

Republic of Kenya – Ministry of Health



PostNatal Care (PNC) Register MOH 406

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

Edition: April 2019

Column ID	Column Label		Column Description
	Post-natal care is care given to both the mother and newborn		from birth in order to reduce the incidence of complications and deaths as well as to promote the wellness of the mother and the baby
A	Registration Information	Date of Visit	Enter the date the mother reports to the health facility after delivery in the format dd/mm/yy
B		PNC Register Number (New Visit)	This number is serially allocated to the mothers upon the initial (planned) visit. PNC number will be generated once and the format is YYYY-MM-NNNN. PNC number will be generated once Fill-out the Postnatal Clinic Number in the format YYYY-MM-NNNN. Where YYYY is the year, MM is the month and XXXX 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 number: 2019-02-0008.
C		PNC Register Number (Revisit)	If this is a subsequent PNC visit, enter in this column the PNC number which was given to the client at her first postnatal visit.
D		Full Names	Enter the client's full names in the order first name, middle and surname.
E		DOB /Age	Enter the client's age in completed years as at last birthday/ Enter the DOB of the client as DD/MM/YYYY
F		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.
G		Village/Estate/Landmark Telephone number	Enter the name of the village/state/Landmark where the client resides. Record the Telephone numbers for the client or closest person to enable tracing or follow-ups
H	Maternity History	Date of Delivery	Record the date the mother delivered in the format dd/mm/yy.
I		Place of Delivery	Indicate where the delivery occurred using the codes: 1= Facility 2= Home 3= BBA
J		Mode of Delivery	Enter the method of delivery using the codes: 1= SVD 2= C/S 3=Breech 4=VD
K		Postpartum Visit Timing Mother	Record the actual time the mother reports for PNC services using the codes: 1= 0-48 Hours 2= 3 days - 6 weeks 3= more than 6 weeks
L		Postpartum Visit Timing Baby	Record the actual time the Baby reports for PNC services using the codes: 1= 0-48 Hours 2= 3 days - 6 weeks 3= more than 6 weeks
M	Vital Signs	Temperature	Record the temperature reading - actual reading of the thermometer.
N		Pulse	Record the pulse of the mother on this visit.
O		Blood Pressure	Record the blood pressure readings of the mother on this visit
P	Postnatal Examinations	Pallor	Indicate "YES" if present, "NO" if absent; If Yes Use key provided: 1= mild; 2= moderate; 3= severe
Q		Breast	Record the state of the breast. Use key provided: 1=normal; 2= crapped nipple; 3=engorged; 4=mastitis
R		Uterus	Record the state of the uterus using the key provided 1= contracted 2= not contracted 3= Others Specify
S		PPH	Record if there is PPH using the key: 1=present 2= Absent
T		C-Section Site	Record using the key provided: 1=Bleeding, 2=Normal, 3=Infected, 4=Gapping, 5=NA
U		Lochia	Record using the key provided: 1=Normal 2=Foul smelling 3=Excessive
V		Episiotomy	Record using the key given: 1=Repaired 2=Gaping 3=Infected ; 4=Healed, 5=NA
W		Fistula (VVF or VVR)	Record VVF if Vesicovaginal fistula or RVF if Rectovaginal fistula or VVR if Vesicovaginal Reflux
X	TB	TB screening	Record using the key provided: 1= Presumed TB, 2: No signs, 3: On TB treatment, 4=Not done
Y	HIV Status	Prior Known Status	Record the HIV status of client P for positive and N for Negative and U for unknown
Z		Tested PNC	Record the HIV status of client P for positive and N for Negative and U for unknown
AA		HIV Test 1	Indicate the Kit name, Lot no and the expiry Then indicate results using the key provided P for Positive result, N for Negative, IC for indicative and NA for not applicable.
AB		HIV Test 2	Indicate the Kit name, Lot no and the expiry Then indicate results using the key provided P for Positive result, N for Negative, IC for indicative and NA for not applicable.
AC	Results in PNC	<6wks	<6wks Indicate using the key given: P for Positive result, N for Negative, IC for indicative and NA for not applicable.
AD		>6wks	>6wks Indicate using the key provided: P for Positive result, N for Negative, IC for indicative and NA for not applicable.
AE		<6wks	NVP and AZT Baby Record using the key provided:Y (Yes) N (No) NA (Not Applicable) R (Revisit)
AF	HAART & Infant Prophylaxis and Treatment	<6wks	HAART for Mother Record using the key provided:Y (Yes) N (No) NA (Not Applicable) R (Revisit)
AG		>6wks	NVP and AZT Baby Record using the key provided:Y (Yes) N (No) NA (Not Applicable) R (Revisit)
AH		>6wks	HAART for Mother Record using the key provided:Y (Yes) N (No) NA (Not Applicable) R (Revisit)
AI		Couple Counseled?	If the mother was counselled for HIV together with the partner, record 'Y' if not record N
AJ	Partner HIV C&T	Partner Tested in PNC	If the partner was tested for HIV during PNC, enter Initial Test or Repeat
AK		Results	Record the test results as follows: P for positive, N for negative, U for unknown and KP for known positive results before this visit
AL	Cervical cancer screening	Cervical Cancer Screening Method Used	If the patient has been screened for Cervical Cancer, enter Yes or No / then methods of assessment used (PAP/VIA/VILI/IND)
AM		Results	Record the results as 1=Normal, 2= Suspected, 3= Confirmed and 4= ND if not done
AN	PPFP	Counselled on Modern Post Partum Family Planning	Record Yes if Counseled and No if not Counseled
AO	PPFP	Received Modern Post Partum FP	Record Yes if given Post partum Method and No if not given. (Details of the method given should be recorded in the FP register)
AP	Other maternal complica	Other Maternal Complications	Record or indicate the results of your examinations
AQ	Haematinics	Haematinics	If haematinics are dispensed, enter Y or N if not
AR	Referrals	From	Record as per provided codes: a. 1 = FROM Community Unit 2 =FROM Another Health Facility 3 = Not Applicable
AS		To	Record as per provided codes: a. 1 = TO Community Unit 2 = TO Another Health Facility 3 = Not Applicable
AT	Reasons for referral, specify		
AU	Remarks		Any other comments that will be beneficial to the client and service

Page Summaries

Codes for Col (an)	
1=Normal	
2= Suspected	
3=Confirmed	
4=ND if not done	

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