reg No	Name	Age	Postal Address	Phone No.	No. of Living Children	Date of PPIUCD Insertion	Counseled During *(Tick appropriate column)*			Name of Provider who Inserted PPIUCD	Type of PPIUCD Insertion *(Tick appropriate*			Instrument used for Insertion *(Tick appropriate colun)*			Due Date for follow-up	Remarks
								Antenatal Care	Early Labour	Postpartum Period		Post placental (within 10 min)	Immediate PP (within 48 hrs.)	Intra Caesarean	Manual	PPIUCD Insertion Forceps	Sponge/Ring Forceps		

POSTPARTUM IUCD INSERTION REGISTER

Date: _____ To: _____

Facility: _____

USAID FROM THE AMERICAN PEOPLE

सत्यमेव जयते

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

सिफ्सा SIFPSA

MCHIP Maternal and Child Health Integrated Program

POSTPARTUM IUCD INSERTION REGISTER

POSTPARTUM IUCD INSERTION REGISTER

S.No.	Indoor Reg No	Name	Age	Postal Address	Phone No.	No. of Living Children	Date of PPIUCD Insertion	Counseled During *(Tick appropriate column)*			Name of Provider who Inserted PPIUCD	Type of PPIUCD Insertion *(Tick appropriate column)*			Instrument used for Insertion *(Tick appropriate colun)*			Due Date for follow-up	Remarks
								Antenatal Care	Early Labour	Postpartum Period		Post placental (within 10 min)	Immediate PP (within 48 hrs.)	Intra Caesarean	Manual	PPIUCD Insertion Forceps	Sponge/Ring Forceps		

POSTPARTUM IUCD INSERTION REGISTER

Date: _____ To: _____

Facility: _____

USAID FROM THE AMERICAN PEOPLE

उत्तराखंड शासन

MCHIP Maternal and Child Health Integrated Program

POSTPARTUM IUCD INSERTION REGISTER

POSTPARTUM IUCD INSERTION REGISTER

S.No.	Indoor Reg No	Name	Age	Postal Address	Phone No.	No. of Living Children	Date of PPIUCD Insertion	Counseled During *(Tick appropriate column)*			Name of Provider who Inserted PPIUCD	Type of PPIUCD Insertion *(Tick appropriate*			Instrument used for Insertion *(Tick appropriate column)*			Due Date for follow-up	Remarks
								Antenatal Care	Early Labour	Postpartum Period		Post placental (within 10 min)	Immediate PP (within 48 hrs.)	Intra Caesarean	Manual	PPIUCD Insertion Forceps	Sponge/Ring Forceps		