

Antenatal Care Register Report

Facility/Zone :

Subdistrict:

S/No:

Name:

Date:

Reg No:

Address:

Age	
Parity	
BP	
HT(m)	
WT(kg)	
GEST	
FHT*	
EDD	
HB AT REG	
HB AT 36 WEEKS	
BLOOD GROUP (ABO)	
*STAT US (P/N)	
TYPE	
VDRL	
PRE TEST COUNTS	

Monthly Midwife's Returns

Name Of Institution/Maternity Home:

Type of Facility:

Sub Dist:

Date:

Region:

EOC Services:

Blood Transfusion Services:

PMTCT:

Conduct Delivery:

OTR Corner:

Baby Friendly Services:

Antenatal

# of Registrants		Age of Mom at Registration	
Attendances		Parity	
# of making 4th Visits		Duration of Pregnancy	
TT 2+ Vaccination		Haemoglobin at 38 Wks	
IPT		ITN USe	

Deliveries

Total Births		Age of Mother	
Out Come OF Delivery		Morbidites	
Birth Weight		Baby Friendly Hospital	
Mortalites		Mode of Delivery	

PostNatal

Baby Weight		Post Partum FP	
Registrants		Birth Abnormalities	
Supervised Delivery		Age Group	
No ANC		Referrals (In/Out)	

Monthly Midwife's Returns

Abortions

Type		Age Group	
Complications		PAC-FP	
Male Involvement			