

Data Collection Worksheet for Labor and Delivery Units

Name of Health Facility: _____

Location: _____

Date: _____

Name and title of person collecting information: _____

Data to be collected	Where to find data	Time frame (1 year or 3 months)	Calculations
No. of hospital beds		not necessary	
No. of Labor and Delivery Unit beds		not necessary	
No. of antenatal beds		not necessary	
No. of births			
No. of normal vaginal births			no. of normal vaginal births no. of births
No. of caesarean sections (c/s)			
C/S Rate			<u>No. of c/s</u> No. of births
No. Infant deaths			
No. Stillbirths			
No. Maternal deaths		per year	