## ANNEX 5 PREGNANCY TRACKING FORM

Barangay/Catchment			Kalayaan							CH	IT In-Charge			Isabel Abano			Posit	ion: <b>I</b>	BHW
Municipality			Dulag						Name of Midwife				Maricol Babatuan						
Province			Leyte														Indic	cate Spec	cific
																	Date	•	
Dulag Rural Health Center									X street						et, Dula	g			
Naı	me of <b>Basic Emerge</b> r	bstetric and Ne				Ad	dress												
	Leyte Provincial Hospital														Palo	, Leyte	Indica	te the exp	ected
Name of Comprehensive Emergency Obstetric and Newborn Care (CEmONO								lity			Ad	dress	, ,				period of Home Visit.		
																$\overline{}$	Count	starts fro	m the
								Birth &	Home	Visits by CI	IT (Specify DATE) and the bottom is for the Home Visit		Prenatal Care by midwife (DATE)			following date of LMP			
				I NAD. I	act Manetu	ial Daviad			*Top is for	cut off date,						Place of Delivery			
N o	Name of Pregnant Woman	Age	Address		P: Last Menstrual Period D: Expected Date of Delivery			Eme- rgency	, 1 2		3	4	1	2	3	4	Delivery	Pregnancy Outcome*	Other HV conducted
								Plan	1st trimester (0-84 days or up to 12 weeks)	2nd trimester (85-189 days or 13-27 weeks)	3rd trimester (190 days/28 weeks or more)	3rd trimester (190 days/28 weeks or more)	1st trimester (0-84 days or up to 12 weeks)	2nd trimester (85-189 days or 13-27 weeks)	3rd trimester (190 days/28 weeks or more)	3rd trimester (190 days/28 weeks or more)	Date of Delivery		
1	Melissa Mallino	30	ROW 7 #8 Bar	angay	ıv				April 16 - July 9	July 10- Oct 23	Oct 24- Dec 23	Jan 13					Dulag RHU	NSD / O	
			Kalayaan		4/15/2014	1/20/2015	•		07/01/2014	10/10/2014	12/5/2014	1/5/2015	7/4/2014 10/1	10/15/2014	12/16/2014	4 1/10/2015			
								•	****			.,0,=0.0			<b>A</b>		1/23/2015	LB	
		20	ROW 13 #8 Barangay Kalayaan		5/5/2014	2/9/2015			May 6 - July 29	July 30 - Nov 12	Nov 13 - Jan 12	Feb 05					AA health facility	NSD / O	
2	Irene Cruz													9/10/2011	Refer to MC Book		(Pvt.)	1102 7 0	9/12/2014
										9/9/2014					P3		9/10/2014	· MC ···	•
*PF	REGNANCY OUTCOM	IE:		<b>0</b> (		tion	٠ د د د	1		atus (I D fa	A is substituted to	D for Oxillio	inth ED fo				:i\	ita MD fau Ma	to made
Please see the actual item, then,															nediately	Miscarriage), write MD for Maternal  Circle the appropriate item,			
1. Mark if the woman has a MC Book 2. Mark if she completed her Birth Plan (p.14 of MC book)								_				-	•					scribe the	-
	2. iviark it sne com	piet	ea ner Birth Pi	an (p.1	4 OT IVIC D	OOK)										L			

## **DIRECTIONS**

- **CONFIRM** the client's Last Menstrual Period (LMP) and compute EDD. Ask midwife to verify computation.
- ASK mothers about each status on the column, and then CHECK the Mother and Child Book for accuracy. The date should correspond to mother's prenatal checkups. Refer to MC book (P3) for the dates of prenatal care by midwife.
- Check your calendar and note: **First Trimester**: 0-84 days/up to 12 weeks, **Second Trimester**: 85-189 days/13-27 weeks, **Third Trimester**: 190 days or more/28 weeks or more. Home visits should be done at least one week before the end of first trimester, and each visit must be done before the prenatal care/prenatal check up by Midwife.