

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 st visit (2-7 days post-delivery)	2 nd visit (4-6 weeks post-delivery)
Mother		
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		
Treatments		
Tetanus vaccine		
Ferrous salts + folic acid or multiple micronutrients		
Retinol (vitamin A)		
Others		
Laboratory test results (if any)		
Child (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		
Treatments (if not done at birth)		
Tetracycline eye ointment		
Vitamin K		
Vitamin D		
Vaccines (hepatitis B, BCG, polio)		
Others		
Health education		
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		