

**Figure 2: Focused ANC Classifying form**

| <b>Federal Ministry of Health</b>   |                          |                                     |
|---|--------------------------|-------------------------------------|
| <b>Integrated Antenatal, Labor, Delivery, Newborn and Postnatal Care Card</b>   |                          |                                     |
| Date: _____ ANC Reg.No: _____ Medical Record Number (MRN): _____  |                          |                                     |
| Name of Client: _____ Name of Facility _____  |                          |                                     |
| Woreda: _____ Kebele: _____ House No: _____   |                          |                                     |
| Age (Years) _____ LMP ___/___/___ EDD ___/___/___   |                          |                                     |
| Gravida ___ Para ___ Number of children alive _____ Marital Status _____  |                          |                                     |
| INSTRUCTIONS to Fill Classifying form: Answer all of the following questions by placing a cross mark in the corresponding box.  |                          |                                     |
| <b>OBSTETRIC HISTORY</b>  | <b>No</b>                | <b>Yes</b>                          |
| 1. Previous stillbirth or neonatal loss?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. History of 3 or more consecutive spontaneous abortions?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Birth weight of last baby < 2500g  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Birth weight of last baby > 4000g  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Last pregnancy: hospital admission for hypertension or pre-eclampsia/eclampsia?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Previous surgery on reproductive tract?(Myomectomy, removal of septum, fistula repair, cone biopsy, CS, repaired rapture, cervical circlage)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>CURRENT PREGNANCY</b>  | <b>No</b>                | <b>Yes</b>                          |
| 7. Diagnosed or suspected multiple pregnancy?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Age less than 16 years?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Age more than 40 years?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Isoimmunization Rh (-) in current or in previous pregnancy  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Vaginal bleeding  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Pelvic mass   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Diastolic blood pressure 90mm Hg or more at booking?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>GENERAL MEDICAL</b>  | <b>No</b>                | <b>Yes</b>                          |
| 14. Diabetes mellitus   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Renal disease   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Cardiac disease   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Chronic Hypertension  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Known 'substance' abuse (including heavy alcohol drinking, Smoking)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. Any other severe medical disease or condition TB, HIV, Ca, DVT..  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A "Yes" to any ONE of the above questions (i.e. ONE shaded box marked with a cross) means that the woman is not eligible for the basic component of the new antenatal care mode and require more close follow up or referral to specialty care.If she needs more frequent ANC visits use and attach additional recording sheets |                          |                                     |