USAID/BASICS/POPPHI - POSTNATAL REGISTER (DRAFT July 15 2007)

Facility Name:_____ **Facility Code:** _____ **District**: _____ Facility Name:_____ Facility Code: _____

																						Maternal Care															
Serial No.	**Date of assessment**	**Number of the postnatal visit**	**Patient No. / Ref. No (If needed)**	**Full name**	**Address**	**Age of mother**	**Date of delivery**	**State of Baby 1 = Alive, 2 = FSB, 3 = I**	**Birth weight of baby**	**Weight of baby at the postnatal visit**	**Place of delivery** 1= Health Facility,2 = Home	**Mode of delivery** 1 = NVD, 2 = Vacuum extraction, 3= Cesarian	**Feeding:** 1 = Breastfeeding, 2 = Replacement feeding, 3 = mixed feeding	**Cord:** 1 = Normal, 2 = infected, 3 = Bleeding	**Baby Temperature (record °C)**	**Danger sign:** 1 = Not sucking/poor sucking, 2 = inactive, 3 =fever/hypothermia, 4 = difficult	**Minor infections:** 1 = Conjunctivities, 2 = Thrush, 3 = pustules,	**Other Problems:** 1 = Jaundice, 2 = others	**Referral of baby** to higher facility (indicate reason)	**Treatment:** 1 = 1st dose of antibiotics; 2 = ARV Prophylaxis; 3 = Cotrimoxazole prophylaxis; 4= Others (specify)	**Baby immunizations** Indicate immunization given to date: Polio 0,1,2,3; BCG, DPT 1,2,3 Hep B	**Temperature of mother** (write in)	**BP of mother (write in)**	**Pallor** 1 = Normal, 2 = Mild, 3 = Mod, 4 = Severe	**Breast Exam:** 1=Normal, 2=Cracked nipple, 3=Engorged, 4 =Mastitis, 5= Abscess	**Uterus:** 1 = Normal, 2 = Tender, 3 =Sub-involuted	**C/S site**: 1= Normal 2 = Bleeding, 3 = Infected, 4 = gaping, 5 = N/A	**Lochia**: 1 = Normal, 2 = Foul smelling, 3 = Excess bleeding	**Episiotomy/tear**: 1 = Repaired, 2 =Healed, 3 =Infected, 4 = Gaping, 5 =N/A	**HIV status;** 1= Positive 2 = Negative, 3 = Not known	**HIV Status of Partner;** 1=Positive; 2 = Negative; 3 = Not Known	**Counselled on HIV;** 1 = Yes, 2 = No	Treatment Received: **1 = MV/folic acid + Fe; 2= ARV therapy; 3=Cotrimoxyzole prohylaxis; 4=TB treatment; 5= Others**	**Counselled on FP** 1= Yes, 2= No

District: _____

																method of FP chosen; Write: OC, DMPA, FC, MC, IUCD, LAM, BTL, MS,
																Maternal Problems (spefcify)_____
																Any addditional treatment given: Specify
																Referral of mother to higher facilty - indicate reason
																Remarks