

## PART 1: MATERNAL HEALTH

### HMIS FORM 071: INTEGRATED ANTENATAL REGISTER

#### DESCRIPTION AND INSTRUCTIONS

- Objective:** To record the antenatal clients attending the clinic
- Copies:** One Copy which stays at health unit in the ANC clinic
- Responsibility:** Person in-charge of the ANC clinic

#### PROCEDURE:

1. Write the name of the health unit, health sub district and district, the date the register is opened, and the date the register is closed on the front cover.
2. On the 1<sup>st</sup> clinic day of every month a new serial numbering is started e.g. 001,002, 003, 004 etc...
3. On the first clinic day of the financial year, a new client numbering is started e.g. 001/2014, 002/2014 etc...
4. For the first visit of the pregnancy, the client is registered as first visit (1) and given an ANTENATAL CARD and a **Client number**. On subsequent visits, each visit (e.g. 2) is recorded in the register with other relevant information, including current client number, diagnosis and treatment. This register is the only record of antenatal clients kept at the health unit.
5. Pregnant mothers who are visitors, i.e. those coming once without the intention of continuing at your clinic, should be given the respective ANC services and their ANC card - an old one or one that you issue updated. Please enter these pregnant women in the ANC REGISTER as visitors but don't give them client number. In case the pregnant mother expresses the intention to continue to attend the clinic, whether living in the service area or not, the pregnant mother should be registered in the ANC register and given a client number. If such a pregnant mother comes with their own ANC CARD, use the old card but issue a new ANC number. If many pregnant women are coming from outside your service area, discuss this with the health facility in-charge.
6. If the client has risk factors/complications, they are written down in column 28. If two different people do consultations and registration, then the consultants will need to keep notes on all complications and referrals. The notes are then used to update the register at the end of each clinic day.
7. The morbidity of antenatal clients is recorded in the same register, and their monthly totals are included in the HEALTH UNIT MONTHLY REPORT of OPD diagnoses under **Complications of pregnancy** or by specific diagnosis.

### **Technical Module 3: Preventive and Curative activities**

8. During the antenatal period, columns 1-12 are completed on every visit, plus other columns where services are given
9. At the beginning of each year, a target attendance for ANC new clients is determined by the health unit (see HMIS 109: HEALTH UNIT POPULATION REPORT). The achievement towards this goal is monitored throughout the year using graphs. It's also monitored in the HMIS 106b: HEALTH UNIT QUARTERLY ASSESSMENT REPORT.
10. The information in the ANTENATAL REGISTER is used to review the program in such areas like: disease protection in pregnant clients, attendance by village or parish, numbers and reasons for referrals, and the average visits per ANC client.
11. The ANC clients receiving doses 1-5 of tetanus is counted and reported monthly.

# HMIS FORM 071: INTEGRATED ANTENATAL REGISTER

## COLUMN HEADINGS:

(1)	(2)	(3)	(4)	(5)	(6)			(7)	(8)		(9a)	(9b)	(10)	(11)			(12)
Serial No.	Client No.	Name of Client	Village + Parish	Phone No.	Age			ANC Visit	Gravida	Parity	Gestational Age	ANC1 Timing	Expected Date of Delivery (EDD)	Weight (kg)	Blood Pressure		
					Height (cm)	MUAC (cm)	INR no.										
					10 – 19yrs	20 – 24yrs	>= 25yrs										
		Surname	Village											Weight(kg)			
		First Name	Parish											Height (cm)			
														MUAC(cm)			
														INR no			

(13)		(14a)	(14b)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)	(23)	(24)
EMTCT codes		Diagnosis	WHO Clinical	ARVs drugs	Infant & Young Child feeding Counseling (IYCF)	TB Status	Haemoglobin	Syphilis Test Results		Family Planning Counseling	TT	IPT/CTX	Free LLIN	Mebendazole
w	p		Stage /CD4/ Viral Load	Pre-ART No.	Maternal Nutrition Counseling			w	P					
			WHO STAGE	ARVs	IYCF									
			CD 4 #	Pre-ART No.	Maternal Nutrition Counseling									
			VIRAL LOAD											
			WHO STAGE	ARVs	IYCF									
			CD 4 #	Pre-ART No.	Maternal Nutrition Counseling									
			VIRAL LOAD											

(25)		(26)	(27)	(28)
Iron/Folic Acid		Other Treatments	Referral In/Out	Risk Factors/Complications
Fe	Folic			

**DESCRIPTION OF COLUMNS:**

The date is written on the 1st line at the beginning of each clinic day in the middle of the right and left page and nothing else is written on the line.

On every visit, recording should indicate the the visit, checkwhether dose of TT has been given according to schedule, diagnosis, services given, complications encountered and referrals.

Fill in all relevant columns on the first and subsequent visits of the clients:

**(1) SERIAL NO:**

Start a new serial number on the first clinic day of every month e.g.001, 002etc... for each visit the mother should be given a serial number. Start with number “001” on the first of every month.

**(2) CLIENT NO:**

Start with the number “001/YEAR” on the first clinic day in July each year. On the day of the first visit give a client number which is indicated on the ANC Card. If a client is referred from another clinic then use the ANC number on the card given to the mother by the other health facility and add R at the beginning to show referral and to differentiate her from another client in your health facility who may have the same number e.g R002/YEAR

**(3) NAME OF CLIENT:**

Write the client’s surname and first name in full.

**(4) VILLAGE AND PARISH:**

Write the village and parish where the client resides

**(5) PHONE NUMBER:**

Write the phone the client

**(6) AGE:**

Write the Age of client in complete years in the respective age group.

**(7) ANC VISIT:**

Write the the visit e.g. 1, 2, 3, 4, 5 etc...

**(8) GRAVIDA/PARA:**

**GRAVIDA:** This is the this pregnancy in sequence

**PARA:** This is the pregnancies carried beyond 7 months that the client has had before (exclude the current pregnancy).

**9(a) GESTATIONAL AGE:**

Use the Last Normal Menstrual Period and the Date of the current ANC visit to come up with the Gestation age. Then calculate the weeks that the mother has gone through since the Last Normal Menstrual Period. **Enter the gestational age in weeks.**

**9(b) ANC 1 TIMING**

For all ANC 1 that are attended during the first trimester (before 14 weeks of gestational age), enter “√”

For all ANC 1 that are attended after the first trimester (After 14 weeks of gestational age) enter “x” For 2nd and subsequent visits put Not Applicable (NA).

**(10) EXPECTED DATE OF DELIVERY:**

This is approximated using the first day on which last normal menstrual period began, adding 9 months and 7days to arrive at the estimated date of delivery.

**(11) WEIGHT, MUAC, HEIGHT AND INR NO:**

**WEIGHT**

Take the weight and record it in kilograms (kg),

**HEIGHT**

Take the height and record it in cms.

**MUAC**

Write the MUAC colour code and the measurement in cm. The MUAC Colour Red is an indication of Severe Acute Malnutrition, Yellow indicates Moderate Acute Malnutrition and Green is Normal nutritional status. Write “R” for Red, “Y” for Yellow and “G” for Green.

**INR NO.**

Integrated Nutrition Register Number (INR No.) is given to a client who has been confirmed with malnutrition (If MUAC is Red or Yellow) in the Nutrition unit/Program at the Health Facility.

**(12) BLOOD PRESSURE:**

Take the patient blood pressure and record

**(13) eMTCT CODES:**

Enter the eMTCT code for the woman (W) and her partner (P) that corresponds to the eMTCT services received. The codes used to record eMTCT services received by the client are listed below.

**Codes for clients who are newly tested in ANC**

C       Counseled but declined HIV testing  
T       Counseled and tested but didn't receive results  
TR      Counseled tested and results given - Client tested HIV Negative  
TRR     Counseled tested and results given - client tested HIV Positive

**Codes for revisit clients who come to ANC with known status**

TR√     Revisit ANC clients, who were tested for HIV on a previous ANC visit with known HIV Negative status  
TRR√    Revisit ANC clients who were tested for HIV on a previous ANC visit with known HIV Positive status

**Codes for new clients who come to ANC with documented evidence of test results**

TRK     \*Clients who tested HIV Negative within 4 weeks prior to arrival in ANC

TRRK    Clients who tested HIV Positive prior to arrival in ANC

\* Clients who tested HIV Negative within 4 weeks prior to arrival in ANC: If the test is negative and was done 4 weeks prior to the visit then a re-test is recommended. ANC retesting should be done in 2<sup>nd</sup> /3<sup>rd</sup> trimester

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#### Codes for clients who are re-tested later in pregnancy

TR+ Clients who tested HIV Negative on a re-test

TRR+ Clients who tested HIV Positive on a re-test

If the initial HIV test is negative a re-test is recommended later during the pregnancy

#### (14a) DIAGNOSIS:

These are findings after clinical assessment e.g. normal pregnancy (NP), malaria, High blood pressure etc...

#### (14b) WHO CLINICAL STAGE/ CD4/ VIRAL LOAD

If the pregnant mother is HIV positive, enter the WHO stage and/or the CD4 and/or Viral Load test results and the date the test was done e.g. CD4 350 12/03/2013, Stage 1. If this is a revisit and the CD4 was done on an earlier visit put a tick mark. e.g. CD4 350√ 12/03/2013, Stage 1√

#### (15) ARV DRUGS

If a HIV positive pregnant mother is started on ARVs on that visit, use the following codes to indicate which drug is prescribed. If the pregnant mother is HIV negative, write NA.

ART Initiated ART for eMTCT on that visit

ARTK Client already on HAART for their own health prior to the first ANC visit or before this pregnancy

If this is a revisit and the HIV positive pregnant mother is already on ARVs, write the code with a tick "√"

ART√ Client is a revisit and was prescribed on an earlier visit

ARTK√ Client is a revisit and was prescribed on an earlier visit even for those who were on ART before the pregnancy

Write the Pre ART the client

#### (16) INFANT FEEDING COUNSELING and MATERNAL NUTRITION COUNSELING:

Write "Y" for YES if pregnant woman is provided with infant feeding counseling (IYCF)

Write "N" NO if pregnant woman is not provided with infant feeding counseling (NIYCF)

Write "Y" YES if maternal nutrition counseling was provided (MNC)

Write "N" NO if maternal nutrition counseling was not provided (MNC)

#### (17) TB STATUS:

All clients should be screened for TB using ICF (Intensified Case Finding) forms, and enter as follows;

For any mother regardless of the sero status with no signs and symptoms of TB

HIV positive client suspected to be having TB (Has any of the following; Cough for 2 weeks or more, weight loss more than 10% of body weight and on and off fevers for at least one month

TB status, enter the respective code:

1: No signs = no signs or symptoms of TB

2: Suspect = TB refer or sputum sent

3: TB Diagnosed = Diagnosed with TB

4: TB Rx = currently on TB treatment

**(18) HAEMOGLOBIN:**

Record the HB level e.g. (10.4g/dl)

**(19) SYPHILIS TEST RESULTS: (Syp W/P)**

Write the syphilis test results using the following codes:

Rx	Client tested and results given - client reactive and given treatment
+ve	Client tested positive but not yet given treatment
NR	Client tested results given- client non-reactive
NT	Client not tested for syphilis

**(20) FAMILY PLANNING COUNSELING:**

Counsel the mother on family planning options that are available for use after the pregnancy. Write **C** if counseled only. For HIV positive mothers, those in discordant relationships and those whose partners have not tested for HIV remember to counsel on Dual protection method and provide condoms and record **C/D** if provided with condoms after counseling

**(21) TETANUS DOSE:**

Tetanus dose given (this information must be taken from the client's Tetanus Card, not from her memory). Indicate the dose as 1st, 2nd, 3rd, 4th and 5th as appropriate or C if completed all her doses

**(22) IPT DOSE:**

This refers to IPT1 or IPT2 given as first dose or second dose (respectively) of Intermittent Preventive Treatment (IPT) of malaria by directly observed therapy (DOT) during the 2nd or 3rd trimester of the pregnancy. Enter 1 if first dose is given and 2 if second dose is given, and ND if not due for the dose at that visit, and C if completed  
Mothers on Septrin do not need Fansidar. If the mother is on Septrin use the following codes:

<b>CTX</b>	Initial Septrin prescription
<b>CTX√</b>	Septrin was prescribed on a previous visit and giving a refill

**(23) FREE LLIN:**

Has the mother received a free LLIN from the health facility? Enter Y, if mother has received a free LLIN or N if she has not received a free LLIN.

**(24) MEBENDAZOLE DOSE:**

Enter a tick (√) if a woman has received a DOSE of Mebendazole on that visit and an X if she has not received the dose yet considered due. Put NA if she is not due for the dose, and C if completed

**(25) IRON/FOLIC ACID:**

**IRON:** Enter a tick (√) if a woman has received iron and record the number given on that visit after the tick. For routine supplementation everyday a woman should receive 200mg (1tablet) once a day. The minimum amount of tablets for each woman should be 30 tablets if the interval between visits is one month

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**FOLIC ACID:** Enter a tick (√) if a woman has received folic acid and record the number given on that visit after the tick. The dose is one tablet once a day. The minimum amount of tablets for each woman should be 30 tablets if the interval between visits is one month on each visit

**(26) OTHER TREATMENTS:**

This refers to treatment given other than TT, IPT, Iron, Folic acid, Mebendazole and ARVs.

**(27) REF IN / OUT:**

Using the criteria on the Mother's Child's Health Passport, the pregnant woman may be referred out of the facility. If she is referred out, complete a REFERRAL NOTE and write REF OUT and the referral number in this column. If the pregnant mother was referred into this health unit from another site, write REF IN, in this column. For pregnant mothers referred in from the community, write C/REF IN, for HIV positive women referred to family support groups write FSG in this column.

**(28) COMPLICATIONS/ RISK FACTORS:**

Write the complications and risk factors found, but remember to fill the same information on the Antenatal Card.

**Note:** ANC card should be filled first for the patient's own carried notes.

**INSTRUCTIONS FOR SUMMARIZING:**

At the end of each month, COUNT

- ANC 1 visits for women 10-19 years
- ANC 1 visits for women 20-24 years
- ANC 1 visits for women 25years & above
- ANC 1 visits in 1<sup>st</sup> Trimester
- ANC 4 visits for women 10-19 years in the month for which you are reporting
- ANC 4 visits for women 20-24 years
- ANC 4 visits for women 25years & above
- ANC 4+ visits for women
- ANC Total visits (New clients + Re-attendances) for women 10-19 years
- ANC Total visits(New clients + Re-attendances)for women 20-24 years
- ANC Total visits (New clients + Re-attendances)for women 25years & above
- Total ANC Referrals to the unit
- ANC Referrals to the unit from communityservices
- Total ANC Referral from the unit
- ANC Referralsfrom the unit to Family Support Groups (FSG)
- Pregnant women 10-19 years receiving IPT1
- Pregnant women 20-25 years receiving IPT1
- Pregnant women 25years & above receiving IPT1
- Pregnant women 10-19 years receiving IPT2



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- Pregnant women 20-25 years receiving IPT2
- Pregnant women 25years & above receiving IPT2
- Pregnant women receiving Iron/Folic Acid on ANC 1<sup>st</sup> visit
- Pregnant womenreceiving free LLINs during ANC
- Pregnant women tested for syphilis
- Pregnant women tested positive for syphilis
- Pregnant women 10-19 years newly tested for HIV this pregnancy (TR & TRR)
- Pregnant women 20-24 years newly tested for HIV this pregnancy (TR & TRR)
- Pregnant women 25years & above newly tested for HIV this pregnancy (TR & TRR)
- Pregnant women 10-19 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Pregnant women 20-24 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Pregnant women 25years & above tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- HIV+ pregnant women assessed by CD4 for the 1<sup>st</sup> time
- HIV+ pregnant women assessed by WHO clinical stage for the 1<sup>st</sup> time
- HIV+ Pregnant Women initiated on ART for eMTCT (ART)
- Total pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit(TRK + TRRK)
- HIV+ pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit (TRRK)
- HIV+ Pregnant women already on ART before 1<sup>st</sup> ANC (ART-K)
- Total Pregnant Women re-tested later in pregnancy (TR+ & TRR+)
- Pregnant Women testing HIV+ on a retest (TRR+)
- HIV+ pregnant women initiated on Cotrimoxazole
- Total Male partners who received HIV test results in eMTCT
- Male partners who received HIV+ test results in eMTCT

#### REPORTED MONTHLY ON HMIS 105:

- Number of ANC 1 visits for women 10-19 years
- Number of ANC 1 visits for women 20-24 years
- Number of ANC 1 visits for women 25years & above
- Number of ANC 1 visits in 1<sup>st</sup> Trimester
- Number of ANC 4 visits for women 10-19 years in the month for which you `are reporting
- Number of ANC 4 visits for women 20-24 years
- Number of ANC 4 visits for women 25years & above
- Number of ANC 4+ visits for women
- Number of ANC Total visits (New clients + Re-attendances) for women 10-19 years

### Technical Module 3: Preventive and Curative activities

- Number of ANC Total visits (New clients + Re-attendances) for women 20-24 years
- Number of ANC Total visits (New clients + Re-attendances)for women 25years & above
- Total number of ANC Referrals to the unit
- Number of ANC Referrals to the unit from communityservices
- Total number of ANC Referral from the unit
- Number of ANC Referralsfrom the unit to Family Support Groups (FSG)
- Number of Pregnant women 10-19 years receiving IPT1
- Number of Pregnant women 20-25 years receiving IPT1
- Number of Pregnant women 25years & above receiving IPT1
- Number of Pregnant women 10-19 years receiving IPT2
- Number of Pregnant women 20-25 years receiving IPT2
- Number of Pregnant women 25years & above receiving IPT2
- Number of Pregnant women receiving Iron/Folic Acid on ANC 1<sup>st</sup> visit
- Number of Pregnant womenreceiving free LLINs during ANC
- Number of Pregnant women tested for syphilis
- Number of Pregnant women tested positive for syphilis
- Number of Number of Pregnant women 10-19 years newly tested for HIV this pregnancy (TR & TRR)
- Number of Pregnant women 20-24 years newly tested for HIV this pregnancy (TR & TRR)
- Number of Pregnant women 25years & above newly tested for HIV this pregnancy (TR & TRR)
- Number of Pregnant women 10-19 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Number of Pregnant women 20-24 years tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Number of Pregnant women 25years & above tested HIV+ for the 1<sup>st</sup> time this pregnancy (TRR) at any visit
- Number of HIV+ pregnant women assessed by CD4 for the 1<sup>st</sup> time
- Number of HIV+ pregnant women assessed by WHO clinical stage for the 1<sup>st</sup> time
- Number of HIV+ Pregnant Women initiated on ART for eMTCT (ART)
- Total Number of pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit (TRK + TRRK)
- Number of HIV+ pregnant women who knew their HIV status before the 1<sup>st</sup> ANC visit (TRRK)
- Number of HIV+ Pregnant women already on ART before 1<sup>st</sup> ANC (ART-K)
- Total number of Pregnant Women re-tested later in pregnancy (TR+ & TRR+)
- Number of Pregnant Women testing HIV+ on a retest (TRR+)
- Number of HIV+ pregnant women initiated on Cotrimoxazole
- Total number of Male partners who received HIV test results in eMTCT
- Number of Male partners who received HIV+ test results in eMTCT