

SUPPLEMENTAL DIGITAL CONTENT 2. Registration Form



Facility ID	Fixed or Outreach ID	Date (dd-mm-yyyy)
HW name		HW phone HW registration number

Client SPT ID	Name: Given name	Surname	Cancel ☐
Date of birth	Age (years)	Sex: M ☐ F ☐	Nationality: Gambian ☐ Non Gambian ☐ Phone
Town/Village	Area/Street	Compound name	
NIN	Mother SPT ID (if applicable)	Next of kin relationship: Mother ☐ Partner ☐ Other ☐	
Next of kin name:	Given name	Surname	Phone:

Client SPT ID	Name: Given name	Surname	Cancel ☐
Date of birth	Age (years)	Sex: M ☐ F ☐	Nationality: Gambian ☐ Non Gambian ☐ Phone
Town/Village	Area/Street	Compound name	
NIN	Mother SPT ID (if applicable)	Next of kin relationship: Mother ☐ Partner ☐ Other ☐	
Next of kin name:	Given name	Surname	Phone:

Client SPT ID	Name: Given name	Surname	Cancel ☐
Date of birth	Age (years)	Sex: M ☐ F ☐	Nationality: Gambian ☐ Non Gambian ☐ Phone
Town/Village	Area/Street	Compound name	
NIN	Mother SPT ID (if applicable)	Next of kin relationship: Mother ☐ Partner ☐ Other ☐	
Next of kin name:	Given name	Surname	Phone:

ANTENATAL FORM



Facility ID	Fixed or Outreach ID	Date (dd-mm-yyyy)
HW name	HW phone	HW registration number

Client SPT ID	Visit No.	Partner present	Gestational age:	LMP	USS	FFP	W	D	Cancel
Weight (kg)	BP	Fundal Ht / SFH (cm)	Presentation:	Cephalic	Breech	Transverse	FHR (bpm)		

LAB INVESTIGATION

Blood group:	A	B	AB	O	Rh:	Positive	Negative	HIV / PMTCT:	S0	S1	S2	S3	S4
Hemoglobin (Hb)	RBS (mmol/L):	Urine Glucose Test:	Positive	Negative	Urine Protein Test:	Positive	Negative						
Sickle cell:	AA	AS	SS	HBsAg:	Positive	Negative	HCV:	Positive	Negative	VDRL:	Positive	Negative	

SUPPLEMENTS / TREATMENTS

Supplements:	FeFA	Deworming	Pregnant care	IPT dose:	1	2	3	4	Received LLIN	Received Cotrimoxazole		
Malaria treatment:	Coartem	ARTH	Other	STI treatment:	Syph.	VD	GUD	LAP	Partner	Other:	HTN	DM

VACCINES ADMINISTERED

TD vaccination:	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Booster	Covid-19 vaccination:	Dose 1	Dose 2	Booster
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BOOKING INFORMATION

Gravida	Para	Abortus	Children:	Alive	Dead	Last FP method (code)	MHX (code):	(1)	(2)	(3)
LMP (dd-mm-yyyy)	Menstrual cycle:	Regular	Irregular	EDD:	LMP	USS	FFP			



MATERNAL VACCINATION FORM



Facility ID	Fixed or Outreach ID	Date (dd-mm-yyyy)
HW name		HW phone
Vaccine Brand codes: 1 TD - PT Bio Farma 2 Sinopharm 3 Pfizer/BioNTech 4 Johnson & Johnson (J&J)		

Cancel	Client SPT ID	Pregnant	Not pregnant	Postpartum Vitamin A	Vaccine brand (code)	TD					Covid-19			AEFI	
						Dose 1	Dose 2	Dose 3	Dose 4	Dose 5/Booster	Dose 1	Dose 2	Booster	Serious	Non serious
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	Total														

DELIVERY FORM



Facility ID	Fixed or Outreach ID	Date (dd-mm-yyyy)
HW name	HW phone	HW registration number

Client SPT ID	Gestational age: LMP USS FFP W D Preterm Term Cancel
Admitted with FHR: Yes No	Admission: Date at Delivery: Date at
Delivery mode: SVD IOL Breech Vacuum Planned C/S Emergency C/S Born before arrival	Birth: Singleton Multiple
3rd stage: Completed Retained placenta	Perineum: Intact Tear 1-degree Tear 2-degree Tear 3-degree Tear 4-degree Episiotomy
Delivered by: Medical Officer Midwife Nurse Student Other	Partner present Public Health Officer notified on birth

MOTHER INFORMATION

Outcome: Alive Dead	Complications (code): (1) (2) (3)	FGM: None Type 1 Type 2 Type 3
Blood pressure /	Pulse (bpm) Respiratory rate Temperature ,	Blood loss (ml) Vitamin A

NEWBORN INFORMATION (SINGLETON BIRTH / FIRST OF MULTIPLE BIRTH)

Outcome: LB FSB MSB Resuscitated Immediate death	Complications (code): (1) (2) (3)
Sex: M F Weight (kg) ,	Apgar score: 1min 5min Placenta weight Umbilical cord: Veins Arteries

NEWBORN INFORMATION (SECOND OF MULTIPLE BIRTH)

Outcome: LB FSB MSB Resuscitated Immediate death	Complications (code): (1) (2) (3)
Sex: M F Weight (kg) ,	Apgar score: 1min 5min Placenta weight Umbilical cord: Veins Arteries

POSTNATAL FORM (MOTHER)



Facility ID	Fixed or Outreach ID	Date (dd-mm-yyyy)	
HW name		HW phone	HW registration number

Mother SPT ID	Cancel	PNC visit		Partner present	Blood Pressure	Pulse (bpm)	Respirat. rate	Temperature	Hemoglobin (Hb)	Urine Glucose	Urine Protein	Lochia			Uterine size (cm)	Perineum postpartum				Retracted or Cracked nipple	FP counselling	FP method accepted (code)
		Positive	Negative							Positive	Negative	Rubra	Serosa	Alba		Intact	Repaired	Infected	Broken epis			
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POSTNATAL FORM (NEWBORN)



Facility ID	Fixed or Outreach ID	Date (dd-mm-yyyy)	
HW name		HW phone	HW registration number

Newborn SPT ID	Cancel	PNC visit		Temperature	Weight (kg)	Cord condition		Skin condition		Eye condition		Passage of stool (BM)		Breastfeeding established				Vitamin K	Tetracycline eye drops	Birth defect	EID sample at 6 weeks		Newborn death	
		Immediate	1st visit			2nd visit	Normal	Infected	Healthy	Unhealthy	Normal	Discharge	Yes	No	Immediate	< 11 hours	12-24 hours				> 24 hours	Collected	Not collected	0-7 days



CHILD VACCINATION FORM



Facility ID	Fixed or Outreach ID	Date (dd-mm-yyyy)								
HW name		HW phone								
BCG	Hep	OPV	Pen	PCV	IPV	Rot	MR	YF	Men	DPT

Cancel	Client SPT ID	BCG HepB OPV 0	OPV 1 Penta 1 PCV 1 Rota 1	OPV 2 Penta 2 PCV 2 Rota 2	OPV 3 Penta 3 PCV 3 IPV 1	OPV 4 MR 1 Yellow Fever IPV 2	MenA	DPT Booster	OPV Booster MR 2	Vitamin A Deworming
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LIST OF CODES - RMNCAH

— Family Planning method —

- 0** Other
- 1** None
- 2** Microgynon
- 3** Norigynon
- 4** Neogynon
- 5** Marvelon
- 6** Microlut
- 7** Noristat
- 8** Depo
- 9** Jadelle
- 10** Implanon
- 11** IUCD
- 12** Mirena IUD
- 13** Emergency pill (Norlevo)
- 14** Male condom
- 15** Female condom
- 16** Combined contraceptive ring
- 17** Combined contraceptive patch
- 18** Bilateral Tubal Ligation
- 19** Vasectomy
- 20** Foam

— Medical history (MHX) —

- 0** Other
- 1** None
- 2** Hypertension
- 3** Tuberculosis
- 4** Diabetes
- 5** Anaemia
- 6** Sickle cell
- 7** Pelvic inflammatory disease
- 8** Hypertension in family
- 9** Tuberculosis in family
- 10** Diabetes in family
- 11** Asthma in family
- 12** Multiple birth in family

— Maternal complications —

- 0** Other
- 1** None
- 2** IUFD
- 3** Antepartum haemorrhage (APH)
- 4** Postpartum haemorrhage (PPH)
- 5** DIC
- 6** Pre-existing hypertension
- 7** Pre-eclampsia
- 8** Eclampsia
- 9** Abortion
- 10** Ectopic pregnancy
- 11** Delayed or obstructed labour
- 12** Malpresentation
- 13** Retained placenta
- 14** Placental abruption
- 15** Ruptured uterus
- 16** Placenta previa
- 17** Cord prolapse
- 18** Fistula
- 19** Anaemia in pregnancy
- 20** UTI in pregnancy
- 21** HIV in pregnancy
- 22** Heart disease in pregnancy
- 23** Gestational diabetes
- 24** Malaria
- 25** Puerperal sepsis
- 26** Puerperal psychosis

— Newborn complications —

- 0** Other
- 1** None
- 2** Birth defect / Congenital malformation
- 3** Birth injury
- 4** Birth asphyxia
- 5** Neonatal sepsis
- 6** Neonatal jaundice
- 7** Neonatal skin rashes
- 8** Neonatal tetanus
- 9** Malaria
- 10** Anaemia
- 11** Fever of unknown cause
- 12** Hyperactive airway disease
- 13** Congenital heart disease
- 14** Otitis media
- 15** Infected umbilical stump
- 16** Intestinal obstruction
- 17** Imperforated anus