MINISTRY OF HEALTH

HMIS MCH 005:

INTEGRATED ANTENATAL REGISTER

HEALTH FACILITY: .... CODE .... LEVEL ....

SUB-COUNTY / DIVISION: ....

HSD: .... DISTRICT: ....

DATE OPENED: .... DATE CLOSED: ....

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DESCRIPTION AND INSTRUCTIONS

Objective: To record the antenatal clients attending the clinic

Copies: One Copy which stays at health unit in the ANC clinic

Responsibility: ` Person in-charge of the ANC clinic

PROCEDURE:

1. Write the name of the health unit, health sub district and district, the date the register is opened, and the date the register is closed on the front cover.

2. On the 1st clinic day of every month a new serial numbering is started e.g. 001,002, 003, 004 etc…

3. On the first clinic day of the financial year, a new client numbering is started e.g. 001/2014, 002/2014 etc…

4. For the first visit of the pregnancy, the client is registered as first visit (1) and given an ANTENATAL CARD and a Client number. On subsequent visits, each visit (e.g. 2) is recorded in the register with other relevant information, including current client number, diagnosis and treatment. This register is the only record of antenatal clients kept at the health unit.

5. Pregnant mothers WHO are visitors, i.e. those coming once without the intention of continuing at your clinic, should be given the respective ANC services and their ANC card - an old one or one that you issue updated. Please enter these pregnant women in the ANC REGISTER as visitors but don't give them client number. In case the pregnant mother expresses the intention to continue to attend the clinic, whether living in the service area or not, the pregnant mother should be registered in the ANC register and given a client number. If such a pregnant mother comes with their own ANC CARD, use the old card but issue a new ANC number. If many pregnant women are coming from outside your service area, discuss this with the health facility in-charge.

6. If the client has risk factors/complications, they are written down in column 38. If two different people do consultations and registration, then the consultants will need to keep notes on all complications and referrals. The notes are then used to update the register at the end of each clinic day.

7. The morbidity of antenatal clients is recorded in the same register, and their monthly totals are included in the HEALTH UNIT MONTHLY REPORT of OPD diagnoses under Complications of pregnancy or by specific diagnosis.

8. During the antenatal period, columns 1-17 are completed on every visit, plus other columns where services are given

9. At the beginning of each year, a target attendance for ANC new clients is determined by the health unit (see HMIS 109: HEALTH UNIT POPULATION REPORT). The achievement towards this goal is monitored throughout the year using graphs. It's also monitored in the HMIS 106b: HEALTH UNIT QUARTERLY ASSESSMENT REPORT.

10. The information in the ANTENATAL REGISTER is used to review the program in such areas like: disease protection in pregnant clients, attendance by village or parish, numbers and reasons for referrals, and the average visits per ANC client.

11. The ANC clients receiving doses 1-5 of tetanus is counted and reported monthly.

DESCRIPTION OF COLUMNS:

The date is written on the 1st line at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

On every visit, recording should indicate the visit; check whether dose of TT has been given according to schedule, diagnosis, services given, complications encountered and referrals.

Fill in all relevant columns on the first and subsequent visits of the client:

(1) SERIAL NO:

Start a new serial number on the first clinic day of every month e.g.001, 002etc… for each visit the mother should be given a serial number. Start with number "001" on the first of every month.

(2) CLIENT NO:

Start with the number "001/YEAR" on the first clinic day in September each year. On the day of the first visit give a client number which is indicated on the ANC Card. If a client is referred from another clinic then use the ANC number on the card given to the mother by the other health facility and add R at the beginning to show referral and to differentiate her from another client in your health facility who may have the same number e.g. R002/YEAR

(3) NATIONAL IDENTIFICATION NUMBER:

Write the National Identification Number for the client.

(4) CLIENT NAME:

Write the client's surname and first name in full.

(5) AGE:

Write the Age of client in complete years.

(6) CLIENT CATEGORY:

Write N – National, F – Foreigner and R – Refugee

(7) ADDRESS:

Write the District, sub-county, parish and the village where the client resides and their phone number

(8) ANC VISIT:

Write the visit e.g. 1, 2, 3, 4, 5 etc…

(9) GRAVIDA: All the pregnancies the woman has carried should be entered in this column.

(10) PARITY: This is the pregnancies carried beyond 7 months that the client has had before (exclude the current pregnancy).

(11) GESTATIONAL AGE:

Use the Last Normal Menstrual Period and the Date of the current ANC visit to come up with the Gestation age. Then calculate the weeks that the mother has gone through since the Last Normal Menstrual Period. Enter the gestational age in weeks

(12) ANC 1 TIMING

For all ANC 1 that are attended during the first trimester (within 12 weeks of gestational age), enter `"√")

For all ANC 1 that are attended after the first trimester (After 12 weeks of gestational age) enter "X" For 2nd and subsequent visits put Not Applicable (NA).

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(13) EXPECTED DATE OF DELIVERY (EDD):

This is approximated using the first day on which last normal menstrual period began, adding 9 months and 7days to arrive at the estimated date of delivery.

(14) WEIGHT, HEIGHT, MUAC AND INR NO:

WEIGHT: Take the weight and record it in kilograms (kg)

HEIGHT: Take the height and record it in cms.

MUAC: This is a measure of wasting/acute malnutrition (SAM & MAM). Take MUAC for client and write the MUAC measurement in cm and the colour code in brackets. The color codes include, "R for red; "Y" for yellow and "G" for green. Red is an indication of Severe Acute Malnutrition, yellow indicates Moderate acute malnutrition and green is normal nutrition status, If MUAC is Red or Yellow refer client to the nutrition corner for enrolment and assignment of an INR number which should be recorded in the Integrated Nutrition Register.

INR No.: If client is already enrolled into therapeutic care, then write her assigned INR No. as recorded in the Integrated Nutrition Register or on any other therapeutic care forms.

(15) BLOOD PRESSURE:

Take the client's blood pressure and record

(16) eMTCT CODES:

Enter the eMTCT code for the woman/Mother (W) and her partner (P) that corresponds to the eMTCT services received. The codes used to record eMTCT services received by the client within "Initial Result" section under (W) and (P), as well as "Test for Verification (TFV) under (P) are listed below.

Codes for clients who are newly tested in ANC

- **C** : Client was counseled but declined HIV testing

- **T** : Client was counseled and tested, but didn't receive results

- **TR:** Client was counseled, tested and results given – Client tested for the first time in ANC this pregnancy and she is HIV Negative

- **TRR:** Counseled tested and results given – Client tested for the first time in ANC this pregnancy and she is HIV Positive

Codes for revisit clients who come to ANC and were tested for HIV on a previous visit(s)

- **TR√:** ANC revisit clients with a known HIV Negative (HIV-) Test Result from a previous ANC attendance during this pregnancy

- **TRR√:** ANC revisit clients with a known HIV Positive (HIV+) Test Result from a previous ANC attendance during this pregnancy

Codes for new clients who come to ANC with known documented evidence of test results

- **TRK:** *Clients with a documented HIV Negative (HIV-) test result conducted within 4 weeks prior to their ANC 1st Visit.

- **TRRK** Clients with a documented HIV Positive (HIV+) test result prior to their ANC 1st Visit.

  Clients who tested HIV Negative 4 or more weeks prior to arrival in ANC are recommended for an HIV Test at that visit.

Codes for clients who are re-tested later in pregnancy

- **TR+** Clients who tested HIV Negative on a re-test

- **TRR+** Clients who tested HIV Positive on a re-test

NOTE: If the initial HIV test is negative a re-test is recommended later during the pregnancy or Labour and Delivery (L&D)

-ANC retesting should be done in the 3rd trimester or Labour & Delivery

HIVST KIT GIVEN? (W)

This indicates whether the Woman (W) was given HIV Self-Testing (HIVST) Kits to take to her Partner (P) for self-testing. The following codes are used:

-Y: For YES if the Woman (Mother) was given HIVST Kits in ANC

-N: For NO if HIVST Kits were not dispensed to the Woman (Mother)

PARTNER

Partner Age

Write the partner's age in complete years

STK/Facility Result

Using the eMTCT codes above, indicate the Partner HIV Test Result. Indicate "POS" for

positive and "NEG" for Negative HIV Self-Test Results.

Test for Verification (TFV)

Partners with tested HIV Positive (TRR, TRR+) should be subjected to a repeat test to confirm their initial positive test result.

Use the eMTCT codes above to indicate the TFV result.

Linked to ART and Where

All partners with a verified HIV positive test result on TFV should be linked to and initiated on HAART.

Linkage should be documented using one of the codes below:

- **YES:** If the client has been linked to care. Indicate the place where the client has been linked, and the assigned Pre-ART and ART Numbers (No.)

- **NO:** If the HIV Positive client has not been linked to ART

- **NA:** If the Client is HIV Negative. Also in the "Where", Pre-ART No., and ART No. for clients not linked to ART.

(17) DIAGNOSIS:

These are findings after clinical assessment e.g. normal pregnancy (NP), malaria, High blood pressure etc…

(18) CD4, VIRAL LOAD AND WHO CLINICAL STAGE

If the pregnant mother is HIV positive, write the date the test was done (date of sample collection) for CD4, Viral Load and write the WHO clinical stage e.g. CD4 350 12/03/2018, Stage 1. If this is a revisit and the CD4 / Viral load was done on an earlier visit, record the test results and in case the results were recorded at the previous visit put a tick mark. e.g. CD4 350√ 12/03/2013, and clinical stage at that visit.

(19) EMTCT RISK ASSESSMENT

Write High for HIV +ve women NOT on ART, Newly tested HIV +ve during 3rd trimester and those on ART with poor adherence. And write low for all HIV ¬Negative women and HIV +ve women on ART with good adherence.

(20) ART

If a HIV positive pregnant mother is started on ARVs on that visit / on ARVs before that visit, use the following codes and if the pregnant mother is HIV negative, write NA.

ART Initiated ART for eMTCT on that visit

ARTK   Client already on HAART for their own health prior to the first ANC visit or before this pregnancy

If this is a revisit and the HIV positive pregnant mother is already on ARVs, write the code with a tick "√"

ART√   Client is a revisit and was prescribed on an earlier visit

The same code is used for clients revisiting but were on ART before this pregnancy (ARTK)

Write the linkage ART No. for the client and the infant ARV prophylaxis given to the mother during pregnancy under the water marks provided

(21) INFANT AND YOUNG CHILD FEEDING COUNSELING and MATERNAL NUTRITION COUNSELING:

Write "Y" for **YES** if pregnant woman is provided with infant feeding counseling (IYCF)

Write "N" for **NO** if pregnant woman is not provided with infant feeding counseling (IYCF)

Write "Y" for **YES** if Maternal Nutrition Counseling was provided (MNC)

Write "N" for **NO** if Maternal Nutrition Counseling was not provided (MNC)

(22) TB STATUS:

All clients should be screened for TB using ICF (Intensified Case Finding) forms, and enter as follows;

For any mother regardless of the sero status with no signs and symptoms of TB

HIV positive client suspected to be having TB (Has any of the following; Cough for any duration, weight loss more than 10% of body weight and on and off fevers for at least one month

TB status, enter the respective code:

1. No Signs= no signs or symptoms of TB

2. Presumptive TB (refer or sputum sent)

3. TB diagnosed (Use these codes)

3C: TB Diagnosed - Clinically diagnosed

3G: TB Diagnosed - Gene Xpert

3L: TB Diagnosed - TB LAM

3M: TB Diagnosed -TB Microscopy

3X: TB Diagnosed - Chest X-ray

3O: TB Diagnosed – Others Specify

4. Currently on TB Treatment

5. Completed TB Treatment

(23) WEEKS OF AMMENORRHEA (WOA) AT ULTRA SOUND (U/S) DONE

Write the weeks the woman has carried this current pregnancy from LNMP to the date of visit (NOT FUNDAL HEIGHT) when the ultra sound scan is done.

(24) GBV RISK / TYPE

Women attending antenatal (ANC) should be screened for Gender-based violence (GBV), and appropriate referral and linkage to treatment and support services effected. The following codes are to be used for the screening findings:

•   Write PHY: For physical violence,

•   SX: For sexual violence,

•   PSY: Psychological violence

•   NIL: For no history, signs and symptoms of GBV

(25) BLOOD SCREENING

Write the Hb level in g/dl, Blood group, Rhesus factor and the sickle cell test results

(26) URINE

Write the findings from urine examination under Proteins and Glucose

(27) SYPHILIS AND HEPATITIS B TEST RESULTS (W/P)

Women (W) attending ANC and their Partners (P) should be screened for Syphilis and Hepatitis B, and the test results documented in columns (W) for the woman (mother) and (P) for the Partner (P). Depending on the test results, the following codes should be used:

•   Rx: Client tested positive for Syphilis/Hepatitis B and results were given; treatment initiated

•   +Ve: Client tested positive for Syphilis/Hepatitis B and results were given, but treatment not yet initiated

•   NR: Client tested negative for Syphilis/Hepatitis B and results were given

•   NT: Client not tested for Syphilis/Hepatitis B

•   Write the code with a tick if it a revisit and a + if it is a re-test e.g Rx√ ,NR√, +ve√

(28) FAMILY PLANNING COUNSELING:

Counsel the mother on family planning options that are available for use after the pregnancy. Write C if counseled only. For HIV positive mothers, those in discordant relationships and those whose partners have not tested for HIV remember to counsel on Dual protection method and provide condoms and record C/D if provided with condoms after counseling

(29) TETANUS DIPTHERIA DOSE (Td):

Tetanus dose given (this information must be taken from the client's Tetanus Card, not from her memory). Indicate the dose as 1st, 2nd, 3rd, 4th and 5th as appropriate or C if completed all her doses

(30) IPT DOSE / CTX:

This refers to IPT1, IPT2, IPT3 etc. given as first, second, third dose (respectively) of Intermittent Preventive Treatment (IPT) for malaria by directly observed therapy (DOT) during the 2nd and 3rd trimester of the pregnancy. Enter 1 if first dose is given, 2 if second dose is given, 3 if third dose is given, 4 if fourth dose is given etc. and ND if not due for the dose at that visit.

Mothers on Septrin do not need Fansidar. If the mother is on Septrin use the following codes:

•   CTX: Septrin (CTX) given for the first time on that visit, during the pregnancy

•   CTX√: Septrin was prescribed on a previous visit and giving a refill

(31) FREE LLIN:

Has the mother received a free LLIN from the health facility? Enter Y, if mother has received a free LLIN on that particular visit or N if she has not received a free LLIN on that particular visit.

(32) MEBENDAZOLE DOSE:

Enter a tick (√) if a woman has received a DOSE of Mebendazole on that visit and an X if she has not received the dose yet considered due. Put NA if she is not due for the dose, and C if completed

(33 a) IRON SULPHATE / FOLIC ACID

Enter the number of tablets a woman has received on that visit under Iron sulphate and folic acid and if the woman has received the combined Fefan for routine supplementation, enter the number of tablets in the column for combined. The minimum amount of tablets for each woman should be 30 tablets if the interval between visits is one month

(33 b) MISOPROSTOL:

Enter the number of tablets a woman has received from 34 weeks of Gestation. 3 tablets each of 200mg is recommended for each woman.

(34) OTHER TREATMENTS:

This refers to treatment given other than Td, IPT, Iron, Folic acid, Misoprostol, Mebendazole and ARVs.

(35) REF IN / OUT:

Using the criteria on the Mother's Child's Health Passport, the pregnant woman may be referred out of the facility. If she is referred out, complete a REFERRAL NOTE and write REF OUT and the referral number in this column. If the pregnant mother was referred into this health unit from another facility, write REF IN, in this column. For pregnant mothers referred in from the community, write C/REF IN, for HIV positive women enrolled to family support groups write FSG in this column.

(36) COMPLICATIONS/ RISK FACTORS:

Write the complications and risk factors found after assessment at every visit, but remember to fill the same information on the Antenatal Card.

Write Nil if no complication or risk factor is found on that visit after the assessment.

Note: ANC card should be filled first for the patient's own carried notes.

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)						(17)	(18)
															eMTCT Status							
															W	P						
Serial No.	Client No.	National Identification Number (NIN)	Client Name	Age	Client Category	Address	ANC Visit	Gravida	Parity	Gestational Age	ANC 1 Timing	Expected Date of Delivery (EDD)	Weight (Kg) / Height (Cm) / MUAC (Cm + Color Code) / INR No.	Blood Pressure	Initial Result / STK Given?	Age / Facility Result	Linked To ART: Yes/No / Pre-Art No. / TFV	Where / Client ID			Diagnosis	CD4, VL & WHO Clinical Stage

Repeated data row structure (×9):

| Serial Number | Client Number | | Surname / Given Name | | N/R/F | Village / Parish / Subcounty / District / Phone Number | | | | | | | Weight (Kg) / Height (Cm) / MUAC (Cm + Color Code) / INR No. | | Initial Result / Yes/No | Age / STK Result / Facility | Yes/No / Tfv | Where / Pre-Art No. / Art No. | | | | CD4 / Viral Load / WHO Clinical Stage |

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(19)	(20)	(21)	(22)	(23)	(24)	(25)				(26)		(27)		(28)	(29)	(30)	(31)	(32)	(33)				(34)	(35)	(36)
			TB Status		GBV Risk	Blood Screening				Urine		Syphilis & Hep B Test Results							Number Of Pills Iron/Folic Acid/ Combined						
		Infant & Young Child Feeding Counselling & Maternal Nutrition Counselling		WOA U/S Scan Done		Hb									Tetanus Diphtheria (Td)	IPT/ CTX	LLIN								
	ART					Blood Group						W	P	Family Planning Counselling				Mabendazole					Other Treatments	Referral In/Out	Complications/ Risk Factors
eMTCT Risk Assessment						Rh				Protein		Syphilis	Syphilis						Iron Sulphate	Folic Acid	Combined	Misoprostol			
						Sickle Cell				Glucose		Hep B	Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												
High/ Low	Art Code / Linkage Art No. / Infant Arv Prophylaxis	Iycf / Maternal Nutrition Conselling			Phy / Sx / Psy	Hb / Blood Group / Rh / Sickle Cell				Protein / Glucose		Syphilis / Hep B	Syphilis / Hep B												