**BEmONC ASSESSMENT TOOL FOR ANTENATAL CARE**

**Name of facility**

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<th>FAMILY RECORD NO.:</th>
<th>PHILHEALTH NO.:</th>
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<th>CIVIL STATUS:</th>
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### QUICK CHECK: (B2) / RAM (B3 TO B7)

**ASK, LOOK AND FEEL**

- Is the woman being wheeled, carried or has any of the following?  
  - bleeding vaginally  
  - severe headache  
  - convulsing  
  - blurred vision  
  - looking very ill  
  - in severe abdominal pain / epigastric pain  
  - unconscious  
  - severe pallor  
  - very difficult breathing and/or central cyanosis  
  - cold moist skin and/or weak and fast pulse  
  - ruptured membranes  
  - in labor  
  - delivery is imminent

**CHECK VITAL SIGNS:**
- Respiratory Rate (per minute)
- Blood Pressure  
  * If diastolic BP is ≥ 90 mmHg, re-evaluate (see 5)
- Pulse Rate (per minute)
- Temperature

### ASSESS (Instructions: put (√) if yes, (X) if No, N/A for not applicable)

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<tr>
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<th>1st Visit</th>
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### PAST MEDICAL CONDITION

- Ask for medical conditions (Diabetes, Hypertension, TB, Asthma, Heart conditions) Specify. If none, write down NONE.

### ALL VISITS (C2)

- Age of gestation in weeks
- Where do you plan to deliver (check Birth/Em.plan)
- Any vaginal bleeding since last visit?
- Is baby moving? (after 16 weeks)
- Fundic height (cm)
- Weight (kg)
- Edema (+/+/++)
- Do you have any concerns? Specify:  
  If none, write down NONE.

### THIRD TRIMESTER (C2)

- Multiple pregnancy?
- Check for presentation
- Fetal Heart Rate (beats per minute)
- Transverse lie/breech?
- Has she been counseled on family planning?  
  If yes, please specify what method:__________
### 5. Check for Pre-Eclampsia (C3)
- **Ask, Check Record**: (Refer to page 1 for Blood Pressure)
- **Look, Listen, Feel**
  - If diastolic BP is >=90 mmHg, repeat after 1 hour rest
  - If diastolic BP is still >=90 mmHg, ask the woman if she has:
    - Severe headache/blurred vision/Epigastric pain
  - Check protein in urine(-/+/-+)

### 6. Check for Anemia (C4)
- **Ask, Check Record**
  - Hgb measured? (If so, write down the value)
  - Do you get tired easily?
- **Look, Listen, Feel**
  - Look for conjunctival and palmar pallor. Are they pale?
  - Is the RR more than 30/min?

### 7. Does the Patient Have One of the Following Observed Signs or Volunteered Problems?
- No fetal movement (C7)
- Ruptured membranes and no labor (C7)
- Fever and/or burning in urination (C8)
- Vaginal discharge (C9)
- Coughing or difficulty in breathing (C11)
- Taking Anti-TB Drugs (C11)
- Smoking, alcohol or drug abuse or history of violence (C10)
- Signs suggesting HIV infection (C6/C10) or syphilis (C5)
- Current medical condition (DM, HPN, TB, Asthma, Cardiac condition)

### 8. Physical Examination Finding
- Check for Nutrition, Skin, Head and Neck, Heart and Lungs, Breasts/Nipples, Extremities, and write down any abnormal findings

### 9. Other Laboratory Findings

### 10. Assess for Other Problems:
- For women with special needs (H1-H4)

### 11. Inform and Counsel on HIV (G2-G8)
- Provide information on HIV and counsel on VCT (G2/G3)
- If HIV positive, counsel on infant feeding choice (G7/G8)

### 12. Preventive Measure (C12)
- Tetanus Toxoid given (TT1-TT5) - pls specify
- No. of Iron/Folate tabs given
- Oral health (Examination and prophylaxis, at least once)

### 13. Advice/Counselling
- Self-care (C13) (M2)
- Nutrition (C13)
- Routine and follow-up visits (C17)(M2)
- Advice on labour and danger signs (C15)(M9)(M2)
- Breastfeeding (K2-K8)
- Newborn screening (J12)

### 14. Develop and Attach Birth and Emergency Plan (C14) (M3)

### 15. Overall Assessment

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### 16. Date of Next Visit (Agreed Upon With the Woman)

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### 17. Assessment Done By: (Write Your Name)

*Record relevant findings/management to the Mother and Child Book.*