

Integrated Antenatal, Labor, Delivery, Newborn and Postnatal Care Card”

Name of Facility: _____ Date: _____

ANC Reg.No: _____ Medical Record Number (MRN): _____

Name of Client: _____ Age (Years): _____ Phone No: _____ Woreda: _____ Kebele: _____

LNMP: ____/____/____ EDD: ____/____/____ Gravida: ____ Para: ____ Number of children alive: ____ Marital Status: ____

INSTRUCTIONS to Fill Classifying form: Answer all of the following questions by placing a cross mark in the corresponding box.

| OBSTETRIC HISTORY | Yes | NO |
|--|--------------------------|--------------------------|
| 1. Previous stillbirth or neonatal death? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. History of 3 or more consecutive spontaneous abortions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Birth weight of last baby < 2500gm | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Birth weight of last baby > 4000gm | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Last pregnancy: hospital admission for hypertension or pre-eclampsia /eclampsia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Previous surgery on reproductive tract? (CS, Myomectomy, fistula repair, repaired uterine rupture, cervical cerclage) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Previous stillbirth or neonatal death? | <input type="checkbox"/> | <input type="checkbox"/> |
| CURRENT PREGNANCY | | |
| 8. Diagnosed or suspected multiple pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Age less than 18 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Age more than 35 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Isoimmunization (Rh -ve) in current or in previous pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Vaginal bleeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Pelvic mass? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Systolic >140mm Hg and/or Diastolic Blood pressure >90 mm Hg | <input type="checkbox"/> | <input type="checkbox"/> |
| GENERAL MEDICAL | | |
| 15. Diabetes mellitus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Renal disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Cardiac disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Chronic Hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Known ‘substance’ abuse (including heavy alcohol drinking, Smoking)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Any other severe medical disease or condition TB, HIV, Ca, DVT...? | <input type="checkbox"/> | <input type="checkbox"/> |

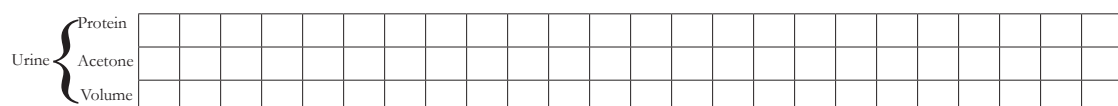
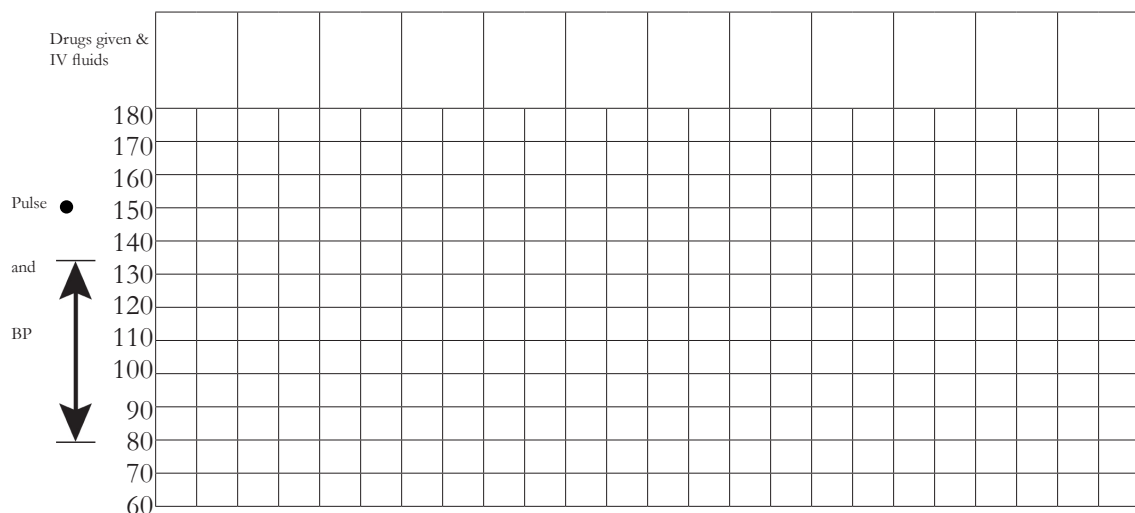
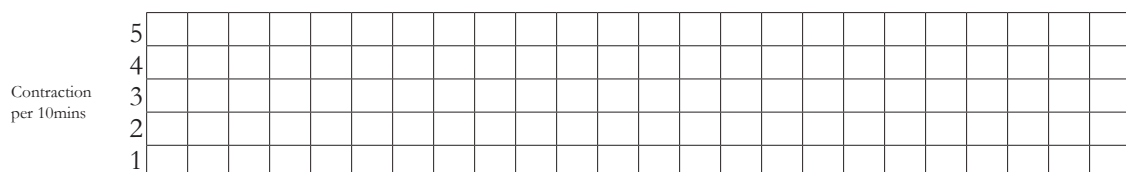
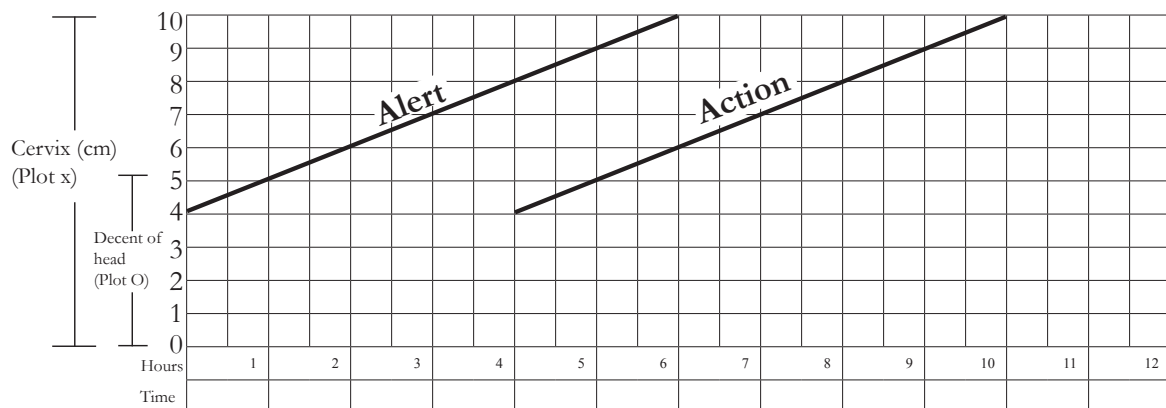
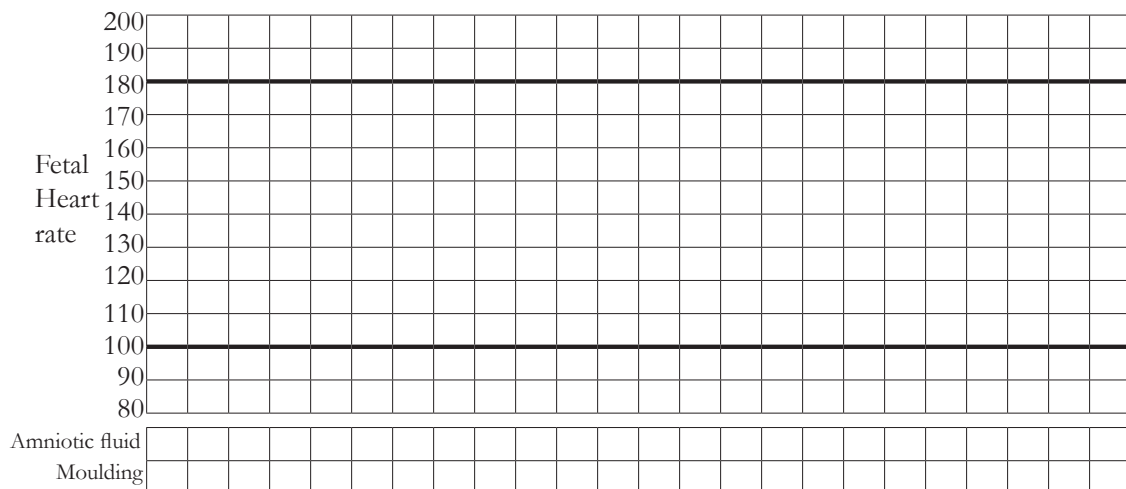
A “Yes” to any ONE of the above questions (i.e. ONE shaded box marked with a cross) means that the woman is not eligible for the basic component of the new antenatal care model and require more close follow up or referral to specialized care. If she needs more frequent ANC contact use and attach additional recording sheets

| Contents of Care | | II. Present pregnancy follow up schedule of ANC contacts (weeks of gestation) | | | | | | | |
|---|--|--|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | 1st Contact (better before 12Wks) | 2 nd Contact at 20 Wks | 3 rd Contact at 26Wks | 4 th Contact at 30Wks | 5 th Contact at 34Wks | 6 th Contact at 36Wks | 7 th Contact at 38Wks | 8 th Contact at 40Wks |
| History | Date of contact | | | | | | | | |
| | Gestational age | | | | | | | | |
| | Present Pregnancy History (complaint) | | | | | | | | |
| | Family/Social History | | | | | | | | |
| Physical Examination | General Appearance | | | | | | | | |
| | Blood pressure | | | | | | | | |
| | Weight | | | | | | | | |
| | Pallor | | | | | | | | |
| | Breast | | | | | | | | |
| | Chest | | | | | | | | |
| | Abdominal examination | Fundal height (wks) | | | | | | | |
| | | FHB | | | | | | | |
| Presentation | | | | | | | | | |
| Pelvic assessment (as required/indicated) | | | | | | | | | |
| Investigations | Ultrasound (up to 24 weeks of gestation) | | | | | | | | |
| | Haemoglobin | | | | | | | | |
| | Blood group, RH | | | | | | | | |
| | RPR/VDRL | | | | | | | | |
| | HIV (PITC) for pregnant | | | | | | | | |
| | HIV (PITC) for partner | | | | | | | | |
| | HBsAg | | | | | | | | |
| | Urine test | | | | | | | | |
| | Screening for active TB | | | | | | | | |
| | Indirect coomb's test <i>for RH negatives</i> | | | | | | | | |
| 75 gm oral glucose test <i>(for those at risk)</i> | | | | | | | | | |
| Medications & vaccines | Preventive anti-helminthic treatment | | | | | | | | |
| | Malaria prevention with ITN, and early diagnosis and treatment | | | | | | | | |
| | Td vaccination | | | | | | | | |
| | Anti-D immunoglobulin at 28 weeks <i>(for those unsensitised RH negatives)</i> | | | | | | | | |
| | Iron and folic acid (supplement dose) | | | | | | | | |
| | ARV Rx (type) | | | | | | | | |
| | Syphilis Treatment | | | | | | | | |
| | HBV prophylaxis | | | | | | | | |
| Daily calcium supplementation | | | | | | | | | |
| Advice and counselling on | Nutrition/healthy eating | | | | | | | | |
| | PMTCT and testing | | | | | | | | |
| | Family planning | | | | | | | | |
| | Breast feeding | | | | | | | | |
| | Hygiene | | | | | | | | |
| | Avoidance of harmful traditional practices | | | | | | | | |
| | Reduce caffeine intake | | | | | | | | |
| | Gender based violence specially IPV | | | | | | | | |
| Birth Preparedness and Complication Readiness plan | | | | | | | | | |
| Assessment <i>(diagnosis, danger sign/symptom identified)</i> | | | | | | | | | |
| Action taken | | | | | | | | | |
| Next Appointment | | | | | | | | | |
| Name and Signature | | | | | | | | | |

III. Intrapartum Care and Follow up: Monitoring Progress of Labor using Parthagraph

Name _____ Gravida _____ Para _____ MRN _____

Date of Admission _____ Time of admission _____ Ruptured Membranes _____ Hours _____



Delivery Summary

Date (DD/MM/YY)_____Time:_____

Mode of Delivery: SVD ☐ C/Section ☐ Vacuum/Forceps ☐ Episiotomy ☐ AMTSL: Oxytocine ☐ Ergometrine ☐ Misoprostol ☐

Placenta: CCT ☐ Complete ☐ Incomplete ☐ MRP* ☐ Tear rep: 1st degree ☐ 2nd degree ☐ 3rd degree ☐

NEWBORN: Single ☐ Multiple ☐ Alive ☐ Apgar score:_____Still Birth: Mac ☐ Fresh ☐

Sex: Male ☐ Female ☐ Birth wt. (gm.) _____Length (cm.) _____Term ☐ Preterm ☐

BCG (Date):_____OPV 0(Date)_____HBV birth dose ☐ Vit K ☐ TTC ☐ Skin to skin contact ☐

Obstetric Cxn: Managed ☐ Referred ☐

Eclampsia: ☐ PPH ☐ APH ☐ PROM/Sepsis ☐ Ruptured Ux ☐ Repaired ☐ Hysterectomy ☐
Obst/prolg labor ☐ Feeding Option: EBF _____ERF _____

HIV Testing accepted: Yes ☐ No: ☐ HIV Test result: P ☐ N ☐

ARV Rx : for mothers (by Type) _____ARV Px for New Born (by type) _____

Remark: _____

Delivered by: _____Sign: _____

*MRP>manual removal of placenta

IV. Postpartum Care

| Date | 24 hrs stay | 25-48 Hrs | 49-72 Hrs | 73Hrs-7days | 8-42 days | Remarks |
|--|-------------|-----------|-----------|-------------|-----------|---------|
| BP | | | | | | |
| PR/RR | | | | | | |
| Temp | | | | | | |
| Uterus contracted/look for PPH | | | | | | |
| Dribbling/leaking urine | | | | | | |
| Anemia | | | | | | |
| Vaginal discharge (after 4 Wks of delivery) | | | | | | |
| Pelvic Exam (only if vaginal discharge) | | | | | | |
| Breast Exam | | | | | | |
| IFA supplementation | | | | | | |
| Counseling danger signs/symptoms, FP, Hygiene, Nutrition, EPI, use of ITN, BF, etc given | | | | | | |
| Baby Breathing | | | | | | |
| Baby Breastfeeding: | | | | | | |
| Baby Wt (gm) | | | | | | |
| Immunization | | | | | | |
| HIV tested (Y/N) | | | | | | |
| HIV test result : P/N | | | | | | |
| ARV Rx for mother (By Type) | | | | | | |
| ARV Px for Newborn(By Type) | | | | | | |
| Feeding option : EBF/RF | | | | | | |
| Newborn referred to chronic HIV infant care | | | | | | |
| FP Counseled & provided (By Method) | | | | | | |
| Action Taken | | | | | | |
| Remark | | | | | | |