

# Health Information System

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

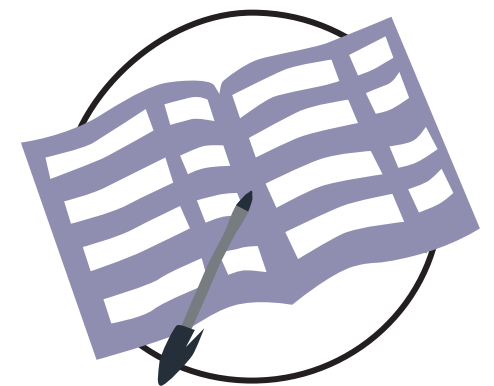
## 10.4/5 Prevention of Mother to Child Transmission (PMTCT)

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

---

\* CONFIDENTIAL \*

PMTCT Labour, Delivery and Postnatal Register



## > Illustrated Guide to PMTCT Labour, Delivery and Postnatal Register

A								B						
Serial No.	PMTCT No.	Counsellor code	Age	Status (Ref / Nat)	Gravidity	Parity	HIV Status*	LABOUR & DELIVERY						
								Date of delivery	Mode of delivery	Location of delivery	Newborn sex (M / F)	Anti-retroviral Use (enter date given)		Mother-Newborn pair (✓ or X)
												Mother	Newborn	

### A Registration

Serial No.:

> Enter sequence number in register

PMTCT No:

> Enter unique identifying number

Counsellor Code:

> Enter unique counsellor identifying code

Age:

> Fill age (in years)

Status:

> Classify as Refugee (Ref) / National (Nat)

Gravidity:

> Number of pregnancy (see glossary)

Parity:

> Number of previous deliveries (see glossary)

HIV Status:

> Enter Positive (P) / Negative (N) / Indeterminate (I) to classify status of client

NOTES

All HIV positive deliveries should be entered into this register, using information within the PMTCT Referral form.

### B Labour and Delivery

Date of delivery:

> Enter date (dd/mm/yy)

Mode of delivery:

> Classify as Spontaneous Vaginal Delivery (SVD) / Vacuum Extraction (VE) / C-Section (CS)

Location of delivery:

> Specify Health facility (Name) / Birth before arrival / Home

Newborn sex:

> Enter Male (M) / Female (F)

Anti-retroviral (ARV) use:

> Enter date (dd/mm) on which:

- Mother swallowed ARV
- Newborn given ARV

> Enter tick (✓) or cross (X) to indicate whether Mother-Newborn pair has taken ARV

C						D	
POST-NATAL							
Co-trimoxazole use (enter date started)		Infant Feeding Options **	Accepted FP	Received HBC	Infant HIV Status at 18 months	Date of exit	Reason for exit
Mother	Infant						
							1. Discharge 2. Death (neonate) 3. Death (< 1 year) 4. Death (> 1 year) 5. Default 6. Referral

**C Postnatal**

Co-trimoxazole use:  
 > **Enter date (dd/mm) on which Mother and Infant started co-trimoxazole prophylaxis**

Infant Feeding Options:  
 > **Enter ONE feeding option only:**  
 1. Choose to exclusively breastfeed  
 2. Choose to replacement feed  
 3. Other (please specify)

Accepted FP:  
 > **Enter date to indicate when mother opted to accept a modern family planning method (dd/mm)**

Received HBC:  
 > **Enter date on which mother received first home-based care visit (dd/mm)**

Infant Status at 18 months:  
 > **Enter results of infant HIV testing aged 18 months; classify status as Positive (P) or Negative (N)**

NOTES  
 Mother and infant pairs should be followed until infant reaches 18 months of age, and HIV status has been determined.

**D Exit Details**

Date of exit:  
 > **Enter date (dd/mm/yy)**

Reason for exit:  
 > **Enter reason for exit, using options provided in legend:**  
**Discharge / Death (neonate) / Death (< 1 year) / Death (> 1 year) / Default / Referral**

NOTES  
 HIV positive women and infants who are discharged from the PMTCT register should be referred to other appropriate programs for follow-up care and support.



