

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 (< 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 st visit	2 nd visit	3 rd visit	4 th visit	5 th visit
Date					
Examination					
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)					
Laboratory tests					
Syphilis test					
Haemoglobin					
HIV test					
Urine analysis					
Rapid malaria test					
Pregnancy test (if appropriate)					
Other tests (e.g., blood type)					
Treatments					
Ferrous salts + folic acid or multiple micronutrients					
Albendazole (contra-indicated in 1 st 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)					
Other distributions (if appropriate)					
Mosquito nets (2 nets at the first visit)					
Supplementary food					
Clean delivery kit (3 rd trimester)					
Next appointment					