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: Came to ANC: Date of delivery: Child's name:	Parity: Yes I No I Full term Pre-term I 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 🗌	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 this pregnancy and delive	very
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	2)
Hypertension Yes No Diabetes Yes No Abdominal surgery Yes No Sexually transmitted Yes No	TuberculosisYesNoHIV infectionYesNoOther

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