**Register Review - ANC Consultations**

Name of health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of health facility: [ ] OPTION 1 [ ]  OPTION 2 [ ]  OPTION 3

Location:

Date of data collection:

Instructions:

1. Count ALL recorded cases in the last six months of service (cases beginning in MONTH and ending in MONTH) and record here [ ]
2. Transfer information from registers only for cases of women under age SPECIFY [born after DATE]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Pg No** | **Age** | **ANC Visits** | **Services Received** | **Tests** |
| No. | 1st pg**Y/N** | <18 yrs | >18 yrs | Made in first 16 wks of pg**Y/N** | Completed 4 ANC visits**Y/N** | Iron and folic acid**Y/N** | At least 2 TT vaccinations**Y/N** | Insecticide treated bednet (ITN)**Y/N** | Albenadazole**Y/N** | Chlorhexidine**Y/N** | Tested positive for syphilis**Y/N** | Tested for HIV **Y/N** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Register Review - Delivery and Post-Natal Care**

Name of health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of health facility: [ ] OPTION 1 [ ]  OPTION 2 [ ]  OPTION 3

Location:

Date of data collection:

Instructions:

1. Count ALL recorded cases in the last six months of service (cases beginning in MONTH and ending in MONTH) and record here [ ]
2. Transfer information from registers only for cases of women under age SPECIFY [born after DATE]

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Age** | **Reason** | **Maternal Outcome** | **Complications** | **Newborn Outcome** | **Complications** | **1st post-natal visit** |
|  | 10-14 | 15-17 | 18-24 | Delivery or Abortion**D/A** | Maternal death**Y/N** | **Y/N** | Live birth**Y/N** | **Y/N** | First 6 hrs | First 6 days | First 6 wks | Other |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Register Review - Family Planning**

Name of health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of health facility: [ ] OPTION 1 [ ]  OPTION 2 [ ]  OPTION 3

Location:

Date of data collection:

Instructions:

1. Count ALL recorded cases in the last six months of service (cases beginning in MONTH and ending in MONTH) and record here [ ]
2. Transfer information from registers only for cases of women under age SPECIFY [born after DATE]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Age** | **FP method used** | **Experiencing side effects** | **Case referred** | **Method codes:**Lo-Femenal/Pills oestro-progestativeOvrette/Pills progestativeMegstron/ injectableDepo-Provera/injectableIUDSpermicideCondomImplanon/implantStandard Days Method/Cyclebeads LAMFertility monitoring: temperature, cervical mucusTubal ligationVasectomy |
|  | Actual | 10-14 | 15-17 | 18-24 | *See codes* | **Y/N** | **Y/N** |
|  |  |  |  |  |  |  |  |
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