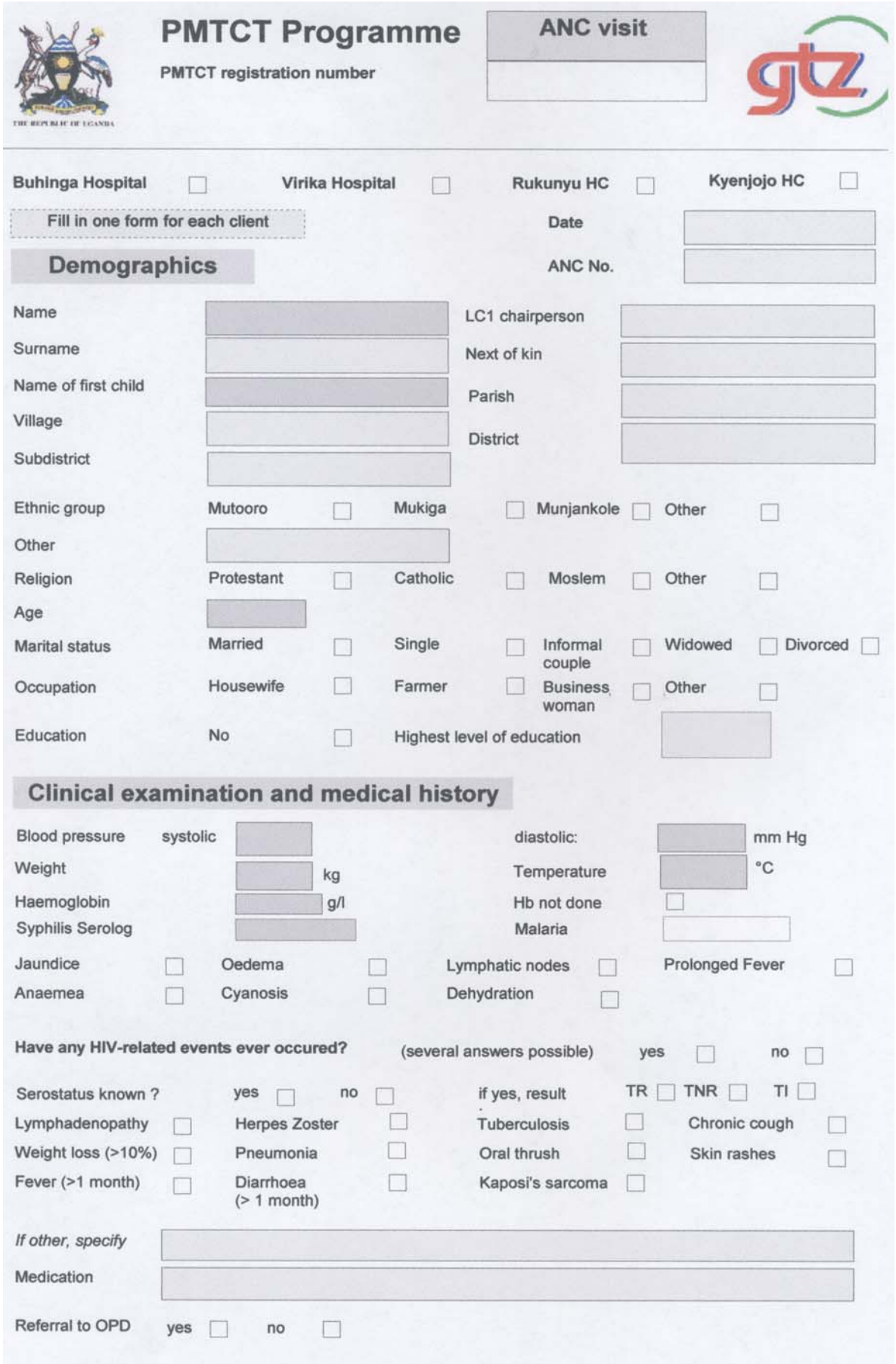
8 ANHANG



PMTCT Programme

PMTCT registration number

ANC visit

Buhinga Hospital ☐ Virika Hospital ☐ Rukunyu HC ☐ Kyenjojo HC ☐

Fill in one form for each client

Date

ANC No.

Demographics

Name

Surname

Name of first child

Village

Subdistrict

LC1 chairperson

Next of kin

Parish

District

Ethnic group Mutooro ☐ Mukiga ☐ Munjankole ☐ Other ☐

Other

Religion Protestant ☐ Catholic ☐ Moslem ☐ Other ☐

Age

Marital status Married ☐ Single ☐ Informal couple ☐ Widowed ☐ Divorced ☐

Occupation Housewife ☐ Farmer ☐ Business woman ☐ Other ☐

Education No ☐ Highest level of education

Clinical examination and medical history

Blood pressure systolic diastolic: mm Hg

Weight kg Temperature °C

Haemoglobin g/l Hb not done ☐

Syphilis Serolog Malaria

Jaundice ☐ Oedema ☐ Lymphatic nodes ☐ Prolonged Fever ☐

Anaemea ☐ Cyanosis ☐ Dehydration ☐

Have any HIV-related events ever occured? (several answers possible) yes ☐ no ☐

Serostatus known ? yes ☐ no ☐ if yes, result TR ☐ TNR ☐ TI ☐

Lymphadenopathy ☐ Herpes Zoster ☐ Tuberculosis ☐ Chronic cough ☐

Weight loss (>10%) ☐ Pneumonia ☐ Oral thrush ☐ Skin rashes ☐

Fever (>1 month) ☐ Diarrhoea (> 1 month) ☐ Kaposi's sarcoma ☐

If other, specify

Medication

Referral to OPD yes ☐ no ☐

PMTCT registration number | Date | **ANC visit**

- Page 2 -

Obstetrical history

Number of Gravida | Para | Children alive | Dead | Abortions | Stillbirth

Number of ANC visits during last pregnancy | ANC visit at

Place of last delivery

Last normal menstrual period (L.N.M.P.) day/month/year

Estimated delivery date (E.D.D.) day/month/year

Estimated gestational age weeks

Is this the first ANC visit during this pregnancy? yes ☐ no ☐ Number of previous visits

If not, *during which trimester was the initial ANC visit made?* First trimester ☐ Second trimester ☐ Third trimester ☐

Which ANCservice did you attend during this pregnancy ? This hospital/HC ☐ TBA ☐ Other health units

Voluntary Counselling and Testing

Did the client receive pre-test counselling? yes ☐ no ☐

Did the client accept to be HIV tested? yes ☐ no ☐

Was a blood sample taken? yes ☐ no ☐ TR ☐ TNR ☐ TI ☐

Was the result of the HIV-test given to the client? yes ☐ no ☐

If not, give reasons Result not available ☐ Client didn't show up ☐ Other ☐

Other reasons

Did client receive post-test counselling? yes ☐ no ☐

If not, give reasons

Topics covered Health problems ☐ Feeding options ☐ Family planning ☐ Other ☐

Other topics

Did the client accept to participate in the PMTCT Programme ? yes ☐ no ☐

If not, why not?

Did the client accept to be visited at home ? yes ☐ no ☐

Week 36: Nevirapine given to the client to take home? yes ☐ no ☐

Next appointment day/month/year

Form completed by | **Date** day/month/year

PMTCT Programme

Labour and Delivery

PMTCT registration number

Buhinga Hospital ☐ Virika Hospital ☐ Rukunyu HC ☐ Kyenjojo HC ☐

ANC No. _____ Mothers initials _____

Labour admission

Date of visit _____ day/month/year **Time of visit** _____ a.m./p.m.

Labour

Date of onset of contractions _____ day/month/year Time _____ a.m./p.m.

Was the labour induced? yes ☐ no ☐

Date of ROM _____ day/month/year **Time of ROM** _____ a.m./p.m.

Artificial rupture of membranes? yes ☐ no ☐

Delivery

Date of delivery _____ day/month/year **Time of delivery** _____ a.m./p.m.

Twins? ☐ *In case of twins fill in separate forms for each child!*

Born before arrival ? yes ☐ no ☐

Duration of labour _____ first stage _____ second stage hours

Type of delivery vaginal, usual presentation ☐ vaginal, unusual presentation ☐ caesarean section, elective ☐ caesarean section, emergency ☐

In case of unusual presentation, specify _____

Duration between ROM and delivery _____ hours

Assistence during delivery no assitance ☐ vaginal assistance ☐ vacuum ☐ forceps ☐

PMTCT registration number | Date | **Labour and Delivery**

- Page 2 -

Perineum — Intact ☐ tear ☐ episiotomy ☐

Sex of newborn child — male ☐ female ☐

Status of child — alive and well ☐ stillborn ☐ died after birth ☐ alive with problems ☐

In case of problems, specify

Maturity — full term ☐ premature ☐

Weight of child ____ g

Apgar score after 5 minutes ____

Medication

Nevirapine taken by mother? yes ☐ no ☐ **Date** ____ day/month/year **Time** ____ a.m./p.m.

Administration by health staff ☐ Selfadministration ☐

If time can only be estimated 1 hour before delivery ☐ 6 hours before delivery ☐ 12 hours before delivery ☐

Second dose of NVP administred? yes ☐ no ☐ **Date** ____ day/month/year **Time** ____ a.m./p.m.

If time can only be estimate 1 hour before delivery ☐ 6 hours before delivery ☐ 12 hours before delivery ☐

If Nevirapine is not given, specify reasons

Nevirapine given to the child? yes ☐ no ☐ **Date** ____ day/month/year **Time** ____ a.m./p.m.

Administration by health staff: amount ____ ml

If time can only be estimated within 1 hour after delivery ☐ 1 day after delivery ☐ 2 days after delivery ☐ 3 days after delivery ☐

If Nevirapine is not given, specify reasons

Feeding choice at delivery

Breastfeeding ☐ Infant Formula ☐ Other ☐

If other, specify

Follow-up Visits

(please enter the date)

6 weeks ____ 6 months ____ 18 months ____

Form completed by **Date** ____ day/month/year