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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Comprehensive Abortion Care Services Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

INSTRUCTIONS FOR COMPREHENSIVE ABORTION CARE REGISTRATION

The abortion care register is completed from women’s card by care provider

Location information to be completed at front of the register:

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Name of Health Facility	Write the name of the health facility where the PNC was provided.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter 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	Sequential serial number in registration book;to enter on client registration book for later identification in register
2	Date	Date of service provision for comprehensive abortion care service in dd/mm/yy
3	MRN	Unique individual identifier used on medical information folder, for health center and hospital
4	Age	Write age in years
5	Gestational age (wks)	Write the gestational age of the pregnancy calculated in weeks
6	Gravida	Write the number of pregnancies
7	Para	Write the number of births
8	Number of previous abortions	Write the number of abortions the women have had
9	Safe abortion (v)	Tick if the safe abortion service is given
10	Post abortion care (v)	Tick if the post abortion care is given
11	Diagnosis/ Reason for safe/post abortion care	Write the corresponding codes for reasons of abortion from the footnote of the register
Types of uterine evacuation		
12	MVA (v)	Tick (v)if the procedure is manual vacume aspiration
13	E &C(v)	Tick(v) if the procedure is done by E&C
14	MA(v)	Tick(v) if the procedure is done by MA
15	D&E(v)	Tick(v) if the procedure is given by D&E
16	Other specify	Writ it if the abortion service is given by other methods
Managed as		
17	Outpatient (v)	Tick (v)if the client is managed at an out patient
18	In patient (v)	Tick (v)if the client is managed as in patient
19	Referred (v)	Tick(v) if client is referred
20	Drugs provided (Analegsic, Anesthesia, Sedation) / Dose given	Write the specific drug provided in the upper row and doses given in the lower row
Post abortion contraceptive		
21	Counseled (v)	Tick (v)yes if the client is counseled and tick no if the client is not counseled
22	Expressed desire (Y/N)	Write Y=yes if the client expressed desire, N=No if the client express no desire
23	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.*
24	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.
25	Contraceptive Method/s Provided	Write the specific type of contraceptive method provided Mc=Male condom, FeC=Female condom ,OC=Oral contraceptive ,Ec=Emergency Contraceptive, Inj=Injectable
HIV assessment		
26	HIV test accepted (v)	Tick (v) if HIV test is accepted
27	Target population Category write code	Write the code selecting from the list of target population category listed, 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
28	HIV test result(P or N)	Write P for positive result and N for negative result
29	HIV test received with post test counseling(v)	Tick if the HIV test result is received with post test counseling
30	HIV Positive Linked to ART	Tick (v) if the woman is positive and linked to ART.
Outcome		
31	Complications (Yes-Specify or No)	Specify if there is complication, if there is no complication write no.
32	Death (v)	Tick (v) if the women died of abortion complication
33	Other treatment provided(v)	Tick (v) if other treatment is provided
34	If other service provided write the code	Write the code if the response is yes. 1. Counseling, 2. Screening, 3. Diagnosis and or treatment for other SRH needs. If not, tick no
35	Remarks/ Linkage to services etc	Write any note or linkage that the provider require to document
36	Name & Signature of service provider	Write full name and signature of the service provider



Comprehensive Abortion Care Services Register

[illegible]

Count			
safe abortion 10-14			Post abortion 10-14
safe abortion 15-19			Post abortion 15-19
safe abortion 20-24			Post abortion 20-24
safe abortion 25-29			Post abortion 25-29
safe abortion 30+			Post abortion 30+

Col.34 Write code for
Counseling=1
Screening=2
Diagnosis&treatment=3

* Reason for safe abortion: 1 Rape 2. Incest 3. Maternal condition 4. Fetal deformity
** Diagnosis for post abortion: A. Incomplete abortion B. Inevitable C. Missed D. Others

Use Abbreviation for col 25
 Mc=Male condom
 FeC=Female condom
 OC=Oral contraceptive
 Inj=Injectable

Targeted population category (27)

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