දූරකථන) 011 2669192 , 011 2675011
தொலைபேசி) 011 2698507 , 011 2694033
Telephone) 011 2675449 , 011 2675280

ෆැක්ස්) 011 2693866
பெக்ஸ்) 011 2693869
Fax) 011 2692913

විද්‍යුත් තැපෑල) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)

සුවසිරිපාය
சுவசிரிபாய
SUWASIRIPAYA

සෞඛ්‍ය අමාත්‍යාංශය
சுகாதார அமைச்சு
Ministry of Health

මගේ අංකය *
எனது இல * FHB/MCU/BHT/2021
My No. -

ඔබේ අංකය *
உமது இல -
Your No. : *

දිනය *
திகதி - 15/09/2021
Date *

Circular No. 01-34/2021

Provincial Directors of Health Services,

Regional Directors of Health Services,

All Heads of Institutions,

OBSTETRIC BED HEAD TICKET (H 1252)

As per the instructions by Director General of Health Services (file number: FHB/PU/GOSL/Obs.BHT/201, dated 09/03/2018), the Obstetric Bed Head Ticket (H1252) developed by Family Health Bureau in collaboration with Sri Lanka College of Obstetricians and Gynecologists was pilot tested in eight hospitals. Based on the findings of the pilot test necessary modifications were made to the Obstetric Bed Head Ticket (H1252). The modified Obstetric Bed Head Ticket (H1252) was approved by the Technical Advisory Committee on Maternal Health and Family Planning to be implemented island wide, at its meeting held on 26th March 2021.

The objective of the Obstetric Bed Head Ticket (H1252) is to achieve uniformity of data recording and to streamline the information flow. Newly developed Obstetric Bed Head Ticket (H1252) consists of four parts:

Part A – Admission Form

Part B – Maternity Ward Record

Part C – Handing Over Form - Labour Room/Operation Theatre

Part D – Handing Over Form - Postnatal Ward

The Obstetric Bed Head Ticket (H1252) and the guideline on administering them are attached herewith.

You are instructed to ensure the implementation of newly developed Obstetric BHT (H 1252) A, B, C & D in your area/institution. Please contact Family Health Bureau regarding adequate stocks of Obstetric BHT.

.....

Dr. Asela Gunawardena
Director General of Health Services,

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

Cc:
Deputy Director General (planning)
Deputy Director General (Medical Services I and II)
Deputy Director General (Public Health Services I and II)
Director (Maternal and Child Health)
Director (Information)
Director (Tertiary Care Services)
Director (Health Care Quality and Safety)
Consultant community Physicians (Provincial /Regional)
Medical Officers of Maternal and Child Health
President, Sri Lanka College of Obstetricians and Gynecologists
President, Sri Lanka College of Paediatricians
President, College of Community Physician of Sri Lanka
President, Sri Lanka Medical Association

Guideline on Obstetric Bed Head Ticket (H 1252)

This guideline is to enable staff to be aware of initialising obstetric BHT in their institutions and using it for keeping records during the full maternity episode.

To achieve the uniformity of data recording and streamlining the information flow, the Obstetric BHT has been developed by Family Health Bureau in collaboration with Sri Lanka College of Obstetricians and Gynaecologists. The obstetric BHT is designed to be multidisciplinary and all professionals who see the woman during her maternity care are to use these single set of records and this would be a resource for national and institutional level administrators, clinicians and programme managers for monitoring and evaluation of maternal and newborn health programme at all levels.

Obstetric BHT (H 1252)

Obstetric Bed Head Ticket (H 1252) should be issued for pregnant women admitted to obstetric wards.

Sections of H 1252 are as follows:

Obstetric BHT (H 1252)	Name of the format	No. of pages	Place to be kept
Part A	Admission Form	02	OPD/ Admission desk
Part B	At the ward	04	Antenatal ward
Part C	Handing Over to the Labour Room/ Operation Theatre	04	Antenatal ward
Part D	Handing Over to the Postnatal Ward	04	Labour room/ Operation theatre

General instructions

1. All relevant information should be completed.
2. Mark '√' in the relevant box or write the information required.
3. Attach additional continuation sheets (H 26B) where necessary, e.g. if the given space is inadequate in section C2 at labour room or operation theatre

1. Obstetric BHT (Part A) – 'Admission Form'

Section A1 (Registration) to be filled by admission staff.

- Blood group and Allergies - should be filled by the Medical Officer (MO). Names of drugs or foods allergic should be mentioned in the cage.

- Name in full should be mentioned as in a personal verification document, e.g. ID card, whenever possible.
- Personal Health Number should be mentioned if available. If not, please mention the National ID card number.
- MOH area should be obtained from 'Pregnancy Record- H512 A'

MO at discharge/ transfer/ death of the patient/ left against medical advice (LAMA) should complete the following details of the patient.

- Outcome of the patient
- Diagnoses of the patient: Principle diagnosis and all other diagnoses relevant to the patient should be mentioned.

BHT should not be sent to the record room without completion of this section.

Section A2

- This section should be filled by admitting Medical Officer.
- The mode of transport of the patient should be marked by MO.

2. Obstetric BHT(Part B) – 'At the ward'

Section B1

- This section should be filled by admitting Nursing/ Midwifery staff at the ward.
- The name should be cross-checked with the name appearing in sections A1 & A2.

Section B2

- This section (including history, examination, problems identified and management plan) should be filled by Medical Officer/ Intern Medical Officer in the ward.
- Risk conditions should be filled by referring the available antenatal records.
- Gravidity, Parity and Children have to be filled as in the example given below:
- *G3 P2 C1 – mother is currently pregnant and has had 2 previous pregnancies, 2 deliveries after 28 weeks with a single living child.*
- Expected Date of Delivery (EDD) needs to be calculated and cross-checked with the pregnancy record (H 512 A).

- If the given space is inadequate, attach additional continuation sheets (H26B) where needed.

3. Obstetric BHT (Part C) – 'Handing Over to the Labour room/ Operation theatre'

This form should be attached to the BHT prior to handing over the mother to the Labour Room or Operation Theatre.

Blood group and Allergies section should be filled by the Medical Officer (MO).

Sections C1 and C2

- Relevant sections should be filled by the Medical Officers and Nursing or Midwifery staff.
- Maintaining of the Partogram should be initiated at the time the patient enters the labour room/labour and should be maintained until delivery.
- Details of Analgesia/Anaesthesia should be filled appropriately in the given sections.
- Designations of the officers who perform the procedure/s (e.g. Caesarian section, episiotomy, suturing, anesthesia, post-partum monitoring) should be mentioned.
- MEOWS chart and neonatal examination sheets (H1162) need to be attached with the BHT depending on the necessity.
- In case of multiple deliveries, details of each birth should be filled using a separate form for each birth. (Most of the details of the baby are in the Neonatal format if needed).

- If the given space is inadequate, attach additional continuation sheets (H 26B) where needed.

4. Obstetric BHT (Part D) – 'Handing Over to the Postnatal Ward'

This form should be kept in the Labour Room and Operation Theatre.

Section D1

- Relevant sections are to be filled by the Labour Room and Operation Theatre Nursing or Midwifery staff.
- Intra-partum complications and special instructions/ follow up needed should be entered by the MO/ HO if applicable.

Section D2: Details at discharge

- Section D2.1 and D2.2 - findings of blood pressure and vaginal examination before discharge of the mother should be filled by the MO/ HO of the postnatal ward.
- Sections D2.3 and D2.4 should be filled by the nursing staff of the postnatal ward.

- If the given space is inadequate, attach additional continuation sheets (H26B) where needed.

This 'Guideline on Obstetric Bed Head Ticket (H1252)' is to be used for record keeping documentation in addition to the current circular on 'Procedures pertaining to medical records and hospital statistics', General circular no: 01-05/99 and 'Guideline for implementation of web based Indoor Morbidity and Mortality Reporting System (eIMMR)', General circular no: 01-30/2012.

මාතෘ ඇඳ ඉහපත/மகப்பேற்றியல் தலைமாட்டு அட்டை / **OBSTETRIC BHT**

ඇතුළත් කිරීමේ පත්‍රිකාව/அனுமதிப் பத்திரம் /ADMISSION FORM

සෞඛ්‍ය
சுகாதாரம்
Health
1252

(PART A)

A 1 : ලියාපදිංචි කිරීම / பதிவு இல./ Registration :	Blood Group
ඇඳ ඉහපත් අංකය/ த. மா. அ. இல.: BHT NO.:	Allergies
සම්පූර්ණ නම : முழுப் பெயர் : Name in Full :	රෝහල / வைத்தியசாலை / Hospital :
වයස / வயது / Age :	වාට්ටුව/ விடுதி /Ward :
ලිපිනය / முகவரி / Address :	දිනය/அனுமதித்த திகதி /Date :
	වේලාව/நேரம் / Time :
	Personal Health Number :
	ජාතිය/இனம்/Nationality :
	ආගම්/சமயம்/Religion :
සෞ. වෛ. නි. කොට්ඨාසය/சு. வை. அ. பிரிவு /MOH Area :	විවාහක අවිවාහක බව/சிவில் நிலை/ Civil Status :
භාරකරුගේ නම සහ ලිපිනය / பாதுகாவலரின் பெயரும் முகவரியும் / Guardian's Name & Address :	රැකියාව/ தொழில்/Occupation :
දුරකථන අංකය/தொலைபேசி இல./ Telephone No. :	රෝගියා සමඟ ඇති ද්‍රව්‍ය நோயாளியின் உடமைகள்: Articles in possession :

රෝගියා මාරුකර එවන ලද ආයතනය /இடமாற்றம் செய்த நிறுவனம்/Name of the transferring Institution

To be filled by Medical Officer at discharge/transfer/death

Outcome		Discharged	Principal Diagnosis	Other Diagnoses	
		Transferred		1	
		Death		2	
		Left Against Medical Advice		3	

CM 034229c - 600,000 (08/2021) Department of Government Printing, Sri Lanka.

A 2 - Admitting Officer

Name :	LMP:
Date :	Agreed EDD:
Time: am/pm	POA:
Presenting Complaint :	G P C
	FHS
Examination findings and Immediate managemant:	PR.....min^{-1}
	BP.....mgHg
	RR .....min^{-1}
	FHS

Inform HO Stat :		Mode of Transport :							
		Walking			Wheel Chair			Trolley	

Admitting Officer: Name ..... Signature .....

මාතෘ ඇඳ ඉහපත/மகப்பேற்றியல் தலைமாட்டு அட்டை OBSTETRIC BHT
At the Ward (Part B)

Name :	Ward	Blood Group
	BHT No.	Allergies

B 1 - To be filled by Admitting Nursing/ Midwifery Staff at the ward

Date: ☐☐/☐☐/☐☐☐☐ Time : am/pm

General findings

Pallor		Height (cm)		Articles in possession
Temperature		Weight (kg)		
Pulse rate (min^{-1})		Antenatal BMI		
BP (mmHg)		Urine Protein		Consent for surgery/instrumental delivery
Foetal movements		Urine Sugar		
FHS (min^{-1})		Last Antenatal Hb		
Signature of Admission Officer				Medical Officer informed at : ..... am/pm

B 2 - To be filled by Medical Officer/Intern Medical Officer of the ward

Date: ☐☐/☐☐/☐☐☐☐ Time : am/pm

Age :

G ☐ P ☐ C ☐

LRMP ☐☐/☐☐/☐☐☐☐

EDD

USS Corrected EDD

POG (Weeks)

VDRL	Y	N	
HIV	Y	N	

Hb level and POA at which it was done	POA		
	Hb Level		

OGTT values and POA at which it was done	POA		
	Fasting		
	1 hour		
	2 hours		

Summary/Important findings

Anaemia	
Hypertension	
Diabetes mellitus	
Heart disease	
Epilepsy	
Thyroid disease	
Psychiatric illness	
Other	

Presenting Complaint

History of Presenting Complaint

Past Medical/Surgical History

Obstetric History					
Pregnancy	**Mode of delivery**	**Outcome**	**Birth weight**	**Sex**	**Age**
G 1					
G 2					
G 3					
G 4					
G 5					
Contraceptive method used last		**Subfertility: Primary/ Secondary**	**Any intervention**		
Social History					

Examination

General Examination

CVS :	**RS:**	**CNS:**
PR : ☐ min^{-1} BP : ☐ mmHg Heart :		

Obstetric Examination:

Fundal height .....cm

No. of foetuses ☐ Single ☐ Multiple

Lie : .....

Presentation : .....

Engagement of presenting part : .....

Liquor ☐ Adequate ☐ Low ☐ Increased

FHS (min^{-1}) .....

Other abdominal findings:

Speculum Examination:

☐ Indicated ☐ Not indicated

Modified Bishop's Score .....

Vaginal Examination:

Effacement: .....

Dilatation :.....

Position of cervix: .....

Position of presenting part : .....

Membranes : ☐ Yes ☐ No

Investigation findings	**USS findings**

Problems identified
Management plan

CM 034227e - 600,000 (08/2021) Department of Government Printing, Sri Lanka.

මාතෘ ඇඳ ඉහපත/ மகப்பேற்றியல் தலைமாட்டு அட்டை/ **OBSTETRIC BHT**

Handing over to the Labour Room/Operation Theatre (Part C)

සෞඛ්‍ය சுகாதாரம் Health 1252

Name : ..... **BHT:** .....

Date : .....

Blood Group	
Allergies	

C1 - Patient assessment by ward staff before handing over to the labour room / theatre

C.1.1 (To be filled by nursing/ midwifery staff)

POA	weeks
Pallor	
Temperature	
Pulse rate (min^{-1})	
BP(mmHg)	
Resp. rate /(min^{-1})	
FHS (min^{-1})	
Interval between contractions (min^{-1})	
Medications given	
Investigation reports available	

C.1.2 (To be filled by Medical Officer)

Special conditions needing attention / monitoring

.....

.....

.....

.....

.....

C.1.3 CTG interpretation.....

Problems and monitoring needed .....

.....

.....

.....

.....

.....

.....

.....

Special medication and investigations

.....

.....

.....

.....

.....

.....

C.1.4

Onset of Labour		Not in Labour		
		Spontaneous		
		Induced		
If induced		ARM		
		Prostaglandin		
		Other		
Dribbling		yes		No

Paediatric MO informed ☐ Yes ☐ No

Dexamethasone given (If POA < 36) ☐ Yes ☐ No

Name of Medical Officer : ..... Signature : ..... Time : .....

Handing over to labour room / Operation theatre ☐ **Labour room** ☐ **Operation theatre**

Handing over

Name : .....

Designation : ..... Signature : .....

Date : ..... Time .....am / pm

Taking over

Name : .....

Designation : ..... Signature : .....

Date : ..... Time .....am / pm

Obstetric MO / HO to be contacted :	Obstetric SHO / Reg. to be contacted :	Paediatric MO / HO on duty :

C.2 To be filled by labour room / OT staff

FHS (min^{-1}) ☐

Risk conditions

ARM/SROM ☐ yes ☐ No

Date : .... TIME : ....

Colour of liquor ....

Cord / hand prolapse ☐ yes ☐ No

Oxytocin ☐ Given ☐ Not given

If active has labour has lasted > 8hrs senior staff informed yes ☐ No ☐

ANCL/2021/1628

National Partogram

Name : | **Age :** | **BHT No :**

Gravida : | **Parity :** | **Blood Group :** | **Date and time :**

Special Problems : | **Special instructions :**

Time of V/E																									
Hours		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Fetal Heart Record in 1st Stage	≥ 180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	< 100																								
CTG																									
Contraction free Interval + duration of Contraction	1																								
	2																								
	3																								
	4																								
	5																								
Oxy dose																									
ml - h / dpm																									
Cervical Dilatation	10																								
	09																								
	08																								
	07																								
	06																								
Abdo Descent / Cervical Dilatation	05																								
	04																								
	03																								
	02																								
	01																								
	0																								
Descent Vaginally	-3																								
	-2																								
	-1																								
	0																								
	+1																								
	+2																								
Liquor																									
Position																									
Caput																									
Moulding																									
Pulse																									
BP																									
Temp																									
Action																									

2nd Stage Fetal Heart Rate Record Time : Fully dilated : .... Commenced pushing : ....(Mark ↓↓)

Time	
≥ 180	
170	
160	
150	
140	
130	
120	
110	
100	
< 100	

C.2.1 Intra - partum details

Analgesia / Anaesthesia			
Type	**Given by**	**Date**	**Time**
Pethidine			
Epidural			
Entonox			
Spinal			
GA			

Delivery

Date ☐☐ / ☐☐ / ☐☐☐☐

Time ☐☐ : ☐☐ am / pm

Done by : .....

Assisted by : .....

Supervised by : .....

Presenting Part : ☐ Cephalic ☐ Breech ☐ Other

Outcom Type : ☐ Unassisted Vaginal

☐ Forceps ☐ Elective LSCS

☐ Vacuum ☐ Emergency LSCS

Estimated Blood Loss :

Episiotomy

Performed ☐ Yes ☐ No

Performed by : .....

Sutured by : .....

Time : .....

Tears

Tears : ☐ Yes ☐ No

Sutured by : .....

Birth

(Please use a separate form for each birth in case of multiple births)

Institutional : Yes ☐ No ☐

Births : ☐ Single ☐ Multiple

If multiple, no. of births : ☐

Outcome of Birth : ☐ live Birth ☐ Still Birth

If still birth ☐ Fresh

☐ Macerated

☐ Not classified

Sex of the Baby :

☐ Male ☐ Female ☐ Undetermined

Birth Weight : ☐☐☐☐ g

POG at delivery : ☐☐☐☐ Weeks

Length : ☐☐☐☐ cm

OFC : ☐☐☐☐ cm

Anus : ☐☐☐☐

Placenta

Expulsion ☐ Spontaneous ☐ Manual

Time ☐☐ ☐☐ am / pm

Membranes ☐ Yes ☐ No

Intra - partum Complications (if applicable) :

(to be filled by MO)

☐	Delay in progress of labour
☐	Foetal distress
☐	PPH

☐	Retained placent
☐	Eclampsia (at any time during pregnancy)
☐	Other (Specify)

Monitoring with MOEWS Chart : ☐ Yes ☐ No

Postpartum monitoring done by :

Designation & Name
MO :
NO :
PHM :

මාතෘ ඇඳ ඉහළට/மகப்பேற்றியல் தலைமாட்டு அட்டை/OBSTETRIC BHT

Handing Over to the Postnatal Ward (Part D)

(To be filled for mother. Please fill H 1162 for the neonate)

Name : **Ward :** **BHT No. :**

D1 - To be filled by Labour Room/Theatre (Nursing/Midwifery) Staff before handing over to the Postnatal Ward

Basic examination of mother :

Disk No.	
Blood Group	
Allergies	

Pallor		
Temperature		^{0}C
Pulse Rate		min $^{-1}$
BP		mmHg

Respiratory Rate		min^{-1}
Uterus		
Active PV Bleeding		
IV Line		

Mode of Delivery	Normal	
	Forceps	
	Vacuum	
	LSCS	

Special Instructions/Follow up needed:
(to be filled by MO)

Baby sent to:	Postnatal ward		SCBU		NICU		Transferred		Dead	

Handing over
Name .....
Designation ..... Signature.....
Date ..... Time ..... AM/PM

Taking over
Name
Designation ..... Signature .....
Date ..... Time ..... AM/PM

D. 2 මව රෝහලින් මුදාහැරීම/மகப்பேற்றியல் தலைமாட்டு அட்டை/At Discharge of the Mother

D. 2.1	BP		mmHg

D. 2.2 Vaginal Examination

Fresh bleeding		Offensive lochia			
No packs/swabs		Infected episiotomy/tears/ Caesarian section site	Yes		No

කරුණාකර අදාල කොටුවේ '√' ලකුණ යොදන්න/உரிய பெட்டியில் '√' போடவும்/ **Please tick '√' in the relevant cage**

D. 2.3 මවට අදාල ක්‍රියාකාරකම්/தாய் தொடர்பான செயற்பாடுகள்/ **Activities related to mother**			
පසුගිය පැය 24 තුළ මවගේ ශරීර උෂ්ණත්වය සාමාන්‍යව පැවතිණ./ கடந்த 24 மணி நேரத்தில் தாயின் உடல்வெப்பநிலை சாதாரணமாகக் காணப்பட்டது./ Mother's body temperature was normal during last 24 hours		මවට විටමින් A අධිමාත්‍රාව දෙන ලදී. தாய்க்கு விட்டமின் ஏ மிகை மாத்திரை வழங்கப்பட்டது/ Vit A mega dose given to mother	
පවුල් සැලසුම් ක්‍රමයක් ලබා දුනි/තීරණය කරන ලදී குடும்பத்திட்டமுறை வழங்கப்பட்டது/ தீர்மானிக்கப்பட்டது Family Planning method provided/decided		රුබෙල්ලා ප්‍රතිශක්තිකරණය දෙන ලදී/ ருபெல்லா தடுப்பூசி வழங்கப்பட்டது/ Rubella Immunization given	
විටපීය කැපුම්/ඉරීම්/සිසේරියන් තුවාලයේ ආසාදන සම්බන්ධව පහදා ඇත/ சீசர் வெட்டு தொற்று பற்றி விளக்கப்பட்டது/ Symptoms of epis/tears/LSCS/infection explained		පසු ප්‍රසූත අනතුරු සංඥා පහදා දුනි/ பிறப்பின் பின்னான ஆபத்து அறிகுறிகள் விளக்கப்பட்டது/ Postpartum danger signals explained	
මීළඟ රෝහල් සායන දිනය දැනුම් දෙන ලදී (අවශ්‍ය නම්), அடுத்த வைத்தியசாலைத் தரிசிப்புப் பற்றி ஆலோசனை வழங்கப்பட்டது (பொருத்தமாயின்) Informed on next hospital clinic visit (if relevant)		පසු ප්‍රසූත ගෘහ පිවිසුම් සඳහා ක්ෂේත්‍ර පවුල් සෞඛ්‍ය සේවා නිලධාරිනියට දැන්විය යුතු බව දැනුම් දෙන ලදී. பிறப்பின் பின்னரான வீட்டுத்தரிசிப்பு தொடர்பாக கள பொது சுகாதார மருத்துவ மாதினை தொடர்பு கொள்ள அறிவுறுத்தப்பட்டது. Informed to contact field PHM for post-partum home visit	
D. 2.4 ලබා දුන් ලිපි ලේඛන /கொடுக்கப்பட்ட ஆவணங்கள்/ **Documents given**			
රෝග විනිශ්චය කාඩ්පත (අදාල නම්) நோய் நிர்ணய அட்டை (சம்பந்தப்படின்) Diagnosis card (if indicated)		වෛද්‍ය සහතිකය (අවශ්‍ය නම්) மருத்துவச் சான்றிதழ் (பொருத்தமாயின்)/ Medical certificate issued (if relevant)	
ප්‍රතිකාර සටහන් (අවශ්‍ය නම්) மருந்துத்துண்டு (சம்பந்தப்படின்) Prescription (if indicated)		ඇතුළත් වීමේදී මවගෙන් ලබාගත් සියලු ලිපිලේඛන/உள்வரும்போது தாயிடமிருந்து பெற்றுக் கொள்ளப்பட்ட அனைத்து ஆவணங்கள் / All the documents which were taken from mother on addmission	
සම්පූර්ණ කරන ලද ගර්භනී සටහන් පත பூரணமாக்கப்பட்ட கர்ப்பவதி பதிவேடு Completed Pregnancy Record (H 512A)		Birth chit	Gate passes received

.....

රෝගියාගේ අත්සන

நோயாளியின் கையொப்பம்

Signature of the Patient

.....

Name and Signature of Discharging Officer.

Date and time of discharge ..... am/pm

CM 034228c - 350,000 (08/2021) Department of Government Printing, Sri Lanka.