HOSPITALIZATION	ADMITTED		DISCHARGED	
	Day	Month	Day	Month

NOTES

Perinatal Card has been adapted from CLAP
The information contained therein should be kept in strict confidence

Latin American Center for Perinatology
Woman and Reproductive Health
CLAP/WR
www.clap.ops-oms.org

(Updated April 2015)

MINISTRY OF HEALTH, GUYANA

MATERNAL AND CHILD HEALTH

PERINATAL CARD

NAME: _____

NEXT OF KIN: _____

ADDRESS: _____ **REGION:** _____

REG. NO: _____

HEALTH FACILITY: _____

DATE OF BIRTH (D.O.B): _____

LAST MENSTRUAL PERIOD (LMP): _____

ESTIMATED DATE OF DELIVERY (EDD): _____

_____

Pregnancy is special; keep all your appointments to monitor your progress.

This card is a record of your pregnancy, keep it safely and present it every time you seek care before, during and after pregnancy.

Start choosing a name for your baby, and remember to register your baby at the place of birth within 14 days after delivery.

Use your correct name, not your call name, at registration and ensure that all names are spelt correctly.

PERINATAL CLINICAL RECORD - CLAP/WR - PAHO/WHO

NAME

NATIONALITY | COUNTRY

ADDRESS | CITY

DATE OF BIRTH day month year

AGE (years) < 16 > 40

RACE: Afro-Guy, Indo-Guy, Amerindian, other

LITERATE: yes, no

EDUCATION: none, primary, second., tertiary

years of highest level

MARITAL STATUS: married, common law, single, other

PLACE OF ANTENATAL VISITS

PLACE OF DELIVERY

ID NUMBER

HISTORY

Personal Medical History: (yes / no)

HTN: _____

DM: _____

TB: _____

Malaria: _____

HIV: _____

If HIV+, date of diagnosis: ____ /____ /____

On treatment (Yes/No) _____

Date treatment started: ____ /____ /____

Surgical History:

Date: ____ /____ /____

Surgery Performed: _____

Date: ____ /____ /____

Surgery Performed: _____

Gynecological History:

Last VIA/PAP on ____ /____ /____

Results: _____

Obstetric History

Gravida		Para			
dd/mm/yy	Type of delivery (SVD Vaccum Breech)	Gestational Age at delivery	Outcome (Live, Stillborn, Abortion)	Birth-weight	Remarks/Complications (GHTN, DM, APH, PPH, Preeclampsia)

3 consecutive abortions | Caesarean Section | Stillbirths | Neonatal Deaths

END PREVIOUS PREGNANCY day month year — less than 6 months / more than 5 years

PLANNED PREGNANCY: yes, no

CONTRACEPTIVE FAILURE: not used, barrier, IUCD, pill, shot, hormonal, natural

PRESENT PREGNANCY

USUAL WEIGHT _____ Kg

HEIGHT _____ cm

LMP: day | month | year

EDD

GESTATIONAL AGE estimated by:

Last Menstrual Period (LMP): yes, no

EDD by 1st US at _____ wks

GA: ____/____/____

Final EDD ____/____/____ by ____

(criteria) Signed: _____

FETAL MOV since: day | month

CIGARETTES PER DAY: 0= does not smoke

ALCOHOL: yes, no

DRUGS: yes, no

dT: valid yes, no

DOSE 1st 2nd

month pregnancy

SICKLE CELL: yes, no

AS, SC, SS, SbetaThal

ANTIRUBELLA: previous, unknown, pregnancy, no

NORMAL EX. (yes / no): Dental, Breast, Cervix

DATE	PRESENT HISTORY	NOTES / REMARKS	SIGNATURE

DATE																				
PRESENT HISTORY																				
NOTES / REMARKS																				
SIGNATURE																				

Section 5

Initial History and Physical Date: _____ /_____ /_____

Chief Complain: .....

.....

.....

.....

Physical Exam: Vitals: BP: _____ /_____ HR: _____ RR: _____ Temp: _____ BMI: _____

General Observations:.....

.....

Head: .....

.....

.....

Neck: .....

.....

.....

Eyes: .....

.....

Chest / Pulmonary: .....

.....

CVS: .....

.....

Breast: .....

.....

Abdomen: .....

.....

.....

.....

GU: External Genitalia: .....

Vagina:.....

Cervix:.....

Bimanual: .....

Extremities: .....

.....

.....

CNS: .....

.....

Vaginal Examination: .....

.....

.....

Assessment / Plan: .....

.....

Mode of Delivery: .....

Signature: ..... (Doctor/Nurse/Health Worker)

PRESENT PREGNANCY CONTINUED

BACTERIURIA: − / + / not done

BLOOD GROUP: Rh + / − ; Sensitized: No / Yes

PAP SMEAR: valid / ordered

Hep B: − / + / not done

HIV TEST: HIV 1 ordered (yes / no); HIV 2 ordered (yes / no); pre test counseling received (yes / no); partner tested; post test counseling; infant feeding counseling

VDRL/RPR ≥20 weeks: − / + / not done

VDRL/RPR ≥20 weeks: − / + / not done

Hb ≥20 weeks: ___ g; <11.0g

Fe/FOLATES prescribed: Fe (yes / no / Other); Folates (yes / no); Specify .....

Hb >20 weeks: ___ g; <11.0g

CLINIC VISITS	day / month / year	gest. age	weight	Blood pressure	fundal height	presen tation	fetal heartbeats (FH)	urine	alarm signs , laboratory tests, treatments	next visit
1										
2										
3										
4										
5										
6										
7										

DATE	PRESENT HISTORY	NOTES / REMARKS	SIGNATURE

ANTENATAL VISITS	1st visit	2 visits	3 visits	4 visits	5 visits	6 visits
Safe sex						
Tobacco / Alcohol		advised to stop				
Breast feeding	If lactating	Preparation				
EMERGENCY						
Delivery plan						
Family	During pregnancy	during labour				
Next visit planned	26 weeks	32 weeks	36 weeks	41w / postpartum		
Bacteriuria	All	if 1st test is positive				
Proteinuria	All	only in case of high blood pressure				
Hemoglobin test	If clinical anemia					
Fe / Folic acid						
Syphilis test						
Tetanus toxoid	Current or 1st dose	2nd dose				
HIV						
DT						
Malaria						

LABOUR ○ ABORTION ●

ADMISSION DATE: day month year

CARD: yes ○ no ●

ANTENATAL VISITS: total

HOSPITALIZATION in PREGNANCY: days

ANTENATAL STEROIDS ONE COURSE: week started; complete ○ incompl. ●; multiple ● none ○

ONSET: spontaneous ○ induced ● C-section ●

DATE AND HOUR OF RUPTURE OF MEMBRANES: day month year; hour min

PRELABOUR RUPTURE OF MEMBRANES: GA weeks; <37 weeks ●; no ○ yes ●; Time of delivery d h; ≥18 hrs. ●

GESTAT. AGE at delivery: weeks days; by LMP ○ by US ○

PRESENTATION: cephalic ○ breech ● transverse ●

PATHOLOGIES

	no	yes
previous HBP	○	●
HBP induced pregnancy	○	●
preeclampsia	○	●
eclampsia	○	●
cardiac, renal	○	●
diabetes	○	1 2 G
none	○	

	no	yes	severe
choricamnionitis	○	●	
urinary infec.	○	●	
threat premat labour	○	●	
I.U.G.R.	○	●	
premat rupture of membranes	○	●	
other	○	●	●

BLEEDING

	no	yes	code
1st trim.	○	●	
2nd trim.	○	●	
3rd trim.	○	●	
postpartum		●	

LABOUR

hour	min	POSITION	Contr. / 10'	DILATATION	HEIGHT	FHR	NOTES

partho graph: yes ○ no ●

BIRTH: LIVE ○ DEAD ●; Fresh stillbirth ● Macerated stillbirth ●

TIME OF DEATH: pregnancy ● labour ● not sure when ●

POSITION OF DELIVERY: supine ○ squatting ○

EPISIOTOMY: no ○ yes ●

LACERATIONS: no ○ no Degree (1 to 4)

OXYTOCICS IN THIRD STAGE: oxytocin ○ other ● none ●

RETAINED PLACENTA: no ○ manual extraction ● others ●

CORD CLAMPING: early ● late ○

MEDICATION: MgSO4 no ○ no ○ yes ● oxyt (in labor) no ○ no ○ yes ● antibiot. no ○ no ○ yes ● ARV no ○ no ○ yes ● regional anest. no ○ no ○ yes ● general anest. no ○ no ○ yes ● transfusion no ○ no ○ yes ●

MULTIPLE: order / fetuses; 0=single

spontan ○ C. section ○ forceps ● vacuum ● other ●

MAIN INDICATION FOR INDUCTION OR SURGERY

INDUC. code; SURGERY code

NEONATE

SEX: m ◯ f ◯ undefined ●

BIRTHWEIGHT ____ g; < 2500 g ●

HEAD CIRCUM. ____ cm

LENGTH ____ cm

GEST. AGE. by: weeks ____ days ____; LMP ◯; US ◯; ESTIMATED ●

WEIGHT/ for GA: approp. ◯; small ●; large ●

APGAR: 1st min. ____; 5th ____; 10th ____

RESUSCITATION (no / yes): O_2 ◯ ●; bag & mask ◯ ●; ET tube ◯ ●; massage ◯ ●; adrenaline ◯ ●

DEATH IN DELIVERY ROOM: yes ● no ◯

REFERRAL: room in ◯; hosp. ●; other hosp. ●

ATTENDED	Physician	nurse/midw.	auxil.	stud./TBA	other	Name
DELIVERY	◯	◯	◯	●	●	
NEONATE	◯	◯	◯	●	●	

PUERPERIUM

hour	min	T°C	pulse	Blood pressure	invol.	lochia

CONGENITAL ANOMALIES: no ● minor ● major ● ____ code

PATHOLOGIES: none ◯; ____ ____; ____ ____; ____ code ____

NORMAL NEONATAL SCREENING

	HIV	VDRL	RPR	TPHA	hearing	Bilir.	Meconium 1st day	BCG
yes	◯	◯	◯	◯	◯	◯	◯	◯
no	●	●	●	●	●	●	●	●
not done	●	●	●	●	●	●		

ARV: yes ◯; no ●; n/a ◯

Notes ____

CONTRACEPTIVE Counseling received: yes ◯ no ●

Method selected: condom ◯ pill ◯ injectable ◯ hormonal ◯ referred ◯ tuballigation ◯ IUD ◯ natural ◯ other ◯ Not decided yet ●

NEONATAL DISCHARGE

day ____ month ____

alive ◯; alive after transfer ◯; dead ●; dead after transfer ●

AGE completed days ____ <24hs ●

BREASTFED.: exclusive ◯; partial ●; BMS ●

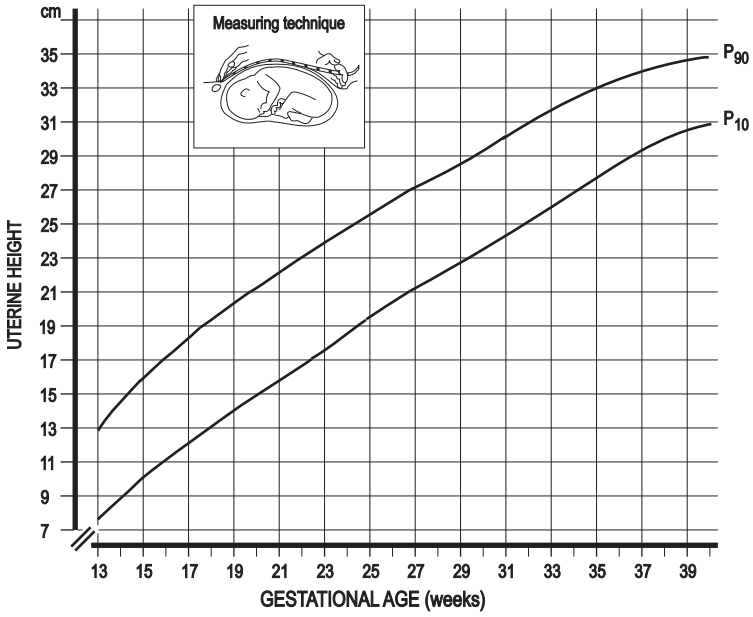
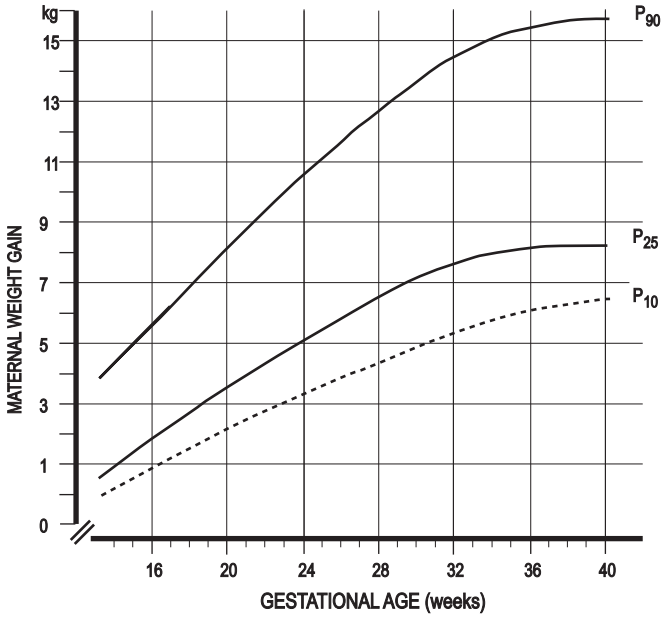
WEIGHT AT DISCHARGE (g) ____

MATERNAL DISCHARGE

day ____ month ____

alive ◯; alive after transfer ◯; dead ●; dead after transfer ●

ARV: yes ◯; no ●; n/c ◯

ANTIRUBELLA POST PARTUM: valid ◯; no ● yes ◯

ID NUMBER ____ Name of neonate ____ Discharged by ____ Discharged by ____