

2nd VISIT

AT 4-6 MONTHS OF PREGNANCY.

ASK FOR DANGER SIGNS AND NOTE ANY CHANGES / EVENTS SINCE 1st VISIT.

COUNSEL ON / REMIND ABOUT:

DANGER SIGNS.

PMTCT.

BREAST FEEDING.

NUTRITION.

HYGIENE.

REST.

SLEEP UNDER ITN.

NEED FOR 2 ADDITIONAL ANC VISITS.

ASK ABOUT MOTHER AND FAMILY IN TERMS OF BLOOD GROUP & BIRTH CERTIFICATION RECORDING PLAN

CHECK BP.

PERFORM GENERAL AND ABDOMINAL EXAM

URINE EXAM FOR UTI.

REPEAT URINE TEST FOR PROTEIN UREA IF THE WOMAN IS NULLIPAROUS OR HAS PREVIOUS HISTORY OF HYPERTENSION OR PRE ECLAMPSIA / ECLAMPSIA

REPEAT BLOOD TEST IF Hb AT THE 1st VISIT WAS BELOW 7g/dl OR SIGNS OF SEVERE ANEMIA ARE DETECTED ON EXAM.

MANAGE OR REFER IF SIGN OF AN EMERGENCY IS DETECTED.

GIVE THE 2nd TETANUS TOXOID.

PROVIDE IRON SUPPLEMENT FOR 3 MONTHS.

REFER FOR FURTHER EVALUATION IF:

Hb < 7g/dl IN THE 1st AND 2nd VISITS.

EVIDENCE OF PIH.

IUGR - FUNDAL HEIGHT < 10th %.

FETAL MOVEMENT IS NOT FELT.

GIVE SCHEDULE FOR THE 3rd VISIT.

REGISTER THE MOTHER ON ANC REGISTRY.









HARTMANN
Peha-gel
POWDERFREE

Unverfesseln

BLICKPUNKT

Friedrich der Große

Schlag gegen
Drogenstrafe





NR

NR

NR

NR

NR

✓

R

Estyowehu

Ri

Ri polio leg problem MWA

4. bgele babysick to prevent

Ri Thrush MWA

4. bgele mata or baby SB

4. bgele bothok MWA

Dr Rita + jurega bothok OK









Dry Co.

Delivery Summary

Date: 20/05/20 Time: 10:15 SVD C/Section Vacuum/Forceps Episiotomy

AMTSL: Ergometrine Placenta: Completed Laceration rep: 1st degree
 Oxytocine Incomplete 2nd degree
 Misoprostol CCT 3rd degree
 MRP

NEWBORN: Single Multiple Alive Apgar score 8/10 SB: Mac Fresh
 Sex: Male Female Birth wt.(gm.) 3600 Length (cm.) 50 Term Preterm
 BCG (Date) 20/05/20 Polio 0 Vit K TTC Baby mother Bonding

Obstetric Cx: Managed Referred Managed Referred

Eclampsia PPH
 APH PROM/Sepsis
 Ruptured Ux Repaired Hysterect. Obst/prolg labor

HIV Couns. and testing offered Y N
 HIV Test result R N T

ARV Px for mothers (by Type) _____ ARV Px for NB (by type) _____
 Feeding Option EBF _____ RF _____

Mother & Newborn referred for care & sup. Y N

Remark: _____

Delivered by: CATA + DR RITA Sign: Enid G. G. G.

NAME Ma...

Date (DD/MM/YY)
20/05/20

Date (DD/MM/YY) 20/05/20

Post Partum Visit

Date	1st visit (better at 6 hrs)	2nd (better at 6th day)	3rd visit (better at 10 days)
BP			
TPR			
Temp			
Uterus contracted/look for PPH			
Dribbling/leaking urine			

Vm	RK	OP	HT	HT	HT	A	I	C	M	D	
(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
				✓ NR							Ri: grammar Ri: FH - on analysis
✓				✓ NR							Ejigoyehu
	✓	✓		✓ NR							Ri
	✓	✓		✓ NR							Ri: poly lig problem MWA
				✓ NR							4. b gela baby sick to parent
	✓	✓		✓ NR							Ri: Thylis ^{parent} MWA
				✓ NR							4. b gela mata ok Baby SB
✓	✓	04212		R		✓	✓	✓			4. b gela bothok MWA
		4251		NR		✓					Dr Rita + Juega ^{both} OK
				✓ NR							Dr Rita + Catia ^{both} OK



