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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital PMTCT Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

INSTRUCTIONS FOR INTEGRATED MNCH/PMTCT REGISTER

Region	Write the region where the facility is located
Zone/Sub-City /Woreda	Write the Zone/Sub-City /Woreda where the facility is located.
Name of Health Facility	Write the name of the health facility
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)

Col.No	Data Element	Description														
1	S. N.	Sequential serial number in registration book, beginning with 1 for the first client in the cohort.														
2	Mother’s name	Write name of the mother														
3	MRN	Write Unique individual identifier for mother used on medical Information folder, for HC and hospital.														
4	ART unique ID number	<p>Record the existing Unique ART number or assign one during initiation. A unique ART number should be assigned to clients initiated on ART at MNCH clinic. This includes: region number / facility type code / specific facility code / client assigned number.</p> <p>Region number: the following code numbers are used:</p> <table><tr><td>Tigray:- 01</td><td>SNNPR:- 07</td></tr><tr><td>Afar:- 02</td><td>Gambella :- 12</td></tr><tr><td>Amhara:- 03</td><td>Harar :- 13</td></tr><tr><td>Oromia:- 04</td><td>Addis Ababa :- 14</td></tr><tr><td>Somali:- 05</td><td>Dire Dawa :- 15</td></tr><tr><td>Benishangul Gummuz :-06</td><td>Sidama :- 16</td></tr><tr><td></td><td>South West Ethiopia:- 17</td></tr></table> <p>Facility type code: Hospital =08</p> <p>Health Center = 09</p> <p>Each HC / hospital in each region is coded with three digits starting from 001. These specific facility codes are assumed to be given by regions together with federal, which means it is pre coded and given to each facility centrally.</p> <p>Patient assigned number: A 5 digit number unique within the facility; the first pregnant woman to start ART in the clinic will be given 00001.</p> <p>Example Unique ART No. 01/08/001/00001</p>	Tigray:- 01	SNNPR:- 07	Afar:- 02	Gambella :- 12	Amhara:- 03	Harar :- 13	Oromia:- 04	Addis Ababa :- 14	Somali:- 05	Dire Dawa :- 15	Benishangul Gummuz :-06	Sidama :- 16		South West Ethiopia:- 17
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5	Age	Age of the woman in years, Document the clients age in the column,														
6	Booking Date	Booking date is the first date for Maternal enrollment in PMTCT. If the mother starts ART in the PMTCT clinic in the same day, this date will be the same with ART start date. But for mothers who had already started ART, the booking date will be entered and as a result the date will be different from ART initiated date														
7	Newly diagnosed & started on ART write code (1=ANC; 2=L&D; 3=post partum)	<p>Write “1” for the women who are diagnosed and started on ART during ANC for the first time.</p> <p>Write “2” for the women who are diagnosed and started on ART during L&D for the first time.</p> <p>Write “3” for the women who are diagnosed and started on ART during PNC for the first time.</p>														
8	Known HIV + write code (1=On ART at entry; 2=Not on ART)	<p>Write “1” for woman who was started on ART before PMTCT entry.</p> <p>Write “2” for known HIV + women was not started ART before PMTCT entry .</p>														
9	LNMP	Write the date (DD/MM/YY) of the last normal menstrual period.														
10	EDD	Write the Expected date (DD/MM/YY) of delivery.														
11	Gestational age (GA) in weeks	Write the gestational age (GA) in weeks.														
12	Ferrous Sulfate/Folic Acid Provided(Y/N)	<p>Write “Y” if ferrous sulphate / folic acid is provided</p> <p>Write “N” if ferrous sulphate / folic acid is not provided</p>														

13	Syphilis test result (R/NR/ND)	Write “R” if the syphilis test result is Reactive, Write “ N” if the syphilis test result is not Reactive Write “ND” if syphilis test is not done.
14	Selected Infant Feeding option (EBF, ERF, MF)	Write “EBF” if the mother selects exclusive breast feeding. Write “ERF” if the mother selects exclusive replacement feeding. Write “MF” if the mother selects mixed feeding.
15	Date of delivery	Write the date the mother gave birth E.C. (DD/MM/YY)
16	Sex of Infant (M/F)	Write “ M” if the Infant is Male or Write “F” if the Infant is Female
17	Place of Delivery (write code)	Write code for Place of Delivery 1= same facility, 2= another health facility 3= home delivery.
18	Delivery Outcome (LB,SB)	Write “LB” if delivery outcome is Live Birth or Write “SB” if delivery outcome is Still birth.
19	ART Taken During Labor (Y/N)	Write “Y” if the woman took ART during delivery or “ N” if the women didn’t take ART during delivery
20	Infant Received ARV Prophylaxis (AZT + NVP for the 1 st 6 weeks and NVP only for the next 6 weeks with a total of 12 weeks) (Y/N)	Write “Y” Infant Received ARV Prophylaxis (AZT + NVP for the 1 st 6 weeks and NVP only for the next 6 weeks with a total of 12 weeks) , otherwise write “N” if not given
21	Family Planning Counseled(Y/N)	Write “Y” if the mother is counseled on family planning or “N” if the mother is not counseled on family planning.
22	New acceptor (v)	Tick (v) if client is new acceptor at the time of registration. A new acceptor is someone who has not received a contraceptive method from a recognized Provider before registration.*
23	Repeat acceptor (v)	Tick (v) if client is repeat acceptor at the time of registration. A repeat acceptor is someone who is not a new acceptor; in other words, a repeat acceptor has received a contraceptive method from a recognized Provide before registration.
24	Contraceptive provided (write abbreviation)	Write abbreviation of modern contraceptive methods a client chose. See the abbreviation on the register.
25	HIV testing accepted (v)	Tick (v) if the partner/husband accepts testing for HIV
26	Partner tested (P/N/ND)	Write “P” if test result is positive, Write “N” if the test result is negative, and Write “ND” if partner test is not done.
27	Partner Target population Category write code	Write the selected from the following list of target population category. An individual should be assigned to only one category that best describes 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
28	HIV Positive partner Linked to ART	Tick (v) if the partner is positive and linked to ART.
29	TB symptom screening (P/N/ND)	Write the mother’s TB symptom screening result as “P” for Positive, “N” for Negative and “ND” for test not done
30	Date INH prophylaxis started	Write the date as E.C(DD/MM/YY) INH prophylaxis is initiated.
31	Date TB Rx started/Unit TB Number	Write the date as E.C(DD/MM/YY) TB Rx is initiated on the upper row and unit TB Number in lower row.
32	Initial CD4 count(Value/ND)	Write initial mother’s CD4 count value as a baseline for newly enrolled mothers in PMTCT after initiating ART as soon as possible. For those mothers who are already on ART during enrollment, the most recent CD4 count value has to be documented or write ND if CD4 count is not done
33	WHO Clinical Stage	Write mother’s WHO clinical stage.
34	Maternal CPT started (Y/N)	Write “Y” if mother started CPT prophylaxis or Write “N” if mother didn’t start CPT prophylaxis.
35	Date ART initiated	Write ART start date on which ART was started and could be the same as booking date for those clients newly started ART.
36	Initial ART Regimen (write Code)	Write the code for the regimen that patient has started. This is found at the bottom of the ART register.
37	Infant’s MRN	Write the medical record number of the HIV exposed infant
38	Date of HEI enrollment to PMTCT	Write date of the HIV Exposed Infant (HEI) enrolled in PMTCT cohort
39	Infant Received ARV prophylaxis (DD/MM/YY)	Write the date ARV prophylaxis was initiated as (DD/MM/YY)
40	Infant feeding practice within the first 6 months (EBF/ ERF/ MF)	Write “EBF” if exclusive breastfeeding; “ERF” if replacement feeding; “MF” if mixed feeding. Provider should refer the patient follow up card, ask the mother “what, how did she feed her baby every time she comes for follow up (Complete this at 6th month of infant age) to document the status

41	Age in wks Started CPT	Write age in weeks when the infant initiated Cotrimoxazole prophylaxis.
42	Age in weeks DNA/PCR test done (WKS)	Write age in weeks DNA/PCR test done.
43	Result of DNA/ PCR(P/N)	Write “P” if positive or “N” if negative.
44	Rapid HIV-AB test result(P/N)	Write “P” if HIV-AB test result is positive or “N” if HIV-AB test result is negative
45	Counseled on Care for Child Development/CCD (Y/N)	Write ‘y’ if counseling is given to the client on Child Development, otherwise write ‘N’
46	Counseled on Nutrition (Y/N)	Write ‘y’ if counseling is given to the client on Nutrition, otherwise write ‘N’
47	Remarks	Write important patient related issues not incorporated in the list of data elements.
Right Side of the page (48-89)		
Month “0” in the Right Page	Month “0” in the Right Page is the initial month and year (MM/YY) that the mothers are enrolled in PMTCT service. This is the shared event for maternal cohort monitoring and analysis of the maternal outcome such as retention and viral load suppression as well as others. Maternal enrolment to PMTCT cohort (MM,YY) is also the shared event for HEI PMTCT Cohort	
TO,TI ,LTF	Write transfer out (TO), transfer in (TI) and lost to follow up (LTF) in the column and row (cell) corresponding to each client followed in the cohort when the situation takes place. –Fill out a formal TO format for clients who is transferring to other PMTCT and ART sites. Write TI for clients transferred out from other PMTCT sites and who came with formal TO. N.B. Clients coming from ART clinics are not considered as TI. These clients are considered as newly enrolled to PMTCT cohort for the purpose of the current pregnancy. Write LTF in the cell for mother miss their appointment for more than the set period in the guideline.	
Cohort follow up for the Maternal and HEI PMTCT cohort	Fill the status of mother and infant in each visit using the codes mentioned and write their sums every month at the bottom of each column Write maternal viral load result at 3 months of ART initiation for newly started ART then put the result every 6 months in the lower row. Viral Load Result: 1=Suppressed- if the viral load is < 50 copies per ml, 2= Low level viremia: if viral load is between 50 and 1000 copies per ml, or 3=High Viral Load - if the viral load is >1000 copies per ml.	
Arrows	For data elements related with “Maternal Status”, <ul style="list-style-type: none">Put the total number of retained /alive & On ARTPut the total number of “LTF”Put the total number of “TO”Put the total number of mothers with detectable Viral load >1000 copiesPut the total number of mothers MalnourishedPut the number of deaths. For data elements related with “Infant status”, <ul style="list-style-type: none">Put the total number of infants Still on BF /ExposedPut the total number of positive infants “LTF”Put the total number of Discharged negative infantsPut the total number of positive infantsPut the total number of “TO”Put the number of infant died.	



PMTCT Register for Health Centre/ Hospital

Cohort : Month _____ Year _____ (MM/YY for Maternal Enrollment In PMTCT Cohort)

[illegible]

Partner Tested	Partner +ve

Use Abbreviation For col. 24

Con=Condom
OC=Oral contraceptive
Inj=Injectable
Imp=Implant(Implanon,Jadille,Sinoplast)
IUCD=Intrauterine device
Oth=Others

Key ART regimen Code (36)

1c = AZT-3TC-NVP
1d = AZT-3TC-EFV
1e = TDF-3TC-EFV
1f = TDF-FTC-NVP
1j = TDF-3TC-DTG
Others, specify _____

Targeted population category (27)

- A. Female Commercial Sex workers
- B. Long distance drivers
- C. Mobile workers/daily laborers
- D. Prisoners
- E. OVC/Children of PLHIV
- F. Other MARPS
- G.General Population

PMTCT Register for Health Centre/ Hospital

Cohort register (Right)

Year: _____

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