

**Observations or examinations:**

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**Tetanus vaccination (TV)**

	Date	Next appointment
TV1		
TV2		
TV3		
TV4		
TV5		

**Antenatal care card n°:**

Name:

Age:

Address:

**Obstetric history****Last menstrual period:****Gravidity:****Parity:****Previous pregnancies:**

Live birth

Yes 

Number:

No 

Still birth (born dead)

Yes 

Number:

No 

Neonatal death (&lt; 1 month)

Yes 

Number:

No 

Infant death (1 month - 1 year)

Yes 

Number:

No 

Abortion (spontaneous or induced)

Yes 

Number:

No **Problems during previous pregnancies**

Anaemia

Yes No 

Hypertension/pre-/eclampsia

Yes No 

Ante-partum haemorrhage

Yes No 

Other

**Problems during previous deliveries**

Prolonged labour

Yes No 

Malpresentation (breech, other)

Yes No 

Caesarean section

Yes No 

Instrumental extraction

Yes No 

Placenta (manual delivery)

Yes No 

Episiotomy

Yes No 

Post-partum haemorrhage

Yes No 

Puerperal infection

Yes No 

Fistula

Yes No 

Other

**Medical history**

Hypertension

Yes No 

Diabetes

Yes No 

Tuberculosis

Yes No 

Sexually transmitted infection

Yes No 

HIV infection

Yes No 

Abdominal surgery

Yes No 

Other

	1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	4 <sup>th</sup> visit	5 <sup>th</sup> visit
Date					
<b>Examination</b>					
Gestational age					
Weight (+ height if appropriate)					
Blood pressure					
Mid-upper arm circumference (if appropriate)					
Uterine fundus height (cm)					
Foetal heart rate (beats/minute)					
Foetal movements (present/absent)					
Position (longitudinal, transverse, oblique)					
Presentation (cephalic, breech, transverse)					
Conjunctiva (pale, yellow)					
Oedema					
Complaints (use back page if needed)					
<b>Laboratory tests</b>					
Syphilis test					
Haemoglobin					
HIV test					
Urine analysis					
Rapid malaria test					
Pregnancy test (if appropriate)					
Other tests (e.g., blood type)					
<b>Treatments</b>					
Ferrous salts + folic acid or multiple micronutrients					
Albendazole (contra-indicated in 1 <sup>st</sup> trimester)					
Intermittent preventive treatment of malaria (if appropriate)					
Malaria curative treatment (if appropriate)					
Urinary tract infection treatment (if appropriate)					
Syphilis treatment (if appropriate)					
Sexually transmitted infection treatment (if appropriate)					
Other treatment(s)					
<b>Other distributions</b> (if appropriate)					
Mosquito nets (2 nets at the first visit)					
Supplementary food					
Clean delivery kit (3 <sup>rd</sup> trimester)					
<b>Next appointment</b>					