

Republic of Kenya – Ministry of Health



AnteNatal (ANC) Register MOH 405

County:			
Sub-County:			
Health Facility:			
Type:		Man. Agency:	
Start date:		End date:	

Edition: March 2014

Date of visit	ANC Number (New client)	ANC Number (Revisit)	No. of ANC Visits (1,2,3,4)	Full Names	Village/Estate	Age	Marital Status: (Codes 1-5)	Parity	Gravidae	Date of Last Menstrual Period (LMP) <i>(dd/mm/yy)</i>	Expected Date of Delivery (EDD) <i>(dd/mm/yy)</i>	Gestation in weeks	Weight (Kilogrammes)	Height (Metres)	Blood Pressure	Breast Exam (Y/N)	Laboratory			
																	Haemoglobin	RPR/VDRL	HIV Results	
																			Initial P/N/KP/U	Retest (P/N/NA)
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U

No. New Clients : _____
 No. Revisit Clients : _____
 No. Completed 4 ANC Visits : _____
 No. Clients with Hb < 7 g/dl : _____
 No. Tested for Syphilis : _____
 No. Syphilis Positive : _____

Codes for Marital Status
 1 = Married
 2 = Widowed
 3 = Single
 4 = Divorced
 5 = Separated

No. Known HIV Positive at entry : _____
 No. Tested for HIV : _____
 No. Retested for HIV : _____
 No. Tested HIV Positive : _____
 Counselling as couple : _____
 Male Partner Tested : _____

ART Eligibility		Assessed through? Started on ART in ANC (Date)	Prophylaxis					Partner HIV C&T		Screened for?		Other Conditions				Treatment				Additional Treatment		ANC Exercises given Y/N	Referrals: 1=From Other HF 2= From CU	Referrals: 3=To Other HF 4=To CU	Remarks	
WHO Stage	CD4 Count		CTX (Y/N)	Dispensed ARVs Mother			NVP for Baby (Y/N)	Counselled as a Couple (Y/N)	Test Results of Partner (P/N/U/KP)	TB (Status)	Cervical Cancer PAP / VIA	1=Hypertension 2=Diabetes 3=Epilepsy 4=Malaria in Pregnancy 5=STIs/RTI 6=Others (Specify)				Deworming (Y/N)	IPT 1-3 (1,2,3,NA)	TT Dose (1 to 5)	Given supplementation 1,2,3,4	Received LLTN (Y/N)	1=Hypertension 2=Diabetes 3=Epilepsy 4=Malaria in Pregnancy 5=STIs/RTI 6=Others (Specify)					
				NVP (Y/N)	AZT (Y/N)	HAART [Codes]						AI	AJ	AK	AL						AN					AO
				V	W	X						Y	Z	AA	AB						AC					AD

Assesed for ART Eligibility - WHO: _____
 Assesed for ART Eligibility - CD4: _____
 Started on ART : _____

Codes for HAART
 P = HAART for Prophylaxis
 T = HAART for Treatment

Mother	NVP - (mother): _____
	NVP+AZT : _____
	No. HAART for Treatment : _____
Baby	NVP for baby : _____

Codes for TB Status
 NO Signs = No signs of TB
 TB Suspected = TB Suspected
 TB Rx = = On TB Treatment
 ND = Not Done
 REF = Referred

Codes for Cervical Cancer Screening
 PAP = Pap Smear Used
 VIA = VIA Method Used

Screened for TB: _____
 Screened for Cervical Cancer (PAP): _____
 Screened for Cervical Cancer (VIA): _____

No. given IPT1: _____
 No. given IPT2+: _____
 No. of received ITN: _____