

### Antenatal Care-First Visit/Booking (ANC) Checklist

Health facility name:.....

Supervisor name: .....

Date: / /

Supervisee name:.....

MA 1	The following items represent standard practices for first ANC visit according to protocols/ guidelines	Observation		
1.	Woman is warmly welcomed.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2.	Any available medical files/records are reviewed.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
<b>Detailed history is taken and completely, properly and accurately documented</b>				
3.	3.1. Current obstetric history (Last Menstrual Period (LMP), Gestational Age (GA)-Calculation and confirmation of GA as well as calculation of Expected Date of Delivery (EDD), any complications/complaints and activity of fetal movement (if applicable).	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	3.2. Previous obstetric history (parity, frequency of pregnancy, duration of pregnancy, mode of deliveries, delivery outcome, birth weight, any complication during any pregnancy or delivery).	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	3.3. Medical and surgical history (any chronic disease, any surgical procedures).	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	3.4. Family history (chronic diseases, history of twins, history of any genetic diseases or congenital malformations).	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	3.5. History of allergies ( drugs, foods or others).	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	3.6. Tetanus immunization history (check record if available).	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
<b>Complete physical exam is conducted in an audio and visual private setting</b>				
4.	4.1. Height and weight	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	4.2. Vital signs	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	4.3. Chest and heart	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	4.4. Breast	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	4.5. Abdomen (scars, height of fundus, fetal lie, attitude, presenting part and level of descent (if applicable))	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	4.6. Fetal heart detection	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	4.7. Lower limbs (varicose veins, edema)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<b>Laboratory test:</b>				
5.	5.1. Blood group and Rh factor if not already done and documented	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	5.2. CBC (mainly hemoglobin level)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	5.3. Fasting blood glucose	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	5.4. Urine analysis	<input type="checkbox"/> Y	<input type="checkbox"/> N	
<b>Supplementation</b>				
6.	6.1. Appropriate supplementation (Folic Acid or Iron) is prescribed for the woman	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	Woman has been provided with the supplementation	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	Woman has been counseled about importance of supplementation and means to enforce compliance have been considered	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
<b>Woman is counseled at least about the following:</b>				
7.	7.1. Adaptation and life style (exercise and physical efforts, sex, hygiene, clothing, sleep and rest, etc.)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	7.2. Changes associated with pregnancy	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	7.3. Diet and nutritional needs	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	7.4. Routine ANC schedule and plan of care	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	7.5. Danger signs in pregnancy	<input type="checkbox"/> Y	<input type="checkbox"/> N	
	7.6. Signs and symptoms of true labor (if in third trimester)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	7.7. Preparation for delivery (if in third trimester)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
	7.8. Breast feeding (if in third trimester)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
8.	Woman is encouraged to ask about any issues of her concern	<input type="checkbox"/> Y	<input type="checkbox"/> N	
9.	Woman is given an appointment for next visit	<input type="checkbox"/> Y	<input type="checkbox"/> N	

**\* Please document the key observations on practices in the supervisory report form with in depth analysis whenever needed and suggestions for solutions and next steps**