



## Quotation Advert

**Opening Date:** 04/12/2023  
**Closing Date:** 08/12/2023

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Head Office Quotations  
**Province:** KwaZulu-Natal  
**Department of entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods/  
service is required:** Click here to enter text.  
**Date Submitted:** Click here to enter a date.

### ITEM CATEGORY AND DETAILS

**Quotation number:** ZNQ: HOH1634/24  
**Item Category:** Goods  
**Item Description:** SUPPLY, DELIVER OF MATERNAL CASE RECORD  
**Quantity (if supplies):** 75 000

### COMPULSORY SAMPLE VIEWING

**Select Type:** Choose an item.  
**Date:** 06/12/2023  
**Time:** 10:00 – 11:00 AM  
**Venue:** 310 Jabu Ndlovu, SCM Office

**QUOTES CAN BE COLLECTED FROM:** [www.kznhealth.gov.za](http://www.kznhealth.gov.za)

**QUOTES SHOULD BE DELIVERED TO:** [Quotation.scmho@kznhealth.gov.za](mailto:Quotation.scmho@kznhealth.gov.za)

### ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

**Name:** Kwazikwakhe Cele  
**Email:** [Kwazikwakhe.cele@kznhealth.gov.za](mailto:Kwazikwakhe.cele@kznhealth.gov.za) **Contact number:** 033 815 8344

**Finance Manager Name:** Mrs E.N Maphumulo **Finance Manager Signature**



**OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01**

QUOTE NUMBER: ZNQ / HOH  / 1634 / 23 / 24

DESCRIPTION: SUPPLY, DELIVER OF MATERNAL CASE RECORD

<b>PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:</b>	<b>POINTS ALLOCATED</b>
Race – Full/partial/combination of points allocated to companies at least 51% owned by Black People	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	75 000		SUPPLY, DELIVER OF MATERNAL CASE RECORD				
			Compulsory Sample Viewing				
			Date: 06 December 2023				
			Venue: 310 Jabu Ndlovu, SCM Office				
			Time: 10:00-11:00 AM				
			NB: SPECIFICATION ATTACHED				
			Hand Deliver : 310 Jabu Ndlovu street, SCM Offices, Quotation Tender Box.				
			Proof of CSD summary with banking details				
			Tax Clearance Certificate must be attached OR email to Quotations.scmho@kznhealth.gov.za				
<b>VALUE ADDED TAX @ 15% (Only If VAT Vendor)</b>							
<b>TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)</b>							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO  
 IS THE PRICE FIRM? YES / NO  
 DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) \_\_\_\_\_

NAME OF BIDDER: \_\_\_\_\_

SIGNATURE OF BIDDER: \_\_\_\_\_  
 [By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**BIDDER'S DISCLOSURE**

**1 PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

**2 BIDDER'S DECLARATION**

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES / NO**

2.1.1. If so, furnish particulars of the names, Individual Identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES / NO**

2.2.1. If so, furnish particulars: \_\_\_\_\_

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES / NO**

2.3.1. If so, furnish particulars: \_\_\_\_\_

**3 DECLARATION**

I, the undersigned, (name) \_\_\_\_\_ in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

_____ NAME OF BIDDER	_____ SIGNATURE	_____ POSITION	_____ DATE
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<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

<sup>2</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

- (i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and
- (ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid/quotation documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

**1 Definitions**

The following terms shall be interpreted as indicated:

- 1.1. "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.
- 1.2. "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.
- 1.3. "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.
- 1.4. "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.
- 1.5. "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.
- 1.6. "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.
- 1.7. "Day" means calendar day.
- 1.8. "Delivery" means delivery in compliance of the conditions of the contract or order.
- 1.9. "Delivery ex stock" means immediate delivery directly from stock actually on hand.
- 1.10. "Delivery into consignees store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.
- 1.11. "Dumping" occurs when a private enterprise abroad market its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA
- 1.12. "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.
- 1.13. "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.
- 1.14. "GCC" means the General Conditions of Contract.
- 1.15. "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.
- 1.16. "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.
- 1.17. "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.
- 1.18. "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.
- 1.19. "Order" means an official written order issued for the supply of goods or works or the rendering of a service.
- 1.20. "Project site," where applicable, means the place indicated in bidding documents.
- 1.21. "Purchaser" means the organization purchasing the goods.
- 1.22. "Republic" means the Republic of South Africa.
- 1.23. "SCC" means the Special Conditions of Contract.
- 1.24. "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.
- 1.25. "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

**2 Application**

- 2.1. These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.
- 2.2. Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.
- 2.3. Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

**3 General**

- 3.1. Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.
- 3.2. With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from [www.treasury.gov.za](http://www.treasury.gov.za)

**4 Standards**

- 4.1. The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

**5 Use of contract documents and information; inspection.**

- 5.1. The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.
- 5.2. The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.
- 5.3. Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.
- 5.4. The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

**6 Patent rights**

- 6.1. The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

**7 Performance security**

- 7.1. Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.
- 7.2. The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.
- 7.3. The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:  
(a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or  
(b) a cashier's or certified cheque
- 7.4. The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

**8 Inspections, tests and analyses**

- 8.1. All pre-bidding testing will be for the account of the bidder.
- 8.2. If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.
- 8.3. If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.
- 8.4. If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.
- 8.5. Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.
- 8.6. Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.
- 8.7. Any contract supplies may on or after delivery be inspected, tested or analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.
- 8.8. The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

**9 Packing**

- 9.1. The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.
- 9.2. The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

**10 Delivery and documents**

- 10.1. Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.
- 10.2. Documents to be submitted by the supplier are specified in SCC.

**11 Insurance**

- 11.1. The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.



**12 Transportation**

- 12.1. Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

**13 Incidental services**

- 13.1. The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:
- (a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
  - (b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
  - (c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
  - (d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
  - (e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the
- 13.2. Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

**14 Spare parts**

- As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:
- 14.1.
- (a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
  - (b) in the event of termination of production of the spare parts:
    - (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
    - (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

**15 Warranty**

- 15.1. The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.
- 15.2. This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.
- 15.3. The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.
- 15.4. Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.
- 15.5. If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

**16 Payment**

- 16.1. The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.
- 16.2. The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.
- 16.3. Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.
- 16.4. Payment will be made in Rand unless otherwise stipulated in SCC.

**17 Prices**

- 17.1. Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

**18 Contract amendments**

- 18.1. No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

**19 Assignment**

- 19.1. The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

**20 Subcontracts**

- 20.1. The supplier shall notify the purchaser in writing of all subcontracts awarded under this contracts if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

**21 Delays in the supplier's performance**

- 21.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.
- 21.2. If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.
- 21.3. No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.
- 21.4. The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.



21.5. Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.

21.6. Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without canceling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

## 22 Penalties

22.1. Subject to GCC Clause 25, if the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

## 23 Termination for default

23.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

- (a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;
- (b) if the Supplier fails to perform any other obligation(s) under the contract; or
- (c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

23.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.

23.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

23.4. If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.

23.5. Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.

23.6. If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:

- (i) the name and address of the supplier and / or person restricted by the purchaser;
- (ii) the date of commencement of the restriction
- (iii) the period of restriction; and
- (iv) the reasons for the restriction.

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

## 24 Anti-dumping and countervailing duties and rights

24.1. When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount which may be due to him.

## 25 Force Majeure

25.1. Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.

25.2. If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

## 26 Termination for insolvency

26.1. The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

## 27 Settlement of Disputes

27.1. If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.





- 27.2. If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.
- 27.3. Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.
- 27.4. Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.
- 27.5. Notwithstanding any reference to mediation and/or court proceedings herein,  
(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and  
(b) the purchaser shall pay the supplier any monies due the supplier.
- 28 Limitation of liability**
- 28.1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;  
(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and  
(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.
- 29 Governing language**
- 29.1. The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.
- 30 Applicable law**
- 30.1. The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.
- 31 Notices**
- 31.1. Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice
- 31.2. The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.
- 32 Taxes and duties**
- 32.1. A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.
- 32.2. A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.
- 32.3. No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.
- 33 National Industrial Participation (NIP) Programme**
- 33.1. The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.
- 34 Prohibition of Restrictive practices**
- 34.1. In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).
- 34.2. If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.
- 34.3. If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.

**SPECIAL CONDITIONS OF CONTRACT**

**1. AMENDMENT OF CONTRACT**

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

**2. CHANGE OF ADDRESS**

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

**3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION**

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:  
(i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk;  
(ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
- 3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

**4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.**

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
- 4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

**5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS**

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.





**14. TERMINATION FOR DEFAULT**

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
  - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
  - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.
15. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

1. GENERAL CONDITIONS

- 1.1. The following preference point systems are applicable to invitations to tender:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
  - the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2. The applicable preference point system for this tender is the 80/20 preference point system.

1.3. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4. The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and Specific Goals	100

1.5. Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6. The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. DEFINITIONS

- (a) "tender" means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) "tender for income-generating contracts" means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) "the Act" means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

3.1.1. THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

$$Ps = 80 \left( 1 - \frac{Pt - Pmin}{Pmin} \right) \quad \text{OR} \quad Ps = 90 \left( 1 - \frac{Pt - Pmin}{Pmin} \right)$$

80/20
90/10

Where

- Ps = Points scored for price of tender under consideration
- Pt = Price of tender under consideration
- Pmin = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

$$Ps = 80 \left( 1 + \frac{Pt - Pmax}{Pmax} \right) \quad \text{OR} \quad Ps = 90 \left( 1 + \frac{Pt - Pmax}{Pmax} \right)$$

80/20
90/10

Where

- Ps = Points scored for price of tender under consideration
- Pt = Price of tender under consideration
- Pmax = Price of highest acceptable tender

**4. POINTS AWARDED FOR SPECIFIC GOALS**

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**  
**Note to tenderers: The tenderer must indicate how they claim points for each preference point system.**

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Race -- Full/partial/combination of points allocated to companies at least 51% owned by Black People	▼ 20	

**DECLARATION WITH REGARD TO COMPANY/FIRM**

- 4.3. Name of company/firm: \_\_\_\_\_
- 4.4. Company registration number: \_\_\_\_\_
- 4.5. TYPE OF COMPANY/ FIRM [tick applicable box]
- Partnership/Joint Venture / Consortium
  - One-person business/sole propriety
  - Close corporation
  - Public Company
  - Personal Liability Company
  - (Pty) Limited
  - Non-Profit Company
  - State Owned Company

- 4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:
- i) The information furnished is true and correct;
  - ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
  - iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
  - iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
    - (a) disqualify the person from the tendering process;
    - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
    - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
    - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and
    - (e) forward the matter for criminal prosecution, if deemed necessary.

_____ <b>SIGNATURE(S) OF TENDERER(S)</b>
<b>SURNAME AND NAME:</b> _____
<b>DATE:</b> _____
<b>ADDRESS:</b> _____ _____ _____



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# Maternity Case Records

This record must always accompany the woman when transferred to another health facility.

This record must be filed at the facility discharging the woman after birth.

Failure to create and maintain a record or to remove a record is an offence in terms of section 17(2) of the National Health Act (61 of 2003)

This record book is valid for the duration of the pregnancy and puerperium and includes all patient encounters. The relevant ward/ clinic/ subsection must clearly print (stamp) the name of the section and the date the service was rendered

Level of care	
Antenatal clinic:	Delivery site:
Transport when in labour:	

Name of patient or place large patient sticker here

Name..... Surname .....

MomConnect  Yes  No

Address.....

Date registered...../...../.....

Next to School/Shop.....

Woman's name

Employed  Unemployed

ID Number

Religion

Institution file number

Record book number  Original  Duplicate

Consent for blood products  Agrees to the use of blood products if needed

Disagrees to the use of blood products

Name of birth companion

Contact number of birth companion

Community health worker name

Contact detail of mandate  
Name of person mandated to consent on behalf of woman when appropriate

Contact telephone number of mandate

Should I be unable to consent myself, I mandate the above in terms of the National Health Act to do so on my behalf.

Signed..... Date..... Witness.....

## Danger signs in pregnancy

I have severe headache.  
My hands feel stiff.  
My rings are tight.  
My feet are swollen.  
PRE-ECLAMPSIA

I am unable to stop  
worrying. I feel down,  
depressed and hopeless. I  
think about hurting myself.  
DEPRESSION

I feel tired.  
I feel weak.  
I have no energy.  
ANAEMIA

DECREASING  
BABY KICKS OR  
NO KICKS AT  
ALL

My water has  
broken and my baby  
is not due yet.  
PREMATURE  
RUPTURE OF  
MEMBRANES

I have pains in my  
stomach and back but  
my baby is not due  
yet.  
PREMATURE LABOUR

I have a vaginal  
discharge that itches or  
smells foul.  
VAGINAL INFECTION

I want to pass urine  
all the time and it  
burns.  
URINARY TRACT  
INFECTION

I have bleeding  
from the vagina.  
ANTEPARTUM  
HAEMORRHAGE

Go to your nearest clinic or hospital  
immediately if you have any of these  
problems.



## SBAR clinical report on maternity situation

Complete in duplicate ( use carbon paper)

<b>S</b>	<p><b>SITUATION</b></p> <p>I am calling about (name of woman) _____ Ward: _____ Hospital number _____</p> <p>The problem I am calling about is _____</p> <p>I just made an assessment of the patient:</p> <p>Vital signs:- BP ____/____ Pulse ____ resp rate ____ Oxygen saturation ____% Oxygen at ____l/min Temperature ____ C</p> <p>I am concerned about:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Blood pressure because:</b></p> <p>Systolic pressure greater than 160 mm Hg</p> <p>Diastolic pressure more than 100 mm Hg</p> <p>Systolic pressure less than 90</p> <p><b>Pulse because:</b></p> <p>Pulse rate more than 120</p> <p>Pulse rate less than 40</p> <p>Pulse rate greater than systolic BP</p> <p><b>Respiration rate because:</b></p> <p>Rate less than 10/min</p> <p>Rate more than 24/min</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Urine output:</b></p> <p>Output less than 100 ml over last 4 hours</p> <p>Significant proteinuria (++)/+++)</p> <p><b>Haemorrhage</b></p> <p>Antepartum</p> <p>Postpartum</p> <p><b>Fetal well being</b></p> <p>CTG pathology</p> </td> </tr> </table> <p><b>Early obstetric warning scores:</b> _____</p>	<p><b>Blood pressure because:</b></p> <p>Systolic pressure greater than 160 mm Hg</p> <p>Diastolic pressure more than 100 mm Hg</p> <p>Systolic pressure less than 90</p> <p><b>Pulse because:</b></p> <p>Pulse rate more than 120</p> <p>Pulse rate less than 40</p> <p>Pulse rate greater than systolic BP</p> <p><b>Respiration rate because:</b></p> <p>Rate less than 10/min</p> <p>Rate more than 24/min</p>	<p><b>Urine output:</b></p> <p>Output less than 100 ml over last 4 hours</p> <p>Significant proteinuria (++)/+++)</p> <p><b>Haemorrhage</b></p> <p>Antepartum</p> <p>Postpartum</p> <p><b>Fetal well being</b></p> <p>CTG pathology</p>
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<b>B</b>	<p><b>BACKGROUND (tick relevant sections)</b></p> <p><input type="checkbox"/> <b>The woman is:-</b></p> <p>Parity [primiparous / multiparous/ grand multiparous] with gestation _____ weeks and a [ singleton/ multiple] pregnancy</p> <p>She had _____ previous caesarean sections or episodes of uterine surgery</p> <p><input type="checkbox"/> <b>The present fetal assessment is :</b></p> <p>Fundal height _____ cm Presentation _____ with _____ fifths head above brim: Fetal heart rate _____ bpm</p> <p>CTG : Not done / normal/ suspicious/ pathological</p> <p><input type="checkbox"/> <b>Antenatal risks</b></p> <p>Risks identified on antenatal card _____</p> <p><input type="checkbox"/> <b>Labour</b></p> <p>Not in labour / spontaneous onset of labour/ induced labour</p> <p>IUGR / Pre-eclampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage</p> <p>On oxytocin infusion ( _____ IU/ _____ ml fluid given at _____ ml/hour)</p> <p>Most recent vaginal examination done at _____ h Dilated _____ cm with _____ above brim and position _____</p> <p>Membranes : Intact/ ruptured at _____ h with currently clear / meconium stained liquor/ Blood stained liquor</p> <p>Delivered _____ at _____ h with 3<sup>rd</sup> stage complete/ retained placenta</p> <p><input type="checkbox"/> <b>Post Natal</b></p> <p>Delivery date _____ at _____ h Type of delivery _____ With/ without perineal trauma</p> <p>Blood loss _____ ml Oxytocin infusion _____ IU/ _____ ml at _____ ml/hour</p> <p>Fundal height: High / Atonic/ Tender/ Abdominal-/ perineal wound oozing</p> <p><input type="checkbox"/> <b>Treatment given/ in progress</b></p> <p>Rx _____</p>		
<b>A</b>	<p><b>ASSESSMENT</b></p> <p>I think the problem is _____</p> <p>The problem may be related to: Cardiac/infection/ respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress</p> <p>I am not sure what the problem is, but the woman is deteriorating and we need to do something</p>		
<b>R</b>	<p><b>RECOMMENDATION</b></p> <p><b>Request</b></p> <p><input type="checkbox"/> Please come and see the woman immediately</p> <p><input type="checkbox"/> I think delivery need to be expedited</p> <p><input type="checkbox"/> I think the patient need to be transferred</p> <p><input type="checkbox"/> I would like advice on management of the patient</p> <p><b>Response</b></p> <p>_____</p>		

Person completing form: (name) \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Person reported to (Name) \_\_\_\_\_ (Rank) \_\_\_\_\_ Inst \_\_\_\_\_

*Extra copy of SBAR if referral is needed during antenatal care*

## SBAR clinical report on maternity situation

**Complete in duplicate (use carbon paper)**

<b>S</b>	<p><b>SITUATION</b></p> <p>I am calling about (name of woman) _____ Ward: _____ Hospital number _____</p> <p>The problem I am calling about is _____</p> <p>I just made an assessment of the patient:</p> <p>Vital signs:- BP ____/____ Pulse ____ resp rate ____ Oxygen saturation ____% Oxygen at ____/min Temperature ____ C</p> <p>I am concerned about:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Blood pressure because:</b></p> <p>Systolic pressure greater than 160 mm Hg</p> <p>Diastolic pressure more than 100 mm Hg</p> <p>Systolic pressure less than 90</p> <p><b>Pulse because:</b></p> <p>Pulse rate more than 120</p> <p>Pulse rate less than 40</p> <p>Pulse rate greater than systolic BP</p> <p><b>Respiration rate because:</b></p> <p>Rate less than 10/min</p> <p>Rate more than 24/min</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Urine output:</b></p> <p>Output less than 100 ml over last 4 hours</p> <p>Significant proteinuria (++/+++)</p> <p><b>Haemorrhage</b></p> <p>Antepartum</p> <p>Postpartum</p> <p><b>Fetal well being</b></p> <p>CTG pathology</p> </td> </tr> </table> <p>Early obstetric warning scores: _____</p>	<p><b>Blood pressure because:</b></p> <p>Systolic pressure greater than 160 mm Hg</p> <p>Diastolic pressure more than 100 mm Hg</p> <p>Systolic pressure less than 90</p> <p><b>Pulse because:</b></p> <p>Pulse rate more than 120</p> <p>Pulse rate less than 40</p> <p>Pulse rate greater than systolic BP</p> <p><b>Respiration rate because:</b></p> <p>Rate less than 10/min</p> <p>Rate more than 24/min</p>	<p><b>Urine output:</b></p> <p>Output less than 100 ml over last 4 hours</p> <p>Significant proteinuria (++/+++)</p> <p><b>Haemorrhage</b></p> <p>Antepartum</p> <p>Postpartum</p> <p><b>Fetal well being</b></p> <p>CTG pathology</p>
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<b>B</b>	<p><b>BACKGROUND (tick relevant sections)</b></p> <p><input type="checkbox"/> <b>The woman is:-</b></p> <p>Parity [primiparous / multiparous/ grand multiparous] with gestation _____ weeks and a [ singleton/ multiple] pregnancy</p> <p>She had _____ previous caesarean sections or episodes of uterine surgery</p> <p><input type="checkbox"/> <b>The present fetal assessment is :</b></p> <p>Fundal height _____ cm Presentation _____ with _____ fifths head above brim: Fetal heart rate _____ bpm</p> <p>CTG : Not done / normal/ suspicious/ pathological</p> <p><input type="checkbox"/> <b>Antenatal risks</b></p> <p>Risks identified on antenatal card _____</p> <p><input type="checkbox"/> <b>Labour</b></p> <p>Not in labour / spontaneous onset of labour/ Induced labour</p> <p>IUGR / Pre-eclampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage</p> <p>On oxytocin infusion (____IU/____ml fluid given at ____ml/hour)</p> <p>Most recent vaginal examination done at _____ h Dilated _____ cm with _____ above brim and position _____</p> <p>Membranes : Intact/ ruptured at _____ h with currently clear / meconium stained liquor/ Blood stained liquor</p> <p>Delivered _____ at _____ h with 3<sup>rd</sup> stage complete/ retained placenta</p> <p><input type="checkbox"/> <b>Post Natal</b></p> <p>Delivery date _____ at _____ h Type of delivery _____ With/ without perineal trauma</p> <p>Blood loss _____ ml Oxytocin infusion ____IU/ ____ml at ____ml/hour</p> <p>Fundal height: High / Atonic/ Tender/ Abdominal-/ perineal wound oozing</p> <p><input type="checkbox"/> <b>Treatment given/ In progress</b></p> <p>Rx _____</p>		
<b>A</b>	<p><b>ASSESSMENT</b></p> <p>I think the problem is _____</p> <p>The problem may be related to: Cardiac/infection/ respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress</p> <p>I am not sure what the problem is, but the woman is deteriorating and we need to do something</p>		
<b>R</b>	<p><b>RECOMMENDATION</b></p> <p><b>Request</b></p> <p><input type="checkbox"/> Please come and see the woman immediately</p> <p><input type="checkbox"/> I think delivery need to be expedited</p> <p><input type="checkbox"/> I think the patient need to be transferred</p> <p><input type="checkbox"/> I would like advice on management of the patient</p> <p><b>Response</b></p> <p>_____</p>		

Person completing form: (name) \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Person reported to (Name) \_\_\_\_\_ (Rank) \_\_\_\_\_ Inst \_\_\_\_\_

*Tear this copy out and keep in the facility folder as a record of referral and advice.*

## SBAR clinical report on maternity situation

**Complete in duplicate (use carbon paper)**

<b>S</b>	<p><b>SITUATION</b></p> <p>I am calling about (name of woman) _____ Ward: _____ Hosp. No _____</p> <p>The problem I am calling about is _____</p> <p>I just made an assessment of the patient:</p> <p>Vital signs:- BP ____/____ Pulse ____ resp rate ____ Oxygen saturation ____% Oxygen at ____/min Temperature ____ C</p> <p>I am concerned about:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Blood pressure because:</b></p> <p>Systolic pressure greater than 160 mm Hg</p> <p>Diastolic pressure more than 100 mm Hg</p> <p>Systolic pressure less than 90</p> <p><b>Pulse because:</b></p> <p>Pulse rate more than 120</p> <p>Pulse rate less than 40</p> <p>Pulse rate greater than systolic BP</p> <p><b>Respiration rate because:</b></p> <p>Rate less than 10/min</p> <p>Rate more than 24/min</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Urine output:</b></p> <p>Output less than 100 ml over last 4 hours</p> <p>Significant proteinuria (++)/+++)</p> <p><b>Haemorrhage</b></p> <p>Antepartum</p> <p>Postpartum</p> <p><b>Fetal well being</b></p> <p>CTG pathology</p> </td> </tr> </table> <p>Early obstetric warning scores: _____</p>	<p><b>Blood pressure because:</b></p> <p>Systolic pressure greater than 160 mm Hg</p> <p>Diastolic pressure more than 100 mm Hg</p> <p>Systolic pressure less than 90</p> <p><b>Pulse because:</b></p> <p>Pulse rate more than 120</p> <p>Pulse rate less than 40</p> <p>Pulse rate greater than systolic BP</p> <p><b>Respiration rate because:</b></p> <p>Rate less than 10/min</p> <p>Rate more than 24/min</p>	<p><b>Urine output:</b></p> <p>Output less than 100 ml over last 4 hours</p> <p>Significant proteinuria (++)/+++)</p> <p><b>Haemorrhage</b></p> <p>Antepartum</p> <p>Postpartum</p> <p><b>Fetal well being</b></p> <p>CTG pathology</p>
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Person completing form: (name) \_\_\_\_\_ Rank \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Person reported to (Name) \_\_\_\_\_ (Rank) \_\_\_\_\_ Inst \_\_\_\_\_

*This copy remains in case record and accompanies the patient.*

Patient Sticker

## PMTCT Checklist

This is a checklist ONLY and does not replace official patient records.

### HIV TESTING

#### HIV status unknown or previously negative

- |  |                |                              |                              |                                |
|--|----------------|------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> Tested when pregnancy was confirmed | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |
| <input type="checkbox"/> Retested at 20 weeks                | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |
| <input type="checkbox"/> Retested at 26 weeks                | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |
| <input type="checkbox"/> Retested at 30 weeks                | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |
| <input type="checkbox"/> Retested at 34 weeks                | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |
| <input type="checkbox"/> Retested at 36 weeks                | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |
| <input type="checkbox"/> Retested at 38 weeks                | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |
| <input type="checkbox"/> Retested at 40 weeks                | Date: __/__/__ | <input type="checkbox"/> Pos | <input type="checkbox"/> Neg | (if previous negative/unknown) |

### ANTENATAL CARE

#### Known HIV not on ART / New HIV during pregnancy

- Started ART on the day of diagnosis Date: \_\_/\_\_/\_\_ (integrated antenatal and ART services)  
 Started AZT and referred for urgent ART Date: \_\_/\_\_/\_\_ (antenatal and ART services not yet integrated)

Gestation at ART start: \_\_\_\_\_

Regimen: \_\_\_\_\_

CD4 at booking: \_\_\_\_\_

Creatinine \_\_\_\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

#### Known HIV on ART

Regimen: \_\_\_\_\_

Last ART visit: Date: \_\_/\_\_/\_\_ Facility: \_\_\_\_\_

Site where ART will be accessed during pregnancy: \_\_\_\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

### LABOUR & DELIVERY

VL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Gestation: \_\_\_\_\_

DATE

TIME

#### Client on ART

Continue ART Regimen: \_\_\_\_\_ Time taken: \_\_\_\_\_

#### Client not on ART [e.g. unbooked, on AZT prophylaxis, HIV diagnosis in labour, defaulted prior to delivery ( $\geq 1$ week)]

Stat NVP  Yes  No

Stat TDF, 3TC and DTG  Yes  No

Mother's response to diagnosis:	
• Accepted and managing well	<input type="checkbox"/>
• Struggling with diagnosis	<input type="checkbox"/>
Help needed with disclosure issues:	yes/no
Support needed	yes/no
Referred to counsellor	yes/no

Patient Sticker

## PMTCT Checklist

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Gestation at ART start: \_\_\_\_\_

Regimen: \_\_\_\_\_

CD4 at booking: \_\_\_\_\_

Creatinine \_\_\_\_\_

VL: _____	Date: ___/___/___	Gestation: _____	_____
VL: _____	Date: ___/___/___	Gestation: _____	_____
VL: _____	Date: ___/___/___	Gestation: _____	_____
VL: _____	Date: ___/___/___	Gestation: _____	_____

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Site where ART will be accessed during pregnancy: \_\_\_\_\_

VL: _____	Date: ___/___/___	Gestation: _____
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VL: _____	Date: ___/___/___	Gestation: _____
VL: _____	Date: ___/___/___	Gestation: _____

### LABOUR & DELIVERY

VL: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Gestation: \_\_\_\_\_

DATE

TIME

#### Client on ART

Continue ART Regimen: \_\_\_\_\_ Time taken: \_\_\_\_\_

#### Client not on ART [e.g. unbooked, on AZT prophylaxis, HIV diagnosis in labour, defaulted prior to delivery (≥1 week)]

Stat NVP  Yes  No  
Stat TDF, 3TC and DTG  Yes  No

Mother's response to diagnosis:	
• Accepted and managing well	<input type="checkbox"/>
• Struggling with diagnosis	<input type="checkbox"/>
Help needed with disclosure issues:	yes/no
Support needed	yes/no
Referred to counsellor	yes/no

**MENTAL HEALTH SCREEN**

Conduct a mental health screen for all pregnant women.

Refer if needed to appropriate service, such as mental health nurse, social services, NGO, medical officer, counsellor, psychiatrists or other services.

Suggested words to use before screening.

“We would like to know about all the women who come here: how they are doing physically and emotionally. This helps us to understand the best sort of care we can offer. Please may I ask you three questions about how you are emotionally? Please answer ‘yes’ or ‘no’ to each question.”

In the last 2 weeks, have you on some or most days felt unable to stop worrying or thinking too much?	<input type="checkbox"/> Yes [1]	<input type="checkbox"/> No [0]
In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?	<input type="checkbox"/> Yes [1]	<input type="checkbox"/> No [0]
In the last 2 weeks, have you on some or most days had thoughts <u>and</u> plans to harm yourself or commit suicide?*	<input type="checkbox"/> Yes Refer [1]	<input type="checkbox"/> No [0]
<b>TOTAL SCORE</b>	<b>0 or 1</b> 2 >>>>>>>>>> refer 3 >>>>>>>>>> refer	
Offered Counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accepted counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\*the self-harm question will require urgent referral if there are both thoughts AND plans. If there is a history of previous attempt, referral is required even if there are thoughts alone.*

## MENTAL HEALTH SCREEN

Conduct a mental health screen for all pregnant women.

Refer if needed to appropriate service, such as mental health nurse, social services, NGO, medical officer, counsellor, psychiatrists or other services.

Suggested words to use before screening.

"We would like to know about all the women who come here: how they are doing physically and emotionally. This helps us to understand the best sort of care we can offer. Please may I ask you three questions about how you are emotionally? Please answer 'yes' or 'no' to each question."

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In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?	<input type="checkbox"/> Yes [1]	<input type="checkbox"/> No [0]
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Offered Counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accepted counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*\*the self-harm question will require urgent referral if there are both thoughts AND plans. If there is a history of previous attempt, referral is required even if there are thoughts alone.*

I, \_\_\_\_\_ (healthcare worker) have introduced myself by name to:

CLINIC  d  m  y  d  m  y  y

LNMP  DD/MM/YYYY Gestational AGE Certain?  Y  N

**EXAMINATION**

BP \_\_\_\_\_ / \_\_\_\_\_ mmHg Urine \_\_\_\_\_  
 Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg  
 MUAC \_\_\_\_\_ cm BMI \_\_\_\_\_ kg/m<sup>2</sup>  
 Thyroid \_\_\_\_\_ Breasts \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 SF Measurement at booking \_\_\_\_\_ cm

Name \_\_\_\_\_  
 Folder number \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Age: \_\_\_\_\_ (yrs) G \_\_\_\_\_ P \_\_\_\_\_ Misc \_\_\_\_\_

**OBSTETRIC AND NEONATAL HISTORY**

\*A=Alive; ID= Infant Death, NND=Neonatal Death, IUD=Intra-uterine death

Year	Gestation	Delivery	Weight	Sex	Outcome*	Complications

Descriptions of complications: \_\_\_\_\_

**VAGINAL EXAMINATION**

Examination explained and permission obtained   
 Vulva and vagina \_\_\_\_\_  
 Cervix \_\_\_\_\_  
 Uterus \_\_\_\_\_  
 Pap smear done  Y  N Date \_\_\_\_\_  
 Result \_\_\_\_\_

**INVESTIGATIONS**

Syphilis test  Pos  Neg Repeat syphilis test  Pos  Neg  
 Treatment: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
 Rhesus  Pos  Neg Antibodies  Yes  No  
 Hb \_\_\_\_\_ g/dl Tetox 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
 Urine MCS: Date \_\_\_\_\_ Result \_\_\_\_\_  
 Screening for gestational diabetes \_\_\_\_\_  
 HIV status at booking  Unknown  Pos  Neg On-ART  Y  N  
 HIV test at booking  DD/MM/YY  Pos  Neg Declined  
 HIV re-test  DD/MM/YY  Pos  Neg Declined  
 HIV re-test  DD/MM/YY  Pos  Neg Declined  
 CD 4 \_\_\_\_\_ ART initiated on \_\_\_\_\_ DD/MM/YY  
 Viral load: Date \_\_\_\_\_ Result \_\_\_\_\_  
 Viral load: Date \_\_\_\_\_ Result \_\_\_\_\_  
 Viral load: Date \_\_\_\_\_ Result \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDICAL AND GENERAL HISTORY**

Hypertension  Diabetes  Mental health  Cardiac  HIV  Asthma  TB  Other   
 Epilepsy  Twins  Diabetes  TB  Congenital   
 If yes, give detail: \_\_\_\_\_  
 Family history \_\_\_\_\_  
 Details: \_\_\_\_\_  
 Medication \_\_\_\_\_  
 Operations \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 TB symptom screen  pos  neg Use of herbal medicine \_\_\_\_\_  
 Tobacco  Alcohol  Substances  Use of OTC drugs \_\_\_\_\_  
 Psychosocial risk factors \_\_\_\_\_

**MENTAL HEALTH**

Mental health screening:  Y  N Score \_\_\_\_\_  
 Discussed and noted in case record  Y  N  
 Where referred for mental health? \_\_\_\_\_

**BIRTH COMPANION**

Birth companion discussed and noted on MCR  Y  N

**COUNSELLING**

Topic	Date 1	Date 2
Fetal movements		
Parental preparedness		
Nutrition		
Danger signs		
HIV		
Mental health		
Alcohol		
Tobacco		
Substances		
Domestic violence		
Labour and birth preparedness		
Breast care		
Infant feeding		

**FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)**

Implant  Intra-uterine device  Tubal ligation  Oral

All management plans discussed with patient   
 Educational material given on pregnancy and patient rights   
 if tubal ligation selected, adequate counselling was given   
**BOOKING VISIT AND ASSESSMENT OF RISK DONE BY** \_\_\_\_\_



I, \_\_\_\_\_ (healthcare worker) have introduced myself by name to:

CLINIC \_\_\_\_\_ d d m m y y

**GESTATIONAL AGE**

LNMP \_\_\_\_\_ DD/MM/YYYY Certain?  Y  N

**EXAMINATION**  
 BP \_\_\_\_\_ mmHg Urine \_\_\_\_\_  
 Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg  
 MUAC \_\_\_\_\_ cm BMI \_\_\_\_\_ kg/m<sup>2</sup>  
 Thyroid \_\_\_\_\_ Breasts \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 SF Measurement at booking \_\_\_\_\_ cm

SONAR \_\_\_\_\_ DD/MM/YYYY  
 BPD \_\_\_\_\_ HC \_\_\_\_\_  
 AC \_\_\_\_\_ FL \_\_\_\_\_  
 Placenta \_\_\_\_\_ AFI \_\_\_\_\_  
 Average gestation \_\_\_\_\_ CRL \_\_\_\_\_  
 Singleton  Multiple pregnancy  Intra-uterine pregnancy

**OBSTETRIC AND NEONATAL HISTORY**

\*A=Alive; ID=Infant Death  
 NND=Neonatal Death  
 IUD=Intra-uterine death

Year	Gestation	Delivery	Weight	Sex	Outcome*	Complications

Descriptions of complications: \_\_\_\_\_

Age: \_\_\_\_\_ (yrs) G \_\_\_\_\_ P \_\_\_\_\_ Misc \_\_\_\_\_

**VAGINAL EXAMINATION**  
 Examination explained and permission obtained   
 Vulva and vagina \_\_\_\_\_  
 Cervix \_\_\_\_\_  
 Uterus \_\_\_\_\_  
 Pap smear done  Y  N Date \_\_\_\_\_

ESTIMATED DATE OF DELIVERY \_\_\_\_\_ DD/MM/YYYY  
 Method used to calculate EDD Sonar  SF  LNMP   
**MENTAL HEALTH**  
 Mental health screening:  Y  N Score \_\_\_\_\_  
 Discussed and noted in case record  Y  N  
 Where referred for mental health? \_\_\_\_\_

**BIRTH COMPANION**

Birth companion discussed and noted on MCR  Y

**INVESTIGATIONS**

Syphilis test  Pos  Neg Repeat syphilis test  Pos  Neg  
 Treatment: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
 Rhesus  Pos  Neg Antibodies  Yes  No  
 Hb \_\_\_\_\_ g/dl Tetox 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
 Urine MCS: Date \_\_\_\_\_ Result \_\_\_\_\_  
 Screening for gestational diabetes \_\_\_\_\_ 28w \_\_\_\_\_

**COUNSELLING**

Topic	Date 1	Date 2
Fetal movements		
Parental preparedness		
Nutrition		
Danger signs		
HIV		
Mental health		
Alcohol		
Tobacco		
Substances		
Domestic violence		
Labour and birth preparedness		
Breast care		
Infant feeding		

**FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)**

Implant  Intra-uterine device  Tubal ligation  Oral

All management plans discussed with patient   
 Educational material given on pregnancy and patient rights   
 If tubal ligation selected, adequate counselling was given

BOOKING VISIT AND ASSESSMENT OF RISK DONE BY \_\_\_\_\_

**MEDICAL AND GENERAL HISTORY**

Hypertension  Diabetes  Mental health  Cardiac  Asthma  TB   
 Epilepsy  HIV  Other

If yes, give detail \_\_\_\_\_

Family history  Twins  Diabetes  TB  Congenital

Details \_\_\_\_\_

Operations \_\_\_\_\_

Allergies \_\_\_\_\_

TB symptom screen  pos  neg  Use of herbal medicine

Tobacco  Alcohol  Substances  Use of OTC drugs

Psychosocial risk factors \_\_\_\_\_



NOTES FOR ANTENATAL VISITS continued

Essential additional facts only (Do not duplicate data from p4 or p5)		Name (print) and signature
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		

NOTES FOR ANTENATAL VISITS continued

Essential additional facts only (Do not duplicate data)		Name (print) and signature
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		
I have introduced myself by name to this person <input type="checkbox"/> TB screen done <input type="checkbox"/>		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>		





**BASIC ULTRASOUND REPORT (attach copies of detailed reports or photos to this page)**

DD/MM/YYYY	Performed by:
------------	---------------

I have introduced myself by name to this person

<b>Intrauterine</b>	Yes	No	<b>Number of fetuses</b>		
<b>Fetal movements</b>	Yes	No	<b>Heartbeat</b>	Yes	No
<b>Fetal lie</b>	cephalic	breech	transverse		
	anterior	posterior	lateral		
<b>Placenta</b>	high	low	distance from os	mm	
<b>Liquor</b>	normal	reduced	increased	<b>Deepest pool</b>	cm

**BIOMETRY- (attach hard copy if available)**

Biparietal diameter (BPD)	mm	Weeks:	days:
Head circumference (HC)	mm	Weeks:	days:
Abdominal circumference (AC)	mm	Weeks:	days:
Femur length (FL)	mm	Weeks:	days:
Measurements concordant (8 days or less difference)		Measurements discordant (more than 8 days difference)	
Average gestation	WEEKS:	DAYS:	Estimated fetal weight (EFW):

DD/MM/YYYY	Performed by:
------------	---------------

I have introduced myself by name to this person

<b>Intrauterine</b>	Yes	No	<b>Number of fetuses</b>		
<b>Fetal movements</b>	Yes	No	<b>Heartbeat</b>	Yes	No
<b>Fetal lie</b>	cephalic	breech	transverse		
	anterior	posterior	lateral		
<b>Placenta</b>	high	low	distance from os	mm	
<b>Liquor</b>	normal	reduced	increased	<b>Deepest pool</b>	cm

**BIOMETRY- (attach hard copy if available)**

Biparietal diameter (BPD)	mm	Weeks:	days:
Head circumference (HC)	mm	Weeks:	days:
Abdominal circumference (AC)	mm	Weeks:	days:
Femur length (FL)	mm	Weeks:	days:
Measurements concordant (8 days or less difference)		Measurements discordant (more than 8 days difference)	
Average gestation	WEEKS:	DAYS:	Estimated Fetal Weight:

















**OBSERVATION CHART when the diagnosis of labour is doubtful**

<b>Name:</b>	<b>Age:</b>	<b>G:</b>	<b>P:</b>	<b>Gestational age:</b>	
<b>Facility:</b>	<b>Hb:</b>	<b>Presentation:</b>			
<b>Companion:</b>					
<b>Risk factors:</b>					
<b>Assessment 1: Date and time</b>					
<b>Mother</b>	Blood Pressure				
	Pulse				
	Temperature				
	Urine dipstick				
	Fetal movement felt	Yes	No	No	
	Emergency signs (bleeding, seizures, etc)	No	Yes	Yes	
	Contractions per 10 minutes				
	<20 sec  20-40 sec  >40 sec				
	Maternal emotional state				
	FHR: normal baseline, no decelerations	Yes	No	No	
<b>PV</b>	Head above brim				
	Dilatation				
	Cervical length				
	Membranes intact	Yes	No	No	
	Is the maternal condition reassuring?	Yes	No	No	
	Is the fetal condition reassuring?	Yes	No	No	
	Plan:				
	Initials and signature:				
	<b>Checklist</b>	Reassuring maternal condition?	Yes	No	No
		Reassuring fetal condition?	Yes	No	No
Intact membranes?		Yes	No	No	
No cervical changes since admission?		None	Changes	Changes	
Warning signs have been explained?		Yes	No	No	
The mother understands the danger signs?		Yes	No	No	
Follow-up date:					
Initials and signature:					
<b>Assessment 2: Date and time</b>					
Blood pressure					
Pulse					
Temperature					
Urine dipstick					
Fetal movement felt	Yes	No	Yes	No	
Emergency signs (bleeding, seizures, etc)	No	Yes	No	Yes	
Contractions per 10 minutes					
<20 sec  20-40 sec  >40 sec					
Maternal emotional state					
FHR: normal baseline, no decelerations	Yes	No	Yes	No	
Head above brim					
Dilatation					
Cervical length					
Membranes intact	Yes	No	Yes	No	
Is the maternal condition reassuring?	Yes	No	Yes	No	
Is the fetal condition reassuring?	Yes	No	Yes	No	
Plan:					
Initials and signature:					
<b>Plan (if not discharged):</b>					
<b>Discharge checklist</b>					
Reassuring maternal condition?	Yes	No	No	No	
Reassuring fetal condition?	Yes	No	No	No	
Intact membranes?	Yes	No	No	No	
No cervical changes since admission?	None	Changes	Changes	Changes	
Warning signs have been explained?	Yes	No	No	No	
The mother understands the danger signs?	Yes	No	No	No	
Follow-up date:					
Initials and signature:					





EARLY WARNING OBSERVATION CHART FOR ANTENATAL ADMISSIONS

Date																		Date	
Time																		Time	
RESPIRATORY	>30																	>30	
	21-30																	21-30	
	11-20																	11-20	
	0-10																	0-10	
SATURATION	95-100%																	95-100%	
	<95%																	<95%	
TEMPERATURE	39°C																	39°C	
	38°C																	38°C	
	37°C																	37°C	
	36°C																	36°C	
	35°C																	35°C	
Hb (plot actual value)	≥ 8 g/dl																	≥ 8 g/dl	
	< 8 g/dl																	< 8 g/dl	
MATERNAL HEART RATE	140																	140	
	130																	130	
	120																	120	
	110																	110	
	100																	100	
	90																	90	
	80																	80	
	70																	70	
	60																	60	
	50																	50	
	40																	40	
SYSTOLIC BLOOD PRESSURE	170																	170	
	160																	160	
	150																	150	
	140																	140	
	130																	130	
	120																	120	
	110																	110	
	100																	100	
	90																	90	
	80																	80	
	70																	70	
DIASTOLIC BLOOD PRESSURE	120																	120	
	110																	110	
	100																	100	
	90																	90	
	80																	80	
	70																	70	
	60																	60	
	50																	50	
	40																	40	
	Urine (VOLUME in ml/hour)																		ml/hour
	Proteinuria	Clear (-)																	Clear (-)
	+																	+	
	++ to +++																	++ to +++	
Fetal heart rate (bpm)																		Fetal heart rate	
Vaginal Bleeding	Spotting																	Spotting	
	Clots																	Clots	
	Bright red																	Bright red	
Neuro response	Alert																	Alert	
	Vocal																	Vocal	
	Pain																	Pain	
Pain	Unresponsive																	Unresponsive	
	None-mild																	None-mild	
Looks unwell	Severe																	Severe	
	No (✓)																	No (✓)	
	Yes (✓)																	Yes (✓)	
TOTAL YELLOW SCORE																	TOTAL		
TOTAL RED SCORE																	TOTAL		
DOCTOR CALLED (Y/N)																	TOTAL		
Signature																			

EARLY WARNING OBSERVATION CHART FOR ANTENATAL ADMISSIONS

Date																				Date	
Time																				Time	
RESPIRATORY	>30																			>30	
	21-30																			21-30	
	11-20																			11-20	
	0-10																			0-10	
SATURATION	95-100%																			95-100%	
	<95%																			<95%	
TEMPERATURE	39°C																			39°C	
	38°C																			38°C	
	37°C																			37°C	
	36°C																			36°C	
	35°C																			35°C	
Hb (plot actual value)	≥ 8 g/dl																			≥ 8 g/dl	
	< 8 g/dl																			< 8 g/dl	
MATERNAL HEART RATE	140																			140	
	130																			130	
	120																			120	
	110																			110	
	100																			100	
	90																			90	
	80																			80	
	70																			70	
	60																			60	
	50																			50	
	40																			40	
SYSTEMIC BLOOD PRESSURE	170																			170	
	160																			160	
	150																			150	
	140																			140	
	130																			130	
	120																			120	
	110																			110	
	100																			100	
	90																			90	
	80																			80	
	70																			70	
DIASTOLIC BLOOD PRESSURE	120																			120	
	110																			110	
	100																			100	
	90																			90	
	80																			80	
	70																			70	
	60																			60	
	50																			50	
	40																			40	
	Urine (VOLUME in ml/hour)																				ml/hour
	Proteinuria	Clear (-)																			Clear (-)
++ to +++																				++ to +++	
Fetal heart rate (bpm)																				Fetal heart rate	
Vaginal Bleeding	Spotting																			Spotting	
	Bright red																			Bright red	
	Alert																			Alert	
Neuro response	Vocal																			Vocal	
	Pain																			Pain	
	Unresponsive																			Unresponsive	
Pain	None-mild																			None-mild	
	Severe																			Severe	
Looks unwell	No (✓)																			No (✓)	
	Yes (✓)																			Yes (✓)	
TOTAL YELLOW SCORE																				TOTAL	
TOTAL RED SCORE																				TOTAL	
DOCTOR CALLED (Y/N)																				TOTAL	
Signature																					

**LABOUR- INITIAL ASSESSMENT (use this chart when the diagnosis of labour is certain)**

Date: \_\_\_\_\_ Time assessed: \_\_\_\_\_ Time of admission: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gravidity: \_\_\_\_\_ Parity: \_\_\_\_\_ Assessed by: \_\_\_\_\_  
 I have introduced myself by name to this person  Gestational age: \_\_\_\_\_ Nutritional status: \_\_\_\_\_  
 If referred From: \_\_\_\_\_ Time of referral: \_\_\_\_\_  
 Reasons for referral: \_\_\_\_\_

**Date and time:** Onset of labour \_\_\_\_\_ ROM: \_\_\_\_\_ Bleeding: \_\_\_\_\_  
**Booked:**  Yes  No If not booked, reason: \_\_\_\_\_  
 Name of clinic: \_\_\_\_\_ Gest. Age at 1<sup>st</sup> booking \_\_\_\_\_ No of visits \_\_\_\_\_  
 Gestational age: \_\_\_\_\_ weeks and \_\_\_\_\_ days based on: Ultrasound  Booking SF  LNMP   
 Labour companion is present  OR Offered to call a person she trusts to be with her in labour   
 Hb: \_\_\_\_\_ Rhesus:  Pos  Neg If Rh neg; antibodies \_\_\_\_\_ Syphilis tests: \_\_\_\_\_  
 HIV results:  Pos  Neg If HIV neg, retest during labour:  Pos  Neg  
 ART:  Yes  No Regimen: \_\_\_\_\_  
 Problems at ANC \_\_\_\_\_

**Main complaints**

Convulsions	Bleeding	Severe abd pain	Looks very ill	Headache/visual disturbances	Severe difficulty breathing	Fever
-------------	----------	-----------------	----------------	------------------------------	-----------------------------	-------

**GENERAL EXAMINATION**

**General:** Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ Temp: \_\_\_\_\_ Appearance: \_\_\_\_\_  
 Chest: \_\_\_\_\_ CVS: \_\_\_\_\_  
 Other systems: \_\_\_\_\_ MUAC: \_\_\_\_\_  
 Urinary analysis: \_\_\_\_\_

**ABDOMINAL EXAMINATION**

**Lie:**  Longitudinal  Transverse  Oblique **Scars:**  Transverse  Vertical Other: \_\_\_\_\_  
**Presentation:**  Cephalic  Breech SF height \_\_\_\_\_  
**Liquor:**  Normal  Decreased  Increased **EFW:** \_\_\_\_\_ gram  
**Level of head palpable above pelvic brim (in fifths)**

5	4	3	2	1	0
---	---	---	---	---	---

  
**Contractions**  mild  moderate  strong **Fetal heart rate:**  Normal  Abnormal  Absent  
**Type of FHR abnormality:** \_\_\_\_\_

**VAGINAL EXAMINATION**

**Speculum:** Liquor \_\_\_\_\_ Blood \_\_\_\_\_ Cervix \_\_\_\_\_  
**Digital exam: cervix**

Thick	Thin	Edematous	Not felt	Application:	Good	Poor
Dilatation:		Length:		Position:		

  
**Presenting part:** \_\_\_\_\_ Position: \_\_\_\_\_ Moulding PP 

0	+	++	+++
---	---	----	-----

  
 Caput: 

0	+	++
---	---	----

  
**Liquor:**  Clear Meconium stained liquor  No  Thin  Thick  Blood stained  Offensive  
**Pelvic assessment:**  Adequate  Inadequate  Unsure

**RISK FACTORS**

<u>Maternal</u>	<u>Fetal</u>	<u>Labour</u>
Check mental health screen at booking <input type="checkbox"/>		

**Summary of diagnosis and management:** \_\_\_\_\_

I have explained any examinations/procedures to be done and obtained verbal consent

Person to be managed at  CLINIC/MOU  District hospital  Specialist hospital  Tertiary hospital

Name:	Gravidity:	Parity:	Gestation:	Spontaneous l
Age:	Risk Factors:			Time of ROM:
Pelvis				Duration of labour (on arrival)

LATENT PHASE										ACTIVE PHASE									
Date:										Date:									
Duration in hours										Duration in hours									
FETAL CONDITION										FETAL CONDITION									
Fetal heart rate (bpm)																			
Decelerations (Yes/No)	Y	N	Y	N	Y	N	Y	N	Y	Y	N	Y	N	Y	N	Y	N	Y	N
Type* (E/V/L)																			
Liquor* (I/C/B/M)																			
Application*										Application*									
Presenting part*										Presenting part*									
Caput (0 1+ 2+)										Caput (0 1+ 2+)									
Moulding (0 1+ 2+ 3+)										Moulding (0 1+ 2+ 3+)									
Position e.g. LOA >										Position e.g. LOA >									
X	I																		
Cervical dilatation																			
Cervical length																			
Head above pelvis																			
X	I																		
CONTRACTIONS										CONTRACTIONS									
PER 10 MINUTES	5	4	3	2	1	5	4	3	2	1									
> 40 sec	■	■	■	■	■	■	■	■	■	■									
> 20 - 40 sec	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨									
< 20 sec	▩	▩	▩	▩	▩	▩	▩	▩	▩	▩									
OXYTOCIN																			
Units																			
Rate																			

Units					
Rate					

MATERNAL CONDITION		BLOOD PRESSURE & PULSE	URINE	TEMPERATURE °C
			Volume	200
			Protein	190
			Ketones	180
			Blood	170
			Glucose	160
				150
				140
				130
				120
				110
				100
				90
				80
				70
				60

TIME	MANAGEMENT/ MEDICATION/ I.V. FLUID	PAIN RELIEF	SIGNATURE & RANK	Liquor: I = intact B = blood stained	C = clear M = meconium stained	Presenting part: Face = F Breech = Br	Vertex = Vx Brow = Bw	* Application: good = G poor = P	*early = E late = L variable = V

### ASSESSMENTS DURING LABOUR

<b>ASSESSMENT:</b>	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: <input type="checkbox"/>										
Progress of labour:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand <input type="checkbox"/>										
Name (print)					Signature and designation					

<b>ASSESSMENT:</b>	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: <input type="checkbox"/>										
Progress of labour:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand <input type="checkbox"/>										
Name (print)					Signature and designation					

<b>ASSESSMENT:</b>	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: <input type="checkbox"/>										
Progress of labour:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand <input type="checkbox"/>										
Name (print)					Signature and designation					

### ASSESSMENTS DURING LABOUR

<b>ASSESSMENT:</b>	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: <input type="checkbox"/>										
Progress of labour:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand <input type="checkbox"/>										
Name (print)					Signature and designation					

<b>ASSESSMENT:</b>	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: <input type="checkbox"/>										
Progress of labour:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand <input type="checkbox"/>										
Name (print)					Signature and designation					

<b>ASSESSMENT:</b>	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: <input type="checkbox"/>										
Progress of labour:	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand <input type="checkbox"/>										
Name (print)					Signature and designation					

**CARDIOTOCOGRAPHY (CTG) (FIGO 2015) – CTG ONLY INDICATED FOR HIGH RISK PREGNANCIES**

DD/MM/YYYY		HH/MM		Indication:		Mat pulse:	
Refer to page:	<b>Normal</b>	<b>Suspicious</b>		<b>Pathological (any one feature)</b>			
Baseline	110-160 bpm <input type="checkbox"/>	Lacking at least one characteristic of normality, but no pathological features <input type="checkbox"/>		<100 bpm <input type="checkbox"/> (make sure it is not maternal pulse)			
Variability	5-25 bpm <input type="checkbox"/>			Reduced (<5 bpm) variability >50 minutes <input type="checkbox"/>			
Decelerations	No repetitive* decelerations <input type="checkbox"/> <small>(*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)</small>			Repetitive* late decelerations <input type="checkbox"/> OR Prolonged (>3min) decelerations during >30 minutes <input type="checkbox"/> OR Prolonged (>3min) decelerations during >20 minutes with reduced variability <input type="checkbox"/> OR One prolonged deceleration >5 minutes <input type="checkbox"/>			
Interpretation	Fetus with no hypoxia	low probability of hypoxia		Fetus with high probability of hypoxia/acidosis			
Contractions	None <input type="checkbox"/> Irregular <input type="checkbox"/> Regular <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Expulsive <input type="checkbox"/>						
Clinical management:	No intervention necessary <input type="checkbox"/>	Action to correct reversible causes if identified <input type="checkbox"/> Alert doctor of findings <input type="checkbox"/>		Immediate action to correct reversible causes <input type="checkbox"/> If not possible, or no recovery; Immediate delivery <input type="checkbox"/> Call doctor immediately <input type="checkbox"/>			
I have explained the nature of the findings and planned action to the person and her birth companion <input type="checkbox"/>							
Evaluation done by:							

DD/MM/YYYY		HH/MM		Indication:		Mat pulse:	
Refer to page:	<b>Normal</b>	<b>Suspicious</b>		<b>Pathological (any one feature)</b>			
Baseline	110-160 bpm <input type="checkbox"/>	Lacking at least one characteristic of normality, but no pathological features <input type="checkbox"/>		<100 bpm <input type="checkbox"/> (make sure it is not maternal pulse)			
Variability	5-25 bpm <input type="checkbox"/>			Reduced (<5 bpm) variability >50 minutes <input type="checkbox"/>			
Decelerations	No repetitive* decelerations <input type="checkbox"/> <small>(*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)</small>			Repetitive* late decelerations <input type="checkbox"/> OR Prolonged (>3min) decelerations during >30 minutes <input type="checkbox"/> OR Prolonged (>3min) decelerations during >20 minutes with reduced variability <input type="checkbox"/> OR One prolonged deceleration >5 minutes <input type="checkbox"/>			
Interpretation	Fetus with no hypoxia	low probability of hypoxia		Fetus with high probability of hypoxia/acidosis			
Contractions	None <input type="checkbox"/> Irregular <input type="checkbox"/> Regular <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Expulsive <input type="checkbox"/>						
Clinical management:	No intervention necessary <input type="checkbox"/>	Action to correct reversible causes if identified <input type="checkbox"/> Alert doctor of findings <input type="checkbox"/>		Immediate action to correct reversible causes <input type="checkbox"/> If not possible, or no recovery; Immediate delivery <input type="checkbox"/> Call doctor immediately <input type="checkbox"/>			
I have explained the nature of the findings and planned action to the person and her birth companion <input type="checkbox"/>							
Evaluation done by:							

DD/MM/YYYY		HH/MM		Indication:		Mat pulse:	
Refer to page:	<b>Normal</b>	<b>Suspicious</b>		<b>Pathological (any one feature)</b>			
Baseline	110-160 bpm <input type="checkbox"/>	Lacking at least one characteristic of normality, but no pathological features <input type="checkbox"/>		<100 bpm <input type="checkbox"/> (make sure it is not maternal pulse)			
Variability	5-25 bpm <input type="checkbox"/>			Reduced (<5 bpm) variability >50 minutes <input type="checkbox"/>			
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DD/MM/YYYY		HH/MM		Indication:		Mat pulse:	
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Baseline	110-160 bpm <input type="checkbox"/>	Lacking at least one characteristic of normality, but no pathological features <input type="checkbox"/>	<100 bpm <input type="checkbox"/> (make sure it is not maternal pulse)				
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Evaluation done by:							

DD/MM/YYYY		HH/MM		Indication:		Mat pulse:	
Refer to page:	<b>Normal</b>	<b>Suspicious</b>	<b>Pathological (any one feature)</b>				
Baseline	110-160 bpm <input type="checkbox"/>	Lacking at least one characteristic of normality, but no pathological features <input type="checkbox"/>	<100 bpm <input type="checkbox"/> (make sure it is not maternal pulse)				
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DD/MM/YYYY		HH/MM		Indication:		Mat pulse:	
Refer to page:	<b>Normal</b>	<b>Suspicious</b>	<b>Pathological (any one feature)</b>				
Baseline	110-160 bpm <input type="checkbox"/>	Lacking at least one characteristic of normality, but no pathological features <input type="checkbox"/>	<100 bpm <input type="checkbox"/> (make sure it is not maternal pulse)				
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I have explained the nature of the findings and planned action to the person and her birth companion <input type="checkbox"/>							
Evaluation done by:							









## SUMMARY OF LABOUR

From full dilatation to delivery

Method of delivery:  NVD  Breech  Twins  Caesarean section  Instrumental  Other: \_\_\_\_\_

Delivered by: \_\_\_\_\_ Assisted by: \_\_\_\_\_

Complications: \_\_\_\_\_

Maternal position during labour: \_\_\_\_\_

Fetal monitoring: normal  abnormal  if abnormal specify: \_\_\_\_\_

### SUMMARY OF DURATION OF LABOUR

	Started at:		Duration:		Membranes:	
	Date	Time	Hours	Minutes	AROM	SROM
Latent phase					Time of ROM:	
Active phase (≥5cm)						
Full dilatation					Time of delivery:	
Bearing down					Duration of ROM:	
Third stage						
Total duration of labour:						

### PAIN RELIEF

Entonox  Opioid  Local  Pudendal  Epidural  Non-pharmacological pain relief used

Given by: \_\_\_\_\_ Detail: \_\_\_\_\_

### NEONATAL DETAIL

Resuscitation done:  Yes  No Describe: \_\_\_\_\_

Birth injuries:  Yes  No Describe: \_\_\_\_\_

Neonate	Male	Female	Alive	FSB	MSB	NND	Weight	ID band on?	Cord clamp?
1.							g		
2.							g		

Konaktion:  Yes  No Eye drops  Yes  No Type: \_\_\_\_\_ Given by: \_\_\_\_\_

### THIRD STAGE- PLACENTA, MEMBRANES AND CORD

Oxytocin 10 units given intramuscularly:  Yes  No By \_\_\_\_\_ At \_\_\_\_\_

Method of delivery:  Active  Spontaneous  Manual Cord around neck?  Yes  No

Placenta  Normal  Abnormal  Complete  Incomplete Membranes  Complete  Incomplete

No of vessels in cord: \_\_\_\_\_ Placental weight: \_\_\_\_\_ g Retroplacental clot  Yes  No Histology  Yes  No

Delayed cord clamping done  If delayed cord clamping not done, explain why: \_\_\_\_\_

Result of cord blood gas (if indicated) \_\_\_\_\_

### FOURTH STAGE (FIRST TWO HOURS AFTER DELIVERY- COMPLETE OBSERVATIONS ON SEPARATE PAGE)

Time of observation: \_\_\_\_\_ Observed by: \_\_\_\_\_

Temp: \_\_\_\_\_ Resp: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ Urine passed:  Yes  No Catheter:  Yes  No

Uterus contracted:  Yes  No Uterus ruptured:  Yes  No Cord/maternal blood taken:  Yes  No

Cervical tears  Yes  No Details: \_\_\_\_\_

Perineum  Intact  1<sup>st</sup> ° tear  2<sup>nd</sup> ° tear  3<sup>rd</sup> /4<sup>th</sup> ° tear  Episiotomy Repaired by: \_\_\_\_\_

Detail of repair: \_\_\_\_\_ All swabs/tampons removed from vagina:  Yes

Blood loss: Normal  Excessive  If excessive give details of management: \_\_\_\_\_

Feeding initiated  Yes  No Breast feeding initiated if method of choice:  Yes  No If no, give reasons: \_\_\_\_\_

Situation in labour ward at time of delivery: \_\_\_\_\_

TRANSFERRED TO WARD BY:

RECEIVED IN WARD BY:

TIME:

Condition satisfactory: Mother  Yes  No Baby  Yes  No

Further management, mother and/or baby \_\_\_\_\_



## FORCEPS OR VACCUUM DELIVERY

Indication(s) \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ All healthcare workers have introduced themselves by name

Performed by \_\_\_\_\_ Assisted by: \_\_\_\_\_

The procedure was explained and verbal consent obtained from the person

### CONDITIONS BEFORE DELIVERY

Fetal Heart  Normal  Abnormal  Rate: \_\_\_\_\_ bpm Fetal distress  Yes  No

Type of FH abnormality: \_\_\_\_\_

Mat. Pulse \_\_\_\_\_ BP \_\_\_\_\_ Foleys catheter:  Yes  No

Level of head palpable above pelvic brim (in fifths) 

5	4	3	2	1	0
---	---	---	---	---	---

### PAIN RELIEF

Anaesthetic  General   Spinal   Epidural   Other   Pudendal   Local   Saddle

Problems with pain relief: \_\_\_\_\_

### ASSESSMENT

Cervical dilatation: \_\_\_\_\_ Application:  Good  Poor

Position \_\_\_\_\_ Flexion: \_\_\_\_\_ Moulding PP 

0	+	++	+++
---	---	----	-----

Head above pelvic brim: 

5/5	4/5	3/5	2/5	1/5
-----	-----	-----	-----	-----

 Caput: 

0	+	++
---	---	----

Liquor:  Clear  Meconium stained liquor  None  Thin  Thick  Blood stained  Offensive

Pelvic assessment:  Adequate  Inadequate  Unsure

Pre-requisites for vacuum extraction met:	<input type="checkbox"/> Regular contractions	<input type="checkbox"/> 0/5 or 1/5 HAB	<input type="checkbox"/> Cervix fully dilated	<input type="checkbox"/> Bladder empty	<input type="checkbox"/> Cephalic presentation	<input type="checkbox"/> Fetus not premature
Pre-requisites for forceps delivery met:	<input type="checkbox"/> Normal contractions	<input type="checkbox"/> 0/5 HAB	<input type="checkbox"/> Cervix fully dilated	<input type="checkbox"/> Bladder empty	<input type="checkbox"/> Cephalic presentation	<input type="checkbox"/> Sagittal suture in AP diameter

Other findings: \_\_\_\_\_

Drugs (including dosage): \_\_\_\_\_

### FORCEPS DELIVERY

Instrument type: \_\_\_\_\_ Application:  Easy  Difficult  Abandoned attempt

Number of pulls: \_\_\_\_\_ Application-to-delivery time: \_\_\_\_\_

Comments: \_\_\_\_\_

### VACUUM EXTRACTION

Cup type:  Silicone  Metal  Disposable  Application:  Easy  Difficult  Abandoned attempt

Number of pulls: \_\_\_\_\_ Did cup slip?  Yes  No  No of times cup slipped: \_\_\_\_\_

Site of application: \_\_\_\_\_ Application-to-delivery time: \_\_\_\_\_

Comments: \_\_\_\_\_

### OUTCOME (FORCEPS OR VACUUM)

Time procedure commenced: \_\_\_\_\_ Time completed: \_\_\_\_\_

Condition of baby at birth: \_\_\_\_\_ APGAR: \_\_\_\_\_

Fetal injuries? (describe): \_\_\_\_\_

Maternal injuries? (describe): \_\_\_\_\_

In case of abandoned trial of instrumental delivery, state time decision was made to do caesarean section: \_\_\_\_\_

What was the period of time between decision to do Caesarean section and the actual time of operation? \_\_\_\_\_

### REMARKS AND POST-PROCEDURAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_



## THEATRE NOTES: CAESAREAN SECTION

Indication \_\_\_\_\_

ROBSON (tick one)  1. Nullipara, singleton cephalic, term, spontaneous labour  2. Nullipara, singleton cephalic, term, induced/CS before labour   
 3. Multipara, singleton cephalic, term, spontaneous labour  4. Multipara, singleton cephalic, term, induced/CS before labour   
 5. Previous CS, singleton cephalic, term  6. Nulliparous breech  7. Multiparous breech   
 8. Multiple pregnancy  9. Abnormal lie  10. All singleton cephalic,  $\leq 36$  weeks

Date: \_\_\_\_\_ Time surgery commenced \_\_\_\_\_ Time surgery completed \_\_\_\_\_

Surgeon \_\_\_\_\_ Assistant \_\_\_\_\_  
 Anaesthetist \_\_\_\_\_ Midwife \_\_\_\_\_  
 Operative procedure: \_\_\_\_\_

### PRE-OPERATIVE DETAILS

Date of decision: \_\_\_\_\_ Time of decision: \_\_\_\_\_ By whom: \_\_\_\_\_

Mat. Pulse  BP  Temp  Level of the head  Foleys catheter  Yes  No

Pre-op drugs  Antacid  Metoclopramide  Prophylactic antibiotics  Thromboprophylaxis

Fetal Heart  Present  Absent  Uncertain  Fetal distress  Yes  No

Counsellor for IUD insertion  
 Information has been given regarding the procedure and informed consent obtained from the person  Companion allowed to be present

### OPERATION PROCEDURE AND FINDINGS

Anaesthetic  General  Spinal  Epidural  Other  Maternal position: \_\_\_\_\_

Problems with anaesthetic: \_\_\_\_\_

Skin incision:  Transverse  Midline  Other  Details: \_\_\_\_\_

Uterine incision:  Lower segment  Classical  DeLee  Other: \_\_\_\_\_

Uterine Scar  Intact  Dehisced  Fetal Presentation \_\_\_\_\_ Fetal Position \_\_\_\_\_

Prolonged Incision-Delivery Time  Yes  No  Reasons: \_\_\_\_\_

Difficulty with delivery of baby:  Yes  No  Describe: \_\_\_\_\_

Liquor  Increased  Decreased  Clear  Meconium stained  No  Thin  Thick  Bloody  Offensive

Placenta  Fundal  Central  Anterior  Posterior  Praevia  Retroplacental Clot:  Yes  No

Other Placental Abnormalities: \_\_\_\_\_  Delayed cord clamping done  Time? \_\_\_\_\_

Uterine Abnormalities: \_\_\_\_\_

Uterine Tears: (give details) \_\_\_\_\_

Tubal ligation:  Yes  No  Type: \_\_\_\_\_ Histology  Yes  No

Closure: \_\_\_\_\_  
 Drains: \_\_\_\_\_  
 Further description of operation: \_\_\_\_\_

---

IUD inserted Type: \_\_\_\_\_

Estimated Blood Loss \_\_\_\_\_ ml

Resuscitation of baby:  Yes  No  Resuscitated by \_\_\_\_\_

Details of Neonatal Resuscitation: \_\_\_\_\_  Baby placed skin to skin

Result of cord blood gas (if indicated): \_\_\_\_\_

Advice for next pregnancy:  VBAC  Elective repeat CS  Other \_\_\_\_\_

Post-operative Management: \_\_\_\_\_

Signature \_\_\_\_\_

**FIRST EXAMINATION OF NEONATE (includes examination of stillborn babies)**

Baby allowed to be placed skin to skin  Time \_\_\_\_\_

General	Well	Sick			Comment*
Appearance	Well nourished	Obese	Wasted	Dysmorphic	
Behaviour	Responsive	Lethargic	Irritable	Jittery	
Cry	Normal	Hoarse	High-pitched	Absent	
Colour	Pink	Blue	Plethoric	Pale	
Skin	Intact	Jaundice	Rash / Purpura	Bruising	
Temperature	36-37°C	Hypothermic	Hyperthermic		
Odour	Normal	Offensive			
Head shape	Normal	Asymmetrical	Caput	Haematoma	
Fontanelles	Normal	Bulging	Large		
Sutures	Mobile	Overriding	Widened	Fused	
Face	Symmetrical	Asymmetrical	Abnormal		
Eyes	Normal	Infected	Small / Large	Slanting	
Ears	Normal	Abnormal	Low position		
Nose	Patent	Blocked			
Mouth	Normal	Smooth philtrum	Cleft lip		
Palate	Intact	Cleft soft	Cleft hard		
Tongue	Normal	Lip-tie, tongue tie	Large	Protruding	
Chin	Normal	Small			
Neck	Normal	Swellings	Webbed		
Apex beat	120-160/min	Tachycardia	Bradycardia		
Chest - nipples	Normal	Accessory			
Chest - clavicles	Intact	Swelling	Crepitus		
Chest movement	Symmetrical	Asymmetrical	Shallow		
Chest indrawing	Absent	Costal	Sternal		
Respiratory rate	40 - 60 pm	Fast	Slow		
Breath sounds	Quiet	Grunting	Noisy		
Arms	Normal	Not moving	Fracture L/R		
Palmar creases	Normal	Single			
Fingers	Normal	Polydactyly	Syndactyly		
Abdomen	Normal	Distended			
Umbilicus	Normal	Moist	Flare	Bleeding	
Hips	Normal	Dislocated	Dislocatable		
Legs	Normal	Not moving			
Toes	Normal	Polydactyly	Syndactyly		
Feet position	Normal	Position Deformity	Clubbed		
Back	Normal	Meningocele	Dimple / Hair tuft	Scoliosis	
Anus	Patent	Imperforate			
Femoral pulses	Present	Absent			
Genitalia: Male	Testes down	Undescended L/R	Hydrocoele	Inguinal hernia	
Genitalia: Female	Normal	Ambiguous			
Muscle tone	Normal	Hypotonic	Hypertonic		
Moro reflex	Present & equal	Asymmetrical	Weak	Absent	
Grasp reflex	Present	Weak	Absent		
Suck reflex	Present	Weak	Absent		
Urine	Passed	Not passed			
Meconium	Passed	Not passed			
<b>Assessment:</b>					
<b>Examined by:</b>			<b>Date and time:</b>		
<b>Checked by:</b>			<b>Date and time:</b>		

\* If any birth defects noted, please complete the birth defects notification form.

### ASSESSMENT OF THE NEWBORN

Infant's name: \_\_\_\_\_

Birth time: \_\_\_\_\_

Hospital number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender: M      F	Birth weight: g	HC: cm	Gest age score: weeks	Resuscitation: (circle)			
				None	Oxygen	Mask	Intubation
APGAR Score		0	1	2	1 min	5 min	Details of resuscitation
Appearance	Blue or pale	Body pink, limbs blue	Pink all over				
Pulse	Absent	<100/min	>100/min				
Grimacing (reflex)	No response	Grimace	Vigorous cry				
Activity	Limp	Slight flexion	Active, moves				
Respiration	Absent	Slow or irregular	Good crying				
TOTAL							
Routine care: Skin to skin <input type="checkbox"/> Delayed washing <input type="checkbox"/>							
Mode of delivery:    NVD      C/S      Vac      Forceps				Treatment given:			Date done:
Problems with delivery:				Eye care:			
Placenta:      weight      g				Vitamin K 1mg IMI			
Risk factors to baby:			Examination of baby:		Normal	Abnormal	
Pregnancy:		Care required:		Care received:		Date done:	
RPR Positive	No    Yes	Examine, Benzathine Pen if mother incompletely treated					
RPR unknown	No    Yes	Examine, Benzathine penicillin to baby if no result					
Rhesus negative	No    Yes	Check the TSB at 6 hours					
HIV Positive	No    Yes	Follow current PMTCT protocol					
HIV Unknown	No    Yes	Provide counselling and testing for mother, if positive start mother on ART and manage infant as high risk					
Maternal diabetes	No    Yes	Refer to nursery for hourly blood sugars and 24 hours observation					
<b>Labour:</b>							
MSL	No    Yes	Assess baby for respiratory distress					
Fetal distress	No    Yes	Assess baby for Neonatal Encephalopathy					
Problems during newborn period:				Preventative care:			
Birth weight <2500g- observe for 24h in postnatal ward for low blood sugar and ability to suckle				Polio:		Hepatitis B	
1.				BCG:			
2.				RTHC filled in:			
3.				Birth PCR date:		result:	
Feeding: If mother is HIV positive:				Follow up plans:			
Mother counselled on infant feeding		No    Yes	Before 3 days:	Date:	Place:		
Counsel on duration of NVP and where applicable AZT		No    Yes	At 6 weeks:	Date:	Place:		
			For PCR:	Date:	Place:		
Feeding on discharge?    EBF commenced within one hour    Yes    No				Reasons for failure of EBF:			
				Discharge weight:		Discharge date:	
<b>Identification:</b>							
At birth:	Date:	Midwife (print)		Mother (Print):		Witness:	
Postnatal ward:	Date:	Brought by:		Received by:		Mother:	
At discharge:	Date:	Midwife (print)		Mother (Print):		Witness	

MATERNAL EARLY WARNING OBSERVATION CHART FOR POSTNATAL WARD CARE

Date Time																				Date Time	
RESPIRATORY RATE	>30																			>30	
	21-30																			21-30	
	11-20																			11-20	
	0-10																			0-10	
SATURATION	95-100%																			95-100%	
	<95%																			<95%	
TEMPERATURE	39°C																			39°C	
	38°C																			38°C	
	37°C																			37°C	
	36°C																			36°C	
	35°C																			35°C	
Hb	≥ 8 g/dl																			≥ 8 g/dl	
	< 8 g/dl																			< 8 g/dl	
MATERNAL HEART RATE	140																			140	
	130																			130	
	120																			120	
	110																			110	
	100																			100	
	90																			90	
	80																			80	
	70																			70	
	60																			60	
	50																			50	
	40																			40	
SYSTOLIC BLOOD PRESSURE	170																			170	
	160																			160	
	150																			150	
	140																			140	
	130																			130	
	120																			120	
	110																			110	
	100																			100	
	90																			90	
	80																			80	
	70																			70	
60																			60		
50																			50		
DIASTOLIC BLOOD PRESSURE	120																			120	
	110																			110	
	100																			100	
	90																			90	
	80																			80	
	70																			70	
	60																			60	
	50																			50	
	40																			40	
	Urine volume in ml/hour																				Urine volume in ml/hour
	Breasts																				Breasts
HEIGHT OF FUNDUS	24 cm																			24 cm	
	22 cm																			22 cm	
	20 cm																			20 cm	
	18 cm																			18 cm	
	16 cm																			16 cm	
	14 cm																			14 cm	
	12 cm																			12 cm	
	10 cm																			10 cm	
8 cm																			8 cm		
Perineum																				Perineum	
Lochia	Normal																			Normal	
	Heavy (H) Fresh (F)																			Heavy (H) Fresh (F)	
	Offensive (O)																			Offensive (O)	
Neuro response	Alert																			Alert	
	Vocal																			Vocal	
	Pain																			Pain	
	Unresponsive																			Unresponsive	
Pain	None-mild																			None-mild	
	Severe																			Severe	
Looks unwell	No (✓)																			No (✓)	
	Yes (✓)																			Yes (✓)	
TOTAL YELLOW SCORE																				TOTAL	
TOTAL RED SCORE																				TOTAL	
DOCTOR CALLED (Y/N)																				TOTAL	
Signature																				TOTAL	

# Newborn Early Warning Observation Chart

Name of baby or place large baby sticker here

Date																				
Time																				

Temperature °C	38																			
	37.5																			
	37																			
	36.5																			
	36																			
	35.5																			
Value																				

Respiratory Rate	80																			
	70																			
	60																			
	50																			
	40																			
	30																			
Value																				

Grunting																				
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Heart Rate	190																			
	180																			
	170																			
	160																			
	150																			
	140																			
	130																			
	120																			
	110																			
	100																			
	60																			
Value																				

SaO2	≥95																			
	92-94																			
	<92																			

Neuro	Alert																			
	Irritable																			
	Jittery																			
	Poor feed																			
	Floppy																			
	Seizures																			

Glucose 2.3-2.6																				
Glucose <2.6																				

All observations in green – Continue observations, Routine care.

1 Observation in amber – Inform Sr in charge. Repeat observations in 30 minutes. If glucose 2.3-2.6, give milk feed first. If sats 92-94, try on other hand first.

2 or more observations in amber – Immediately Inform Dr for urgent medical review.

1 or more observation in red – Immediately inform Dr for urgent medical review.

PUERPERIUM NOTES

I have introduced myself by name to this person <input type="checkbox"/>			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>			

I have introduced myself by name to this person <input type="checkbox"/>			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>			

PUERPERIUM NOTES

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I have introduced myself by name to this person <input type="checkbox"/>			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>			

PUERPERIUM NOTES

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Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>			

I have introduced myself by name to this person <input type="checkbox"/>			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>			



PUERPERIUM NOTES

I have introduced myself by name to this person <input type="checkbox"/>			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>			

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PUERPERIUM NOTES

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Date and time	Mother	Baby	
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Date and time	Mother	Baby	
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PUERPERIUM NOTES

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Date and time	Mother	Baby	
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I have introduced myself by name to this person <input type="checkbox"/>			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands <input type="checkbox"/>			

# PRE-DISCHARGE CHECKLIST

Assess mother for problems	No	Yes	Recommended action
<p>The mother has a <b>danger sign</b>:</p> <ul style="list-style-type: none"> <li>○ heavy bleeding</li> <li>○ severe abdominal pain</li> <li>○ unexplained pain in chest or legs</li> <li>○ visual disturbance or severe headache</li> <li>○ breathing difficulty</li> <li>○ fever, chills</li> <li>○ vomiting</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Assess the cause (s) and initiate care or refer.</p> <p>Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.</p>
<p>The mother's <b>bleeding is heavy</b> or has increased since birth (e.g., bleeding soaks a pad in less than five minutes).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Start IV fluid and keep mother warm</p> <p>Delay discharge. Treat or refer.</p> <p>Evaluate and treat possible causes of bleeding (e.g., uterine atony retained placenta, or vaginal/cervical tear).</p>
<p>The mother has an <b>abnormal vital sign</b>:</p> <ul style="list-style-type: none"> <li>○ high blood pressure (SBP &gt; 140 mmHg or DBP &gt;90 mmHg)</li> <li>○ temperature &gt; 37.5°C</li> <li>○ heart rate &gt; 100 beats per minute</li> <li>○ respiratory rate &gt;20 per minute</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Give magnesium sulphate to mother if any of:</p> <ul style="list-style-type: none"> <li>• SBP ≥160 mmHg or DBP ≥110 mmHg; and 2+ proteinuria</li> <li>• SBP ≥140 or DBP ≥90 mmHg, and 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain</li> </ul> <p>Give antihypertensive medication to mother if SBP &gt;160 mmHg or DBP &gt;110mmHg</p> <p>Evaluate the cause of abnormal vital sign(s) and treat or refer.</p> <p>Defer discharge until vital signs have been normal for at least 48 hours and no danger signs remain.</p>
<p>The mother is not able to urinate easily</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Defer discharge; continue to monitor and evaluate the cause; treat or refer as needed</p>
<p><b>Mental state:</b> The mother is agitated or very withdrawn</p> <p><b>Support person:</b> The mother has a partner or support person to be with her at home</p> <p>The mother has a <b>safe home</b> to return to</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Defer discharge; continue to monitor and evaluate, refer appropriately (social worker, mental health nurse, psychiatrist etc).</p>
Assess baby for problems	No	Yes	Recommended action
<p>The baby has any of these danger signs:</p> <ul style="list-style-type: none"> <li>○ fast breathing (&gt; 60 breaths/ minute)</li> <li>○ severe chest in-drawing</li> <li>○ fever (temperature ≥ 37.5°C)</li> <li>○ hypothermia (temperature &lt; 35.5°C)</li> <li>○ yellow palms (hands) or soles (feet)</li> <li>○ convulsions</li> <li>○ no movement or movement only on stimulation</li> <li>○ feeding poorly or not feeding at all</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Assess cause of danger signs and initiate care or refer</p> <p>Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.</p>
<p>The baby is not breastfeeding at least every two to three hours (day and night).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Establish good breastfeeding practices and delay discharge.</p>
<p>The baby has not passed urine and/or stool</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Delay discharge and monitor; refer as needed</p>

Obstetric Discharge Summary (complete in duplicate). This copy accompanies the person.

<b>Date and time delivered:</b>		Name.....	
<input type="checkbox"/> Alive <input type="checkbox"/> Stillbirth <input type="checkbox"/> Perinatal death		Clinic/hospital number.....	
Age:                            G                            P		Date of birth.....	
		Use patient label if available	
<b>Type of delivery</b> <input type="checkbox"/> Normal vaginal delivery (NVD) <input type="checkbox"/> Caesarean delivery <input type="checkbox"/> primary <input type="checkbox"/> repeat <input type="checkbox"/> Breech delivery <input type="checkbox"/> Forceps delivery <input type="checkbox"/> Vacuum delivery <input type="checkbox"/> Born before arrival (BBA)		<b>Post-partum procedures</b> <input type="checkbox"/> None <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Manual removal of placenta <input type="checkbox"/> Cervical tears repaired <input type="checkbox"/> Evacuation/curettage <input type="checkbox"/> Hysterectomy	
<b>HIV</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Declined testing <input type="checkbox"/> CD 4:                            date: <input type="checkbox"/> Viral load                            date: <input type="checkbox"/> IPT <input type="checkbox"/> Co-trimoxazole WHO stage: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Current ART:		<b>Discharge medication</b> 1 2 3 4 5	
<b>Syphilis status</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive Treatment dates:		<b>Family Planning</b> <input type="checkbox"/> All methods and options discussed <b>Method given</b> <input type="checkbox"/> Oral contraceptives <input type="checkbox"/> Injectable <input type="checkbox"/> Intra-uterine device <input type="checkbox"/> Implant <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Vasectomy Given by:	
<b>Rhesus status</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive Anti-D given <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>ICD 10:</b> _____ <b>Next Pap smear due on:</b> _____	
<b>Medical or surgical problems during pregnancy or delivery</b> <input type="checkbox"/> None <input type="checkbox"/> Chronic hypertension <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> Diabetes <input type="checkbox"/> GDM <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Other:		<input type="checkbox"/> Condoms and advice on dual protection provided <input type="checkbox"/> Appointment given for sterilisation or follow up at family planning clinic: Date:    Clinic:	
<b>Obstetrical problems in pregnancy and delivery</b> <input type="checkbox"/> None <input type="checkbox"/> Antepartum haemorrhage <input type="checkbox"/> Postpartum haemorrhage <input type="checkbox"/> ROM <input type="checkbox"/> preterm <input type="checkbox"/> prolonged <input type="checkbox"/> Multiple pregnancy <input type="checkbox"/> Other:		<b>Examination on discharge</b> <input type="checkbox"/> Pre-discharge checklist completed <input type="checkbox"/> looks well <input type="checkbox"/> looks ill Pulse:    BP:    Temp:    HOF: Hb:    Breasts: Perineum: <input type="checkbox"/> intact <input type="checkbox"/> clean <input type="checkbox"/> septic Urine output: <input type="checkbox"/> good <input type="checkbox"/> poor <input type="checkbox"/> none	
		<b>Baby 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> BCG <input type="checkbox"/> Polio <input type="checkbox"/> Birth PCR Weight.....g    Head.....cm    Length .....cm <b>Baby 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> BCG <input type="checkbox"/> Polio <input type="checkbox"/> Birth PCR Weight.....g    Head.....cm    Length .....cm	
		<b>ART provided to baby:</b> <b>Feeding options</b> <input type="checkbox"/> Discussed <input type="checkbox"/> Initiated successfully Method of feeding: Remarks:	
<b>Intrapartum procedures</b> <input type="checkbox"/> None <input type="checkbox"/> Repair of tears <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> Episiotomy <input type="checkbox"/> CD <input type="checkbox"/> lower segment transverse <input type="checkbox"/> lower segment vertical <input type="checkbox"/> Classical		<b>Advice on discharge</b> Next pregnancy: BANC <input type="checkbox"/> High Risk Clinic <input type="checkbox"/> Future mode of delivery <input type="checkbox"/> NVD <input type="checkbox"/> VBAC <input type="checkbox"/> Elective CS Next viral load due:    Next tetanus dose due: Postnatal visit: Date:    at clinic/hospital: <input type="checkbox"/> Notification of birth    Immunisations: <input type="checkbox"/> Mental health matters discussed <input type="checkbox"/> Child Support Grant discussed <input type="checkbox"/> Postnatal care and breastfeeding support locations discussed <input type="checkbox"/> Self-care discussed <input type="checkbox"/> Baby care discussed	
		<b>Name</b> <b>Rank</b> <b>Signature</b>	

**Obstetric Discharge Summary (complete in duplicate). This copy remains in case record.**

<b>Date and time delivered:</b>		Name.....	
<input type="checkbox"/> Alive <input type="checkbox"/> Stillbirth <input type="checkbox"/> Perinatal death		Clinic/hospital number.....	
Age:                      G                      P		Date of birth.....	
		Use patient label if available	
<b>Type of delivery</b> <input type="checkbox"/> Normal vaginal delivery (NVD) <input type="checkbox"/> Caesarean delivery <input type="checkbox"/> primary <input type="checkbox"/> repeat <input type="checkbox"/> Breech delivery <input type="checkbox"/> Forceps delivery <input type="checkbox"/> Vacuum delivery <input type="checkbox"/> Born before arrival (BBA)		<b>Post-partum procedures</b> <input type="checkbox"/> None <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Manual removal of placenta <input type="checkbox"/> Cervical tears repaired <input type="checkbox"/> Evacuation/curettage <input type="checkbox"/> Hysterectomy	
<b>HIV</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Declined testing <input type="checkbox"/> CD 4:                      date: <input type="checkbox"/> Viral Load                      date: <input type="checkbox"/> IPT <input type="checkbox"/> Co-trimoxazole WHO stage: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Current ART:		<b>Discharge medication</b> 1 2 3 4 5	
<b>Syphilis status</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive Treatment dates:		<b>Family Planning</b> <input type="checkbox"/> All methods and options discussed <b>Method given</b> <input type="checkbox"/> Oral contraceptives <input type="checkbox"/> Injectable <input type="checkbox"/> Intra-uterine device <input type="checkbox"/> Implant <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Vasectomy Given by:	
<b>Rhesus status</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive Anti-D given <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>ICD 10:</b> _____ <b>Next Pap Smear due on:</b> _____	
<b>Medical or Surgical problems during pregnancy or delivery</b> <input type="checkbox"/> None <input type="checkbox"/> Chronic hypertension <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> Diabetes <input type="checkbox"/> GDM <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Other:		<input type="checkbox"/> Condoms and advice on dual protection provided <input type="checkbox"/> Appointment given for sterilisation or follow up at family planning clinic: Date:                      Clinic:	
<b>Obstetrical problems in pregnancy and delivery</b> <input type="checkbox"/> None <input type="checkbox"/> Antepartum haemorrhage <input type="checkbox"/> Postpartum haemorrhage <input type="checkbox"/> ROM <input type="checkbox"/> preterm <input type="checkbox"/> prolonged <input type="checkbox"/> Multiple pregnancy <input type="checkbox"/> Other:		<b>Examination on discharge</b> <input type="checkbox"/> Pre-discharge checklist completed <input type="checkbox"/> looks well <input type="checkbox"/> looks ill Pulse:                      BP:                      Temp:                      HOF: Hb:                      Breasts: Perineum: <input type="checkbox"/> intact <input type="checkbox"/> clean <input type="checkbox"/> septic Urine output: <input type="checkbox"/> good <input type="checkbox"/> poor <input type="checkbox"/> none	
<b>Intrapartum procedures</b> <input type="checkbox"/> None <input type="checkbox"/> Repair of tears <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> Episiotomy <input type="checkbox"/> CD <input type="checkbox"/> lower segment transverse <input type="checkbox"/> lower segment vertical <input type="checkbox"/> Classical		<b>Baby 1</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> BCG <input type="checkbox"/> Polio <input type="checkbox"/> Birth PCR Weight.....g    Head.....cm    Length.....cm <b>Baby 2</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> BCG <input type="checkbox"/> Polio <input type="checkbox"/> Birth PCR Weight.....g    Head.....cm    Length.....cm	
		<b>ART provided to baby:</b> <b>Feeding options</b> <input type="checkbox"/> Discussed <input type="checkbox"/> Initiated successfully Method of feeding: Remarks:	
		<b>Advice on discharge</b> Next pregnancy: BANC <input type="checkbox"/> High Risk Clinic <input type="checkbox"/> Future mode of delivery <input type="checkbox"/> NVD <input type="checkbox"/> VBAC <input type="checkbox"/> Elective CS Next viral load due:                      Next tetanus dose due: Postnatal visit: Date:                      at clinic/hospital: <input type="checkbox"/> Notification of birth                      Immunisations: <input type="checkbox"/> Mental health matters discussed <input type="checkbox"/> Child Support Grant discussed <input type="checkbox"/> Postnatal care and breastfeeding support locations discussed <input type="checkbox"/> Self-care discussed <input type="checkbox"/> Baby care discussed	
		<b>Name</b> <b>Rank</b> <b>Signature</b>	

## Maternal and Infant PMTCT Discharge Letter

Complete on carbon copy, this page remain in folder

HPRN: \_\_\_\_\_

Mom Name & Surname: \_\_\_\_\_

Mom Date of Birth: \_\_\_\_\_

**Dear Colleaau**

Infant Name & Surname: \_\_\_\_\_

Gender:  Male  Female

Infant HPRN: \_\_\_\_\_

Infant Date of Birth: \_\_\_\_\_

Has been discharged from: \_\_\_\_\_ (facility name) on \_\_\_\_\_ (date)

Discharging nurse: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Follow-up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow-up Site: \_\_\_\_\_

Sign: \_\_\_\_\_

**Maternal Discharge Status and Postnatal Follow Up**

**LABORATORY BARCODE**

**ART**

- Mother started on ART:  less than 12 weeks prior to delivery  
 at or after delivery

**Viral Load**

- VL done at delivery  
 Viral load: \_\_\_\_\_

- Mother on ART since before pregnancy or more than 12 weeks prior to delivery  
 Mother ART regime: \_\_\_\_\_

**Feeding Method at Discharge (tick appropriate option)**

- Exclusively breastfeeding  Formula feeding  Heat-treated own milk

**Contraception at Discharge**

- IUCD  Implant  Oral contraception  Injectable hormones  Sterilization

**Infant Discharge Status and Postnatal Follow Up**

**HIV Test (Discharge)**

<input type="checkbox"/> PCR test done Date of PCR test: _____	<b>LABORATORY BARCODE</b>	PCR test result received <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Awaited <input type="checkbox"/> Mother informed of test result
---	---------------------------	---

**Discharge Post Exposure Prophylaxis (PEP)**

<b>Low risk</b> (moms VL at delivery < 1000c/ml) <input type="checkbox"/> NVP for 6 weeks once daily	<b>High risk</b> (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml) <input type="checkbox"/> NVP once daily for 12 weeks if mom is <b>breastfeeding</b> and if needed until mom's VL < 1000c/ml or until 1 week after cessation of all breastfeeding <input type="checkbox"/> NVP once daily for 6 weeks if <b>formula fed</b>
---	---

**Postnatal Follow-up and Baby Wellness Visits**

		3-6 days	6 weeks	10 weeks	6 months	18 months	Any other test
Visit Date: _____ / _____ / _____							
Mother	ART	<input type="checkbox"/> If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) <input type="checkbox"/> If not, start TEE (TDF, FTC) <input type="checkbox"/> If not, start TEE (TDF, FTC, and EFV)					
	VL	<input type="checkbox"/> If VL > 50c/ml (manage as per VL non-suppression) <input type="checkbox"/> If VL > 1000c/ml (manage infant as high risk)	<input type="checkbox"/> If VL > 50c/ml (manage as per VL non-suppression) <input type="checkbox"/> If VL > 1000c/ml (manage infant as high risk)	<input type="checkbox"/> If VL > 50c/ml (manage as per VL non-suppression) <input type="checkbox"/> If VL > 1000c/ml (manage infant as high risk)	<input type="checkbox"/> VL done @ 6mo (all HIV+ moms) Continue VL every 6 months until cessation of breastfeeding	<input type="checkbox"/> VL done @ 18mo (if mom is still breast-feeding)	<input type="checkbox"/> VL done @ 12/24mo (if mom is still breast-feeding)
Infant	HTS	<input type="checkbox"/> Birth PCR done <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Check mom's ART adherence and last VL value	<input type="checkbox"/> 10 weeks PCR test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> 6 month PCR test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Rapid/Elisa Test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> HIV test <input type="checkbox"/> Positive <input type="checkbox"/> Negative
	Prophylaxis	<input type="checkbox"/> Check adherence and tolerance to NVP (and AZT)	<input type="checkbox"/> Start CPT <input type="checkbox"/> Stop NVP (low risk) <input type="checkbox"/> Stop AZT (high risk)	Stop NVP after 12 weeks if mothers VL < 1000c/ml If child tests positive for HIV stop NVP and initiate ART and do confirmatory PCR			
	Feedin	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula fed	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula fed

## Maternal and Infant PMTCT Discharge Letter

Complete on carbon copy, this page should be torn out at discharge and sent back to the clinic for postnatal and baby follow up visits.

HPRN: \_\_\_\_\_

Mom Name & Surname: \_\_\_\_\_

Mom Date of Birth: \_\_\_\_\_

Dear Colleaau

Infant Name & Surname: \_\_\_\_\_

Gender:  Male  Female

Infant HPRN: \_\_\_\_\_

Infant Date of Birth: \_\_\_\_\_

Has been discharged from: \_\_\_\_\_ (facility name) on \_\_\_\_\_ (date)

Discharging nurse: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Follow-up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Follow-up Site: \_\_\_\_\_

Sign: \_\_\_\_\_

### Maternal Discharge Status and Postnatal Follow Up

**LABORATORY BARCODE**

**ART**

- Mother started on ART:  less than 12 weeks prior to delivery  
 at or after delivery

**Viral Load**

- VL done at delivery  
Viral load: \_\_\_\_\_

- Mother on ART since before pregnancy or more than 12 weeks prior to delivery  
Mother ART regime: \_\_\_\_\_

**Feeding Method at Discharge (tick appropriate option)**

- Exclusively breastfeeding  Formula feeding  Heat-treated own milk

**Contraception at Discharge**

- IUCD  Implant  Oral contraception  Injectable hormones  Sterilization

### Infant Discharge Status and Postnatal Follow Up

**HIV Test (Discharge)**

- PCR test done  
Date of PCR test: \_\_\_\_\_

**LABORATORY BARCODE**

PCR test result received  
 Positive  Negative  Awaited  
 Mother informed of test result

**Discharge Post Exposure Prophylaxis (PEP)**

- |   |  |
|---|--|
| <p><b>Low risk</b> (moms VL at delivery &lt; 1000c/ml)</p> <p><input type="checkbox"/> NVP for 6 weeks once daily</p> | <p><b>High risk</b> (mom initiated after 28 weeks / has no VL / VL is &gt; 1000c/ml)</p> <p><input type="checkbox"/> NVP once daily for 12 weeks if mom is <b>breastfeeding</b> and if needed until mom's VL &lt; 1000c/ml or until 1 week after cessation of all breastfeeding <input type="checkbox"/> AZT twice daily for 6 weeks irrespective of feeding choice</p> <p><input type="checkbox"/> NVP once daily for 6 weeks if <b>formula fed</b></p> |
|---|--|

**Postnatal Follow-up and Baby Wellness Visits**

		3-6 days	6 weeks	10 weeks	6 months	18 months	Any other test
Visit Date:		/ /	/ /	/ /	/ /	/ /	/ /
Mother	ART	<input type="checkbox"/> If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) <input type="checkbox"/> If not, start TEE (TDF, FTC, and EFV)					
	VL	<input type="checkbox"/> Check ART adherence <input type="checkbox"/> If VL>50c/ml (manage as per VL non-suppression) <input type="checkbox"/> If VL>1000c/ml (manage infant as high risk)	<input type="checkbox"/> Check ART adherence <input type="checkbox"/> If VL>50c/ml (manage as per VL non-suppression) <input type="checkbox"/> If VL>1000c/ml (manage infant as high risk)	<input type="checkbox"/> Check ART adherence <input type="checkbox"/> If VL>50c/ml (manage as per VL non-suppression) <input type="checkbox"/> If VL>1000c/ml (manage infant as high risk)	<input type="checkbox"/> Check ART adherence <input type="checkbox"/> VL done @ 6mo (all HIV+ moms) Continue VL every 6 months until cessation of breastfeeding	<input type="checkbox"/> Check ART adherence <input type="checkbox"/> VL done @ 18mo (if mom is still breast-feeding)	<input type="checkbox"/> Check ART adherence <input type="checkbox"/> VL done @ 12/24mo (if mom is still breast-feeding)
Infant	HTS	<input type="checkbox"/> Birth PCR done <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Check mom's ART adherence and last VL value	<input type="checkbox"/> 10 weeks PCR test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> 6 month PCR test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Rapid/Elisa Test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> HIV test <input type="checkbox"/> Positive <input type="checkbox"/> Negative
	Prophylaxis	<input type="checkbox"/> Check adherence and tolerance to NVP (and AZT)	<input type="checkbox"/> Start CPT <input type="checkbox"/> Stop NVP (low risk) <input type="checkbox"/> Stop AZT (high risk)	Stop NVP after 12 weeks if mothers VL < 1000c/ml If child tests positive for HIV stop NVP and initiate ART and do confirmatory PCR			
	Feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula feeding	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula fed	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Stopped breastfeeding <input type="checkbox"/> Formula fed



*Please mark applicable areas with an X*

Case ID \_\_\_\_\_

<b>GENERAL INFORMATION</b>											
Province:	District:	Name of Hospital/Facility:	Name of person notifying:	Date:							
Facility Contact No.:		Signature:									
<b>PARTICULARS OF MOTHER</b>											
Surname:		Name:		Date of birth:		Age of mother:					
<b>Maternal Conditions:</b>											
Pre-existing diabetes	Gestational diabetes	Epilepsy	Syphilis	TB	Cardiac Conditions	Hypertension	HIV				
<b>Maternal medication (cover the counter):</b>											
<b>Gravida &amp; Parity:</b>											
<b>PARTICULARS OF PATIENT</b>											
Surname:		Name:		Date of birth:		Gender:					
<b>Population group:</b>											
African	White	Indian	Coloured	Other	Specify:						
<b>Pregnancy outcome:</b>											
Live Birth	Still Birth	Termination of Pregnancy	Yes	No	If Yes:	Ultrasound	Chorionic Villus Sampling	Amniocentesis	Cordocentesis		
<b>Birth weight:</b>		<b>Gestational age:</b>		<b>BANC 1<sup>st</sup> visit (weeks):</b>		<b>BANC total visits (number):</b>					
<1000g	1000-1499g	1500-1999g	2000-2499g	>=2500g	<37 weeks	≥37 weeks	≥37 weeks				
<b>INVESTIGATIONS REQUESTED</b>											
Chromosome/cytogenetic	Biochemical/metabolic	DNA/molecular	No investigation necessary	Other diagnostic or screening procedure							
<b>Specify:</b>											
<b>COUNSELLING GIVEN (BY)</b>											
Clinical geneticist	Medical Doctor	Registered Nurse	Genetic counselor	No counseling given	Genetic Training received:		Yes	No			
<b>PATIENT STATUS/OUTCOME</b>											
Alive:	Inpatient	Outpatient	Discharged	Unit/Clinic/Ward name		Date of death if deceased:					
<b>Referral:</b>											
Referred to another Hospital?		Yes	No	Referred from Hospital?		Yes	No	If yes, name of that Hospital:			
<b>DIAGNOSIS</b>											
Skull	Face	Chest	Heart	Abdomen	Gastrointestinal Tract	Genitals	Arms	Legs	Hands	Feet	Skin
<b>Description:</b>											
<b>Diagnosis:</b>											
<b>Diagnosed by (If different than person notifying):</b>		Doctor	Registered Nurse	ICD 10 code:		Genetic Training received:		Yes	No		
Name:		Contact No.:									

**Remove this page and give to patient as information leaflet on discharge after delivery**

## **Some information about Family Planning after your baby is born**

### **Why is it important?**

Most couples start having sex again before six weeks after the baby is born. Pregnancy can occur by six weeks (before your periods start again) if you do not exclusively breastfeed; so it is important to make sure that you start using a method before your baby is four weeks old.

Best practice is for the chosen method of family planning to be started before you leave the place where your baby is born.

### **The most effective methods**

#### **Intrauterine contraception (IUD)**

- Copper IUDs prevent pregnancy for up to 10 years
- Failure rates are less than one per 1000 women.
- IUDs can be inserted immediately after the afterbirth (placenta) has been delivered.
- IUD use does not interfere with breastfeeding.

#### **Contraceptive implants**

- Implants are effective for three years
- Failure rates are around one per 1000 women.
- Implants are not recommended for HIV positive patients on medication (ask your doctor).
- Implants can be inserted immediately after delivery of the baby and before you go home.
- Postpartum implant use does not interfere with breastfeeding.

#### **Permanent contraception**

##### **Female sterilisation:**

- Failure rates are around two per 1000 women but the method is considered permanent.
- Female sterilisation can be performed within the first week after delivery or at any time after your baby is six weeks old.
- It may be convenient to perform female sterilisation at the time of Caesarean section.

##### **Male sterilisation (vasectomy):**

- Failure rates are around one per 1000 men but the method is considered permanent.

### **Effective methods**

#### **Contraceptive injections (failure rate three per 100 women):**

- Repeat injections must be given four or more times each year.
- Contraceptive injections can be started immediately after delivery and do not interfere with breastfeeding.

#### **Hormonal contraceptive pills (failure rate nine per 100 women):**

- Progestogen-only (POP, mini) pills:
  - Must be taken at the same time every day without a break.
  - They can be started immediately after delivery and do not interfere with breastfeeding.
- Combined oral contraceptive (COC) pills:
  - They can only be started six weeks after your baby is born
  - They should not be used by breastfeeding women until the baby is six months old

### **Less effective methods**

Male or female condoms. These are not so effective in preventing pregnancy, but they must always be used with your other method to prevent HIV and other sexually transmitted infections.

## Danger signs after delivery

I have severe  
headaches.  
I have blurry vision.  
**PRE-ECLAMPSIA**

I cry all the time. I  
have thoughts of  
hurting myself or my  
baby.  
**POST-PARTUM  
DEPRESSION**

I am short of breath.  
I breathe very fast.  
**PULMONARY  
EDEMA**

I have a fever or  
chills.  
My stomach hurts  
I have a foul  
smelling vaginal  
discharge.  
**POST-PARTUM  
SEPSIS**

My baby is unusually  
cold  
**HYPOTHERMIA**

My incision is not  
healing.  
**WOUND INFECTION**

I have severe pain  
and swelling in my  
calf. My calf is red.  
**DEEP VEIN  
THROMBOSIS**

I have vaginal  
bleeding that is  
soaking my pads.  
**POST-PARTUM  
HAEMORRHAGE**



### OBSERVATIONS IMMEDIATELY AFTER VAGINAL BIRTH

These observations must be commenced immediately after vaginal birth, and be done every 15 minutes for one hour, or longer if there is ongoing bleeding or any other complications

Date	Time	BP	Pulse	Respiratory rate	Uterine Tone	Vaginal blood loss observed <i>heavy flow or large blood clots or trickle or normal</i>	Vaginal blood loss* measured in drape or tray (mL)	Oxytocin infusion rate (if given)	Signature

\*NB. Measured cumulatively because drape or tray remains in place

**THE WHO FIRST RESPONSE PPH BUNDLE MUST BE TRIGGERED WHEN:**

**EITHER**

A. Blood loss ≥ 500 mL observed in drape or tray regardless of other observations or vital signs

**OR**

B. Clinical judgement – heavy vaginal blood loss, large blood clots, constant trickle, OR other clinical signs of excessive blood loss

Was PPH diagnosed NO  | YES  .

If yes, HOW: Tick A or B or Both in above box What Time: \_\_\_\_\_

**What treatment was given as part of first response?**  
 ✓ ONLY tick actions which occurred during first response to PPH

Massage  | Oxytocin  | TXA  | IV Fluids\*\*  | Examination (genital tract)   
 Misoprostol  | Syntometrine  | Ergometrine  | Second dose TXA

Was treatment Escalated due to refractory PPH

**Name:** \_\_\_\_\_
**Date:** \_\_\_\_\_
**Sign:** \_\_\_\_\_

\*\* Tick 'IV fluids' if at least a total of 200 mL volume of IV fluids have been given as part of an oxytocin and/or TXA infusion OR given alone

**Classification of shock**

	Compensated shock (Class I)	Mild shock (Class II)	Moderate shock (Class III)	Severe shock (Class IV)
<b>Blood loss</b>	500-1000 ml (10-15%)	1000-1500 ml (15-25%)	1500-2000 ml (25-35%)	2000-3000 ml (35-45%)
<b>Shock Index*</b>	0.6-0.9	1	1.5	2
<b>Systolic Blood Pressure</b>	Normal	Some changed in Blood pressure	Marked ↓	Severe ↓
<b>Pulse</b>	<100/min	<120/min	>120/min	>140/min
<b>Respiratory rate</b>	Normal	Mild increase	Moderate increase	Marked increase
<b>Mental status</b>	Normal	Agitated	Confused	Depressed level of consciousness

\*Shock index= heart rate/systolic BP (mmHg) (normal <0.5)