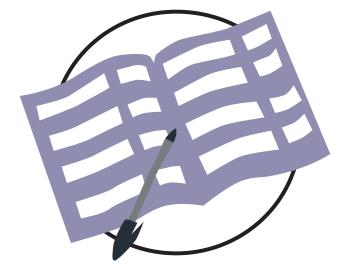
Organisation:

8.1 Supplementary Feeding Program

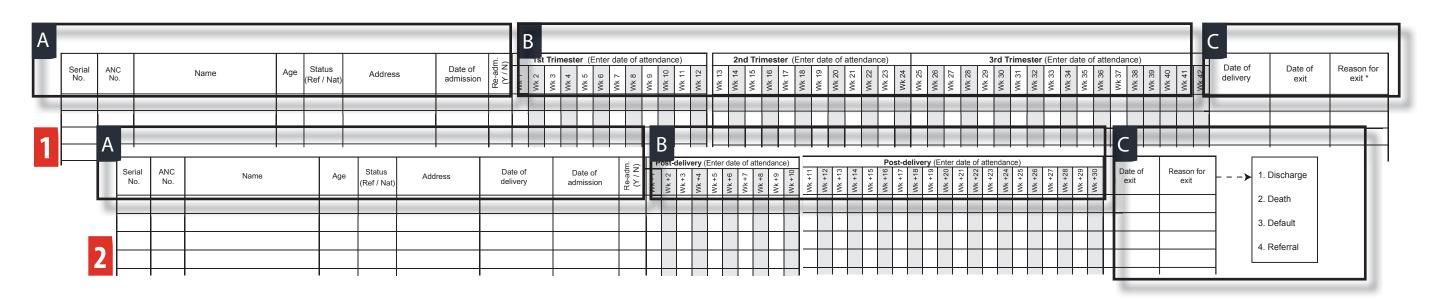
Pregnant Register

Location:



XXXXX XXXXX_EN_ddmmyy

> Illustrated Guide to Pregnant and Lactating Registers



KEY

This Illustrated Guide considers monitoring requirements for both Pregnant and Lactating mothers.



Pregnant Register



Lactating Register

A Registration

Serial No.: > Enter sequence number in register

ANC. No: > Enter unique identifying number

Name: > Print name of expectant / lactating mother

Age: > Enter age (in years)

Status: > Classify as Refugee (Ref) / National (Nat)

Address: > Enter Camp Address (Refugee) / Nearest Village (National)

Date of delivery: > Enter date (Lactating Register only) (dd/ mm/yy)

Date of admission: > Enter date (dd/mm/yy)

Re-adm: > Enter Yes (Y) if previous admission / No (N) if new admission.

Admission history В On each week of admission: 1. Date: mm/yy) > Enter Date of attendance (dd/mm/yy) NOTES Date of first visit must be registered correctly: For pregnant women, the date of first visit should be registered according to gestational age. Subsequent visits then record advancing gestation until the time of delivery. NOTES • For lactating women, the date of first visit should be registered according to number of weeks postdelivery. Subsequent visits then record the postdelivery period until the time of discharge. Eligibility for admission and discharge should be clearly defined within nutrition policy in each for exit. country.

Exit Details

Date of delivery: > Enter date (Pregnant Register only) (dd/ mm/yy) Date of exit: > Enter date (dd/mm/yy) Reason for exit: > Enter reason for exit, using options pro-

> Enter reason for exit, using options pro vided in legend:

Discharge / Death / Default / Referral

Length of stay is not required for pregnant and lactating admissions.

Reasons for exit are listed in a key on each register page. Enter reasons listed in the key ONLY.

Repatriation is included within referral as reason

Health Information System

8.1 Supplementary Feeding Program

Pregnant Register

XXXXX XXXXX_EN_ddmmyy

						E	1st Trimester (Enter date of attendance)												
Serial No.	ANC No.	Name	Age	Status (Ref / Nat)	Address	Date of admission	Re-adm. (Y / N)	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12
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Note: Date of attendance should correspond to number of weeks gestation

	2nd	d Tri	mes	ter (Ente	r dat	te of	atter	ndan	ce)	3rd Trimester (Enter date of attendance)																		
Wk 13	Wk 14	Wk 15		Wk 17		Wk 19			WK 22	1	Wk 24	Wk 25	Wk 26	Wk 27	Wk 28			Wk 31		Wk 33		Wk 36		Wk 40	Wk 41	Wk 42	Date of delivery	Date of exit	Reason for exit *
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XXXXX XXXXX_EN_ddmmyy

1	Supplementary	Feeding	Program
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