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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital PNC Register

Region	Zone/Subcity/Woreda	Health Facility Name	Begin Date	End Date

INSTRUCTIONS FOR POSTNATAL CARE REGISTRATION

MINISTRY OF HEALTH-ETHIOPIA

The register is kept in PNC room (HC/Clinic/Hospital) completed by postnatal care provider
Location information to be completed at front of the registry

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Name of Health Facility	Write the name of the health facility.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month Year(DD/MM/YY)

SN	Datum	Comments
	Identification information: Personnel	
1	S.N	Sequential serial number in registration book; to be entered on client's registration card for later identification in the register
2	Name	Write the Name of the Mother
3	MRN	Unique individual identifier for mother used on medical Information folder, for HC and hospital.
4	Age	Write age of the mother in years
5	Woreda / Kebele	Write Woreda in upper row and Kebele in the lower row
6	Infant's date of birth	Infant's date of birth written as (DD/MM/YY)
7	Place of Delivery write code	write code place of delivery 1=Same Facility 2=Other Facility 3=Home
8	MRN (Infant's)	Information folder, for HC and hospital. Unique individual identifier for infant used on medical
9	Sex (M/F)	Enter **M** for **male** or **F** for **female**
	PNC visits:	
10	Visit Time (period)	Visit time: 24 hrs = PNC visit period for those mothers stay 24 hours after delivery. 25-48 hrs = For those mothers who came for PNC service within 25-48 hrs after delivery. 49-72 hrs = For those mothers who came for PNC service within 49-72 hrs after delivery 73 hrs -7days = For those mothers who came for PNC service within 73 hrs -7days after delivery 8-42days = For those mothers who came for PNC service within 25-48 hrs after delivery
11	Date of visit (DD/MM/YY)	Write date of the visit in (DD/MM/YY) in Ethiopia calendar
	Assessment : Maternal	
12	Maternal Health Condition writ code	Write code 1.Normal 2.Complicated and managed 3.Complicated and referred 4. Died
	Maternal Complication	
13	PPH (√)	Tick(√) if the mother developed PPH
14	Other Obstetric Complications	Other Obstetric Complications (Write code: PE, E, SEP, OTH)
	HIV assessment	
15	HIV Test accepted(√)	Tick (√) if the women accepted HIV Test.
16	HIV re-testing accepted (√)	Tick(√) if HIV re-testing is accepted
17	HIV test result (P or N)	Write P for HIV positive result and N for HIV negative results
18	Targeted population category write code	Fill column 15 selecting from the list of target population category listed, an individual needs to be assigned only in one category that best describe him/her. A. Female Commercial Sex workers B. Long distance drivers C. Mobile/Daily Laborers D. Prisoners E. OVC F. Children of PLHIV G. Partners of PLHIV H. Other MARPS I. General population
19	HIV Positive Linked to ART(√)	Tick (√) if the woman is positive and linked to ART.
20	Known HIV positives (transferred from ART) (√)	Tick if the mother is known for HIV positive referred from ART
	Partner testing	
21	HIV Testing accepted	Tick (√) if HIV test offered
22	HIV Test results (P or N)	Write P for HIV positive, N for negative result and I for indeterminate result
23	**Targeted population category**	Use the above category code
24	HIV Positive partner Linked to ART	Tick (√) if the partner is positive and linked to ART.
	Counseling on	
25	Danger signs(√)	Tick (√) if Counseling on Danger signs given
26	Breast feeding/nutrition(√)	Tick (√) if Counseling on Breast feeding/Nutrition is given
27	Newborn care (including cord care) (√)	Tick (√) if Counseling on Newborn care and cord care given
28	Family Planning(√)	Tick (√) if Counseling on Family Planning given
29	EPI(√)	Tick (√) if Counseling on EPI given
30	Early Childhood Development(√)	Tick (√) if Counseling on Early Childhood development / Care for Child Development
	Assessment infant/ newborn	
31	Weight in grams	Write weight of newborn in gram

32	Breastfeeding	Tick (√)if newborn is breastfeeding
33	Problem identified	Write code if more than one problem was identified write all codes separate with comma like (1,5,7…..) (write code) 1.Normal 2.prematurity 3.sepsis/VSD 4. respiratory distress 5.perinatal asphyxia 6.LBW 7.Congenital malformation 8.Abscence of reflex. 9.Jaundice. 10. HC <33cm. 11.Other (specify)
34	Treatment Given	Write code if more than one treatment was given identified write all codes separate with comma like (1,5,7…..) Treatment** given (write code) 1.Oxygen resustation 2.KMC 3.Antibiotic 4.Chlorhexidene 5.Blood transfusion 6.Others
35	Treatment Outcome	Treatment Outcome (Write code): 1. Improved, 2.No change, 3. Died , 4.Referal 5.Unknown , 6.Resuscitated and survived
36	Age at death	Write age of death in days
37	Cause of Death Write code	**Write code cause of death** 1.Prematurity, 2.Infection 3.Asphexiya, 4.Other
IPPFP		
38	New acceptor (√)	Tick (√) if client is new acceptor at the time of registration. A new acceptor is someone who has not received a contraceptive method from a recognized Provider before registration.
39	Repeat acceptor (√)	Tick (√) if client is repeat acceptor at the time of registration. A repeat acceptor is someone who is not a new acceptor; in other words, a repeat acceptor has received a contraceptive method from a recognized Provide before registration.
40	Type of immediate PPFP methods received(0-48hrs)	Contraceptive method provided (record modern methods only) Abbreviate type as follows: **POP=Progestin only pill** **Imp=Implant** **IUCD=Intrautrine device** **TL=Tubaligation** **Oth=Other**
41	Managed by	Write name of care provider that give service for specific visit
42	Remark	Enter Any Remark

PNC Register

Ministry of Health-Ethiopia

	Identification								PNC Visits		Maternal Complication			HIV Assessment						Partner testing				Counseled on						Newborn						Cause of death	IPPFP			Managed by	Remark
	Personal information				Infant's Date of birth(DD/MM/YY)	Place of Delivery (write code)	MRN (Infant's)	Sex (M/F)	Visit Time (Period)	Date of visit (DD/MM/YY)	Maternal Health Condition writ code	PPH (v)	Other Obstetric Complications (Write code: PE, E, SEP, OTH)	HIV testing accepted (v)	HIV re-testing accepted (v)	HIV test result (P/N)	Target population Category write code	HIV positives linked to ART(v)	Known HIV positives (transferred from ART) (V)	HIV Testing accepted (v)	HIV Test results (P/N)	Target population Category write code	HIV positives Partner linked to ART(V)	Danger signs(v)	Breast feeding/nutrition(v)	Newborn care (inluding cord care) (v)	Family Planning(v)	EPI(v)	Early Childhood Development (ECD) (v)	Weight in gram	Breast feeding(V)	Problem** identified (write code)	Treatment** given (write code) 1.Oxygen resustation 2.KMC 3.Antibiotic 4.Blood transfusion 5.Others	Treatment Out come (Write code)	Age at death	Cause of death Write code 1.Prematurity 2.Infection 3.Asphexiya 4.Other	New acceptor (V)	Repeat acceptor(V)	type of immediate PPFP methods received(0-48hrs) ***		
S.N	Name	MRN	Age	Woreda/ Kebele																																					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)
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									49-72 hrs																																
									73 hrs -7 days																																
									8 - 42 days																																

Place of Delivery code :col(7)

1=Same Facility
2=Other Facility
3=Home

1.Normal
2.Complicated andmanaged
NB **Write code if more than one problem was identified/Treatment given write all codes separate with comma like (1,4,6…..)NB **Write code if more than one problem was identified/Treatment given write all codes separate with comma like (1,4,6…..)

Targeted population category (18)

A. Female Commercial Sex workers
B. Long distance drivers
C. Mobile workers/daily laborers
D. Prisoners
E. OVC/Children of PLHIV
F. Other MARPS
G.General Population

	Maternal death	Count PPH
24 hr (1 days)		
25-48 hrs (1-2 days)		
49-72 hrs (2-3 days)		
73 hrs -7 days (4-7days)		

Count HIV tested

Maternal Health Condition code :col(12)
1.Normal
2.Complicated and managed
3.Complicated and referred
4. Died

Problem identified (write code): Col.(33)**
1.Normal   2.prematurity
3.sepsis/VSD   4. respiratory distress
5.perinatal asphyxia   6.LBW
7.Congenital malformation
8.Abscence of reflex. 9.Jaundice. 10. HC <33cm.
11.Other (specify)

Count # of newborn Resuscitated & survive	
Count # of deaths within 0-24hrs	
Count # of deaths within 1-7 days	
Count # of deaths within 7-28 days	

Treatment Out come, Code for Col.35
1.Improved
2.No change
3. Died
4. Referal
5. Unknown
6. Resuscitated and survived

Use Abbrevation For col. 40
POP=Progestin only pill
Imp=Implant
IUCD=Intrautrine device
TL=Tubaligation
Oth=Other

Use FP tally Sheet to capture Age and Method disaggregation***In order to avoide duplication IPPFP should be registered only if service is provided in the unit