

DRAFT

**MATERNAL CARE PROVIDER
BEHAVIOR ASSESSMENT TOOL
KENYA**



CHANGE PROJECT

TIME	PARITY	COMMENTS
PT. ASSESSMENT		
- FETAL HEART		
- BLOOD PRESSURE		
- CERVICAL DILATION		
- STATUS OF MEMBRANES		
- URINE OUTPUT		
- FLUID INTAKE		
- OTHER		

ADDITIONAL COMMENTS:

DATA COLLECTION

NAME OF PERSON/UNIT ASSESSED _____
FACILITY _____
DATE _____
PERSON COMPLETING ASSESSMENT _____

PATIENT INFORMATION

PARITY _____
CERVICAL DILATION _____
STATUS OF MEMBRANES _____
OTHER _____

LABOR WARD INFORMATION

NUMBER OF PATIENTS _____
IN LABOR _____
POSTPARTUM _____
NUMBER OF MIDWIVES _____
NUMBER OF STUDENTS _____
NUMBER OF PHYSICIANS _____

