Republic of Kenya – Ministry of Health

AnteNatal (ANC) Register MOH 405

County:			
Sub-County:			
Health Facility:			
KMHFL Code:			
Type:		**Man. Agency:**	
Start date:		**End date:**	

Edition: April 2019

Column ID	Column Label				Column Description
A	Date of visit				Enter the date when the client visits the health facility either as a new client or a re-visit in the format DD/MM/YY
B	ANC Number (New client)				Enter Antenatal clinic number which has been given to the client for this pregnancy at her first antenatal visit. Fill-out the Antenatal Clinic Number in the format YYYY-MM-NNNN. Where YYYY is the year, MM is the month and NNNN is the sequential visit order number for this client. For example, a client who makes the initial visit in February 2019 and is the 8th client of the month should be given the number: 2019-02-0008.
C	ANC Number (Revisit)				If this is a subsequent visit for this particular pregnancy, enter in this column the Antenatal clinic number which was given to the client at her first antenatal visit.
D	No. of ANC Visits (1,2,3,4 ….)				Indicate the client's visit number during this particular pregnancy by indicating, 2, 3, 4 …. For second, third, fourth visit etc.
E	Full Names				Enter the client's full names in the order first name, middle and surname.
F	Date of Birth/Age				Enter the date when the patient was born in the format 'dd/mm/yyyy'. Enter the client's age in completed years as at last birthday on the first visit; Note: Do not update this field on subsequent visit should the client's age change but just use the age at first visit.
G	Subcounty/County				Enter the name of the subcounty if client resides within the county where facility is located. Else, enter name of County if the client resides in a different county from where the facility is located
H	Village/Estate/Landmark/ Telephone Number				Enter the name of the village or estate or landmark where the patient is currently staying. Manadatory to fill in the telephone number
I	Marital Status: (Codes 1-5)				Enter one of the options in the cell 1-Married, 2-Widowed, 3-Single, 4-Divorced, 5-Separated
J	Parity				Format X+Y: First part (X): Enter the number of previous deliveries that occurred at a gestation beyond 24 weeks (6 months) regardless of outcome. Second part(Y): enter the number of terminations or miscarriages that have occurred at a gestation less than 24 weeks prior to this pregnancy.
K	Gravidae				Enter the number of pregnancies that the woman has had including the current pregnancy. For example in her third pregnancy, a woman is said to be gravida three (3) regardless of outcome of the previous pregnancies.
L	Date of Last Menstrual Period(LMP)			*(dd/mm/yy)*	Record the date of the last menstrual period in the format DD/MM/YY.
M	Expected Date of Delivery(EDD)			*(dd/mm/yy)*	Record the Estimated Date of Delivery in the format DD/MM/YY
N	Gestation in weeks				Record the duration of pregnancy expressed in weeks. This should be updated on each visit.
O	MUAC: (Codes 1-3)				Record 1= Green, 2=Yellow, 3=Red
P	Height (Centimeters)				Record the measured height in centimeters
R	Blood Pressure				Record the blood pressure reading
S	Breast Exam			(Y/N)	Record 'Y' if Breast examination has been done OR 'N' if Not done
T	FGM associated complications				Record Complications associated with FGM 1=scarring, 2=Keloids, 3=Dyspaneuria, 4=UTI
U	Laboratory	Haemoglobin		(Level/ND/NA)	Record the haemoglobin level. Record ND if not done and NA if not applicable.
V	Laboratory	Blood Sugar Testing for Diabetes			Record 1=RBS<11.1 mmol/L, No Diabetes, 2=RBS>11.1 mmol/L, Has Diabetes, 3=No RBS done
W	Laboratory	Blood group and rhesus			Record Yes if done/No if not done
X	Laboratory	Urinalysis			Record Yes if done/No if not done
Y	Laboratory	RPR/VDRL	Y/N/ND	RPR/VDRL/Dual Testing/NA	This is the routine test for syphilis/VDRL that is carried out for pregnant women. Record whether the results are Positive or Negative. If tests were not done on this visit, write ND for "Not Done" ND= "Test not done" on this visit. This should also be recorded for those who were tested on a previous visit and are not tested at this visit even if treatment is given at this visit. In the lower cell record the type of test done: RPR or VDRL or NA if test is not done.
Z	Laboratory	RPR/VDRL	Results (P/N/NA)	Treated (Y/N/NA)	In the upper cell: Indicate results using "P" if positive "N" if Negative and "NA" if not applicable. In the lower cell: Record "Y" If the client tests positive and is started on treatment at this visit, and "N", if not started on treatment. Otherwise if the client is not tested at this visit or tests Negative, write "NA" for not applicable. Since this is a visit-based register, if the client tested positive on a previous visit, write "Y" against the visit on which treatment is started.
AA	Laboratory	TB Screening: Codes (1-4)			Enter the following: 1 = Presumed TB if a patient is clinically or radiologically suspected to have TB but not confirmed through laboratory tests. 2 = if no signs TB from previous assessment. 3 = if patient is already on treatment. 4=Not done
AB	Laboratory	HIV Status	HIV status before 1st ANC	(KP/U/ Revisit)	Record HIV status for this visit. Enter 'P' for Positive, 'N' for Negative 'U' for Unknown and 'KP' for Known Positive results at first ANC visit in this pregnant; Note: Do not record "KP" on subsequent visits if the positive status was known during or after the 1st ANC Visit.
AC	Laboratory	HIV Status	HIV testing (Initial or Retest)	(I/R/ND)	This records whether the client is tested during this visit. If client is tested during this visit and it is an initial test, record "I', If it is a retest , record "R" If testing is not done at this visit, record ND. Retesting only applies to those women who were tested during the first trimester and their tests were negative. It is recommended that such women are tested again in their last trimester or in maternity.
AD	Laboratory	HIV Status	HIV Testing 1	(N,P,I,NA)	**Kit Name**: Write the name of the first HIV rapid test kit which you have used. **Lot No**: Write lot number of the test kit. If the lot number changes in the middle of the page, skip one row and write the new lot number on the next row **Expiry Date**: Write expiry date of the test kit. **Test Result**: Write either of the following initials; N: Negative (non-reactive) P: Positive (Reactive) I: Invalid NA for KPs and those not due for a test In case of invalid results, the same test should be done again. The repeat test results should be captured on the following row.
AE	Laboratory	HIV Status	HIV Testing 2	(N,P,I,NA)	
AF	Laboratory	HIV Status	HIV Results	(P/N/NA/ PrevP/PrevN)	Indicate HIV status of the client. P for Positive, N for Negative and NA for Known Positive. If the test was not done during this visit, record NA. On subsequent visits, if the mother tested positive in an earlier visit (during the current pregnancy) write Prev P. If she tested negative in an earlier visit (during the current pregnancy) and she is not due for a retest write Prev N.
AG	ART Eligibility	Client Monitoring	WHO Stage		If the client has been assessed for ART eligibility using WHO staging, record the stage under this column using the notation: I, II, III or IV.
AH	ART Eligibility	Client Monitoring	Viral Load		If the client has been assessed for ART eligibility using CD4, record Y to indicate that the sample has been taken on this visit and N if not. When the results are ready, enter CD4 value against the visit (subsequent) the patient has made. There is no need to go and update the visit on which the blood was drawn. Note: For the purpose of reporting data on the indicator on assessment for eligibility, please count all the "Y"s even before the results have been known as long as the reporting date is due.
AI	Laboratory	Maternal HAART	On ARV before 1st ANC visit	Y/ Revisit/N/NA)	On 1st visit: If client was a KP and already on ARVs before first ANC visit for current pregnancy enter Y. On subsequent visits, enter Revisit. If client was a KP and not on ARVs before first ANC visit for current pregnancy, enter N. For clients with unknown HIV status at first ANC enter NA.
AJ	Laboratory	Maternal HAART	Started HAART in ANC	Y/Revisit/N/NA	Enter Y on date of visit when the client was started on HAART within the ANC setting. On subsequent visits after being started on HAART, write Revisit. If the client is HIV positive and they have not been started on HAART during the visit, enter N If a client was already on ARVs before 1st ANC visit, enter NA If a client is HIV negative, enter NA
AK	Laboratory	Maternal HAART	CTX	(Y/N)	Write Y if Cotrimoxazole has been given or N if not given. This is recorded for HIV positive mothers who are commenced on Cotrimoxazole. If the woman is not eligible, record NA for "Not Applicable"
AL	Laboratory	Infant Prophylaxis issued	AZT for Baby	(Y/N/NA/R)	Enter Y if infant AZT drugs have been dispensed to the mother or N, if not given, and NA if HIV negative. On subsequent visits if you had already given baby AZT, enter R for Revisit.
AM	Laboratory	Infant Prophylaxis issued	NVP for Baby	(Y/N/NA/R)	Enter Y if NVP Drugs have been dispensed to the mother for the baby or N, if not given and NA if HIV negative. On subsequent visits if you had already given baby NVP , enter R for Revisit.
AN	Partner HIV C&T	Partner HIV testing		(Y/N/NA/KP)	Record Y if the client' s partner was tested for HIV during this ANC visit or N if he was not tested. Record NA if the partner did not accompany the client.
AO	Partner HIV C&T	Partner Test Result		(P/N/KP/NA)	Indicate HIV test result for the partner, P for Positive or N if Negative U for unknown or KP for known positive results.
AP	PPFP Counselling				Record the method of Immediate PostPartum Family Planning Consented after Counselling 1- IUD, 2- Implants, 3- BTL
AQ	Other Conditions (Codes 1-6)				Use the codes to record the other conditions observed during the visit i.e. 1=Hypertension; 2=Diabetes; 3=Epilepsy; 4=Malaria in Pregnancy; 5=STIs/RTI; 6=Others (Specify) 7=None
AR	Treatment	Deworming		(Y/N)	Indicate YES if Deworming medication has been given and NO if not given
AS	Treatment	IPT 1-3		(1,2,3,NA)	Intermittent Presumptive Treatment first, second or third dose. Write the dose which has been given or NO if not given. If the woman is not eligible, record NA for "Not Applicable"
AT	Treatment	TT Dose		(1 to 5)	This refers to the Tetanus Toxoid Vaccine given to the woman during the visit. Record which number of dose was given.
AU	**Supplementation**	Given supplementation		1,2,3,4,5	Indicate in this column the code according to the Supplementation given. i.e. 1= Combined IFAs 2= Iron 3=Folate 4 = Iron+Folate Separately 5=Calcium
AV	**LLITN**	Received LLITN		(Y/N)	Record Y=Yes if an LLITN was issued to the client during this visit, or N=No if not given. Indicate the visit number when the net was given
AW	Referrals: From (Codes 1-4)				Record as per provided codes: 1=From Community Unit, 2=Another Health Facility, 3=Not Applicable
AX	Referrals: To (Codes 1-4)				Record as per provided codes: 1=To Community Unit, 2=Another Health Facility, 3=Not Applicable
AY	Reason for referral …specify				Record reasons for referral
AZ	Remarks				Any other comments that will be beneficial to the client and service

Date of visit	ANC Number (New Client)	ANC Number (Re Visit)	Number of ANC Visits	Full Name (First, Middle, Last)	Date of Birth (DD/MM/yyyy) / Age	Subcounty /County	Village/Estate/ Landmark / Phone Number	Marital Status 1=Married 2=Widowed 3=Single 4=Divorced 5=Separated	Parity	Gravidae	Date of Last Menstrual Period (LMP) (dd/mm/yyyy)	Expected Date of Delivery (EDD) (dd/mm/yyyy)	Gestation in Weeks
		(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)

Adolescent with HIV	Number
Adolescents (10-19 yrs) 1st ANC KP (g) & (x)	
Adolescents (10-19 yrs) tested positive in ANC (g) & (ae)	
Adolescents (10-19 yrs) started HAART in ANC (g) & (ae)	

Blood Sugar Testing For Diabetes (x)	Number of clients
1=RBS<11.1 mmol/L, No Diabetes	
2=RBS>11.1 mmol/L, Has Diabetes	
3=No RBS done	

HIV Test 1 (ae)	Number	HIV Test 2 (aef)	Number
N: Negative		N: Negative	
P: Positive		P: Positive	
I: Invalid		I: Invalid	
Wastage:		Wastage:	
Total:		Total:	

MUAC 1= Green, 2=Yellow, 3=Red	Height(cm)	Weight (kg)	Blood Pressure	Breast Exam 1= Normal 2= Abnormal	FGM(Y/N) Complications 1=bleeding 2=fever 3=Dysmenoria 4=UTI	Laboratory: Haemoglobin (Level)(N/D/NA)	Blood Sugar Testing for Diabetes 1=No diabetes, 2=Has Diabetes, 3=Not done	Blood group and rhesus (Y/N)	Urinalysis (Y/N)	Laboratory: RPR/VDRL/Dual Testing and treatment 1=Reactive 2=Non-reactive 3=Not done	Laboratory: Blood Smear Test Results (P/N/NA)	Laboratory: Treated (Y/N/NA)	Laboratory: 1=Presumptive TB 2=On TB treatment 3= TB treatment 4= Not done	HIV status: Blood Screen	HIV status: HIV status before 1st ANC	HIV status: HIV testing (Initial or Retest)	HIV status: HIV Kit Name:	HIV status: Lot No.	HIV status: Expiry / /	HIV status: HIV Test Kit Name:	HIV status: Lot No.	HIV status: Expiry / /	HIV status: HIV Results (P/N/NA/ Prev P/Prev N)	ART Eligibility: Client Monitoring: WHO Stage	ART Eligibility: Client Monitoring: Viral Load	Prophylaxis: Maternal HAART: On ARV before 1st ANC visit	Prophylaxis: Maternal HAART: Started HAART in ANC	Prophylaxis: Maternal HAART: CTX	Prophylaxis: Infant Prophylaxis issued: AZT for Baby	Prophylaxis: Infant Prophylaxis issued: NVP for Baby	Partner HIV C&T: Partner HIV testing	Partner HIV C&T: Partner Test Result	PP/FP Counselling: PP/P Consented 1- IUD, 2- Implants, 3 BTL	Other Conditions and treatment: 1=Hypertension 2=Diabetes 3=Epilepsy 4=Malaria in Pregnancy Treatment (Y/N)	Prophylaxis: Deworming (Y/N)	Prophylaxis: IPT 1-7 (1,2,3, 4,5,6,7 N, NA)	Prophylaxis: TT Dose 1st dose=1,2nd dose=2,3rd dose=3,4th dose=4,5th dose=5,None=NA	Supplementation: Given Supplementation 1= Combined IFAs 2= Iron 3=Folate 4 = Iron+Folate Separately 5=Calcium	LLITNS: Received LLITN=Y/N	Referrals: From 1=From Community Unit, 2=Other Health Facility, 3=Not Applicable	Referrals: To 1=To Community Unit, 2=Another Health Facility,	Referrals: Reason for referral ...specify	Remarks
(o)	(p)	(q)	(		(t)	(u)	(v)		(x)	(y)				(aa)	(ab)	(ac)			(ad)			(af)	(ah)		(ai)	(	(ak	(al)	(am)	(an)	(ao)	(ap)	(aq)	(ar)	(as)	(at)	(au)	(av)	(aw)	(ax)	(av)	(az)
																(IR/ND)							(Stage)	(result)	Y/ Revisit/N/ NA)	Y/Revisit/N/ NA	(Y/N/NA)	(Y/N/N A/R)	(Y/N/N A/R)	(Y/N/ NA/KP)	(P/N/ KP/NA)			(Y/N)							

Age Summary	Number
10-14 years	
15-19 years	
20-24years	
25 years and above	
Total Number of Clients	

Client type	Number
No. of New Client (1st ANC Visit)	
No. of revisits clients	
No. completed 4th ANC Visit	

Malaria and Hb	Number of clients
Nos. given IPT1 (aai):	
Nos. given IPT2 (aaj):	
Nos. given IPT3 (aak):	
Nos. received LLIN (al):	
Nos. with HB < 11gm/dl	

HIV Clients	Number
Known Positive before 1st ANC	
Initial test at ANC (ak):	
Positive test (ae):	
On ARVs at 1st ANC (ah) :	
Started HAART in ANC (ai):	
AZT Baby (ak):	
NVP Baby (al):	
Partner Tested in ANC (am):	
KP_1st contact_partner (an):	

Given Supplementation	Number
Combined IFA	
Iron	
Folate	
Iron+Folate Separately	
Calcium	

Syphilis Screening	Number
No. tested syphilis	
No. of syphilis positive	
No. of Treated syphilis	