Maternity Services

Health Facility Register (MoH 333)

Service Delivery Point:

SDP Number:

Facility Name:

KMHFL Code:

Sub-County:

County:

Start date: **End date:**

Column ID	Column Label				Column Description
A	Date of Admission				Write the date when the patient is admitted in the format 'dd/mm/yyyy'
B	Admission Number				Enter the unique identification number given to the mother on admission to maternity in the format 'yyyy-mm-nnnn'. Initialise every month e.g 2019-07-0001 for the first client in July 2019. Only pregnant with viable pregnancies i.e (>24 weeks gestation) admitted for delivery are enrolled in this register.
C	Full Names				Enter the client's full names in this cell. (first name, middle name, surname)
D	Data of birth/Age				Enter the data when the patient was born in the format 'dd/mm/yyyy'. Enter the client's age in completed years as at last birthday
E	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
F	Village/Estate/Land mark				Enter the name of the village/estate where the client resides.
G	Marital status (Codes 1-5)				Enter one of the options in the cell (1-Married, 2-Widowed, 3-Single, 4-Divorced, 5-Separated
H	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.
I	Gravidae				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).
J	No. of ANC Visits				Record the number of antenatal visits the client made to the clinic, prior to admission, as indicated on the Mother Child Health Handbook (1,2,3,4 ....)
K	Date of Last Menstrual Period (LMP)				Record the date of the last menstrual period in the format dd/mm/yyyy
L	Expected Date of Delivery (EDD)				Record the Estimated Date of Delivery in the format dd/mm/yyyy
M	Diagnosis				Write the final diagnosis made by the clinician. If the patient suffers from more than 1 condition, record all diagnosis in this column.
N	Delivery / Mother	Duration of labour			Record the time count from onset of labour to actual delivery
O		Date of Delivery			Record the date the mother delivers in the format dd/mm/yyyy
P		Time of Delivery			Indicate the time the baby(ies) was delivered
Q		Gestation at Birth (Weeks)			Record the duration of pregnancy expressed in weeks at birth
R		Mode of delivery			Record the birth form,Record using key: 1=Normal delivery; 2= Caeserean Section; 3= Breech; 4= Assisted vaginal delivery
S		No. of Babies delivered			Record number of babies delivered in multiple pregnancy (e.g 2 in the case of twins) Name of mother should appear once in one row, details of babies in separate rows
T		Placenta Complete			Write "Y" for Yes if placenta is complete and "N" for No if not complete,BBA if baby is born before arrival and placenta expelled and not available to be examined
U		Uterotonic given			Record uterotoxin given 1=oxytocin 2=Carbetocin 3= None
V		Vaginal Examination			Record using the codes as follows: 1= Normal 2=Episiotomy 3=Vaginal tear 4=FGM 5=Vaginal warts
W			Blood loss	(in mls)	Indicate the amount of blood loss during delivery in millilitres (mls)
X			Mother's Status after Delivery	(Alive/Dead)	Write the condition of the mother after delivery
Y			Date Maternal death notified		Record the date the Maternal Death was notified in the format dd/mm/yyyy
Z			Delivery complications (Codes)	(1 - 6)	Record using the Codes as follows: 1=A.P.H. (Ante Partum Haemorrhage); 2=P.P.H. (Post Partum Haemorrhage); 3= Eclampsia; 4=Ruptured Uterus;5=Obstructed labour; 6=Sepsis
AA	Baby	APGAR Score			Low APGAR SCORE is 6 and below at 5 min. See APGAR score table at the bottom of these instructions:
AB		Birth outcome			Enter "LB" for Live Birth, "FSB" for Fresh Still Birth and "MSB" for Macerated Still Birth
AC		Birth Weight		(in grams)	Enter the weight of the baby in grams
AD		Sex			Enter the sex of the baby "M" for Male or "F" for Female
AE		Initiation of BF < 1 Hour (Y/N) / Kangaroo Mother Care (Y/N)			Indicate 'Y' for Yes if Breastfeeding was initiated in less than one hour and 'N' if not / Indicate 'Y' for Yes if baby initiated on Kangaroo Mother Care and "N" if not
AF		Tetracycline at birth (Y/N)			Indicate 'Y' for Yes if Tetracycline was given at birth and 'N' if not
AG		Chlorhexidine applied on cord stump (Y/N)			Indicate 'Y' for Yes if Chlorhexidine was given at birth and 'N' if not
AH		Birth with deformities (Y/N)			Indicate 'Y' for Yes if the baby had birth deformities and 'N' if not
AI		Given Vitamin K			Indicate 'Y' for Yes if the baby was given vitamin K and 'N' if not
AJ	VDRL/ RPR Results			(P/N)	Indicate RPR/VDRL test result. P for Positive or N if Negative.
AK	HIV Status	AT ANC		(P/N/KP/U)	Record HIV status from the last ANC visit. This can be copied from the Mother-Baby booklet. Enter P for Positive, N for Negative KP for known positive at 1st ANC visit and U for Unknown.
AL		HIV Test 1 & HIV Test 2		(N/P/INA)	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; N: Negative (non-reactive)
AM		HIV Results (Maternity)		(P/N/U/NA)	Record HIV status: Enter 'P' for Positive, 'N' for Negative 'U' for Unknown and 'KP' for known positive. Note 1: Only results for tests done in the maternity should be recorded here.
AN	ARV Prophylaxis	Mother	Issued From ANC	(Y/N/NA)	Enter Y if the mother was on HAART during ANC, N if she wasn't and NA if the mother was negative or had unknown status.
AO			Issued at Maternity	(Y/N/NA)	Only for women tested at Maternity: indicate Y if started on HAART, N if not and NA if negative or had already been started from ANC.
AP		Baby		(Y/N/NA)	Only for babies of mothers tested at Maternity. Indicate Y if provided with Infant ARV prophylaxis, N if not provided and NA if negative or had already been issued from ANC. Note: For mothers issued with Infant ARV prophylaxis at ANC but never carried to the maternity, issue the prophylaxis but record NA.
AQ	Cotrimozazole (CTX)		To mother in MAT	(Y/N/NA)	Write Y if Cotrimozazole has been given or N if not given and NA if HIV negative.
AR	Partner Involvement		Tested for HIV		Enter "Y" for Yes or "N" for NO if the partner to the client has tested for HIV in the maternity, NA if partner was not available for testing
AS			Partner HIV status		Record the partner's results as follows: 'P' for Positive, 'N' for Negative 'U' for Unknown or "KP" for known positives
AT	Counselled on infant feeding			(Y/N)	Indicate Y if counselling occurred and N if not counselled
AU	Delivery Conducted by	(Write Name)			Indicate the name of the person who conducted the delivery
AV	Birth Notification Number				Indicate the serial number from the birth notification sheet
AW	Discharge		Date (dd/mm/yyyy)		Indicate the date when the mother is discharged
AX			Status of Baby (Dead/Alive)		Enter D for dead or A for alive.
AY	Referrals: From (Codes 1-4)				Record as per provided codes: 1=From Community Unit, 2=Another Health Facility, 3=Not Applicable
AZ	Referrals: To (Codes 1-4)				Record as per provided codes: 1= To Community Unit, 2=Another Health Facility, 3=Not Applicable
BA	Reasons for refferal				Record reason for referral
BB	Comments				Any other remarks that may be beneficial to the mother, child or facility e.g

APGAR SCORING(AA)

A score is given for each sign at one minute and five minutes after the birth. If there are problems with the baby an additional score is given at 10 minutes. A score at 5 min of 7-10 is considered normal, while 4-6 is low and requires continued resuscitative measures. A baby with apgars of 3 and below requires immediate resuscitation.

	Score of 0	Score of 1	Score of 2	Acroynm
Skin color	blue all over	blue at extremities	normal	Appearance
Heart rate	absent	<100	<100	pulse
Reflex irritability	no response to stimulation	grimance/feeble cry when stimulated	sneeze/cough/pulls away when stimulated	Grimance
Muscle tone	none	some flexion	active movement	Activity
Respiration	absent	weak or irregular	strong	Respiration

															Delivery											
Date of Admission	Admission number	Full Name (First, Middle, Last)	Date of Birth (dd/mm/yyyy) Age	Subcounty/ County	Village/Estate/Land mark Phone number	Marital Status 1=Married 2=Widowed 3=Single 4=Divorced 5=Separated	Parity (X+Y)	Gravidae	No. of ANC visits	Date of Last Menstrual Period (LMP) (dd/mm/yyyy)	Estimated Date of Delivery (EDD) (dd/mm/yyyy)	Diagnosis	Duration of labour(	Date of Delivery	Time of Delivery	Gestation at Birth (wks)	Mode of Delivery 1) SVD 2) CS 3) Breech 4) AVD	No.of babies delivered Number	Placenta Complete 1=Yes 2=No 3=BBA	Uterotonic given 1=oxytocin 2=Carbetocin 3= None	Vaginal Examination 1= Normal 2=Episiotomy 3=Vaginal tear 4=FGM 5=Vaginal warts	Blood loss (mls)	Mother's status after Delivery (Alive/Dead)	Maternal deaths Notified (Y/N) Date Death notified	Delivery Complications
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	(z)

AGE (d)	Number
10-14 years	
15-19years	
20-24years	
Above 25 years	
Totals	

No of mothers given Uterotonics (u)	

Maternal complications (y):	Alive	Dead
No. with APH (y):		
No. with PPH (y):		
No. with Eclampsia (y):		
No. with rutpured Uterus (y):		
No. with obstructed labour (y):		
No. with sepsis (y):		

No. of babies discharged alive (aw):	
Early Neonatal deaths (aw):(0-7days	
Late Neonatal deaths (aw):(8-28days	

Pre Term Babies (q):	
Underweight Babies (ab):	
Live Birth (aa):	
Birth with Deformities (ag):	
Fresh Still Births (aa):	
Macerated Still Births (aa):	

15-19years	
20-24 years	
Above 25 years	
Totals	

No of mothers given Uterotonics (u)	
Oxytocin	
Carbatosin	

No. Started HAART_L&D (an):	
Infant ARV prophylaxis_L&D(ap):	

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	Baby									HIV Status			ART Prophylaxis			CTX To Mother	Partner Involvement					Discharge		Referrals			
										HIV Test 1 Kit Name: Lot No. Expiry	HIV Test 2 Kit Name: Lot No. Expiry	HIV Results	Mother		To Baby in MAT		Tested for HIV	HIV Test Results	Counselled on infant feeding	Delivery Conducted by	Birth Notification			From	To		
APGAR Score	Birth Outcome (LB/FSB/MSB)	Birth Weight (grams)	Sex (M/F)	Initiated on BF in < 1hr (Y/N) / Kangaroo Mother Care (Y/N)	TEO given at birth? (Y/N)	Chlorhexidine applied on cord stump (Y/N)	Birth with deformity (Y/N)	Given Vitamin K (Y/N)	VDRL/ RPR Results (P/N/ND)	AT ANC (P/N/KP/U)		Maternity (P/N/U/NA)	Issued From ANC (Y/N/NA)	Issued at Maternity (Y/N/NA)	(Y/N/NA)	(Y/N/N/A)	(Y/N/NA)	(P/N/KP/U)	(Y/N)	(Enter Name)	Birth Notification Number	Date (dd/mm/yyyy)	Status of Baby A= Alive D= Dead	1= Community Unit, 2=Another Health Facility 3=Not Applicable	1= Community Unit, 2=Another Health Facility 3=Not Applicable	Reasons for referral	Comments
(aa)	(ab)	(ac)	(ad)	(ae)	(af)	(ag)	(ah)	(ai)	(aj)	(ak)	(al)	(am)	(an)	(ao)	(ap)	(aq)	(ar)	(as)	(at)	(au)	(av)	(aw)	(ax)	(ay)	(az)	(ba)	(bb)

Mode of delivery (r)	Number
No. Normal deliveries (r)	
No. Caesarean Sections (r)	
No. Breech Delivery (r)	
No. Assisted vaginal delivery (r)	

Initial test at L&D (ak):	
Positive Results L&D (al):	
No. HIV positive deliveries (aa)(ak)	

Adolescents (10-19 yrs) New HIV+ maternity (al)(e)	
Adolescents (10-19 yrs) Started HAART maternity (an)(e)	

No. of babies applied chlorhexidine for cord care (af)	
No. of babies given tetracycline at birth (ae)	
No. of Infants intiatied on breastfeeding within 1 hour after birth (ad)	
No. of neonates given Vit "K" (ah)	

Code.(e)	
Maternal deaths 10-14Years (w)	
Maternal deaths 15-19Years (w)	
Maternal deaths 20 years plus (w)	
Maternal deaths audited	

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