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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Antenatal Care Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date



INSTRUCTIONS FOR ANTENATAL CARE REGISTRATION

The register is kept in ANC room (HC/Clinic/Hospital), completed by antenatal care provider
Location information to be completed at front of the registry

Region	Write region name where the facility is located
Zone/Sub-City /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.
Name of Health Facility	Write the name of the health facility where the service was provided.
Register begin date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Write the date of the last entry in the register, written as (EC) Day / Month / Year(DD/MM/YY)

S.N	Datum	Comments
1	S.N	Write sequential serial number in the registration book
2	Name/Kebele*	Write mother name in upper row and Kebele in the lower row *If mother comes from other woreda write the woreda and Kebele
3	MRN	Write unique individual identifier used on medical information folder
4	Age	Write the age of the women in years
5	LNMP (DD/MM/YY)	Write last normal menstrual period of the women in day/month / year (DD/MM/YY)
6	EDD (DD/MM/YY)	Write the expected date of delivery in day/month /year (DD/MM/YY)
7	Contact number	Specifies the contact number based on Antenatal Care Contact
8	Date of Contact	Write the exact date of the Contact (DD/MM/YY)
9	Gestational Age in weeks (GA)	Write gestational age of the Pregnancy in weeks
10	Ultrasound performed within 24 Weeks of GA	Write “ Y ” if she has ultrasound evaluation within 24 weeks (including the 24 th week), Write “ N ” if not performed within 24 weeks.
11	Syphilis test result (R/NR/ND)	Write “ R ” for women tested Reactive for syphilis and write “NR” for women tested Not Reactive for syphilis ND= Not Done if syphilis test is not done
12	Syphilis Treatment Given (v)	Tick (v) if syphilis treatment is given.
13	Hepatitis B test result (R/NR /ND)	Write “ R ” with red pen if the test result is Reactive and write NR in ordinary pen if the test result is Not Reactive and ND= Not Done if Hepatitis B test is not done
14	Hepatitis B Treatment Given (v)	Tick (v) Hepatitis B Treatment is Given
15	Hepatitis B prophylaxis given (v)	Tick (v) Hepatitis B prophylaxis is Given
16	Td provided (dose number)	Write actual dose of Tetanus + Diphtheria (Td) the women received
17	IFA/Ferrous sulphate with folic acid provided(Tabs)	Write the amount of tablets provided during ANC visit
18	Deworming provided (v)	Tick (v) for women received deworming at 2 nd or 3 rd trimester pregnancy
19	MUAC (cm)	Write the measurement value of MUAC in centimeter(cm)
20	HIV Test accepted(v)	Tick (v) if the women accepted HIV Test.
21	HIV test result(P/N)	Write P in red pen if HIV test result is Positive ; N in normal pen color if HIV test result is negative
22	Targeted population category write code	Write the code for target population category listed below the register. An individual needs to be assigned only in one category that best describe him/her A. Female Commercial Sex workers B. Long distance drivers C. Mobile/Daily Laborers D. Prisoners E. OVC F. Children of PLHIV G. Partners of PLHIV H. Other MARPS I. General population
23	HIV Test results received with post test counseling	Tick (v) if the woman received post-test counseling
24	HIV Positive Linked to PMTCT	Tick (v) if the woman is positive and linked to PMTCT.
25	Known HIV positives (transferred from ART)	Tick (v) if the woman is known HIV positive and Linked from ART
26	HIV Test accepted(v)	Tick (v) if partner accepted HIV test
27	Partner HIV Test result (P/N)	Write P in red pen if Partner HIV test result is Positive ; N in normal pen color if Partner HIV test result is negative
28	Targeted population category	Refer above (column 21)
29	HIV Positive partner Linked to ART	Tick (v) if the partner is HIV positive and linked to ART.
	Counseling	
30	Counseled on Danger Signs (v)	Tick (v) if the woman is counseled on Danger Signs
31	Counseled on Maternal Nutrition(v)	Tick (v) if the woman is counseled on Maternal Nutrition
32	Counseled on Early Childhood Development /ECD/	Tick (v) if the woman is counseled on ECD
33	Counseled on infant feeding (v)	Tick (v) if the woman is counseled on infant feeding
34	Counseled On family planning(v)	Tick (v) if the women received advised on family planning
35	Remark/Appointment/Action	Write date of appointment and you may write any case which is not included in this registration book and any actions taken.

Antenatal Care Register

Personal information						ANC Contact														HIV Assessment and Followup					Partner Test			Counseling on					Remark/Appointment					
S.N	Name/Kebele*	MRN	Age	LNMP (DD/MM/YY)	EDD (DD/MM/YY)	Contact Number	Date of Contact (DD/MM/YY)	Gestational Age in weeks (GA)	Ultrasound performed within 24 Weeks of GA (Y/N)	Syphilis test result (R/ NR/ND)	Syphilis treatment given(v)	Hepatitis B test result (R/NR/ND)	Hepatitis B treatment given(v)	Hepatitis B prophylaxis given(v)	Td provided (dose number)	IFA/Ferrous sulphate with folic acid provided (tabs)	Deworming, provided (v)	MUAC (cm)	HIV Test accepted (v)	HIV Test result (P/N)	Target population Category write code	HIV Test results received with post test counseling(v)	HIV positives linked to PMTCT (v)	Known HIV positives (transferred from ART)(v)	HIV Test accepted (v)	Partner HIV Test result (P/N)	Target population Category code	HIV positives Partner linked to ART	Danger signs(v)	Maternal Nutrition(v)	Early Child Development (ECDD) (v)	Breast feeding/Infant feeding (v)		Family planning(v)				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)				
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