

## 9.1 Reproductive Health

### Antenatal Tally Sheets





# Health Information System

Organisation: \_\_\_\_\_

Daily Reporting Form

Location: \_\_\_\_\_

## 9.1 Antenatal Tally Sheet

Reporting period: \_\_\_\_\_

	Refugee				National			
	< 18		≥ 18		< 18		≥ 18	

Number of first antenatal visits < 1st trimester	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

Number of first antenatal visits > 1st trimester	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

Number of repeat antenatal visits	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

Number of syphilis tests conducted	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

Number of syphilis tests positive	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

Number of syphilis positive contacts treated	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

Number of high-risk pregnancies detected	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

Number of abortions	00000 00000 00000 00000	00000 00000 00000 00000	00000 00000	00000 00000
	00000 00000 00000	00000 00000 00000	00000	00000

For *each* pregnancy outcome entered in the Antenatal Register, review the antenatal history and tally below if standards of care have been met.

The pregnancy outcome section should be *regularly* updated in Antenatal Register, from ANC cards and/or Delivery register.

	Refugee		National	
	< 18	≥ 18	< 18	≥ 18

Number of pregnant women at time of delivery who:

Received 4 or more antenatal visits	00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>
Received 2 doses of tetanus toxoid vaccine	00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>
Received at least 2 doses of fansidar	00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>
Were screened for syphilis	00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>
Received 1 dose of mebendazole	00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>
Received 1 insecticide treated net (ITN)	00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>	00000 00000 00000 00000 00000 <input type="checkbox"/>