

Antenatal Care Subsequent Visits (ANC) Checklist

Health Facility Name:.....

Supervisor name:

Date: / /

Supervisee name:.....

MA 2	The following items represent standard practices for subsequent ANC visits according to protocols/ guidelines	Observation
1	Woman is warmly welcomed.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2	Medical file/records and lab tests are reviewed and documented.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3	Last Menstrual Period (LMP) is verified and gestational age (GA) is calculated.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4	<i>Detailed recent / current history is taken and completely, properly and accurately documented</i>	
	4.1. Woman is asked about any complaints or discomfort.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	4.2. Woman is asked about the activity of fetal movements.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5	<i>Physical exam is conducted in an audio and visual private setting</i>	
	5.1. Weight measured.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	5.2. Vital signs measured.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	5.3. Abdomen (scars, height of fundus, fetal lie, attitude, presenting part and level of descent).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	5.4. Fetal heart detection.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	5.5. Lower limbs (varicose veins, edema).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6	Laboratory test:	
	6.1. CBC (mainly hemoglobin level) between 28 to 32 gestational week.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	6.2. Fasting blood glucose between 24 to 28 gestational week.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	6.3. Urine analysis if needed.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7	Supplementations	
	7.1. Appropriate supplementation (Folic acid, iron, etc) is prescribed for the woman.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	7.2. Woman has been provided with the supplementation.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	7.3. 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
8	<i>Woman is counseled at least about the following</i>	
	8.1. Diet and nutritional needs.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	8.2. Danger signs in pregnancy.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	8.3. Signs and symptoms of true labor (if in third trimester).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	8.4. Preparation for delivery (if in third trimester).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
	8.5. Breast feeding (if in third trimester).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
9	Woman is encouraged to ask about any issues of her concern.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10	Woman is given an appointment for next visit.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

*** 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**