Republic of Kenya – Ministry of Health



AnteNatal (ANC) Register MOH 405

County:		
Sub-County:		
Health Facility:		
KMHFL Code:		
Type:	Man. Agency:	
Start date:	End date:	

Edition: April 2019

Column ID		Co	lumn Label		Column Description										
					Enter the date when the client visits the health facility either as a new client or a re-visit in the format DD/MM/YY										
В	ANC Number (Nev	w client)			Enter Antenatal clinic number which has been given to the client for this pregnancy at her first antenatal visit. Fill-out the Antenatal Clinic Number in the format YYYY-MM-NNNN. Where YYYY is the year, MM is the month and NNNN is the sequential visit order number for this client. For example, a client who makes the initial visit in February 2019 and is the 8th client of the month should be given the										
	ANGN I D	• • • •			number: 2019-02-0008.										
C D	ANC Number (Rev No. of ANC Visits				If this is a subsequent visit for this particular pregnancy, enter in this column the Antenatal clinic number which was given to the client at her first antenatal visit. Indicate the client's visit number during this particular pregnancy by indicating, 2, 3, 4 For second, third, fourth visit etc.										
E	Full Names	(1,2,3,1)			Enter the client's full names in the order first name, middle and surname.										
	Date of Birth/Age				nter the date when the patient was born in the format 'dd/mm/yyyy'. Enter the client's age in completed years as at last birthday on the first visit; Note: Do not update this field on subsequent visit should ient's age change but just use the age at first visit.										
G	Subcounty/County				Enter the name of the subcounty if client resides within the county where facility is located. Else, enter name of County if the client resides in a different county from where the facility is located										
Н	Village/Estate/Lan		ne Number		Enter the name of the village or estate or landmark where the patient is currently staying. Manadatory to fill in the telephone number										
I	Marital Status: (Co	des 1-5)			Enter one of the options in the cell 1-Married, 2-Widowed, 3-Single, 4-Divorced, 5-Separated										
J	Parity				Format X+Y: First part (X): Enter the number of previous deliveries that occurred at a gestation beyond 24 weeks (6 months) regardless of outcome. Second part(Y): enter the number of terminations or miscarriages that have occurred at a gestation less than 24 weeks prior to this pregnancy. Enter the number of pregnancies that the woman has had including the current pregnancy. For example in her third pregnancy, a woman is said to be gravida three (3) regardless of outcome of the previous										
K L	Gravidae Date of Last Mensi	trual Period(I M	IP)	(dd/mm/yy)	pregnancies. Record the date of the last menstrual period in the format DD/MM/YY.										
	Expected Date of I	,	11)	(dd/mm/yy)	Record the Estimated Date of Delivery in the format DD/MM/YY										
N	Gestation in weeks				Record the duration of pregnancy expressed in weeks. This should be updated on each visit.										
0	MUAC: (Codes 1-:	3)			Record 1= Green, 2=Yellow, 3=Red										
	Height (Centimeter	rs)			Record the measured height in centimeters										
	Blood Pressure			aran.	Record the blood pressure reading										
	Breast Exam	liaatiana		(Y/N)	Record 'Y' if Breast examination has been done OR 'N' if Not done										
T U	FGM associated co	-	aemoglobin	(Level/ND/NA)	Record Complications associated with FGM 1=scarring, 2=Keloids, 3=Dyspaneuria, 4=UTI Record the haemoglobin level. Record ND if not done and NA if not applicable.										
v			esting for Diabetes	(20.001110/1111)	Record 1=RBS<11.1 mmol/L, No Diabetes, 2=RBS>11.1 mmol/L, Has Diabetes, 3=No RBS done										
W		Blood group as	nd rhesus	_	Record Yes if done/No if not done										
X		Urinalysis	V/N/NID		Record Yes if done/No if not done This is the routine test for syphilis/VDRL that is carried out for pregnant women. Record whether the results are Positive or Negative. If tests were not done on this visit, write ND for "Not Done" ND= "Test"										
Y				RPR/VDRL/Dual Testing/NA	not done" on this visit. This should also be recorded for those who were tested on a previous visit and are not tested at this visit even if treatment is given at this visit. In the lower cell record the type of test done: RPR or VDRL or NA if test is not done.										
		RPR/VDRL	Results (P/N/NA)	Treated	In the upper cell: Indicate results using "P" if positive "N" if Negative and "NA" if not applicable.										
Z				(Y/N/NA)	In the lower cell: Record "Y" If the client tests positive and is started on treatment at this visit, and "N", if not started on treatment. Otherwise if the client is not tested at this visit or tests Negative, writ for not applicable. Since this is a visit-based register, if the client tested positive on a previous visit, write "Y" against the visit on which treatment is started.										
		TD C	G-1 (1.4)		Enter the following: 1 = Presumed TB if a patient is clinically or radiologically suspected to have TB but not confirmed through laboratory tests. 2 = if no signs TB from previous assessment. 3 = if patient										
AA		TB Screening:	1		already on treatment. 4=Not done Proved HIV status for this sixtic Enter ID: for Desitive VII: for Unknown and VID: for Vision and the ANC sixtic in this property Note Desitive VID: on who country vision.										
AB	- Laboratory		HIV status before 1st ANC	(KP/U/ Revisit)	Record HIV status for this visit. Enter 'P' for Positive, 'N' for Negative 'U' for Unknown and 'KP' for Known Positive results at first ANC visit in this pregnant; Note: Do not record "KP" on subsequent visit if the positive status was known during or after the 1st ANC Visit.										
AC			HIV testing (Initial or Retest)	(I/R/ND)	This records whether the client is tested during this visit. If client is tested during this visit and it is an initial test, record "I", If it is a retest, record "R" If testing is not done at this visit, record ND. Retesting only applies to those women who were tested during the first trimester and their tests were negative. It is recommended that such women are tested again in their last trimester or in maternity.										
AD		HIV Status	HIV Testing 1	(N,P,I,NA)	Kit Name: Write the name of the first HIV rapid test kit which you have used. Lot No: Write lot number of the test kit. If the lot number changes in the middle of the page, skip one row and write the new lot number on the next row Expiry Date: Write expiry date of the test kit. Test Result: Write either of the following initials;										
AE			HIV Testing 2	(N,P,I,NA)	N: Negative (non-reactive) P: Positive (Reactive) I: Invalid NA for KPs and those not due for a test In case of invalid results, the same test should be done again. The repeat test results should be captured on the following row.										
AF			HIV Results	(P/N/NA/ PrevP/PrevN)	Indicate HIV status of the client. P for Positive, N for Negative and NA for Known Positive. If the test was not done during this visit, record NA. On subsequent visits, if the mother tested positive in an earlier visit (during the current pregnancy) write Prev P. If she tested negative in an earlier visit (during the current pregnancy) and she is not due retest write Prev N.										
AG			WHO Stage		If the client has been assessed for ART eligibility using WHO staging, record the stage under this column using the notation: I, II, III or IV.										
	ART	Client			If the client has been assessed for ART eligibility using CD4, record Y to indicate that the sample has been taken on this visit and N if not. When the results are ready, enter CD4 value against the visit										
AH	Eligibility	Monitoring	Viral Load		(subsequent) the patient has made. There is no need to go and update the visit on which the blood was drawn. Note: For the purpose of reporting data on the indicator on assessment for eligibility, please cour all the "Y"s even before the results have been known as long as the reporting date is due.										
AI			On ARV before 1st ANC visit	Y/ Revisit/N/NA)	On 1st visit: If client was a KP and already on ARVs before first ANC visit for current pregnancy enter Y. On subsequent visits, enter Revisit. If client was a KP and not on ARVs before first ANC visit for current pregnancy, enter N. For clients with unknown HIV status at first ANC enter NA.										
AJ		Maternal HAART	Started HAART in ANC	Y/Revisit/N/NA	Enter Y on date of visit when the client was started on HAART within the ANC setting. On subsequent visits after being started on HAART, write Revisit. If the client is HIV positive and they have not been started on HAART during the visit, enter N If a client was already on ARVs before 1st ANC visit, enter NA If a client is HIV negative, enter NA										
AK			CTX	(Y/N)	Write Y if Cotrimoxazole has been given or N if not given. This is recorded for HIV positive mothers who are commenced on Cotrimoxazole. If the woman is not eligible, record NA for "Not Applicable"										
AL		Infant	AZT for Baby	(Y/N/NA/R)	Enter Y if infant AZT drugs have been dispensed to the mother or N, if not given, and NA if HIV negative. On subsequent visits if you had already given baby AZT, enter R for Revisit.										
AM		Prophylaxis issued	NVP for Baby	(Y/N/NA/R)	Enter Y if NVP Drugs have been dispensed to the mother for the baby or N, if not given and NA if HIV negative. On subsequent visits if you had already given baby NVP, enter R for Revisit.										
AN	Double of LIIV Com	Partner HIV te	· ·	(Y/N/NA/KP)	Record Y if the client's partner was tested for HIV during this ANC visit or N if he was not tested. Record NA if the partner did not accompany the client.										
AO		Partner Test R	•	(P/N/KP/NA)	Indicate HIV test result for the partner, P for Positive or N if Negative U for unknown or KP for known positive results.										
	PPFP Counselling	0.1.1.			Record the method of Immediate PostPartum Family Planning Consented after Counselling 1- IUD, 2- Implants, 3- BTL										
AQ	Other Conditions (Codes 1-6) Deworming		(Y/N)	Use the codes to record the other conditions observed during the visit i.e. 1=Hypertension; 2=Diabetes; 3=Epilepsy; 4=Malaria in Pregnancy; 5=STIs/RTI; 6=Others (Specify) 7=None Indicate VES if Devorming medication has been given and NO if not given										
AR					Indicate YES if Deworming medication has been given and NO if not given										
AS	Treatment	IPT 1-3		(1,2,3,NA)	Intermittent Presumptive Treatment first, second or third dose. Write the dose which has been given or NO if not given. If the woman is not eligible, record NA for "Not Applicable"										
AT		TT Dose		(1 to 5)	This refers to the Tetanus Toxoid Vaccine given to the woman during the visit. Record which number of dose was given.										
AU	Supplementation	Given supplem	entation	1,2,3,4,5	Indicate in this column the code according to the Supplementation given. i.e. 1= Combined IFAs 2= Iron 3=Folate 4 = Iron+Folate Separately 5=Calcium										
AV	LLITN	Received LLIT	'N	(Y/N)	Record Y=Yes if an LLITN was issued to the client during this visit, or N=No if not given. Indicate the visit number when the net was given										
	Referrals: From (C	odes 1-4)			Record as per provided codes: 1=From Community Unit, 2=Another Health Facility, 3=Not Applicable										
	Referrals: To (Cod				Record as per provided codes: 1=To Community Unit, 2=Another Health Facility, 3=Not Applicable										
AY	Reason for referral	specify			Record reasons for referral										
AZ	Remarks				Any other comments that will be beneficial to the client and service										

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Ministry of F	lealth		Antenatal Care	Register						page 1			1						Г	1 1	Ministry o
Date of	ANC Number (New	ANC Numbe		Number of ANC Visits	Full Name		Date of Birth (DD/MM/yyyy	Subcoun ty /County	Village/Estate/ Landmark Phone Number	Marital Status 1=Married 2=Wdowed 3=Single 4=Divorced 5=Separated	Panky	Gravidae	Date of Last Menstrual Period (LMP) (LMP)	Expected Date of Delivery (EDD)	Gestation in Weeks	MUAC 1= Green, 2=Yellow, 3=Red	Heighn(cm)	Weight (kg)	Blood Pressure	Breast Exam. 1= Normal, 2= Abnormal	Complications Lescanting Linearing L
visit	Client)	(Re Visi			(First, Middle, La	st)							/yyyy)	/yyyy)					ĕ	ă	응휴설월4
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idolescent with HTV Number idolescents (10-19 yes) 1st ANC KP (g) & (s)			1			(u) noi/L. No Diabetes	clients				(ac) N: Negative		(ad) N: Negative	number				Number	JL		
idolescents (1	0-19 yrs) tested	positive in ANC (g) & (as)		l		2+R85>11.1 mm	nol/L, Has Diabetes					P: Positive		P: Positive			10-14 wars 15-19 years				No. of New Client (1 No. of revisits client
dolescents (1	0-19 yrs) starte	d HAART in ANC (g) & (se)				3+No RBS done						I: Imelid		1: Invalid			20-24years			J E	No. completed 4th A
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	etes, 2=Has			Te:	sting	B Sc re		HIV	Kit Name:	Kit Name:		Client	Monitoring	Mat	Maternal HAAI						PPFP Courseling	treatment			-As 2=						
	No disk		H	nt T	_	en	HIV status		Lot No.	Lot No.	1				s							1=Hyperte		Г	6	bined					
	Blood Sagar Testing for Diabetes 1=No diabetes, Diabetes, 3=Not done	(N/N) sns		e s	Fest Resu ts (P/N/	2=No signs 1= On TB treatment 4= Not done	1st ANC				HIV		Viral Load	On ARV before 1st ANC visit	#6d HAART			NVP	Partner HIV testing	Partner Test Result	IUD, 2-	nsion 2=Diabete s 3=Epileps 4=Malaria	Deworming	4	,2nd 4th dose⊶4,5th	Given Supplementation 1= Combined IFAs 2= liton 3=Folate 4 = Iron+Folate Separately 5=Calcium	_	From	То	spedify	
2	esting f	and the	ē.	9 Y	01)	No to	L.,		Expiry / /	Expiry / /	Resu Its	WHO Stage			8	CT X	AZT for Baby	for Baby	Pa	Pa Resu	nted 1-	in Pregnancy	Dew	IPT 1-7	dose=1 ose=3, =NA	= Iron	TN=Y/	hit.	nity y ser	ferral .	
(Level/ND/NA)	lood SagarT	Blood group and rhesus (Y/N)	Urmalysis (Y/N)	p (reat ed Y/N/ NA)	E 04	F /	(I/R/N D)	Ņ "F "I. N	,P ,I, N A)	NA/ Prev	(Stage)	f #1	Y/ Revisit/N/ NA)	Y/Revi sit/N/ NA	(Y/N/NA)	(Y/N/N A/R)	(Y/N/N A/R)	(Y/N/ NA/K P)	(P/N/ KP/N A)	PPFP Consented 1 - IUD, Implants, 3- BTL	Treatment (Y/N)	(Y/N	(1,2,3, 4,5,6,7 N, NA)	TT Dose 1st dose=1,2nd dose=2,3rd dose=3,4th dose dose=5,None=NA	Biven Suppli ron ≔Fdate 4 ≔Calcium	Received LLITIN=Y/N	1=From Community Unit, 2=Another Health Facility, 3=Not Applicable	1=To Community Unit, 2=Another Health Facility	Reason for referral	
(u)				(v)		(aa)	(ab)	(ac)	(ad)	A)	(af)	(Stage)	(result) (ah)	(ai)	NA.		(al)	(am)	(an)	(ao)	(ap)	(Y/N) (ag)	(ari	(as)	(at)	(au)	(av)	(aw)	(ax)	(av)	(az)
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		7	Num	ber	Г		Malaria	and Hb		Number of	1	HIV Clients		Number		Given		Number	1				Syphi	ilis Scree	ning	Number	1				
C Visit)					No. siven P				clients	1		ve before 1st ANC		1	Sunnlemer Combined II	ration FA		1					isted syph			1					
isit		_				No. given IP No. given IP					1	Initial test at Positive test (1	Iron Folate			ł					f syphilis p f Treated :		1	f				
				_		No. received					1	On ARVs at 1				Iron+Folate	Separately		1								4				
					L	No. with HB	< 11gm/di	1			1	Started HAAR AZT Baby (ak			4	Calcium		L	1												
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