**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** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**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]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |

**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-progestative  Ovrette/Pills progestative  Megstron/ injectable  Depo-Provera/injectable  IUD  Spermicide  Condom  Implanon/implant  Standard Days Method/Cyclebeads  LAM  Fertility monitoring: temperature, cervical mucus  Tubal ligation  Vasectomy |
|  | Actual | 10-14 | 15-17 | 18-24 | *See codes* | **Y/N** | **Y/N** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |