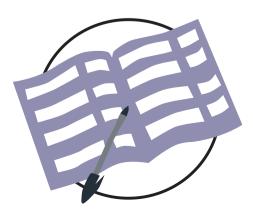
Health Information System

Organisation:	

9.3 Reproductive Health

Location:	_
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Postnatal Register



	A						[DELIVERY [DETAILS	
	Serial No.	ANC No.	Name	Age	Status (Ref / Nat)	Address	Date of delivery	Mode of delivery	Delivery Compl.	Newborn Sex (M / F)
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A Registration

Serial No.:

> Enter sequence number in register

ANC No

> Enter unique identifying number

Name:

> Print Name of mother

Age

> Fill Age (in years)

Status

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

Address

> Print Camp Address (Refugee) / Nearest Village (National)

Date of delivery:

> Enter date (dd/mm/yy)

Mode of delivery:

> Spontaneous Vaginal Delivery (SVD) / Vacuum Extraction (VE) / Forceps (F) / Caesarian Section (CS)

Delivery compl:

> Enter abbreviation to indicate presence of delivery complication (refer to delivery register)

Newborn sex:

> Enter Male (M) / Female (F)

B Attendance History

For each postnatal visit, enter:

Date:

> Enter date (dd/mm/yy)

PNC RF

> Enter postnatal risk factor abbreviation from list (to be adapted):

X = No complication
 PPH = Postpartum Haem.
 PS = Puerpueral Sepsis
 A - Anaemia
 L = Lactational Prob.
 CS = Cord Sepsis
 E = Eclampsia
 Ot = Other

Comment:

> Enter comment on timing of postnatal visit according to recommended schedule

NOTES

The timing of each visit should be reviewed at each visit and remarked upon in the comments column.

A Postnatal Appointments book should be kept to trace women who default or do not attend on time, and should lead to appropriate follow-up through the community health department.

	1st Postna	atal Visit	۱	С								
Date	PNC compl.*	Comment Date		PNC compl.*	Comment	Date PNC compl.*		Comment		Expected discharge date [†]	No. of visits made	Reason for exit **
									I			
	Date	1st Postna	1st Postnatal Visit PNC Comment	1st Postnatal Visit 2	1st Postnatal Visit 2nd Postna Date PNC Comment Date PNC	1st Postnatal Visit 2nd Postnatal Visit Date PNC Comment Date PNC Comment	1st Postnatal Visit 2nd Postnatal Visit Date PNC Comment Date PNC Comment Date	1st Postnatal Visit 2nd Postnatal Visit 3rd Postnatal Date PNC Comment Date PNC Comment Date PNC	1st Postnatal Visit 2nd Postnatal Visit 3rd Postnatal Visit Date PNC Comment Date PNC Comment Date PNC Comment	1st Postnatal Visit 2nd Postnatal Visit 3rd Postnatal Visit Date PNC Comment Date PNC Comment Date PNC Comment	Date PNC Comment Date PNC Comment Date PNC Comment Date PNC Comment Compl.*	Date PNC compl.* Comment Date PNC compl.* Comment Date PNC compl.* Comment Date PNC compl.*

C

Exit details

Date of discharge:

> Enter date (dd/mm/yy)

IMPORTANT this date should be fixed and entered into the register at the time of the first visit (see notes).

No of visits made within 6 weeks:

> Enter total number of visits made within the post-natal period, between date of delivery and ate of discharge. Certify the timeliness of each visit according to recommended schedule.

Reason for exit:

- > The following reasons for exit are also listed in a key at the bottom of each register page. Enter reasons listed in the key ONLY:
- > Discharge / Death / Default / Referral

NOTES

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 a reason for exit.

NOTES

The expected date of discharge from the program should be fixed at the time of the first visit.

Most postnatal mothers will be discharged six weeks (42 days) after delivery, and postnatal visits should be scheduled and followed up accordingly.

When the discharge date is reached, the postnatal history should be reviewed and the number of visits written in the appropriate column in the register. Only women who attend for the requisite three postnatal visits within six weeks should be entered into the Reproductive Health report at the end of each week.

In order to trace mothers who do not attend for scheduled visits, an appointments book should to be kept alongside the postnatal register (refer to Secondary Tools Box). This tool facilitates the early identification of defaulters, and provides a means to trace and return individuals to the clinic in a timely and consistent manner; therefore increasing adherence to the recommended postnatal visit schedule.

							DELIVERY DETAILS			
Serial No.	ANC No.	Name	Age	Status (Ref / Nat)	Address	Date of delivery	Mode of delivery	Delivery Compl.	Newborn Sex (M / F)	
							1			
							1			
						-	<u> </u>			
			-				1			

1st Postnatal Visit			2	2nd Postna	atal Visit		3rd Postna	atal Visit			
Date	PNC compl.*	Comment	Date	PNC compl.*	Comment	Date	PNC compl.*	Comment	Expected discharge date [†]	No. of visits made	Reason for exit **

E = Eclampsia Ot = Other

** Reason for exit:

1. Discharge 3. Default 2. Death 4. Referral