

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

QUOTES SHOULD BE DELIVERED TO:

Quotation.scmho@kznhealth.gov.za

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Kwazikwakhe Cele

Email:

Kwazikwakhe.cele@kznhealth.gov.za

Contact number: 033 815 8344

Finance Manager Name:

Mrs E.N Maphumulo Finance Manager Signature



PARTICULARS OF QUOTATION VOLLARS HERSBY INVITED TO QUOTE FOR REQUIREMENTS AT: DEPARTMENT OF HEALTH- CENTRAL SCM
TOD AIC HEILED I WALLED TO GOOTE FOR ALGORIEMENTOWN
FACSIMILE NUMBER: E-MAIL ADDRESS: Quotations.scmho@kznhealth.gov.za
PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES, PIETERMARITZBURG, 3201
QUOTE NUMBER: ZNQ /HOH /1634 /23 -24 VALIDITY PERIOD: 90 DAYS
DATE ADVERTISED: 04/12/2023 CLOSING DATE: 08/12/2023 CLOSING TIME: 11:00
DESCRIPTION: SUPPLY, DELIVER OF MATERNAL CASE RECORD
CONTRACT PERIOD (IF APPLICABLE):
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): 310 JABU NDLOVU STREET, PIETERMARITZBURG, SCM OFFICES, TENDER ADVISORY
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: Kwazikwakhe Cele TELEPHONE NUMBER: 033 815 8344 EMAII ADDRESS: Kwazikwakhe.Cele@kznhealth.gov.za
E WITTE / NOTICE OF
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO: CONTACT PERSON: Pinky Phungula TELEPHONE NUMBER: 033 395 3162
E-MAIL ADDRESS: Pinky.Phungula@kznhealth.gov.za
Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.
The quote box is open from 08:00 to 15:30.
QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)
NAME OF BIDDER:
E-MAIL ADDRESS:
POSTAL ADDRESS:
STREET ADDRESS;
TELEPHONE NUMBER: FACSIMILE NUMBER:
CELLPHONE NUMBER: SARS PIN:
VAT REGISTRATION NUMBER (If VAT vendor):
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.
UNIQUE REGISTRATION REFERENCE:
<u>, , , , , , , , , , , , , , , , , , , </u>



QUOTE NUMBE	R: ZNQ	_/ HOH	▼ ₁ 1634 ₁ 23 _24				
DESCRIPTION:	SUPP	LY, DELIV	ER OF MATERNAL CASE RECORD				
		ALLOCATED	ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS	IN TERMS OF	PPR 2022:	POINTS ALLC	CATED
	1		ated to companies at least 51% owned by Black People			20	
					COUNTRY OF	PRICE	
ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	MANUFACTUR E	R	С
	75 000		SUPPLY, DELIVER OF MATERNAL CASE				
			RECORD				
			A Company of the Comp				
			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				
	<u> </u>	1					
VALUE ADDE							
TOTAL QUOTA	ATION PRICE	(VALIDITY P	ERIOD 90 Days)				
		Y WITH THE	SPECIFICATION?				ES / NO ES / NO
IS THE PRICE DOES THE AR	TICLE CONFO	ORM TO THE	S.A.N.S. / S.A.B.S. SPECIFICATION?				ES / NO
STATE DELIVE	RY PERIOD ((E.G. 3 DAYS	, 1 WEEK)				
NAME OF BIDI	DER:		SIGNATURE OF BID (By signing this docur	DER: nent, I hereb	y agree to all term	s and conditions]	
OADAOIT/UN					DATE:		



BIDDER'S DISCLOSURE

SBD 4

4	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
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- 2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise, employed by the state?
- 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	r any person having a controlling interest in the enterp	ise, in table below.
FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION
TOLL NAME		
•		
<u></u>		
]		

2.2.	Do you, or any person connected with the bidder, have a relationship with any person w	ho 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 enterprise have any interest in any other related enterprise whether or not they are bidders.	any person having a controlling interest in the ing 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

- 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 consortium² 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.

PREVENTING AND COMBATING ABUSE IN	THE SUPPLY CHAIN MANAGEMENT	1 STSTEM SHOOLD THIS DECEMBRION	111000
NAME OF BIDDER	SIGNATURE	POSITION	DATE

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, atternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise

² 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

GCC

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. "Countervalling duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products letternationally
- 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
- 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.freasury.gov.za



Standards

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

Use of contract documents and information; inspection.

- The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, 5,1. 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.
- 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 5.2. purposes of performing the contract.
- 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 5.3. the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.
- 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 5.4 appointed by the purchaser, if so required by the purchaser.

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

Performance security

- 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 7.1. amount specified in SCC.
- 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 7.2. his obligations under the contract.
- The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall 7.3. 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
- 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 7.4. of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

inspections, tests and analyses

- All pre-bidding testing will be for the account of the bidder. 8.1.
- 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 8.2. 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.
- 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 8.3. decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.
- 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 8.4. the inspections, tests and analyses shall be defrayed by the purchaser.
- 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 8.5. services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.
- 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. 8.6.
- 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 8.7. 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.
- 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, 8.8. or to act in terms of Clause 23 of GCC.

Packing

- 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 9.1. 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,
- The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly 9.2. provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

10

- 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 10.1. documents to be furnished by the supplier are specified in SCC.
- Documents to be submitted by the supplier are specified in SCC. 10,2.

11

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



Transportation

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

13

- The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC: 13,1,
 - (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
- 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 13.2. and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

14

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
- 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

- 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 15,1. 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
- 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 15.2. 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.
- The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty. 15.3.
- 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 15.4. parts thereof, without costs to the purchaser.
- 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 15.5. 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

- The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC. 16.1.
- 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 16.2.
- 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. 16.3.
- Payment will be made in Rand unless otherwise stipulated in SCC. 16.4.

17

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 17.1. 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

Contract amendments 18

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

19

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. 19.1.

20

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 20,1. the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

Delays in the suppller's performance 21

- 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 21.1. contract.
- If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods 21.2. 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.
- 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
- 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.



- 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
- 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 21.6. 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.

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.

Termination for default

- 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 23.1. 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,
- 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 23.2. 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.
- 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 23.3. such supplier from doing business with the public sector for a period not exceeding 10 years.
- 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.
- Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable 23.5. 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.
- If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following 23.6. 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. 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 23.7. 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.

Anti-dumping and countervalling duties and rights

When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional 24.1. payment or anti-dumping or countervalling 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 antidumping 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 whichmay be due to him.

Force Maleure 25

- Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or 25.1. 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
- If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise 25.2. 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.

Termination for insolvency 26

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 26.1. 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

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 27.1. parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01



- 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.
- Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law. 27.3.
- Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC. 27.4.
- Notwithstanding any reference to mediation and/or court proceedings herein, 27,5.
 - (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.

Limitation of liability 28

- Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6; 28.1
 - (a) the supplier shall not be fiable 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

- 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 29.1. written in English.
- Applicable law 30
- The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC. 30.1.
- 31
- 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 31.1. 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
- 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 31.2. posting of such notice.
- 32
- A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country. 32.1.
- A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser. 32.2.
- 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 32.3. tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.
- National Industrial Participation (NIP) Programme 33
- The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation. 33.1.
- Prohibition of Restrictive practices
- 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 34.1. 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).
- If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has I have engaged in the restrictive practice 34.2. 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.
- 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 34.3. 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 I or claim damages from the bidder(s) or contractor(s) concerned.

SCC

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 towest 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 guoted 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:
 - 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.

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; fallure 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
- Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be todged 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 lime 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.

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE R2 000.01



Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid. 5.6.

- In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to 6,1. the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
 - If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
 - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- Samples must be made available when requested in writing or if stipulated on the document. 6.2.
 - If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All
 - (i) testing will be for the account of the bidder.

COMPULSORY SITE INSPECTION / BRIEFING SESSION

Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process. 7.1.

(i)	The institut	ion has determin	ed that a comp	ulsory site meeting Will I	not take place	е.
(ii)	Date:			Time:	:	Place:
Institution St	amp:				Institution Site	Inspection / briefing session Official:
					Full Name:	
					Signature:	
					Date:	

STATEMENT OF SUPPLIES AND SERVICES

The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she falls to do so, the Department 8.1. may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

SUBMISSION AND COMPLETION OF SBD 6.1 9.

Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information 9.1. required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

TAX COMPLIANCE REQUIREMENTS 10

- In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate 10.1. the tax compliance status of the supplier.
- In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be 10.2. considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

11

- A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars: 11.1.
 - (i) the name, address and registration number of the supplier;
 - (ii) the name and address of the recipient;
 - (iii) an individual serialized number and the date upon which the tax invoice
 - (iv) a description and quantity or volume of the goods or services supplied;
 - (v) the official department order number issued to the supplier;
 - (vi) the value of the supply, the amount of tax charged;
 - (vii) the words tax invoice in a prominent place.

PATENT RIGHTS 12

The supplier shall indemnify the KZN Department of Health (hereafter known as the purchaser) against all third-party claims of infringement of patent, 12.1. trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13.

- If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in 13.1. writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance,
- In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and 13.2. quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event 13.3. that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 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 13.4. 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.



TERMINATION FOR DEFAULT 14.

- 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 14.1.

 - In whole of 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.
- 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.
- 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 14.3. such supplier from doing business with the public sector for a period not exceeding 10 years.
- THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE. 15.



SBD 6.1.

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.

4. 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:

$$\begin{array}{c} 80/20 \\ P_{S}=80 \left(1-\frac{Pt-Pmin}{Pmin}\right) \end{array} \qquad \qquad OR \\ P_{S}=90 \left(1-\frac{Pt-Pmin}{Pmin}\right) \end{array}$$

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:

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

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.

	Number points The specific goal/s allocated points in terms of this tender allocate (80/20 system	points d <u>claimed</u> (80/20
Race	Full/partial/combination of points allocated to companies at least 51% owned by Black People	
	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 / Consortlum 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 go 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 req 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 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 ducancellation; (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram pother side) rule has been applied; and (e) forward the matter for criminal prosecution, if deemed necessary.	uired to furnish ne organ of e to such
	SIGNATURE(S) OF TENDERER(S) SURNAME AND NAME: DATE: ADDRESS:	



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 puerperlum 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

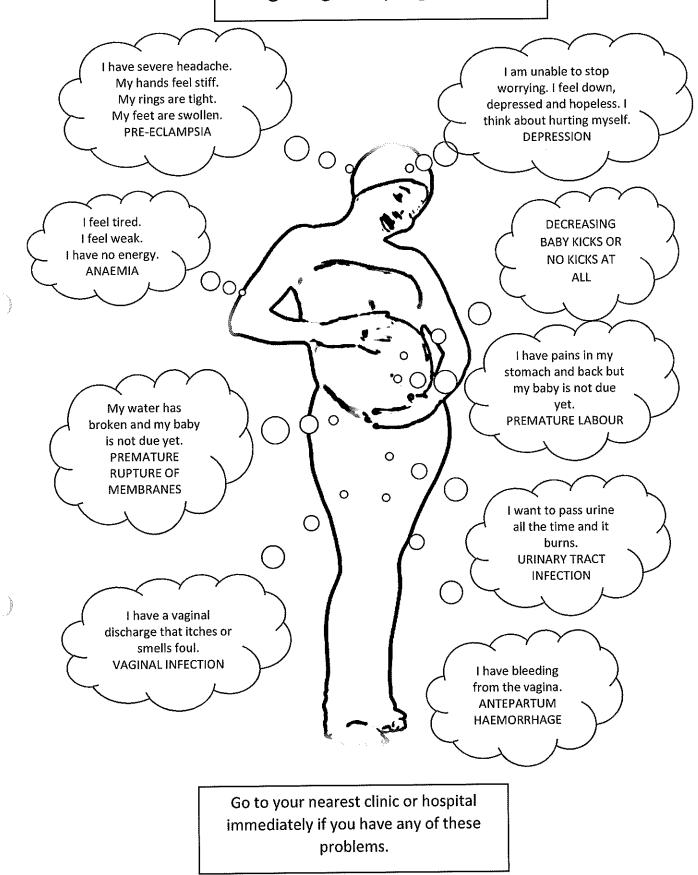
Level of care

Antenatal clinic:

Delivery site:

Tr	ansport when in labour:
	Name of patient or place large patient sticker here MomConnect Yes No
	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 pro	Agrees to the use of blood products if needed Disagrees to the use of blood products
Name of birth compa	nion Contact number of birth companion
Community health we	orker name
Contact detail of mar Name of person mandated to behalf of woman when approp	consent on
Contact telephone no	umber of mandate
Should I be unable to c	onsent 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



SBAR clinical report on maternity situation

STUATION	CITIATION		
The problem I am calling about is Just made an assessment of the patient: Vital signs: BP	Lam calling shout (name of woman)	Ward:	Hospital number
Just made an assessment of the patient: \tal signs:-BP			
Vital signs: BP	·		
I am concerned about:		te Oxygen saturation	% Oxygen at //min Temperature
Systolic pressure because:	1	teOxygen sacarotton _	
Systolic pressure greater than 160 mm Hg Diastolic pressure more than 100 mm Hg Significant proteinuria (++/++) Systolic pressure more than 100 mm Hg Systolic pressure less than 90 Pulse because: Pulse rate more than 120 Postpartum Pulse rate greater than systolic BP Pulse rate less than 40 Pulse rate greater than systolic BP Respiration rate because: Rate less than 10/min Rate more than 124/min BACKGROUND (lick relevant sections) The woman is: Parity [primiparous / multiparous/ grand multiparous) with gestationweeks and a [singleton/ multiple] pregnancy She hadprevious caesarean sections or episodes of uterine surgery The present fetal assessment is: Fundal helghtcm Presentationwithfifths head above brim: Fetal heart ratebpm CTG: Not done / normal/ suspicious/ pathological Antenatal risks Risks lidentified on antenatal card Labour Not in labour / spontaneous onset of labour/ induced labour IUGR / Pre-echampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage On oxytocin infusion (IU/mil fluid given atmi/hour) Most recent vaginal examination done at h bilatedcm withabove brim and position Membranes: intact/ ruptured at h with currently clear / meconium stained liquor/ Blood stained liquor Delivered at h with currently clear / meconium stained liquor/ Blood stained liquor Delivery date at h with currently clear / meconium stained liquor/ Blood stained liquor Blood loss mil Oxytocin infusion IU/ mil at mi/hour Fundal helght: High / Atonic/ Tender/ Abdominal-/ perineal wound oozing Treatment given/ in progress Rx RX SXESSMENT I think the porblem is, but the woman is deteriorating and we need to do something RECOMMENDATION Request Please come and see the woman immediately I think delivery need to be expedited I think the patient need to be transferred I would like advice on management of the patient		Urine output:	
Diastolic pressure more than 100 mm Hg Systolic pressure less than 90 Haemorrhage Pulse because: Antepartum Pulse rate more than 120 Postpartum Pulse rate less than 40 Pulse rate less than 40 Pulse rate less than 50 Pulse rate less than 10 Pulse rate greater than systolic BP CTG pathology Respiration rate because: Rate less than 10/min Rate more than 24/min Early obstetric warning scores: BACKGROUND (tick relevant sections) The woman is: Parity [primiparous / multiparous/ grand multiparous] with gestationweeks and a [singleton/ multiple] pregnancy She hadprevious caesarean sections or episodes of uterine surgery The present fetal assessment is: Fundal heightcm Presentationwithfifths head above brim: Fetal heart ratebpm CTG: Not done / normal/ suspicious/ pathological Antenatal risks Risks identified on antenatal cardlabour/ LUGR / Pre-eclampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage On oxytocin infusion (lU/mlf fluid given atml/hour) Most recent vaginal examination done at ho bilatedcm withabove brim and position Membranes: Intact/ ruptured ath with currently clear / meconium stained liquor/ Blood stained liquor Delivered ath with 3" stage complete/ retained placenta Delivery date ath with 3" stage complete/ retained placenta Delivery date ath mith 3" stage complete/ retained placenta Delivery date ath Type of delivery With/ without perineal trauma Blood loss ml Oxytocin Infusion U/ ml at ml/hour Fundal height: High / Atonic/ Tender/ Abdominal/ perineal wound oozing Treatment given/ in progress Rx ASSESSMENT Ithink the problem is The problem may be related to: Cardiac/Infection/ respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress am not sure what the problem is, but the woman is deteriorating and we need to do something RECOMMENDATION Request Please come and see the woman immediately think delivery need to be expedited think the patient need to	,	•	over last 4 hours
Systolic pressure less than 90	_ · · · -	•	
Pulse because: Antepartum Pulse rate more than 120			. ,
Pulse rate more than 120		•	
Pulse rate less than 40			
Pulse rate greater than systolic BP Respiration rate because: Rate less than 10/min Rate more than 24/min BACKGROUND (tick relevant sections) The woman is: Parity [primiparous / multiparous/ grand multiparous] with gestationweeks and a [singleton/ multiple] pregnancy She had previous caesarean sections or episodes of uterine surgery The present fetal assessment is: Fundal height cm Presentation with fifths head above brim: Fetal heart rate bpm CTG: Not done / normal/ suspicious/ pathological Antenatal risks Risks identified on antenatal card Labour Not in labour / spontaneous onset of labour/ induced labour IUGR / Pre-eclampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage On oxytocin infusion (IU/ ml fluid given at ml/hour) Most recent vaginal examination done at h Dilated cm with above brim and position Membranes: Intact/ ruptured at h with directive clear / meconium stained liquor/ Blood stained liquor Delivered at h with 3rd stage complete/ retained placenta Delivery date at h with 3rd stage complete/ retained placenta Delivery date at h with 3rd stage complete/ retained placenta Delivery date at h with 3rd stage complete/ retained placenta Delivery date at h with 3rd stage complete/ retained placenta Delivery date at h with 3rd stage complete/ retained placenta Delivery date at h with 3rd stage complete/ retained placenta Delivery date at		•	
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Treatment given/ in progress Rx ASSESSMENT I think the problem is The problem may be related to: Cardiac/infection/ respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress I am not sure what the problem is, but the woman is deteriorating and we need to do something RECOMMENDATION Request Please come and see the woman immediately I think delivery need to be expedited I think the patient need to be transferred I would like advice on management of the patient	Blood loss ml Oxytocin infusi	onIU/ml at	ml/hour
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Please come and see the woman immediately I think delivery need to be expedited I think the patient need to be transferred I would like advice on management of the patient			
Please come and see the woman immediately I think delivery need to be expedited I think the patient need to be transferred I would like advice on management of the patient			
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☐ I would like advice on management of the patient	•		
	· ·		
	-		
	Person completing form: (name)	Q ₂	ankTime

Extra copy of SBAR if referral is needed during antenatal care

Person reported to (Name) ____

SBAR clinical report on maternity situation

Comple	ete in duplicate (use car	bon paper)	
SITUATION			
I am calling about (name of woman)	Ward:	Hospital number	
The problem I am calling about is			
I just made an assessment of the patient:			
Vital signs:-BP/Pulse resp rate _	Oxygen saturation	_% Oxygen ati/min Tempe	rature (
I am concerned about:			
Blood pressure because:	Urine output:		
Systolic pressure greater than 160 mm Hg	Output less than 100 ml ove	r last 4 hours	
Diastolic pressure more than 100 mm Hg	Significant proteinuria (++/+	++)	
Systolic pressure less than 90	Haemorrhage		
Pulse because:	Antepartum		
Pulse rate more than 120	Postpartum		
Pulse rate less than 40	Fetal well being		
Pulse rate greater than systolic BP	CTG pathology		
Respiration rate because:			
Rate less than 10/min			
Rate more than 24/min	Early obstetric warning score	es:	
BACKGROUND (tick relevant sections)			
☐ The woman is:-			
Parity (primiparous / multiparous/ grand multiparo		ss and a [singleton/ multiple] pr	regnancy
She had previous caesarean sections or episo	odes of uterine surgery		
The present fetal assessment is:			
Fundal heightcm Presentation		rim: Fetal heart rate	bpm
CTG: Not done / normal/ suspicious/ pathologic	al		
☐ Antenatal risks			
Risks identified on antenatal card			
☐ Labour			
IUGR / Pre-eclampsia/ reduced fetal movements/ D On oxytocin infusion (IU/ml fluid Most recent vaginal examination done ath with	given atml/hour) _h Dilatedcm with currently clear / meconium sta	above brim and position ined liquor/ Blood stained liquo	
Deliveredath with 3 rd	stage complete/ retained places	nta	
☐ Post Natal			
Delivery dateath	Type of delivery	With/ without perineal traur	ma
Blood lossml Oxytocin infusion	IU/ml at	ml/hour	
Fundal height: High / Atonic/ Tender/ Abdom	inal-/ perineal wound oozing		
☐ Treatment given/ In progress			
Rx			
ASSESSMENT			
I think the problem is			***************************************
The problem may be related to: Cardiac/infection/			Fetal distress
I am not sure what the problem is, but the woman	is deteriorating and we need to	do something	
RECOMMENDATION			
Request			
Please come and see the woman immediately	1		
I think delivery need to be expedited		•	
I think the patient need to be transferred			
I would like advice on management of the part	tient		
Response			
Person completing form: (name)	Rank	Date	Time
Person reported to (Name)	(Rank)	Inst	
	1,		

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

SBAR clinical report on maternity situation

61711471633	
SITUATION	
I am calling about (name of woman)	Ward:Hosp. No
The problem I am calling about is	
I just made an assessment of the patient:	
Vital signs:- BP/ Pulse resp rate _	Oxygen saturation% Oxygen atI/min Temperature C
I am concerned about:	
Blood pressure because:	Urine output:
Systolic pressure greater than 160 mm Hg	Output less than 100 ml over last 4 hours
Diastolic pressure more than 100 mm Hg	Significant proteinuria (++/+++)
Systolic pressure less than 90	Haemorrhage
Pulse because:	Antepartum
Pulse rate more than 120	Postpartum
Pulse rate less than 40	Fetal well being
Pulse rate greater than systolic BP	CTG pathology
Respiration rate because:	
Rate less than 10/min	
Rate more than 24/min	Early obstetric warning scores:
BACKGROUND (tick relevant sections) The woman is:-	
	ous] with gestationweeks and a [singleton/ multiple] pregnancy
She had previous caesarean sections or episc	and a 1 singleton/ multiple) pregnancy
The present fetal assessment is:	odes of dieffile surgery
	withfifths head above brim: Fetal heart rate bpm
CTG : Not done / normal/ suspicious/ pathological	
☐ Antenatal risks	uu i
Risks identified on antenatal card	
□ Labour	
Not in labour / spontaneous onset of labour/induce	ed labour
IUGR / Pre-eclampsia/ reduced fetal movements/ Di	
On oxytocin infusion (IU/ml fluid a	
	h Dilatedcm withabove brim and position
Membranes : Intact/ ruptured ath with	currently clear / meconium stained liquor/ Blood stained liquor
Deliveredath with 3 rd	
□ Post Natal	
Delivery dateath	Type of delivery With/ without perineal trauma
Blood loss ml Oxytocin infusion _	tU/ml atml/hour
Fundal height: High / Atonic/ Tender/ Abdomi	inal-/ perineal wound oozing
Fundal height: High / Atonic/ Tender/ Abdomid Treatment given/ in progress	inal-/ perineal wound oozing
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Fundal height: High / Atonic/ Tender/ Abdomic Treatment given/ in progress Rx ASSESSMENT I think the problem is The problem may be related to: Cardiac/infection/ r I am not sure what the problem is, but the woman is ECCOMMENDATION Request Please come and see the woman immediately I think delivery need to be expedited I think the patient need to be transferred	respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress is deteriorating and we need to do something
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 ${\it This\ copy\ remains\ in\ case\ record\ and\ accompanies\ the\ patient.}$

Patient Sticker

PMTCT Checklist

	r air	em sucker			This is	a chec	klist ONLY aı	nd does not records.	replace offic	ial patient
HIV TEST	ING				L					
HIV status ur	nknown or pr	eviously ne	aative							
	hen pregnar		=	1 1		Pos	□ Neg	(if previo	us negative/un	known)
	at 20 weeks	-	Date:			Pos	□ Neg	٠.	us negative/un	•
•	at 26 weeks		Date:			Pos	□ Neg		us negative/un	•
	at 30 weeks		Date:			Pos	□ Neg		us negative/un	
	at 34 weeks		Date:			Pos	□ Neg		us negative/un	
	at 36 weeks		Date:			Pos	□ Neg	•	us negative/un	_
	at 38 weeks		Date:			Pos	□ Neg		us negative/un	
	at 40 weeks		Date:			Pos	□ Neg		us negative/un	•
ANTEN A			ring pregnancy							
	RT on the do			//		linteard	ated antenate	al and ART se	ervices)	
	ZT and refer								yet integrated)	
Gestation at						(, , , , , , , , , , , , , , , , , , , ,	, ,	
Regimen:	•									
CD4 at book						Cre	atinine			
VL:	Date:	/ /	Gestation:							
VL:	Date:		Gestation:							
VL;	Date:		Gestation:							
VL:	Date:		Gestation:							
Known HIV o		.,								
Regimen:	/II /-(KI									
Last ART visit	: Date:	1 1	Facility:							
			ng pregnancy:							-
VL:	Date:									
VL:	Date:		Gestation:							
VL:	Date:		Gestation:							
VL:	Date:		Gestation:							
		.,			***************************************					
LABOUR	& DEL	.IVERY								
	Data	1 1	Gestation:							
VL:	Date:	//	Gesidiion:					DATE	ПМЕ	
Client on AR	T									
☐ Continue	ART Re	gimen:			Tin	ne take	n:			
	ART [e.g. ur	booked, on	AZT prophylaxis, i	IIV diag	nosis in le	abour,	defaulted pr	ior to delive	ery (≥I week)]	, 1
Stat NVP		☐ Yes	□ No				se to diagno			
Stat TDF, 3TC	and DTG	☐ Yes	□ No				managing v diagnosis	well		
				- 1;	ranuggilf Help nee	ig wiin ded wi	alagnosis th disclosure	issues:	и yes/no	
					upport r				yes/no	
					Referred				yes/no	

Patient Sticker

PMTCT Checklist

		THIS IS U CITEC		records.	epiace official patient
HIV TESTING					
HIV status unknown or previously negative					
☐ Tested when pregnancy was confirmed	Date://	☐ Pos	□ Neg	fif previous	negative/unknown)
☐ Retested at 20 weeks	Date://	-	□ Neg		negative/unknown)
☐ Retested at 26 weeks	Date://_	-	□ Neg		negative/unknown)
☐ Retested at 30 weeks	Date://	-	□ Neg		negative/unknown)
☐ Refested at 34 weeks	Date://	-	□ Neg		negative/unknown)
☐ Retested at 36 weeks	Date://	-	□ Neg		negative/unknown)
☐ Refested at 38 weeks	Date://_	-	□ Neg	• •	negative/unknown)
□ Retested at 40 weeks	Date://_		□ Neg	•	negative/unknown)
ANTENATAL CARE Known HIV not on ART / New HIV during pre					
☐ Started ART on the day of diagnosis	Date://		ted antenata	l and ART servi	ices)
☐ Started AZT and referred for urgent ART	Date://	(antend	ital and ART se	ervices not yet	integrated)
Gestation at ART start:					
Regimen:					
CD4 at booking:		Cre	atinin <u>e</u>		***************************************
	station:				
	station:				
	station:				
	station:				
Known HIV on ART					
Regimen:	•••				
	:ility;				
Site where ART will be accessed during preg	inancy:				
VL: Date://					
	station:				
	station:				
VL: Date://_ Ge:	station:				
LABOUR & DELIVERY					
VL: Date://_ Ges	station;			L	
Client on ART				DATE	™E
☐ Continue ART Regimen:		Time taker			
Client not on ART [e.g. unbooked,on AZT pro	phylaxis. HIV diag	nosis in labour. d	efaulted prio	r to delivery	(>1 week)!
Stat NVP ☐ Yes ☐ No	i "'	Mother's response			[27 17 (21/9)]
Stat TDF, 3TC and DTG		Accepted and i			
	•	Struggling with o	liagnosis		
		Help needed with	n disclosure i	ssues:	yes/no
		Support needed Referred to coun	sellor		yes/no 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?		Yes	[1]	No	[0]
In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?		Yes	[1]	No	[0]
In the last 2 weeks, have you on some or most days had thoughts and plans to harm yourself or commit suicide?*		Yes Refer	[1]	No	[0]
TOTAL SCORE		0 or 1 2 >>>> 3 >>>>			
Offered Counselling		Yes		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.

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

COMPLETE USING CARBON PAPER. TEAR OUT THIS COPY AND RETAIN IN CLINIC/BANC+ FOLDER

_							D		_	_		\neg									T	T			T							Oral			
	z)						Intra-uterine pregnancy □	DD/MM/YYYY	dMN		***************************************			- Augustus - Company - Com	۲.			Date 2													IL PROTECTION)	Tubal ligation			
GESTATIONAL AGE	Certain?	٧٠	HC	- H	AFI	CRL			Sonar		AL HEALT		ڙ	alth?	BIKIH COMPANION		COUNSELLING	Date 1													PTION (PROVIDE DUA	Intra-uterine device Ti	with patient	egnancy and patient rig	on selected, adequate counselling was given
GESTA	DD/MM/YYYY	DD/MM/YYYY				gestation	☐ Multiple pregnancy ☐	ESTIMATED DATE OF DELIVERY	Method used to calculate FDD		MEN	Mental nealul screening.	Discussed and noted in case record	Where referred for mental health?		Birth companion discussed and noted on MCR	Š	Topic	Fetal movements	Parental preparedness	L	signs	******	nealth		Ces	Domestic violence	Labour and birth preparedness	are	seding	FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)	Inject	All management plans discussed with patient	Educational material given on pregnancy and patient rights	If tubal ligation selected, adequate counselling was given
(LNMP	SONAR	BPD	Ac	Placenta	Average gestation	Singleton	ESTIMAT	Method		1	Mental II	Discussed	Where re		Birth con			Fetal mo	Parental	Nutrition	Danger signs	主	Mental health	Alcohol	Tobacco	Domesti	Labour	Breast care	Infant feeding	3	Implant	All manag	Education	If tubal lig
λ ,			kg	kg/m²					E	ſ	$\overline{}$	MANUFACTURE TO THE PARTY OF THE						Ned	\exists		_	ug.				z >	Declined		Declined	Declined	Deciried				
m w			, t		15					NO	led							test Pos	J.		Yes	- Pro	·		28w	On ART	Neg		Neg	Solv	neg Neg	DD/MM/YY			Self-entry
g g	NOITAL	Urine	Weight		Breasts		Li Li Constanti di			AMINATI	sion obtain			te			INVESTIGATIONS	Repeat syphilis test		ĮΨ	Antibodies	700	7	Result		Pos	Pos		Pos	6			Result	Result	Result
	EXAMINATION	mmHg	뜅	cm BMI					ooking	VAGINAL EXAMINATION	d and permis			N Date			INVESTIK	Neo Rep	7	2,		ţ }	.tox 1		onal diabetes	Unknown	DD/MM/YY	The state of the s	DD/MM/YY	V/Chapm.co	DO/WIN/ Y Y	ART initiated on			L
CLINIC		BP /	Height	MUAC	Thyroid	Heart	Lungs	Abdomen	SF Measurement at booking	>	Examination explained and permission obtained	Vulva and vagina	Ulteriis	Pap smear done	ر	Result		Svohilis test		Treatment: 1st	Rhesus Pos Neg		Hbg/dl_letox_1st	Urine MCS: Date	Screening for gestational diabetes	HIV status at booking	HIV test at booking		HIV re-test		HIV re-test	CD 4 AR	Viral load: Date	Viral load: Date	Viral load: Date
ter) have		_)			ıfant Death,	Death,	Iterine death Complications											E F	2										adicine	drugs :	
(healthcare worker)							Misc		*A=Alive; ID= Infant Death,	NND=Neonatal	IUD=Intra-uterine death Outcome* Complications										HISTORY	- 4-8	Astrima	Officer			4:0000	renillafilino					Use of herbal medicine	Use of OTC drugs	
(healtho							a				Sex										SENERAL		Cardiac	<u>₹</u>				ا ۽					neg Us	Substances	
	name to:						(yrs) G	 - 	OBSTETRIC AND NEONATAL		Delivery Weight							ications:			MEDICAL AND GENERAL HISTORY		Diabetes	Mental health			-	Ulabelles					sod		
	myself by	- Laceston -		umber	airth				TRIC AND	<u> </u>	ation							Descriptions of complications			MEDIC		\exists		ا آ	detail		MINS				I	J	o Alcohol	Psychosocial risk factors
	introduced myself by name to:		Name :	Folder number	Date of birth		Age:	 	ORSTE	HISTORY	Year Ge	\vdash						Descriptic					Hypertension	Epilepsy		If yes, give detail	Family history		Details	Medication	Operations	Allergies	I B symptom screen	Tobacco	Psychosoci

THIS IS THE ORIGINAL COPY AND STAYS IN MATERNITY CASE RECORD

1, (healthcare worker) have	CLINIC	d d m m y y	GESTATIONAL AGE	ſ
introduced myself by name to:	FX	EXAMINATION	LNMP Certain? Y	_]
name N	BP/mmm	mmHg Urine	SONAR	
Folder niimber	Heightcm	Weight	BPDHC	
יייין ליייין לייין	MUAC	BMIkg/m²	AC FL	
Date of Dirth	Thyroid	Breasts	PlacentaAFI	
	Heart		ationCl	
Age:(yrs) G PMisc	Lungs	TO THE PROPERTY OF THE PROPERT	Singleton ☐ Multiple pregnancy ☐ Intra-uterine pregnancy ☐	ام ا
WOODWOOD (WOODWOOD)	SF Measurement at booking	THOSE PROPERTY OF THE PROPERTY	ESTIMATED DATE OF DELIVERY DD/MM/YYYYY	,
OBSTETRIC AND NEONATAL *A=Alive; ID= Infant Death, NND=Neonatal Death		The state of the s	Method used to calculate EDD Sonar SF LNMP	
الم	VAGINA	VAGINAL EXAMINATION)
Year Gestation Delivery Weight Sex Outcome* Complications	Examination explained and permission obtained	permission obtained	ENTAL HEALT	
	Vulva and vagina	THE	Mental health screening: Y N Score	\neg
	Cervix		Discussed and noted in case record	
		Date	Where referred for mental health?	
	rap silical ucile Y		BIRTH COMPANION	
	Result		Birth companion discussed and noted on MCR	
C		INVESTIGATIONS	COUNSELLING	
Descriptions of Computations.	Syphilis test Pos Neg	Repeat syphilis test Pos Neg	Topic Date 1 Date 2	2
			Fetal movements	
	nt: 13.	3.5	Parental preparedness	
MEDICAL AND GENERAL HISTORY	Kriesus Pos Neg	Antibodies Yes No	Nutrition	
Hypertension Diabetes Cardiac Asthma TB	Hh	ond Sugar	Danger signs	T
			HIV	
Epilepsy Mental health HIV Other	Urine MCS: Date	Result	Mental health	
(minimum management) (minimum minimum management)	Screening for gestational diabetes	ibetes 28w	Alcohol	
If yes, give detail	- HIV status at booking Unk	Unknown Pos On ART Y N	Tobacco	
	ၪ		Substances	
Family history Twins Diabetes TB Congenital	HIV test at booking DD/MM/YY	/// Pos Neg Declined	Domestic violence Labour and birth preparedness	
Details	HIV re-test DD/MM//Y	I/Y Pos Neg Declined	Breast care	
Medication	COMMENCE		Infant feeding	
Operations	HIV re-test	fav Sou	FUTURE CONTRACEPTION (PROVIDE DIM PROTECTION)	5
	CD 4 ART initiated on	ed on DD/MM/YY	and the state of t	
18 symptom screen pos neg Use of herbal medicine	nad' Date	Result	e l upai ligation	Oral
Tobacco Atcohot Substances Use of OTC drugs		Bosint	All management plans discussed with patient	
		Beaut		
ו של מוניסט מנות ו ופיר ו מיניסו ש		11CON I	ě	

FEMINIED BY: FEMI	Date PROBLEM LIST	6. 4. N	7 Date NOTES (essential facts only)										
EXAMINE (PRINT) DATE: 30cm 15cm 15cm 16cm 10cm 20cm 20cm 20cm 10cm 11cm 11cm	EXAMINED BY:	23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40						 PRESENTATION	15 16 17 18 10 20 21 22 24 25 28 29 30 31 32 33 34 35 36 37 38 39	02		Supplements Supplements Supplements Supplements	Haemoglobin (g/dl)

NOTES FOR ANTENATAL VISITS continued

<u>———</u>	Essential additional facts only (Do not duplicate data from p4 or p5)	Name (print) and signature
I have in	troduced myself by name to this person □ TB screen done □	
Date and		
time		
	Date for next visit:	
I have ex	xplained management plans to this person and checked that she understands 🗆	
I have in	troduced myself by name to this person 🗆 TB screen done 🗖	
Date and		
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	Date for next visit:	
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NOTES FOR ANTENATAL VISITS continued

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I have int	roduced myself by name to this person □ TB screen done □	
Date and		
time		
<u></u>	Date for next visit:	
I have ex	plained management plans to this person and checked that she understands \Box	
		J

Fetal Movement Chart (use only when indicated)

-							
ξ	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3 >	777777777	0.	71 /	**************************************	7////////	//////////////////////////////////////	7///////
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
				7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			
, c	betuild be counted	Eats I movements chould be counted and recorded on the chart aver a period of an increase the partial defeats the partial avertably rest on her side for this period	t over a period of an bour	T tochoover broadless T	regional principle accessor of	مامين سويا سويد بديارات	1

Fetal movements should be counted and recorded on the chart over a period of an hour per day after breakfast. The person should preferably rest on her side for this period.

Assessment findings Differential dia Vorking diagnosis Proposed management plan Il procedures have been explained and verbally consented by the public place.	DD/MM/YYYY	HH/MM	Name of health care worker:
orking diagnosis roposed management plan I procedures have been explained and verbally consented by the positions of the position of the pos	ave introduced myself by	name to this pers	son 🗆
orking diagnosis roposed management plan I procedures have been explained and verbally consented by the positions of the position of the pos	L STRANGE -		
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procedures have been explained and verbally consented by the po	ssessment findings		Differential diagnosis
procedures have been explained and verbally consented by the po			
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procedures have been explained and verbally consented by the po			
procedures have been explained and verbally consented by the po	orking diagnosis		
procedures have been explained and verbally consented by the po	Ji kilig diagnosis		
	oposed management p	olan	
	ALMONAT		
ave checked with the person regarding her birth companion	procedures have bee	n explained and	verbally consented by the person
	ave checked with the	person regardin	ng her birth companion
problem/ diagnosis is prior to delivery- continue clinical notes on page 19 problem/diagnosis is during established labour- continue clinical notes in labour se	problem/ diagnosis is prior	to delivery- continue	e clinical notes on page 19

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

DD/MM/	YYYY	Performed by:				
have introduced	I myself by name	to this person □				
Intrauterine	Yes	No	Nun	ber of fetuses		
Fetal movements	Yes	No	Hea	rtbeat	Yes	No
Fetal lie	cephalic	breech	tran	sverse		
	anterior	posterior	latei	al		
Placenta	high	low	dista	ance from os	mm	
Liquor	normal	reduced	incre	eased	Deepest cm	
Abdominal circu Femur length (F	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 the difference)			nore than 8 day		
Average gestation WEEKS: DAYS:				difference) Estimated fetal weight (EFW):		
DD/MM/	YYYY	Performed by:				
			Nicos	wher of fotunes		
Intrauterine	Yes	No	INUI	nber of fetuses		
Fetal movements	Yes	No	Hea	rtbeat	Yes	No
Fetal lie	cephalic	breech		sverse	1	
	anterior	posterior	late	ral		
Placenta	high low		dist	ance from os		mm
Liquor	normal	reduced	incr	eased	Deepest pool	cm
DIOMETRY (-1)	laab baud saus 4	i availabla)				
BiOMETRY- (att Biparietal diame	tach hard copy if eter (BPD)	avaliablej	mm	Weeks:	days:	
Head circumference (HC)			mm	Weeks:	days:	
Abdominal circu	umference (AC)		mm	Weeks:	days:	

DAYS:

mm

Femur length (FL)

Average gestation

Measurements concordant (8 days or less difference)

WEEKS:

Weeks:

difference)

Estimated Fetal Weight:

days:

Measurements discordant (more than 8 days

I have introduced myself by name to this person □ I have checked with this person regarding her birth companion □ I have discussed all management plans with this person and checked that she understands □			
Date and	assed an management plans with this person and thethed that she understands t	Name (print) and	
time		signature	
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Date and	asseu an management plans with this person and thetheu that she understands t	Name (print) and	
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time		Signature	

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I have introduced myself by name to this person □ I have checked with this person regarding her birth companion □			
I have discussed all management plans with this person and checked that she understands \Box			
Date and time		Name (print) and signature	
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CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have chec	oduced myself by name to this person ked with this person regarding her birth companion ussed all management plans with this person and checked that she understands	П
Date and	asses an management plans with this person and cheeked that she anderstands	Name (print) and
time		signature

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CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have che	oduced myself by name to this person \Box cked with this person regarding her birth companion \Box cussed all management plans with this person and checked that she understands	П
Date and		Name (print) and
time		signature
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OBSERVATION CHART when the diagnosis of labour is doubtful

Name:		Age:	<u>G</u> :	P:	Gestational age:		
Facility	ty:	Hb:	Presentation:	_	, market 1		121000
Comp	Companion:	Risk factors:			TOTAL PROPERTY PROPERTY CONTRACTOR CONTRACTO		
					The state of the s		
	Assessment 1: Date and time	au Je			Assessment 2: Date and time		
	Blood Pressure				Blood pressure		
	Pulse			I	Pulse		
	Temperature				Temperature		
ler.	Urine dipstick				Urine dipstick	**************************************	
- 	Fetal movement felt	Yes	No		Fetal movement felt	Yes	٥N
M	Emergency signs (bleeding, seizures, etc)	No	Yes		Emergency signs (bleeding, seizures, etc)	Š	Yes
	Contractions per 10 minutes				Contractions per 10 minutes		
	<20 sec 🞆 20-40 sec 🔳 >40 sec				<20 sec 888 20-40 sec IIII >40 sec		
	Maternal emotional state				Maternal emotional state		
Fetus	Fetus FHR: normal baseline, no decelerations	Yes	No		FHR: normal baseline, no decelerations	Yes	oN
	Head above brim				Head above brim		
٨	Dilatation				Dilatation		
d	Cervical length				Cervical length		
	Membranes intact	Yes	No		Membranes intact	Yes	No
15	Is the maternal condition reassuring?	Yes	No		Is the maternal condition reassuring?	Yes	No
:Klis	Is the fetal condition reassuring?	Yes	No		Is the fetal condition reassuring?	Yes	No
əq	Plan:				Plan:		
o	Initials and signature:				Initials and signature:		
	Reassuring maternal condition?	Yes	oN No	Plan (if not discharged):	lischarged):		
15	Reassuring fetal condition?	Yes	No	.			
Kļļ	Intact membranes?	Yes	No				
əų	No cervical changes since admission?	None	Changes				
ə ə S	Warning signs have been explained?	Yes	No				
Jaer	The mother understands the danger signs?	Yes	No				
) osi	Follow-up date:						
<u> </u>	initials and signature:			****			
			Page 23				

Page 23

Hourly observation chart for patients on Magnesium Sulphate (MgSO₄)

Date	Time	ВР	Pulse	Respiratory rate	Refl L	exes R	MgSO₄ dose	Urine: vol/h	Urine protein	Signature

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				***************************************					<u> </u>	

Date		I	L															Date
Time	>30																	Time >30
RESPIRATORY	21-30									Marie Constitution of the								21-30
RESPIRATOR	11-20 0-10																	11-20 0-10
SATURATION	95-100%	2222	Steuritossanoss									9//6-23/00						95-100% <95%
	<95% 39°C																200000000000000000000000000000000000000	39°C
a								<u> </u>										38*C
EM G	38°C	000000000000000000000000000000000000000			S/200001(00000	V000000000												
TEMPERATURE	37°C		 															37°C
<u>i</u>	36°C																	36°C
ff }	35°C					managari (1906)		1900 N 1000 N	Great/monethic			200000000000	112000000000000000000000000000000000000		Seption to the second	500000000000000000000000000000000000000		35°C
	≥8 gldi	597/65/6/6			9/2//2													≥ 8 g/dl
Hb (plot actual value)	< B g/dl								= 76									< 8 a/di
	140							7										140
	130											0						130
	120																	120
Z .																		110
id	110				132			11.1			1743.							
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Ī	90	ļ	ļ <u>.</u>	<u> </u>	-						<u> </u>							90
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Maternity Case Record Page 25

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Maternity Case Record Page 26

LABOUR- INITIAL ASSESSMENT (use this chart when the diagnosis of labour is certain) Time assessed: Time of admission: Date: Parity: ____ Gravidity: Assessed by: Age: I have introduced myself by name to this person ☐ Gestational age: Nutritional status: From: Time of referral: Reasons for referral: Date and time: Onset of labour ROM: Bleeding: Yes Booked: No If not booked, reason: Gest. Age at 1st booking _____ No of visits Name of clinic: weeks and days based on: Ultrasound ☐ Booking SF ☐ LNMP ☐ Gestational age:___ Labour companion is present 🗆 OR Offered to call a person she trusts to be with her in labour Pos Neg If Rh neg: antibodies Syphilis tests: Rhesus: If HIV neg, retest during labour: Pos Neg Pos HIV results: ART: Yes No Regimen: Problems at ANC Main complaints Severe difficulty Bleeding Severe abd pain Looks very ill Headache/visual disturbances Convulsions breathing **GENERAL EXAMINATION** Pulse: BP: Temp: ____ Appearance: General: CVS: Chest: MUAC: Other systems: Urinary analysis: ABDOMINAL EXAMINATION Oblique Scars: Transverse Vertical Lie: Longitudinal Transverse SF height Presentation: Cephalic Breech EFW: Normal Decreased Increased gram Liquor: 2 Level of head palpable above pelvic brim (in fifths) Absent Fetal heart rate: Normal Abnormal Contractions mild moderate strong Type of FHR abnormality: **VAGINAL EXAMINATION** Cervix Speculum: Blood Liguor Poor Application: Good Thick Thin Edematous | Not felt | Digital exam: cervix Dilatation: Length: Position: Moulding PP +++ Presenting part: Position: Caput: ++ Offensive Meconium stained liquor Thin Thick Blood stained Liquor: Clear Unsure Adequate Inadequate Pelvic assessment: **RISK FACTORS** <u>Labour</u> <u>Fetal</u> <u>Maternal</u> Check mental health screen at booking □ Summary of diagnosis and management: I have explained any examinations/procedures to be done and obtained verbal consent \square CLINIC/MOU District hospital Specialist hospital Tertiary hospital Person to be managed at

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ASSESSMENTS DURING LABOUR

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ASSESSMENTS DURING LABOUR

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Maternal condition:													

Maternal mental	144	. la L -		- na!n		+2							
and emotional			current ort is giv	t pain ma	nagemer	IL!							
condition:	VVIIat	. Տաբբ	DI LIS BIV	CITI									
	-										~~		
Fetal condition:				****									
Overall assessment													
and management													
plan:												····	
I have explained manag	ement	plans	to this	person	and her	birt				nat both	unders	stand 🗆	
Name (print)						_		ture and design					

CARDIOTOCOGRAPHY (CTG) (FIGO 2015) – CTG ONLY INDICATED FOR HIGH RISK PREGNANCIES Mat pulse: нн/мм Indication: DD/MM/YYYY Pathological (any one feature) Suspicious Refer to page: Normal <100 bpm (make sure it is not maternal pulse) 110-160 bpm □ Baseline Reduced (<5 bpm) variability >50 minutes □ Variability 5-25 bpm 🗖 Repetitive* late decelerations □ Lacking at least one OR No repetitive* decelerations □ characteristic of normality, Prolonged (>3min) decelerations during >30 minutes \Box but no pathological features OR (*Decelerations are repetitive in Decelerations Prolonged (>3min) decelerations during >20 minutes with nature when they are associated reduced variability 🗆 with more than 50% of uterine OR contractions) One prolonged deceleration >5 minutes 🗆 low probability of hypoxia Fetus with high probability of hypoxia/acidosis Fetus with no hypoxia Interpretation Irregular 🗖 Regular 🗖 Mild 🗖 Moderate Strong 🗖 Expulsive None 🗖 Contractions Action to correct Immediate action to correct reversible causes 🗖 No intervention Clinical reversible causes if If not possible, or no recovery; immediate delivery \Box necessary Identified 🗆 management: Call doctor immediately Alert doctor of findings □ I have explained the nature of the findings and planned action to the person and her birth companion \Box Evaluation done by: HH/MM Indication: Mat pulse: DD/MM/YYYY Pathological (any one feature) Suspicious Normal Refer to page: <100 bpm [] (make sure it is not maternal pulse) 110-160 bpm Baseline Reduced (<5 bpm) variability >50 minutes □ Variability 5-25 bpm 🗆 Repetitive* late decelerations Lacking at least one No repetitive* decelerations □ OR characteristic of normality. Prolonged (>3min) decelerations during >30 minutes 🗆 but no pathological features OR f*Decelerations are repetitive in Decelerations Prolonged (>3min) decelerations during >20 minutes with nature when they are associated reduced variability 🗆 with more than 50% of uterine contractions) One prolonged deceleration >5 minutes 🗆 low probability of hypoxia Fetus with high probability of hypoxia/acidosis Fetus with no hypoxia Interpretation Expulsive 🗖 Irregular 🗖 Regular 🗖 Mild 🗖 Moderate 🗖 Strong 🗖 Contractions None 🗖 Action to correct Immediate action to correct reversible causes No Intervention reversible causes if Clinical If not possible, or no recovery; Immediate delivery \square necessary identified management: Call doctor immediately Alert doctor of findings I have explained the nature of the findings and planned action to the person and her birth companion \Box Evaluation done by: Mat pulse: Indication: HH/MM DD/MM/YYYY Suspicious Pathological (any one feature) Refer to page: Normal 110-160 bpm <100 bpm 🛘 (make sure it is not maternal pulse) Baseline Reduced (<5 bpm) variability >50 minutes □ Variability 5-25 bpm 🗖 Repetitive* late decelerations □ Lacking at least one OR No repetitive* decelerations 🗆 characteristic of normality. Prolonged (>3min) decelerations during >30 minutes □ but no pathological features OR (*Decelerations are repetitive in Decelerations П Prolonged (>3min) decelerations during >20 minutes with nature when they are associated reduced variability with more than 50% of uterine contractions) One prolonged deceleration >5 minutes 🛘 low probability of hypoxia Fetus with high probability of hypoxia/acidosis Fetus with no hypoxia Interpretation Regular 🗖 Mild 🗖 Moderate 🗖 Strong 🗖 Irregular 🗖 Contractions None 🗖 Action to correct. Immediate action to correct reversible causes No intervention reversible causes if Clinical

identified 🛘

Alert doctor of findings 🗖

necessary 🗆

I have explained the nature of the findings and planned action to the person and her birth companion \Box

management:

If not possible, or no recovery; Immediate delivery 🗖

Call doctor immediately

DO/04	M/YYYY		нн/мм		Indication:		Mat pulse:
		<u> </u>	131 // 181181		<u> </u>		
Refer to page:	Nors	mai			Suspicious	Pathological (an	
Baseline	110-160 bpm 🗆					<100 bpm (make sure it is not	
Variability	5-25 bpm □ No repetitive* dec	elera	tions 🗖		Lacking at least one	Reduced (<5 bpm) variability >50 : Repetitive* late decelerations OF	
Decelerations	(*Decelerations are nature when they with more than 50 contractions)	are as	ssociated		racteristic of normality, no pathological features	Prolonged (>3min) decelerations of OF Prolonged (>3min) decelerations of reduced variability OF One prolonged deceleration >5 m	t luring >20 minutes with
Interpretation	Fetus with no hypo	oxia		low p	robability of hypoxia	Fetus with high probability of hype	
Contractions	None □ i rr	egula	r □ Re _f	gular 🛭	I Mild □ Mod	derate 🗖 Strong 🗖 Exp	oulsive 🗆
Clinical management:	No inter necessa	ary C]		Action to correct reversible causes if Identified rt doctor of findings	Immediate action to correct revers if not possible, or no recovery; imm Call doctor immediately []	
		ings a	and planned a	ction to	the person and her birth	companion 🗆	
Evaluation done b	y.						
DD/MI	м/үүүү		нн/мм		Indication:		Mat pulse:
Refer to page:	Nori	mal			Suspicious	Pathological (an	y one feature)
Baseline	110-160 bpm 🛚					<100 bpm 🛘 (make sure it is not	maternal pulse)
Variability	5-25 bpm 🗆					Reduced (<5 bpm) variability >50	minutes 🗆
Decelerations	No repetitive* dec (*Decelerations ar nature when they with more than 50 contractions)	e repa	etitive in ssociated	cha	Lacking at least one racteristic of normality, no pathological features	Repetitive* late decelerations Of Prolonged (>3min) decelerations Of Prolonged (>3min) decelerations reduced variability Of One prolonged deceleration >5 m	furing >30 minutes R during >20 minutes with
Interpretation	Fetus with no hypo	oxia		low p	robability of hypoxia	Fetus with high probability of hyp	
Contractions	None 🗖 🔭	egula	r □ Rep	gular C	I Mild □ Mo	derate 🗖 Strong 🗖 Exp	pulsive 🗖
Clinical management:	No inter necessa			Ale	Action to correct reversible causes if identified \square art doctor of findings \square	Immediate action to correct revers if not possible, or no recovery; Imr Call doctor immediately □	
		ings a	and planned a	ction to	the person and her birth	companion 🗆	
Evaluation done b	y:						
DD/MI	M/YYYY		нн/мм		Indication:		Mat pulse:
Refer to page:	Non	mal			Suspicious	Pathological (an	y one feature)
Baseline	110-160 bpm 🛚					<100 bpm □ (make sure it is not	maternal pulse)
Variability	5-25 bpm □					Reduced (<5 bpm) variability >50	minutes 🛘
Decelerations	No repetitive* dec {*Decelerations ar nature when they with more than 50 contractions}	e rep are a:	etitive in ssociated	cha	Lacking at least one racteristic of normality, no pathological features □	Repetitive* late decelerations OI Prolonged (>3min) decelerations OI Prolonged (>3min) decelerations reduced variability OI One prolonged deceleration >5 m	during >30 minutes R during >20 minutes with
interpretation	Fetus with no hypo	oxła	······	low p	robability of hypoxia	Fetus with high probability of hyp	
Contractions		egu¦a	r □ Re	gular C			pulsive 🗆
Clinical management:	No Inter necessa	ventk	on J	Ale	Action to correct reversible causes if identified \square ert doctor of findings \square	Immediate action to correct reversif not possible, or no recovery; image Call doctor immediately	
I have explained t	he nature of the find	lings a	and planned a	ction to	the person and her birth	companion 🗆	
Evaluation done b							

Date and time	Remarks	Name (print) and signature

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Date and time	Remarks	Name (print) and signature
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SUMMARY OF LABOUR

From full dilatation to delivery

Method of delivery: NVI Delivered by:) Breech	Δ.		an section	Instrumental Othe	PE:
Complications: Maternal position during labour			-			
	abnormal □ if ab	normal specify:				
	s	UMMARY OF DU	JRATION OF LA	BOUR		
	Started	at:	Durat		Membran	
	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:						
			RELIEF			
Entonox Opioid	Local	Pudendal	Epidural	Non-pl	narmacological pain re	lief used
Given by:		Detail:				
		NEONA	TAL DETAIL			
Resuscitation done:	Yes No D	escribe:			<u> </u>	
Birth injuries:	Yes No D	escribe:				
Neonate Male	Female Ali	ve FSB	MSB N	ND Weight	ID band on?	Cord clamp?
1.				g		
2.			N. T. F	<u> </u>		
Konakion: Yes No			No Type: TA, MEMBRANE	S AND CORD	Given by:	wiew.
	I HIKU 3					ww.
Oxytocin 10 units given intram				Ву	At	
Method of delivery:		Spontaneous	Manual		<u> </u>	No
Placenta Normal			ete Incomple			Incomplete
i —	Placenta			placental clot		gy Yes No
Delayed cord clamping done E	I If delayed cord	clamping not don	e, explain why:			
Result of cord blood gas (if ind	icated)					
FOURTH STAGE (F	IRST TWO HOUR	S AFTER DELIV	ERY- COMPLET	E OBSERVATIO	NS ON SEPARATE P	AGE)
Time of observation:		Ob	served by:			
Temp: Resp:	Pulse:	BP:	Urine pa	ssed: Yes N	lo Catheter: Ye	s No
Uterus contracted: Ye	s No U	terus ruptured:	Yes No	Cord/mater	nal blood taken: Ye	s No
Cervical tears Ye	s No Deta					
Perineum Intact	1st ° tear	280 Ytear I "	/4 ^{th °} Episio ear	tomy Repaired	d by:	
Detail of repair:	120000000000000000000000000000000000000			All swab from vag	s/tampons removed gina:	Yes
Blood loss: Normal □ Excess	ive 🗆 If exces	sive give details	of management:			
Feeding initiated Yes	No Breast	feeding initiated	if method of choi	ce: Yes No	If no, give reasons:	····
Situation in labour ward at time	of delivery:					
TRANSFERRED TO WARD B	Υ:		RECEIVED IN	WARD BY:		TIME:
Condition satisfactory: N Further management, mother	other Yes and/or baby	No	Baby	Yes No		

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	ВР	Pulse	Respiratory rate	Uterine Tone	Vaginal blood loss observed heavy flow or large blood clots or trickle or normal	Vaginal blood loss* measured in drape or tray (mL)	Oxytocin infusion rate (if given)	Signature

)					ning in plac				
NB. Mea	surea cumi			pe or tray remo FIRST RESP			T BE TRIGGERED V	WHEN:	
	••		. •			EITHER	1 01		
A. Blo	od loss 2	: 500 m	L observ	ed in drape	or tray r	OR	er observations or	vitai signs	
B. Clir	nical judg	gement					constant trickle, G	DR	
		•		Was P	PH diagno	osed NO 🗆 YES	3 🗔 .		
		If ye	•			ove box What Time:		······································	
						iven as part of first occurred during first			
		Ma	ssage 🗀	Oxytocin □	⊐ TXA ⊏	□ IV Fluids** □	Examination (genital	tract) 🗀	
			Misopros	tol □ Syn	tometrine	☐ Ergometrine ☐	☐ Second dose TXA	\	
				Was trea	itment Esc	alated due to refract	ory PPH 🖂		
	Nan	ne:			<u> </u>	Date:	Sign:		11,000

** 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 1)	Mild shock (Class II)	Moderate shock (Class III)	Severe shock (Class IV)
Blood loss	500-1000 ml (10-15%)	1000-1500 ml (15-25%)	1500-2000 ml (25-35%)	2000-3000 ml (35-45%)
Shock Index*	0,6-0.9	1	1.5	2
Systolic Blood Pressure	Normal	Some changed in Blood pressure	Marked ℧	Severe 🗘
Pulse	<100/min	<120/min	>120/min	>140/min
Respiratory rate	Normal	Mild increase	Moderate increase	Marked increase
Mental status	Normal	Agitated	Confused	Depressed level of consciousness

^{*}Shock Index= heart rate/systolic BP (mmHg) (normal <0.5)

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 N
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:
TODIONO WAS PAINTOION
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: Regular 0/5 or 1/5 HAB Cervix fully Bladder empty Cephalic presentation □ dilated □ □ presentation □ premature
Pre-requisites for forceps delivery met: Normal o/5 HAB □ Cervix fully Bladder Cephalic Sagittal suture dilated □ empty □ presentation □ AP diameter □
Other findings:
Drugs (including dosage):
FORCEPS DELIVERY
Instrument type: Application: Easy Difficult Abandoned attempt
Number of
pulls: Application-to-delivery time:
Confinence
VACUUM EXCTRACTION
Cup type: Silicone □ Metal □ Disposable □ Application: Easy Difficult Abandoned attempt
Number of Did cup slip? Yes No No of times cup slipped:
pulls:
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 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 🖸 ROBSON 7. Multiparous breech 🗆 5. Previous CS, singleton cephalic, term 6. Nulliparous breech 🗆 (tick one) 10. All singleton cephalic, ≤ 36 weeks □ 9. Abnormal lie 🛘 8. Multiple pregnancy Time surgery commenced Time surgery completed Date: Assistant Surgeon Midwife Anaesthetist Operative procedure: PRE-OPERATIVE DETAILS By whom: Time of decision: Date of decision: No Level of the head Foleys catheter Yes ΒP Temp Mat. Pulse Metoclopramide Prophylactic antibiotics Thromboprophylaxis Antacid Pre-op drugs No Uncertain Fetal distress Yes Absent Fetal Heart Present ☐ Counselled 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 Epidural** Other Maternal position: _ Anaesthetic General Spinal Problems with anaesthetic: Midline Other Details: Skin Incision: Transverse Classical DeLee Other: Uterine Incision: Lower segment Dehisced **Fetal Position** Fetal Presentation Intact **Uterine Scar** Yes No Reasons: Prolonged Incision-Delivery Time Yes No Describe: Difficulty with delivery of baby: Offensive Thick Bloody Thin No Liquor Increased Decreased Clear Meconium stained Retroplacental Clot: Yes No Posterior Praevia Central Anterior Fundal Placenta ☐ Delayed cord clamping done <u>Time?</u> Other Placental Abnormalities: **Uterine Abnormalities:** Uterine Tears: (give details) Histology No Yes **Tubal ligation:** No Type: Yes Closure: Drains: Further description of operation: ☐ IUD inserted Type: **Estimated Blood Loss** ml Νo Resuscitated by Resuscitation of baby: **Details of Neonatal Resuscitation:** Baby placed skin to skin 🗆 Result of cord blood gas (if indicated): Other Elective repeat CS Advice for next pregnancy: VBAC 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	Hyperthemic		
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	Normai	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	Meningocoele	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		AANWINAMATT
Suck reflex	Present	Weak	Absent		
Urine	Passed	Not passed			
Meconium	Passed	Not passed			
Assessment:	******				
Examined by:				Date and time:	
Checked by:				Date and time:	

^{*} 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:

			Gest age	Resuscitation: (circle)									
Gender: M F	Birth weight: g	HC: cm	score: weeks	No	None		Oxygen		/iask	Intubation			
APGAR Score	0	1	2	1 min	5 min		De	esuscitatio	uscitation				
	Blue or pale	Body pink,	Pink all over		0 111,71								
Appearance	Dide of pale	limbs blue											
Pulse	Absent	<100/min	>100/min										
Grimacing (reflex)	No response	Grimace	Vigorous cry										
Activity													
Respiration	Absent	Slow or irregular	Good crying TOTAL				HOMEON TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T						
Routine care: Sk	in to skin □ □	elayed washing □											
Mode of delivery	r: NVD C/S	S Vac	Forceps	Treatn	nent give	n:				Date done:			
Problems with de	livery:	- \$	-	Eye ca	re:								
				Vitamii	n K								
Placenta:		we	ight g	1mg IA									
Risk factors to b	aby:	- v ****	Examination of ba	by:		N	ormal	Ab	normal				
Pregnancy:		Care required:				Care	received:			Date done:			
RPR Positive	No Yes	Examine, Benzat mother incomple	tely treated										
RPR unknown	No Yes	Examine, Benzal baby if no result	thine penicillin to										
Rhesus negative	No Yes	Check the TSB a											
HIV Positive	No Yes	Follow current Pl											
HIV Unknown	No Yes	mother, if positive ART and manage risk											
Maternal diabetes	No Yes	Refer to nursery sugars and 24 ho											
Labour:													
MSL	No Yes	Assess baby for distress	· ·										
Fetal distress	No Yes	Assess baby for Encephalopathy	Neonatal										
	newborn period				ntative c	are:							
Birth weight <250 and ability to such		th in postnatal war	d for low blood suga	r Polio:				Hepa	titis B				
1.				BCG:									
2.				RTHC	filled in:								
3.				Birth F	CR date:	:		resu	lt:				
Feeding: If moth			T		v up plan	\s:							
	d on infant feeding	- *	No Yes	Before At 6 w	3 days:		Date:		Place: Place:				
AZT	ion of NVP and wh	nere applicable	No Yes	For PC			Date:		Place:				
Feeding on disch	arge? EBF com	menced within one	hour Yes No	Reas	ons for fa	ailure of	EBF:	1					
	9			Discha	arge weig	ıht:		Discha	arge date:				
Identification:				1				1					
At birth: Postnatal	Date:	Midwife (print)	······		r (Print):			Witnes					
ward:	Date:	Brought by:	**********	Received by: Moth						******			
At discharge:	Date:	Midwife (print)		Mothe	r (Print):			Witnes	38				

MATERNAL EARLY WARNING OBSERVATION CHART FOR POSTNATAL WARD CARE

Da	oto I												· · · · · · · · · · · · · · · · · · ·					Date
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Name of baby or place large baby sticker here

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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 urgans medical review

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PRE-DISCHARGE CHECKLIST

Assess mother for problems	No	Yes	Recommended action
The mother has a danger sign:			Assess the cause (s) and initiate care or refer.
o heavy bleeding			Delay discharge until all danger signs have been
o severe abdominal pain			resolved for at least 24 hours and there is a follow-up
o unexplained pain in chest or legs			plan in place.
o visual disturbance or severe headache			
o breathing difficulty			
o fever, chills			
o vomiting			
The mother's bleeding is heavy or has			Start IV fluid and keep mother warm
increased since birth (e.g., bleeding soaks a			Delay discharge. Treat or refer.
pad in less than five minutes).			Evaluate and treat possible causes of bleeding (e.g.,
			uterine atony retained
***************************************			placenta, or vaginal/cervical tear).
The mother has an abnormal vital sign:			Give magnesium sulphate to mother if any of:
o high blood pressure (SBP > 140 mmHg or			SBP ≥160 mmHg or DBP≥110 mmHg; and 2+
DBP >90 mmHg)			proteinuria
o temperature > 37.5°C			SBP ≥140 or DBP ≥90 mmHg, and 2+ proteinuria, and
o heart rate > 100 beats per minute			any: severe headache, visual disturbance, epigastric
o respiratory rate >20 per minute			pain
			Give antihypertensive medication to mother if
			SBP >160 mmHg or DBP >110mmHg
			Evaluate the cause of abnormal vital sign(s) and treat
			or refer.
			Defer discharge until vital signs have been normal for
			at least 48 hours and no danger signs remain.
The mother is not able to urinate easily			Defer discharge; continue to monitor and evaluate the
			cause; treat or refer as needed
Mental state: The mother is agitated or			Defer discharge; continue to monitor and evaluate,
very withdrawn			refer appropriately (social worker, mental health
Support person: The mother has a partner		İ	nurse, psychiatrist etc).
or support person to be with her at home			
The mother has a safe home to return to			
Assess baby for problems	No	Yes	Recommended action
The baby has any of these danger signs:			Assess cause of danger signs and initiate care or refer
o fast breathing (> 60 breaths/ minute)			Delay discharge until all danger signs have been
o severe chest in-drawing			resolved for at least 24 hours and there is a follow-up
o fever (temperature ≥ 37.5°C)		***************************************	plan in place.
o hypothermia (temperature < 35.5°C)			
o yellow palms (hands) or soles (feet)			
o convulsions			
o no movement or movement only on			
stimulation			
o feeding poorly or not feeding at all			
The baby is not breastfeeding at least every			Establish good breastfeeding practices and delay
two to three hours (day and night).			discharge.
The baby has not passed urine and/or stool			

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

Date and time delivered:		
	Name	
	Clinic/hospital number	
FIAR FIGUREAU FIRST AND STANK	Date of birth	
☐ Alive ☐ Stillbirth ☐ Perinatal death	Date of bil til	
Age: G P		Use patient label if available
	Pa	Additional comments:
Type of delivery	Post-partum procedures	Additional comments:
☐ Normal vaginal delivery (NVD)	None	
☐ Caesarean delivery ☐ primary ☐ repeat	☐ Tubal ligation	
☐ Breech delivery	☐ Manual removal of placenta	
☐ Forceps delivery	☐ Cervical tears repaired	
☐ Vacuum delivery	☐ Evacuation/curettage	
☐ Born before arrival (BBA)	☐ Hysterectomy	
HIV	Discharge medication	
☐ Negative	1	
☐ Positive	2	
☐ Declined testing	3	
☐ CD 4: date:	4	
☐ Viral load date:	5	
D IPT	Family Planning	
☐ Co-trimoxazole	☐ All methods and options	
	discussed	
Current ART:	Method given	
	☐ Oral contraceptives	
Syphilis status	☐ Injectable	
☐ Negative	☐ Intra-uterine device	
☐ Positive	│ □ Implant	
Treatment dates:	☐ Tubal ligation	
	☐ Vasectomy	
Rhesus status	Given by:	ICD 10:
☐ Negative		Next Pap smear due on:
☐ Positive		•
Anti-D given	☐ Condoms and advice on dual prot	ection provided
Medical or surgical problems during	4	n or follow up at family planning clinic:
pregnancy or delivery	Date: Clinic:	it of follow up at fairing planting clinic.
□ None	Examination on discharge	d Ellectrowell Ellectroill
☐ Chronic hypertension	☐ Pre-discharge checklist completed	
☐ Pre-eclampsia	Pulse: BP:	Temp: HOF:
☐ Eclampsia	Hb: Breasts:	
☐ Diabetes ☐ GDM ☐ Type I ☐ Type II	1	clean 🔲 septic
☐ Other:		l poor
	Baby 1 ☐ Male ☐ Female	
Obstetrical problems in pregnancy and	\$	cm Lengthcm
delivery	Baby 2 ☐ Male ☐ Female	☐ BCG ☐ Polio ☐ Birth PCR
☐ None	Weightg Head	cm Lengthcm
☐ Antepartum haemorrhage	ART provided to baby:	
☐ Postpartum haemorrhage	Feeding options	☐ Initiated successfully
☐ ROM ☐ preterm ☐ prolonged	Method of feeding:	·
☐ Multiple pregnancy	Remarks:	
Other:	Advice on discharge Next pr	egnancy: BANC 🗆 High Risk Clinic 🗖
	Future mode of delivery NVD	□ VBAC □ Elective CS
	Next viral load due:	Next tetanus dose due:
Intrapartum procedures	Postnatal visit: Date:	at clinic/hospital:
☐ None	· +	at chilic/nospital: mmunisations:
Donate Change Dast Dond Dord Dast		
☐ Repair of tears ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th	☐ Mental health matters discussed	☐ Child Support Grant discussed
☐ Episiotomy	☐ Postnatal care and breastfeeding	
☐ CD ☐ lower segment transverse	☐ Self-care discussed	☐ Baby care discussed
☐ lower segment vertical	Name Rank	Signature
☐ Classical	··	

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

Date and time delivered:		
	Clinic/hospital number	
☐ Alive ☐ Stillbirth ☐ Perinatal death	Date of birth	
		Use patient label if available
Age: G P		
Type of delivery	Post-partum procedures	Additional comments:
☐ Normal vaginal delivery (NVD)	☐ None	
☐ Caesarean delivery ☐ primary ☐ repeat	☐ Tubal ligation	
☐ Breech delivery	☐ Manual removal of placenta	
☐ Forceps delivery	☐ Cervical tears repaired	
☐ Vacuum delivery	☐ Evacuation/curettage	
☐ Born before arrival (BBA)	☐ Hysterectomy	
HIV	Discharge medication	The state of the s
☐ Negative	1	
☐ Positive	2	
☐ Declined testing	3	
☐ CD 4: date:	4	
☐ Viral Load date:	5	
□ IPT	Family Planning	
☐ Co-trimoxazole	☐ All methods and options	
WHO stage: I□ II□ III□ IV□	discussed	
Current ART:	Method given	
	☐ Oral contraceptives	
Syphilis status	☐ Injectable	
□ Negative	☐ Intra-uterine device	
□ Positive	☐ Implant	
Treatment dates:	☐ Tubal ligation	
Trought de con-	☐ Vasectomy	
Rhesus status	Given by:	ICD 10:
□ Negative		Next Pap Smear due on:
□ Positive		
Anti-D given Yes No	☐ Condoms and advice on dual prot	tection provided
Medical or Surgical problems during		on or follow up at family planning clinic:
pregnancy or delivery	Date: Clinic:	
□ None	Examination on discharge	
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☐ Chronic hypertension	☐ Pre-discharge checklist complete	d 🔲 looks well 🔲 looks ill
☐ Chronic hypertension	☐ Pre-discharge checklist completed Pulse: BP:	<u> </u>
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☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II	Pulse: BP: Hb: Breasts: Perineum: □ intact □	Temp: HOF:
☐ Pre-eclampsia ☐ Eclampsia	Pulse: BP: Hb: Breasts: Perineum: □ intact □ Urine output: □ good □	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other:	Pulse: BP: Hb: Breasts: Perineum: □ intact □ Urine output: □ good □ Baby 1 □ Male □ Female	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and	Pulse: BP: Hb: Breasts: Perineum: ☐ intact ☐ Urine output: ☐ good ☐ Baby 1 ☐ Male ☐ Female Weightg Head	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery	Pulse: BP: Hb: Breasts: Perineum: ☐ intact ☐ Urine output: ☐ good ☐ Baby 1 ☐ Male ☐ Female Weightg Head Baby 2 ☐ Male ☐ Female	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None	Pulse: BP: Hb: Breasts: Perineum: ☐ intact ☐ Urine output: ☐ good ☐ Baby 1 ☐ Male ☐ Female Weightg Head Baby 2 ☐ Male ☐ Female Weightg Head	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None ☐ Antepartum haemorrhage	Pulse: BP: Hb: Breasts: Perineum: ☐ intact ☐ Urine output: ☐ good ☐ Baby 1 ☐ Male ☐ Female Weightg Head Baby 2 ☐ Male ☐ Female Weightg Head ART provided to baby:	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None ☐ Antepartum haemorrhage ☐ Postpartum haemorrhage	Pulse: BP: Hb: Breasts: Perineum: ☐ intact ☐ Urine output: ☐ good ☐ Baby 1 ☐ Male ☐ Female Weightg Head Baby 2 ☐ Male ☐ Female Weightg Head ART provided to baby: Feeding options ☐ Discussed	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None ☐ Antepartum haemorrhage ☐ Postpartum haemorrhage ☐ ROM ☐ preterm ☐ prolonged	Pulse: BP: Hb: Breasts: Perineum: ☐ intact ☐ Urine output: ☐ good ☐ Baby 1 ☐ Male ☐ Female Weightg Head Baby 2 ☐ Male ☐ Female Weightg Head ART provided to baby:	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None ☐ Antepartum haemorrhage ☐ Postpartum haemorrhage ☐ ROM ☐ preterm ☐ prolonged ☐ Multiple pregnancy	Pulse: BP: Hb: Breasts: Perineum: □ intact □ Urine output: □ good □ Baby 1 □ Male □ Female Weightg Head Baby 2 □ Male □ Female Weightg Head ART provided to baby: Feeding options □ Discussed Method of feeding: Remarks:	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None ☐ Antepartum haemorrhage ☐ Postpartum haemorrhage ☐ ROM ☐ preterm ☐ prolonged	Pulse: BP: Hb: Breasts: Perineum: □ intact □ Urine output: □ good □ Baby 1 □ Male □ Female Weightg Head Baby 2 □ Male □ Female Weightg Head ART provided to baby: Feeding options □ Discussed Method of feeding: Remarks:	Temp: HOF: clean
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☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None ☐ Antepartum haemorrhage ☐ Postpartum haemorrhage ☐ ROM ☐ preterm ☐ prolonged ☐ Multiple pregnancy ☐ Other: Intrapartum procedures	Pulse: BP: Hb: Breasts: Perineum: intact int	Temp: HOF: clean
☐ Pre-eclampsia ☐ Eclampsia ☐ Diabetes ☐ GDM ☐ Type I ☐ Type II ☐ Other: Obstetrical problems in pregnancy and delivery ☐ None ☐ Antepartum haemorrhage ☐ Postpartum haemorrhage ☐ ROM ☐ preterm ☐ prolonged ☐ Multiple pregnancy ☐ Other:	Pulse: BP: Hb: Breasts: Perineum: intact int	Temp: HOF: clean
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Maternal and Infant HPRN: _ **PMTCT Discharge Letter** Mom Name & Surname: Complete on carbon copy, this page remain in Mom Date of Birth: ____ Dear Colleaaue ☐ Female □ Male Gender: Infant Name & Surname: Infant Date of Birth: Infant HPRN: ___ Has been discharged from: _______ (facility name) on ______ (date) Date: ____/___ Discharging nurse: ___ Follow-up Date: ____/___ Follow-up Site: ____ Sign: ___ Maternal Discharge Status and Postnatal Follow Up LABORATORY BARCODE Viral Load ☐ Mother started on ART: ☐ less than 12 weeks prior to delivery ☐ VL done at delivery Viral load: ___ □ at or after delivery ☐ Mother on ART since before pregnancy or more than 12 weeks prior to delivery Mother ART regime: _ Feeding Method at Discharge (tick appropriate option) ☐ Heat-treated own milk □ Formula feeding ☐ Exclusively breastfeeding Contraception at Discharge ☐ Injectible hormones □ Sterilization □ Oral contraception □ IUCD □ Implant Infant Discharge Status and Postnatal Follow Up HIV Test (Discharge) PCR test result received ☐ PCR test done □ Awaited LABORATORY BARCODE ☐ Positive ☐ Negative Date of PCR test: ___ ☐ Mother informed of test result Discharge Post Exposure Prophylaxis (PEP) High risk (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml) Low risk (moms VL at delivery < 1000c/mi) ■ NVP once daily for 12 weeks if mom is breastfeeding □ NVP for 6 weeks once daily AZT twice daily for 6 and if needed until mom's VL <1000c/ml or until 1 week □ weeks irrespective after cessation of all breastfeeding of feeding choice ■ NVP once daily for 6 weeks if formula fed Postnatal Follow-up and Baby Wellness Visits 18 months Any other test 10 weeks 3-6 days 6 weeks 7__ 1 1 Visit Date ☐ If using / willing to use ☐ If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) ☐ If not, start TEE (TDF, FT(☐ If not, start TEE (TDF, FTC, and EFV) ☐ Check ART ☐ Check ART Check ART ☐ Check ART ☐ Check ART Check ART adherence adherence adherence adherence adherence VL done @ 18mo VL done @ ☐ VL done @ 6mo (all Mother ☐ If VL>50c/ml ☐ If VL>50c/ml ☐ if VL>50c/ml 12/24mo (if HIV+ moms} Continue (if mom is still (manage as per VL (manage as per VL (manage as per VL mom is still breast-feeding) VL every 6 months until non-suppression) non-suppression) non-suppression breastcessation of ゞ ☐ If VL>1000c/ml feeding) ☐ If VL>1000c/ml breastfeeding ☐ If VL>1000c/ml (manage infant as (manage infant as (manage infant as high risk) high risk) high risk) ☐ Rapid/Elisa Test ☐ HIV test ☐ 6 month PCR test ☐ 10 weeks PCR test ☐ Birth PCR done ☐ Check mom's ART

[1] Positive

□ Negative

□ Breastfeeding

■ Stopped breastfeeding

□ Formula feeding

adherence and last

VL value

☐ Stop NVP (fow risk)

☐ Stop AZT (high risk)

☐ Stopped breastfeeding

☐ Formula feeding

□ Breastfeeding

□ Start CPT

☐ Positive

Prophylaxis

Infant

■ Negative

(and AZT)

□ Breastfeeding

☐ Check adherence

☐ Stopped breastfeeding

□ Formula feeding

and tolerance to NVP

☐ Positive

☐ Negative

□ Breastfeeding

☐ Stopped breastfeeding

☐ Formula feeding

☐ Positive

■ Negative

☐ Breastfeeding

□ Stopped breastfeeding

□ Formula fed

□ Positive

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

□ Negative

□ Breastfeeding

□ Stopped breastfeeding

□ Formula fed

Maternal and Infant HPRN: PMTCT Discharae Letter Mom Name & Surname: Complete on carbon copy, this page should be torn out at discharge and sent back to the clinic for Mom Date of Birth: ___ postnatal and baby follow up visits. Dear Colleaaue □ Female Gender: ■ Male Infant Name & Surname: _____ Infant Date of Birth: ____ Infant HPRN: _____(facility name) on ______(date) Has been discharged from: Date: ____/___ Discharging nurse: _____ Follow-up Date: ____/___ Follow-up Site: ____ Sign: ____ Maternal Discharge Status and Postnatal Follow Up LABORATORY BARCODE Viral Load \square Mother started on ART: \square less than 12 weeks prior to delivery □ VL done at delivery at or after 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) ☐ Heat-treated own milk □ Formula feeding ☐ Exclusively breastfeeding Contraception at Discharge □ Sterilization □ Injectible hormones ☐ Oral contraception □ Implant Infant Discharge Status and Postnatal Follow Up HIV Test (Discharge) PCR test result received □ PCR test done LABORATORY BARCODE ☐ Positive ☐ Negative □ Awaited Date of PCR test:___ ☐ Mother informed of test result Discharge Post Exposure Prophylaxis (PEP) High risk (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml) Low risk (moms VL at delivery < 1000c/ml) □ NVP once daily for 12 weeks if mom is breastfeeding ■ NVP for 6 weeks once daily AZT twice daily for 6 and if needed until mom's VL <1000c/ml or until 1 week □ weeks irrespective after cessation of all breastfeeding of feeding choice □ NVP once daily for 6 weeks if formula fed Postnatal Follow-up and Baby Wellness Visits Any other test 18 months 3-6 days 6 weeks 1 1 / Visit Dafe ☐ If using / willing to use ☐ If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) ☐ If not, start TEE (TDF, FTC ☐ If not, start TEE (TDF, FTC, and EFV) ☐ Check ART Check ART ☐ Check ART ☐ Check ART Check ART adherence ☐ Check ART adherence adherence adherence adherence adherence VL done @ UL done @ 6mo {all VL done @ 18mo Mother If VL>50c/mi ☐ If VL>50c/ml ☐ if VL>50c/mi 12/24mo (if (if mom is still HIV+ moms) Continue (manage as per VL (manage as per VL (manage as per VL mom is still breast-feedinal

non-suppression)

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□ 10 weeks PCR test

☐ If VL>1000c/ml

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☐ Positive

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Stopped breastfeeding

☐ Formula feeding

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(manage infant as

Check mom's ART

☐ Stop NVP (low risk)

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■ Stopped breastfeeding

Formula feeding

☐ Breastfeeding

adherence and last

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(manage infant as

and tolerance to NVP

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□ Birth PCR done

(and AZT)

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☐ Formula feeding

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□ Positive

Prophy-laxis

eedin

Infant

■ Negative Check adherence VL every 6 months until

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

cessation of

breastfeeding.

☐ 6 month PCR test

□ Positive

■ Negative

□ Breastfeeding

■ Stopped breastfeeding

☐ Formula feeding

breast-

☐ HIV test

☐ Positive

□ Negative

□ Breastfeedina

☐ Stopped breastfeeding

□ Formula fed

□ Rapid/Elisa Test

□ Breastfeeding

☐ Stopped breastfeeding

☐ Formula fed

□ Positive

□ Negative

feeding)



DEPARTMENT OF HEALTH CONGENITAL DISORDERS (CD) NOTIFICATION Please mark applicable areas with an X

Case ID __

GENERAL INFORMATION	ATION						
Province:	District:	Name of Hospital/Facility:	ıl/Facility:	Name of	Name of person notifying:	Date:	
		Facility Contact N	ct No.:	Signature			
PARTICULARS OF MOTHER	MOTHER						
Surname:		Name:			Date of birth:		Age of mother:
				of contribution of the con	The second secon	# P P P P P P P P P P P P P P P P P P P	
Maternal Conditions:							
Pre-existing diabetes	tes Gestational diabetes	betes Epilepsy	sy Syphilis	lis TB	Cardiac Conditions	Hypertension	HIV
Maternal medicatio	Maternal medication (cover the counter):						
Gravida & Parity:							
PARTICULARS OF PATIENT	PATIENT						
Surname:	Name:				Date of birth:		Gender:
						Male Fen	Female Unspecified
Population group:							
1	White	Coloured	Other	Specify:			
Pregnancy outcome:			Diagnosed prenatally:	natally:			
Live Birth S	Still Birth Termination of Pregnancy	f Pregnancy	Yes No	If Yes: Ultrasound	nd Chorionic Villus Sampling	pling Amniocentesis	Cordocentesis
Birth weight:			Gestational age:		BANC 1st (weeks):	BANC total visits (number):	s (number):
<1000g 1000-1499g	499g 1500-1999g	2000-2499g> >250	500g <37 weeks	≥37 weeks			
INVESTIGATIONS REQUESTED	REQUESTED						
Chromosome/cytogenetic		Biochemical/metabolic	DNA/molecular	No investiga	No investigation necessary	Other diagnostic or screening procedure	ning procedure
Specify:							
COUNSELLING GIVEN (BY)	/EN (BY)						
Clinical geneticist	Medical Doctor	Registered Nurse	Genetic counselor		No counseling given Ge	Genetic Training received:	Yes No
PATIENT STATUS/OUTCOME	OUTCOME						
Alive: Inpatient	Outpatient Discharged		Unit/Clinic/Ward name	me	Dead: Date of death if deceased:	eath / / /	
Referral:							
Referred to another Hospital?	ner Hospital? Yes No	Referred from Ho	Hospital? Yes No		If yes, name of that Hospital:		
DIAGNOSIS							
Skull Face	Chest	Abdomen Gast	astrointestinal Tract	Genitals	Arms Legs	Hands Feet	Skin
Description:						ICD 10 code:	
Diagnocod by (1f dif	Disgressed by (If different than person notifying):	Vinal. Dortor	Pagistered Nurse	Nirse	Genetic Trai	Genetic Training received: Yes No	
Name:	ובפו פווי אוטוו אפוסטוו וויסיוו			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.
 - o 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.



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	ВР	Pulse	Respiratory rate	Uterine Tone	Vaginal blood loss observed heavy flow or large blood clots or trickle or normal	Vaginal blood loss* measured in drape or tray (mL)	Oxytocin infusion rate (if given)	Signature
·					***************************************	}			
					00000000000000000000000000000000000000				
*NB. Mea	sured cumu	latively b	ecause dra	pe or tray remo	ains in place	2			
		TH	IE WHO	FIRST RESP	ONSE PP		T BE TRIGGERED V	VHEN:	
A. Blo	od loss≥	500 ml	_ observe	ed in drape	or tray r	EITHER egardless of othe	er observations or	vital signs	
						OR			
B. Clin	ical judg	ement ·				arge blood clots, ssive blood loss	constant trickle, C)R	Ε
				Was P	PH diagno	osed NO 🗆 YES	ВД,		
		If ye	s, HOW: T	ick A or B or I	Both in abo	ove box What Time:			
						ven as part of firs			
		Mas	sage 🗀	Oxytocin □] AXT	□ IV Fluids** □	Examination (genital t	tract) 🗀	
			Misoprost	tol 🖂 Syn	tometrine	☐ Ergometrine ☐	□ Second dose TXA		
				Was trea	tment Esca	alated due to refract	ory PPH 🖂		
	Nam	e:				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 1)	Mild shock (Class II)	Moderate shock (Class III)	Severe shock (Class IV)
Blood loss	500-1000 ml (10-15%)	1000-1500 ml (15-25%)	1500-2000 ml (25-35%)	2000-3000 ml (35-45%)
Shock Index*	0,6-0,9	1	1.5	2
Systolic Blood Pressure	Normal	Some changed in Blood pressure	Marked 💠	Severe 🗘
Puise	<100/min	<120/min	>120/min	>140/min
Respiratory rate	Normal	Mild increase	Moderate increase	Marked increase
Mental status	Normal	Agitated	Confused	Depressed level of consciousness

^{*}Shock index= heart rate/systolic BP (mmHg) (normal <0.5)