Moth	er and B	aby Follow-	Up Re	gister												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
S/No.	Date of registration	Mother's Name	Age (yrs)	ANC No.	Expected Date of Delivery	Date of HIV test	WHO Stage	CD4 test date / results	Mother's ARVs for PMTCT	Initiated Septrin: (Y/N)	Date of delivery	Place of delivery	Infant's ARVs for PMTCT	Baby initiated on Septrin (Y/N)	Date of 1st EID test	Results of EID test
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Instructions to fill the Mother and Baby Follow-Up Register

- 1. S/No: This is the serial number assigned for every new mother recorded. It will take the form of 1,2,3,... as shown.
- 2. Date of Registration: This is the date the HIV-positive mother is first entered into this register for purposes of follow-up.
- **3. Mother's name:** Record the mother's name as it appears on the ANC card/Mother's Passport.
- **4. Age:** Record the mother's age in completed years.
- **5. ANC No:** Record the mother's Antenatal clinic number as it appears on the ANC card or Mother's Passport.
- **6. Expected Date of Delivery:** Record here the mother's estimated date of delivery (Check for this date on the ANC card)
- 7. Date of HIV test: Record the latest date the mother was tested for HIV. If not sure, estimate the date with the help of the mother herself
- 8. WHO Stage: Record the HIV Clinical Stage according to the WHO Clinical staging system (i.e. I or II or III or IV). Check for this from the ANC Register or the treatment notes
- 9. CD4 test date/results: Record here the mother's CD4 results. If not yet done, book mother for testing and record results later when the test is done
- 10. Mother's ARVs for PMTCT: Record here the ARVs regimen the mother is on e.g. Sd NVP + AZT, or AZT+3TC (Combivir), or HAART
- 11. Initiated on Septrin (Y/N): Record "Yes" if mother started on Septrin prophylaxis or "No" if she is not yet on Septrin
- 12. Date of delivery: Record here the actual date the mother delivered
- 13. Place of Delivery: Record here the place the mother delivered from e.g. if she delivered at a health facility, write down the name of the facility and if at home (or at a TBA) write "Home"
- 14. Infant's ARVs for PMTCT: Record here the ARVs the infant is receiving e.g. NVP syrup
- 15. Baby initiated on Septrin (Y/N): Indicate "Yes" if the baby is initiated on Septrin and "No" if the baby is not on Septrin.
- **16. Date of 1st EID test:** Indicate here the date the baby was tested for HIV (DBS)
- 17. Results of the EID test: Record here the results of the EID test whether "Negative" or "Positive"