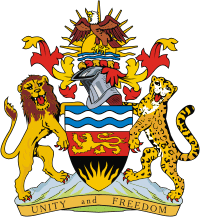
*HMIU 2*



Ministry of Health

Antenatal Care Clinic Register

*Version 3 (September 2011)*

|  |  |  |  |
| --- | --- | --- | --- |
| Register No |  | | |
| Facility Name |  | | |
| District |  | | |
| First Registration Cohort | Year | Month | First Reg. No |
| Last Registration Cohort | Year | Month | Last Reg. No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | | |  | |  |  |  |  |  | | | | | | | | |  | |  |  | | |  | | | | | Fill only when found HIV positive | | | | | | |  | | |  |
| **Registration Cohort** | | | Visit | Visit Date | | | | | Gestation weeks | | Fetal heart | Weight (kg) | BP | Urine protein | Preventive meds. | | | | | | | | | Bed net given | | Hb (g/dl) | Syphilis test result | | | HIV test result | | | | | PMTCT management | | | | | | | Comments | | | Provider name |
| **Year** | | | TTV | | Number of tablets given | | | | | | | **Previous test** status from before first ANC visit | | | | | On CPT | | NVP syrup dispensed  (ml) | | On ART  *Confirm adherence!* | | |
| total previous doses | new doses given | SP | | | FeFo | | Alben-dazole | | Neg | Pos | Unknown | | |
| **Month** | | | in last 3 months | ever | **New test** at ANC | | |
| Neg | Pos | Not Done |
| Registration no. | | | 1 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Name | | | 2 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Place of residence / phone | | | 3 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
|  | | | 4 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Age | Gravida | Para | 5 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| LMP | EDD | ***Final status for this woman*** | Total visits | | | | | | week of 1st visit | |  |  | Pre-eclampsia | | tot TTV doses | | total SP doses | | | tot FeFo tabs | | Alb. doses | | ITN given | |  | Syphilis test | | | HIV status | | | | | On CPT | | NVP baby | | Final ART status mother | | | | | | **ART Clinic Reg No.** |
| **1** | | **2** | **3** | **4** | **5+** | **0-12** | **13+** |  |  | **N** | **Y** | **0-1** | **2+** | **0** | **1** | **2** | **0-119** | **120+** | **0** | **1** | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** | **N** | **Y** | **N**o  **A**RT | | **P**rev  **A**RT | | **0-27**w  **A**RT | **28+**w  **A**RT |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| Registration no. | | | 1 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Name | | | 2 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Place of residence / phone | | | 3 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
|  | | | 4 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Age | Gravida | Para | 5 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| LMP | EDD | ***Final status for this woman*** | Total visits | | | | | | week of 1st visit | |  |  | Pre-eclampsia | | tot TTV doses | | total SP doses | | | tot FeFo tabs | | Alb. doses | | ITN given | |  | Syphilis test | | | HIV status | | | | | On CPT | | NVP baby | | Final ART status mother | | | | | | **ART Clinic Reg No.** |
| **1** | | **2** | **3** | **4** | **5+** | **0-12** | **13+** |  |  | **N** | **Y** | **0-1** | **2+** | **0** | **1** | **2** | **0-119** | **120+** | **0** | **1** | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** | **N** | **Y** | **N**o  **A**RT | | **P**rev  **A**RT | | **0-27**w  **A**RT | **28+**w  **A**RT |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| Registration no. | | | 1 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Name | | | 2 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Place of residence / phone | | | 3 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
|  | | | 4 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Age | Gravida | Para | 5 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| LMP | EDD | ***Final status for this woman*** | Total visits | | | | | | week of 1st visit | |  |  | Pre-eclampsia | | tot TTV doses | | total SP doses | | | tot FeFo tabs | | Alb. doses | | ITN given | |  | Syphilis test | | | HIV status | | | | | On CPT | | NVP baby | | Final ART status mother | | | | | | **ART Clinic Reg No.** |
| **1** | | **2** | **3** | **4** | **5+** | **0-12** | **13+** |  |  | **N** | **Y** | **0-1** | **2+** | **0** | **1** | **2** | **0-119** | **120+** | **0** | **1** | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** | **N** | **Y** | **N**o  **A**RT | | **P**rev  **A**RT | | **0-27**w  **A**RT | **28+**w  **A**RT |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| Registration no. | | | 1 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Name | | | 2 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Place of residence / phone | | | 3 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
|  | | | 4 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| Age | Gravida | Para | 5 |  | | | | |  | |  |  |  |  |  |  |  | | |  | |  | | **N** | **Y** |  | – | + | **N**D |  |  | **New**  – | **New**  + | **ND** | **N** | **Y** |  | | **N** | **Y** | |  | | |  |
| LMP | EDD | ***Final status for this woman*** | Total visits | | | | | | week of 1st visit | |  |  | Pre-eclampsia | | tot TTV doses | | total SP doses | | | tot FeFo tabs | | Alb. doses | | ITN given | |  | Syphilis test | | | HIV status | | | | | On CPT | | NVP baby | | Final ART status mother | | | | | | **ART Clinic Reg No.** |
| **1** | | **2** | **3** | **4** | **5+** | **0-12** | **13+** |  |  | **N** | **Y** | **0-1** | **2+** | **0** | **1** | **2** | **0-119** | **120+** | **0** | **1** | **N** | **Y** |  | – | + | **N**D | **Prev**  – | **Prev**  + | **New**  – | **New**  + | **ND** | **N** | **Y** | **N** | **Y** | **N**o  **A**RT | | **P**rev  **A**RT | | **0-27**w  **A**RT | **28+**w  **A**RT |  |
|  |  |  |  | |  |  |  |  | Tot. started in week 0-12 | |  |  | Tot. with pre-eclampsia | | Tot. with 2+ TTV doses | |  |  |  | Tot. with 120+ FeFo tabs | | Tot. recvd. Albendazole | | Tot. received ITN | |  |  |  |  |  |  |  |  |  | Tot. on CPT | | Tot. recvd. NVP baby | |  | |  | |  |  |  |
| **Page Summary** | | |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |
| *Field Number* | | | *1* | | *2* | *3* | *4* | *5* | *6* | |  |  | *7* | | *8* | | *9* | *10* | *11* | *12* | | *13* | | *14* | |  | *15* | *16* | *17* | *18* | *19* | *20* | *21* | *22* | *23* | | *24* | | *25* | | *26* | | *27* | *28* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General**   * Write information into all empty boxes * Mark the correct answer in all boxes with printed options by drawing a circle around the option * Circle one option only in each box   **The Cohort Registration System**   * There are **4 sections for 4 women** on each page * On each page, write the Year and Month of Registration in the box in the top left-hand corner * Start a new page for Registrations in a new month   **First (booking) visit**   * Start a new section for each woman * Assign a new Registration number by adding 1 to the Registration number from the previous section * Copy the Registration number into the woman’s health passport to help you find her section in the ANC register when she comes for her follow-up visits. * Write Name, Residence / Phone number, Age, Gravida, Para and the approximate dates for last menstruational period (LMP) and estimated date of delivery (EDD). * In the row for the first visit (top row within each section), write today’s date as Visit Date and fill the details in the other columns.   **Follow-up visit:**   * Find the woman’s section in the ANC register using the Registration number in her health passport. * In the next blank row (Visit 2, 3, 4 or 5), write today’s date as Visit Date and fill the details in the other columns.   **Reporting of ANC outcomes**   * Very few women register for ANC within the first 2 months of pregnancy. Therefore, almost all women complete ANC and deliver within 7 months after registration. * Step 1: Use the guide on the reporting form to find the Registration cohort that has now completed ANC. (7 months back) * Step 2: For each woman in that Registration cohort, circle the Final status (ANC outcomes) in the grey row at the bottom of each section. * Step 3: For each page, count the outcomes in the 4 grey rows (Final status) and write the tallies into the of the Page Summary boxes at the bottom of the page. * Step 4: On a separate piece of paper, add the Page Summary Fields from all pages of this Registration cohort to obtain the totals for your monthly report. |  | **Field No.** | **Field Name** | **Definition** |
|  | 1– 5 | Total visits | Circle the total number of ANC visits that the woman has had |
|  |  | Week of 1st visit (always circle one option) | |
|  | 6 | **0-12** | First visit was in the 1st trimester of pregnancy (0-12 weeks gestation) |
|  |  | **13+** | First visit was in the 2nd or 3rd trimester (13 weeks gestation or later) |
|  |  | Pre-eclampsia (always circle one option) | |
|  |  | **N** | (otherwise) |
|  | 7 | **Y** | Diastolic blood pressure was 90 or above on 2 readings and urine protein was 2+ or 3+ |
|  |  | TTV doses (always circle one option) | |
|  |  | **0-1** | None or only 1documented dose of tetanus toxoid vaccine was given |
|  | 8 | **2+** | Received 2 or more documented doses of TTV (including previous doses and the final dose given at ANC). |
|  |  | SP doses (always circle one option) Do **not** give SP to women on CPT. | |
|  | 9 | **0** | Received no SP in the course of ANC |
|  | 10 | **1** | Received only one dose (3 tabs) of SP in the course of ANC |
|  | 11 | **2** | Received two doses (2 x 3 tabs) of SP (at 2 visits) |
|  |  | FeFo tablets (always circle one option) | |
|  |  | **0-119** | Received less than 120 tablets of iron-folate in the course of her ANC visits |
|  | 12 | **120+** | Received 120 (or more) tablets of iron-folate in the course of her ANC visits |
|  |  | Albendazole dose given (always circle one option) | |
|  | 13 | **N / Y** | One stat dose of 400mg Albendazole was given in the course of ANC (2nd or 3rd trimester) |
|  |  | Insecticide treated bed net given (always circle one option) | |
|  | 14 | **N / Y** | One ITN given in the course of ANC |
|  |  | Syphilis test (always circle one option) | |
|  | 15 | **–** | The (last) syphilis test result was negative |
|  | 16 | **+** | The (last) syphilis test result was positive |
|  | 17 | ND | No syphilis test was done in the course of the ANC visits |
|  |  | HIV test: (always circle one option – and one option only) | |
|  | 18 | **Prev -** | Documented negative HIV test result from within the last 3 months was available at the registration visit. No new HIV test was done at ANC. |
|  | 19 | **Prev +** | Documented positive HIV test result from any time in the past seen at registration visit (women already on ART are considered to have a documented positive test). No new HIV test was done at ANC. |
|  | 20 | **New -** | The (last) HIV test done at ANC was negative. Look at the latest test result if multiple HIV tests were done in the course of several ANC visits. |
|  | 21 | **New +** | The (last) HIV test done at ANC was positive. Look at the latest test result if multiple HIV tests were done in the course of several ANC visits. |
|  | 22 | **ND** | No documented HIV test result was available from before ANC and no new HIV test was done during ANC. HIV status remained unknown as of the last ANC visit. |
|  |  | On CPT (circle only for HIV positive women, leave blank otherwise) | |
|  |  | **N** | HIV positive but not on CPT as of the last ANC visit |
|  | 23 | **Y** | On cotrimoxazole preventive therapy as of the last ANC visit |
|  |  | NVP baby (circle only for HIV positive women, leave blank otherwise) Always dispense the full 6 week supply (3 bottles of 25ml) as soon as known HIV positive, regardless of week of gestation | |
|  |  | **N** | The woman was HIV positive but was never given nevirapine syrup for the infant in the course of her ANC visits |
|  | 24 | **Y** | Nevirapine syrup given to take home with instructions to start giving the baby a daily dose until age six weeks |
|  |  | Final ART status mother: (circle only for HIV positive women, leave blank otherwise - circle one option only) | |
|  | 25 | **No ART** | Woman was HIV positive but not on ART as of her last ANC visit. |
|  | 26 | **Prev ART** | Woman was already on ART when starting ANC. |
|  | 27 | **0-27w ART** | Woman started ART in the 1st or 2nd trimester of this pregnancy. |
|  | 28 | **28+w ART** | Woman started ART in the 3rd trimester of this pregnancy. |