Health Information System (HIS)

Module 9 – Reproductive Health Antenatal and Delivery Care





Using Information to Protect Refugee Health

Safe Motherhood

"Safe Motherhood means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth"

Key Program Components

- Safe Motherhood
 - Antenatal Care
 - Delivery Care
 - Post natal Care
- Family Planning
- SGBV

Reproductive Health of Young People

- Special needs and requirements
- Often have less influence over conditions of sexual relations and childbearing.
- Young people rarely have access to detailed and accurate information about sexuality and reproduction
- Consequences of sexual and reproductive decisions very far-reaching

Defining Children and Young People

- Children
 - 0 18 years*
- Adolescents
 - 10 19 years**
- Youth
 - 15 24 years**
- Young People
 - 10 24 years**

* CRC
** UNFPA / WHO / UNICEF

>1 What are the tools used for data collection?

- Primary Tools
 - Antenatal Care Register
 - Antenatal Care Tally Sheet
 - Weekly + Monthly RH Report
- Secondary Tools
 - Antenatal Card
 - Tetanus Toxoid Card

>2 Who is responsible for collecting the data?

ANC staff in each camp should take responsibility for recording information

RH Supervisor is responsible for compiling Weekly RH Report

>3 What data should be collected and how?

- Registers to monitor pregnancy risk and to log delivery of routine preventive services:
 - Deworming
 - IPT
 - TT
 - RPR
 - ITN distribution
- Entire antenatal history should be recorded in the SAME register

Antenatal Register

								REG	STRAT	TION				0	BSTE	TRIC H	ISTOR\	7
Serial No.	ANC No.	Name	Age	Status (Ref / Nat)	Address	Date of visit	Marital Status	Gravidity	Parity	No. of children	LMP	EDD	Gest, age	Stilbirth	Abortion	Caesarian Section	Last date date	Alive / Dead
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	1st Vis	sit		2nd Vis	sit		3rd Vis	it		4th Vis	it	Fans	sidar		RPR		1	Т	nd.		Abo	rtion	Normal	Normal Delivery		oirth	nin A 00 II
Date	Gest. age		Date	Gest. age	ANC RF*	Date	Gest. age	ANC RF*	Date	Gest. age	ANC RF*	1	2	– ve	+ ve	Partner Treated	1	2	Mebend	E	Compl.	Un- Compl.	Date of Delivery	Delivery Compl. **	Fresh	Macer.	Vitamin 200 000 1
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>3 What data should be collected and how?

- Updating of Pregnancy outcome into ANC register
- Use of the ANC Tally Sheet
 - Non-sequential ordering of repeat visits

Health Information System Name of Organisation Daily Reporting Form Name of Camp & Unit Date (s) **Antenatal Tally Sheet** Refugee National < 18 ≥ 18 < 18 ≥ 18 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 Number of first antenatal visits 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 < 1st trimester 00000 Number of first antenatal visits 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 > 1st trimester 00000 Number of repeat antenatal 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 visits 00000 Number of RPR 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 tests conducted 00000 00000 00000 00000 00000 00000 00000 00000 Number of RPR 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 tests positive 00000 00000 00000 00000 00000 00000 00000 00000

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Number of RPR

positive contacts

treated

Number of high-risk pregnancies

detected

Number

of abortions

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For each pregnancy outcome entered in the Antenatal Register, review the antenatal history and tally below if standards of care have been met.

The pregnancy outcome section should be *regularly* updated in Antenatal Register, from ANC cards and/or Delivery register.

Refu	gee	National					
< 18	≥ 18	< 18	≥ 18				

Number of pregnant women at time of delivery who:

Received 4 or more antenatal visits	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
antenatai visits	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000	00000 00000 00000	00000	00000
Received 2 doses of	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
tetanus toxoid vaccine	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000	00000 00000 00000	00000	00000
Received at least	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
2 doses of fansidar	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000	00000 00000 00000	00000	00000
Were screened for	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
syphilis	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000	00000 00000 00000	00000	00000
Received 1 dose of	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
mebendazole	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000	00000 00000 00000	00000	00000
Received 1 insecticide	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
treated net (ITN)	00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000	00000 00000 00000	00000	00000

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>1 What are the tools used for data collection?

- Primary Tools
 - Delivery Care Register
 - Weekly + Monthly RH Report
- Secondary Tools
 - Partograph
 - Apgar Scoring Chart
 - ANC Card
 - Ward Book and Clinical Notes

>2 Who is responsible for collecting the data?

 Staff on maternity ward in each camp should take responsibility for recording information

Role of TBAs / community health workers

RH Supervisor responsible for compiling Weekly RH Report

>3 What data should be collected and how?

- Comprehensive reporting of births has two critical functions:
 - Population Data
 - Birth Registration
- Updating of information from home deliveries / births before arrival (BBA) / births in referral centres
- Recording of other medical admissions (non-deliveries) on maternity ward

Delivery Register

										REC	SISTRA	TION						
Serial	ANC			Status		Date of	Time of	vid ity		of Ien	Ь	0	age	d ure	또	8 -		PR
No.	No.	Name	Age	(Ref / Nat)	Address	admission	Time of admission	Gravi	Parity	No. of children	LMP	EDD	Gest	Blood Pressure	Fetal HR	Prese	– ve	+ ve

	DEL	IVERY DETAI	LS			DEI	LIVERY	OUTO	COME			N	EWBORN				
Date of	Time of	Mode of	Location	by I hith Ker	nal	reny veny veny seny seny seny seny seny seny seny s		oirth	Blood Loss	Perineum	Sex	0 53	Apgar		Weight	hed	
delivery	delivery	delivery	of delivery	Att'd by skilled hit worker	Normal Delivery	Delivery Compl.*	Macer	18 8	(mls)	state	(M / F)	Condition	Apgar Score	225000	725000	Weighed < 72 hours	Name



IPD (Pregnancy) Register

Serial No.	ANC No.	Name	Age	Status (Ref / Nat)	Address	Date of admission	Time of admission	Gravidity	Parity	No. of children

۵	٥	١	age	od ture	HR	ent'n	R	PR	D:	-	Date of	Length of	Reason for
LMP	<u> </u>	3	Gest.	Blood Pressure	Fetal HR	Present'n	– ve	+ ve	Diagnosis	Treatment given	exit	stay	exit*



>4 How and when should the data be reported?

- Retrieve data from Registers
- Enter into Antenatal / Delivery Section within Weekly RH Report
- Use photocopies / printouts if needed for individual facility-based reports

Health Information System	1	Name of Organisation							
Weekly Reporting Form	1	Name of	Camp & U	nit					
9.0 Reproductive Health	(Current V	Veek & Mo	onth					
9.1 Antenatal Care									
		_	Refugee		National				
9.1a		< '	100	18 < 1		18			
First antenatal visit < 1st trimester				150					
First antenatal visit > 1st trimester									
Repeat antenatal visit									
Number of RPR tests conducted									
Number of RPR tests positive			- 49						
Number of contacts of RPR positive cases	treated								
Number of high-risk pregnancies detected									
Number of abortions									
9.1b Enter number of pregnant women at time of delivery who:			< 18	≥ 18	Nati < 18	onal ≥ 18			
Received 4 or more antenatal visits									
Received 2 doses of tetanus toxioid during	g antenatal _l	period							
Received at least 2 doses of fansidar during	ng antenata	l period							
Were screened for syphilis during antenat	al period								
Received 1 dose of mebendazole during a	antenatal pe	riod							
Received 1 ITN* during antenatal period									
9.2 Delivery Care	< 1		3.7	18 EmOC *	Nati	onal ₁ ≥ 18			
	Home	Facility	Home	Facility	****	100000			
Live births									
Still births									
Low Birth Weight (< 2500g)									
Attended by a skilled health worker**									
Number of obstetric complications treated	Number of obstetric complications treated								

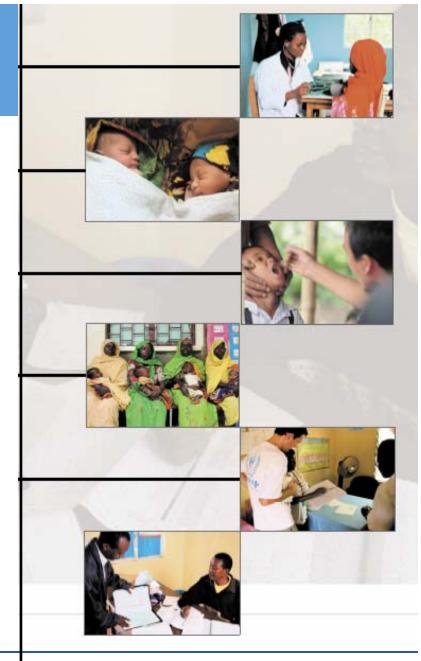
Number of caesarian sections performed

Exercise Work

Health Information System (HIS)

Modules 9 – Antenatal and Delivery Care

Case Study Parts (a) – (d)





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>5 How should the data be interpreted and used?

- Enter data into Monthly Excel Spreadsheet
- Understand how to interpret and use the indicators that are generated

Crude Birth Rate

Total number of births during given time period *

x 1000

Total population during that period

* usually expressed per year



Stillbirth Rate

Total number of stillbirths during given time period *

x 1000

Total of births during period (still *and* live births)

* usually expressed per year



Definition of Abortion

- Spontaneous abortion
 - Miscarriage
 - Stillbirth

Defined by:
gestational age
and/or
birth weight

- Induced abortion
 - Therapeutic
 - Elective