

Examined by:

Date of next visit:

Date of discharge from PNC:

For follow--up vaccines and growth monitoring:  
*(name of the service/facility where the child is referred)*

**Observations or examinations:**

**Postnatal care card n°:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gravidity: \_\_\_\_\_ Parity: \_\_\_\_\_  
Came to ANC: Yes  No   
Date of delivery: \_\_\_\_\_ Full term  Pre-term   
Child's name: \_\_\_\_\_ Birth weight: \_\_\_\_\_

*If more space is needed in case of multiple births, use a separate PNC card to record child observations.*

**Previous pregnancies** *(to be filled only if no antenatal card available)*

Live birth	Yes <input type="checkbox"/>	Number: _____	No <input type="checkbox"/>
Still birth (born dead)	Yes <input type="checkbox"/>	Number: _____	No <input type="checkbox"/>
Neonatal death (< 1 month)	Yes <input type="checkbox"/>	Number: _____	No <input type="checkbox"/>
Infant death (1 month - 1 year)	Yes <input type="checkbox"/>	Number: _____	No <input type="checkbox"/>
Abortion (spontaneous or induced)	Yes <input type="checkbox"/>	Number: _____	No <input type="checkbox"/>

**Problems during this pregnancy and delivery**

Anaemia (indicate Hb if known)	
Hypertension/pre-/eclampsia	
Ante-partum haemorrhage	
Premature rupture of membranes	
Prolonged/obstructed labour	
Malpresentation (breech, other)	
Caesarean section	
Instrumental extraction	
Placenta (normal/manual delivery)	
Episiotomy	
Perineal laceration (tear)	
Fistula (present/management)	
Post-partum haemorrhage	
Puerperal infection	

**Medical history** *(to be filled only if no ANC available)*

Hypertension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	HIV infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Abdominal surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other		
Sexually transmitted infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

	1 <sup>st</sup> visit (2-7 days post-delivery)	2 <sup>nd</sup> visit (4-6 weeks post-delivery)
<b>Mother</b>		
Blood pressure		
Temperature		
Anaemia (conjunctiva, haemoglobin)		
Breasts (infection, engorgement)		
Uterine involution		
Lochia (colour and quantity)		
Healing (if laceration or episiotomy or C-section)		
Passing urine and stool normally		
Mother-child interaction		
<b>Treatments</b>		
Tetanus vaccine		
Ferrous salts + folic acid or multiple micronutrients		
Retinol (vitamin A)		
Others		
<b>Laboratory test results</b> (if any)		
<b>Child</b> (in case of multiple births, use a separate PNC card to record other child's observations)		
Temperature		
Heart rate		
Respiratory rate		
Weight		
Appearance: colour, breathing, activity, etc.		
Head-to-toe exam		
Cord condition		
Feeding (observe)/weight gain		
Passing urine and stool normally		
<b>Treatments</b> (if not done at birth)		
Tetracycline eye ointment		
Vitamin K		
Vitamin D		
Vaccines (hepatitis B, BCG, polio)		
Others		
<b>Health education</b>		
Self and child care		
Danger signs for mother and child		
Breastfeeding (exclusive breastfeeding, support, etc.)		
Contraception		
Resumption of menses and sexual activity		
Child growth monitoring and vaccinations		