

The complete RHIS curriculum is available here:

[https://www.measureevaluation.org/our-work/](https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum)

[routine-health-information-systems/rhis-curriculum](https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum)

**2.2.2a**

**Illustrative Maternal Health Card**

ANC No.\_\_\_\_\_\_\_\_\_\_\_ Date enrolled in HIV care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unique HIV care/ART No.\_\_\_\_\_\_\_\_\_\_\_\_

Health facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_ District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gravida\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Para\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LMP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person/next of kin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred site of delivery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of transportation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **History of previous pregnancy and outcome of current pregnancy** | | | | | | | | | |
| **No.** | **Year** | **Place of delivery** | **Gestational age at delivery/abortion** | **History of prolonged labor**  **(Y/N)** | **Mode of delivery** | **Birth weight** | **Sex** | **Birth outcome:**  **Alive/Stillbirth**  **Fresh/macerated** | **Serious obstetric complications** |
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**Antenatal (ANC) → Delivery (circle date) → Postpartum (PP)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | 1st  visit | 2nd visit | 3rd visit | 4th visit | 5th visit | 6th visit | 7th visit | 8th  visit | 9th  visit | 10th   |  |  | | --- | --- | |  | Date | | TT1 |  | | TT2 |  | | TT3 |  | | TT4 |  | | TT5 |  |  |  |  | | --- | --- | | **Additional interventions** | Date | | ITN |  | | CTX started |  | | INH prophylaxis/TB RX started |  | | Mebendazol |  | | Vit A(Units) |  | |  |  | |  |  |   visit |
| Date (dd/mm/yy) of visit, current pregnancy | |  |  |  |  |  |  |  |  |  |  |
| Gestation in weeks *(ANC)/*Weeks postpartum | |  |  |  |  |  |  |  |  |  |  |
| Weight | |  |  |  |  |  |  |  |  |  |  |
| Blood pressure | |  |  |  |  |  |  |  |  |  |  |
| Fundal ht *(ANC)* | |  |  |  |  |  |  |  |  |  |  |
| Fetal presentation *(ANC)* | |  |  |  |  |  |  |  |  |  |  |
| Uterus firm *(PP)* | |  |  |  |  |  |  |  |  |  |  |
| HIV test result (**p**ositive, **n**egative**, k**nown positive, **u**nknown) | |  |  |  |  |  |  |  |  |  |  |
| WHO clinical stage | **ART Eligible?**  |  |  |  |  |  |  |  |  |  |  |
| CD4 (record sent; result, result given to mother) |  |  |  |  |  |  |  |  |  |  |
| Infant feeding: **C**ounselling (**Y**/**N**) | |  |  |  |  |  |  |  |  |  |  |
| FP: **Counselling**; PP write method or **No FP** | |  |  |  |  |  |  |  |  |  |  |
| ARV adherence counselling (**Y**/**N**) | |  |  |  |  |  |  |  |  |  |  |
| ARV adherence (**G**ood, **F**air, **P**oor) | |  |  |  |  |  |  |  |  |  |  |
| Hgb (record result) | |  |  |  |  |  |  |  |  |  |  |
| Blood group and RH (record result) | |  |  |  |  |  |  |  |  |  |  |
| Syphilis test result (**P**ositive, **N**egative, Unknown) | |  |  |  |  |  |  |  |  |  |  |
| Syphilis treatment given/No. doses given (IM PCN 1st, 2ndor 3rd) | |  |  |  |  |  |  |  |  |  |  |
| Urine protein | |  |  |  |  |  |  |  |  |  |  |
| Iron folate dispensed (**Y**/**N**) and No. dispensed | |  |  |  |  |  |  |  |  |  |  |
| Malaria IPT (1st, 2nd, 3rd dose) | |  |  |  |  |  |  |  |  |  |  |
| Slept under ITN the previous night(**Y/N**) | |  |  |  |  |  |  |  |  |  |  |
| ARVs dispensed mother (**AZT**, **Sd- NVP**, **AZT**+ **3TC;** or **ART**) | |  |  |  |  |  |  |  |  |  |  |
| Next appointment (**dd/mm/yy**) | |  |  |  |  |  |  |  |  |  |  |

**Clinical Notes/Additional Postnatal Visits**

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**Labor and Delivery** (transfer from labor record)

Infant feeding intention:  EBF RF MF

Date of delivery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of delivery: Home Hospital Health Centre Other \_\_\_\_\_\_

Conducted by: Nurse/Midwife Doctor TBA Other

Condition of mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition of baby\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of delivery (indication if operative delivery)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postpartum complications: PPH?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARV given during delivery: Sd- NVP  AZT+3TC  ART  None 

ARV tail (AZT 300 mg +3TC 150 mg twice daily x 7 days) dispensed: 

**Postpartum- mother- outpatient visit**

Problem with breast feeding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Perineum\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lochia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breasts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infant feeding practice: EBF  RF  MF 

**Infant**

Birth weight \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Female Male

Baby immunization: BCG OPV 0

Vitamin K: Yes No

ARV prophylaxis:

Given at delivery:  Sd-NVP  AZT first dose

AZT dispensed to baby:  None  1 week  4 weeks



Referral site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





