KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date:	23/02/2024
Closing Date:	29/02/2024
Closing Time:	11:00

INSTITUTION DETAILS

Institution Name:	Head Office Quotations
Province:	KwaZulu-Natal
Department of entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods/ service is required:	Hast Unit
Date Submitted:	Click here to enter a date.

ITEM CATEGORY AND DETAILS

Quotation number:	**ZNQ:** HOH1634/24
Item Category:	Goods
Item Description:	Supply, deliver of maternal case record
Quantity (if supplies):	**75000**

COMPULSORY SAMPLE VIEWING

Select Type:	Choose an item.
Date:	27/02/2024
Time:	10:00 AM -12:00 PM
Venue:	**SCM Office, Old Boys 310 Jabu Ndlovu Street**

QUOTES CAN BE COLLECTED FROM: www.kznhealth.gov.za

QUOTES SHOULD BE DELIVERED TO: Quotations.scmho@kznhealth.gov.za

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Kwazikwakhe Cele

Email: Kwazikwakhe.cele@kznhealth.gov.za **Contact number:** 033 815 8344

Finance Manager Name: Mrs E.N Maphumulo **Finance Manager Signature**_____

PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DEPARTMENT OF HEALTH- CENTRAL SCM

FACSIMILE NUMBER: _____ E-MAIL ADDRESS: Quotations.scmho@kznhealth.gov.za

PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES,PIETERMARITZBURG, 3201

QUOTE NUMBER: ZNQ /HOH /1634 /23 -24 VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 23/02/2024 CLOSING DATE: 29/02/2024 CLOSING TIME: 11:00

DESCRIPTION: SUPPLY, DELIVER OF MATERNAL CASE RECORD

CONTRACT PERIOD (IF APPLICABLE): _____

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
310 JABU NDLOVU STREET, PIETERMARITZBURG, SCM OFFICES, TENDER ADVISORY

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: Kwazikwakhe Cele TELEPHONE NUMBER: 033 815 8344

E-MAIL ADDRESS: Kwazikwakhe.Cele@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: Pinky Phungula TELEPHONE NUMBER: 033 395 3162

E-MAIL ADDRESS: Pinky.Phungula@kznhealth.gov.za

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

CELLPHONE NUMBER: _____ SARS PIN: _____

VAT REGISTRATION NUMBER (If VAT vendor): _____

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. | M | A | A | A | | | | | | | | |

UNIQUE REGISTRATION REFERENCE: | | | | | | | | - | | | | - | | | | - | | | | - | | | | | | | | | | | |

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ /HOH /1634 /23 /24

DESCRIPTION: SUPPLY, DELIVER OF MATERNAL CASE RECORD

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:	POINTS ALLOCATED
Race – Full/partial/combination of points allocated to companies at least 51% owned by Black People	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	75000		SUPPLY, DELIVER OF				
			MATERNAL CASE RECORD				
			Compulsory Sample viewing				
			Date: 27 February 2024				
			Venue: SCM Office, 310 Jabu Ndlovu street				
			Time: 10:00 AM- 12:00 PM				
			NB: SPECIFICATION ATTACHED				
			Hand Deliver : 310 Jabu Ndlovu street,				
			SCM Offices,				
			Quotation Tender Box.				
			Proof of CSD summary with banking details				
			Tax Clearance Certificate must be				
			attached OR email to				
			Quotations.scmho@kznhealth.gov.za				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) _____

NAME OF BIDDER: _____ SIGNATURE OF BIDDER: _____

[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____

SBD 4

BIDDER'S DISCLOSURE

1 **PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2 **BIDDER'S DECLARATION**

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest[1] in the enterprise, employed by the state? **YES / NO**

2.1.1. If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES / NO**

2.2.1. If so, furnish particulars: _____

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES / NO**

2.3.1. If so, furnish particulars: _____

3 **DECLARATION**

I, the undersigned,(name) _____ in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1. I have read and I understand the contents of this disclosure;

3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;

3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium[2] will not be construed as collusive bidding.

3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

NAME OF BIDDER	SIGNATURE	POSITION	DATE

1 the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

2 Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

(i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and

(ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid/quotation documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

---

1 Definitions

The following terms shall be interpreted as indicated:

1.1. "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.

1.2. "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.

1.3. "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.

1.4. "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.

1.5. "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.

1.6. "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.

1.7. "Day" means calendar day.

1.8. "Delivery" means delivery in compliance of the conditions of the contract or order.

1.9. "Delivery ex stock" means immediate delivery directly from stock actually on hand.

1.10. "Delivery into consignees store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.

1.11. "Dumping" occurs when a private enterprise abroad market its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA

1.12. "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

1.13. "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.

1.14. "GCC" means the General Conditions of Contract.

1.15. "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.

1.16. "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.

1.17. "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.

1.18. "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.

1.19. "Order" means an official written order issued for the supply of goods or works or the rendering of a service.

1.20. "Project site," where applicable, means the place indicated in bidding documents.

1.21. "Purchaser" means the organization purchasing the goods.

1.22. "Republic" means the Republic of South Africa.

1.23. "SCC" means the Special Conditions of Contract.

1.24. "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.

1.25. "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

2 Application

2.1. These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.

2.2. Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.

2.3. Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

3 General

3.1. Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.

3.2. With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from www.treasury.gov.za

4 Standards

4.1. The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

5 Use of contract documents and information; inspection.

5.1. The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.

5.2. The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.

5.3. Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.

5.4. The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

6 Patent rights

6.1. The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

7 Performance security

7.1. Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.

7.2. The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.

7.3. The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:

(a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or

(b) a cashier's or certified cheque

7.4. The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

8 Inspections, tests and analyses

8.1. All pre-bidding testing will be for the account of the bidder.

8.2. If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.

8.3. If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.

8.4. If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.

8.5. Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.

8.6. Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.

8.7. Any contract supplies may on or after delivery be inspected, tested or analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.

8.8. The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

9 Packing

9.1. The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.

9.2. The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

10 Delivery and documents

10.1. Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.

10.2. Documents to be submitted by the supplier are specified in SCC.

11 Insurance

11.1. The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.

12 Transportation

12.1. Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

13 Incidental services

13.1. The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:

(a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
(b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
(c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
(d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
(e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the

13.2. Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

14 Spare parts

As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts

14.1. manufactured or distributed by the supplier:

(a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
(b) in the event of termination of production of the spare parts:
  (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
  (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

15 Warranty

15.1. The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.

15.2. This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.

15.3. The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.

15.4. Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.

15.5. If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

16 Payment

16.1. The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.

16.2. The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.

16.3. Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.

16.4. Payment will be made in Rand unless otherwise stipulated in SCC.

17 Prices

17.1. Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

18 Contract amendments

18.1. No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

19 Assignment

19.1. The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

20 Subcontracts

20.1. The supplier shall notify the purchaser in writing of all subcontracts awarded under this contracts if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

21 Delays in the supplier's performance

21.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.

21.2. If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.

21.3. No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.

21.4. The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.

21.5. Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.

21.6. Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without canceling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

22 Penalties

22.1. Subject to GCC Clause 25, if the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

23 Termination for default

23.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

(a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;

(b) if the Supplier fails to perform any other obligation(s) under the contract; or

(c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

23.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.

23.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

23.4. If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.

23.5. Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.

23.6. If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:

(i) the name and address of the supplier and / or person restricted by the purchaser;

(ii) the date of commencement of the restriction

(iii) the period of restriction; and

(iv) the reasons for the restriction.

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

24 Anti-dumping and countervailing duties and rights

24.1. When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount whichmay be due to him.

25 Force Majeure

25.1. Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.

25.2. If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

26 Termination for insolvency

26.1. The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

27 Settlement of Disputes

27.1. If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

27.2. If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.

27.3. Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.

27.4. Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.

27.5. Notwithstanding any reference to mediation and/or court proceedings herein,

(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and

(b) the purchaser shall pay the supplier any monies due the supplier.

28 Limitation of liability

28.1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;

(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and

(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.

29 Governing language

29.1. The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.

30 Applicable law

30.1. The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.

31 Notices

31.1. Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice

31.2. The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

32 Taxes and duties

32.1. A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.

32.2. A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.

32.3. No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.

33 National Industrial Participation (NIP) Programme

33.1. The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.

34 Prohibition of Restrictive practices

34.1. In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).

34.2. If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.

34.3. If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.

SPECIAL CONDITIONS OF CONTRACT

1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

3.1. The Department is under no obligation to accept the lowest or any quote.

3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.

3.3 ***ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.***

3.4. The price quoted must include VAT (if VAT vendor).

3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.

3.6. The bidder must ensure the correctness & validity of the quotation:

(i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk;

(ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.

3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.

3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.

3.9. Offers must comply strictly with the specification.

3.10. Only offers that meet or are greater than the specification will be considered.

3.11. Late offers will not be considered.

3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.

3.13. Used/ second-hand products will not be accepted.

3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.

3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.

3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.

3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.

3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.

3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.

3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

4 SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.

4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.

4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.

4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.

4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.

4.6. Use of correcting fluid is prohibited and may render the response invalid.

4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.

4.8. Where practical, prices are made public at the time of opening quotations.

4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.

5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.

5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.

5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.

(i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.

(ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.

6.2. **Samples must be made available when requested in writing or if stipulated on the document.**

If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All

(i) testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

(i) The institution has determined that a compulsory site meeting will ▼ take place.

(ii) **Date:** ____/____/____ **Time:** ____:____ Place: _____

Institution Stamp:	Institution Site Inspection / briefing session Official: Full Name: _____ Signature: _____ Date: _____

8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10 TAX COMPLIANCE REQUIREMENTS

10.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.

10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

11 TAX INVOICE

11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

(i) the name, address and registration number of the supplier;
(ii) the name and address of the recipient;
(iii) an individual serialized number and the date upon which the tax invoice
(iv) a description and quantity or volume of the goods or services supplied;
(v) the official department order number issued to the supplier;
(vi) the value of the supply, the amount of tax charged;
(vii) the words tax invoice in a prominent place.

12 PATENT RIGHTS

12.1. The supplier shall indemnify the KZN Department of Health (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.

13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.

13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.

13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

14. TERMINATION FOR DEFAULT

14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
(i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
(ii) if the supplier fails to perform any other obligation(s) under the contract; or
(iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.

14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

SBD 6.1.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

---

1. **GENERAL CONDITIONS**

1.1. The following preference point systems are applicable to invitations to tender:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2. The applicable preference point system for this tender is the **80/20** preference point system.

1.3. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:
(a) Price; and
(b) Specific Goals.

1.4. The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and Specific Goals	100

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6. The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. **DEFINITIONS**

(a) "tender" means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
(b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
(c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
(d) "tender for income-generating contracts" means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
(e) "the Act" means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. **FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES**

3.1. **POINTS AWARDED FOR PRICE**

3.1.1. **THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS**

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$Ps = 80\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

OR

90/10

$$Ps = 90\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmin = Price of lowest acceptable tender

3.2. **FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT**

3.2.1. **POINTS AWARDED FOR PRICE**

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$Ps = 80\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

OR

90/10

$$Ps = 90\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.
Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Race – Full/partial/combination of points allocated to companies at least 51% owned by Black People	20	

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm: _____

4.4. Company registration number: _____

4.5. TYPE OF COMPANY/ FIRM [tick applicable box]

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

i) The information furnished is true and correct;

ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;

iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;

iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –

(a) disqualify the person from the tendering process;

(b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;

(c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;

(d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and

(e) forward the matter for criminal prosecution, if deemed necessary.

_____
SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME: _____

DATE: _____

ADDRESS: _____

_____

_____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 15/01/2024
Closing Date: 19/01/2024

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Head Office Quotations

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Supply Chain Management

Place where goods/ service is required: **HRM**

Date Submitted: **19/02/2024**

ITEM CATEGORY AND DETAILS

Quotation number: **ZNQ/HOH/1685/24**

Item Category: Goods

Item Description: Supply and deliver of stationery

Quantity (50 rolls)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: DOWNLOADABLE FROM KZN HEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO: DEPOSIT IN THE TENDER BOX SITUATED IN OR EMAIL TO: quotation.scmho@kznhealth.gov.za

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: **Mr J. Hlongwane**

Email: **Jabulani.hlongwane@kznhealth.gov.za**

Contact number: 033 815 8345

Finance Manager Name: Mrs E.N Maphumulo

Finance Manage signature: _____

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Maternity Case Records

This record must always accompany the woman when transferred to another health facility.
This record must be filed at the facility discharging the woman after birth.

Failure to create and maintain a record or to remove a record is an offence in terms of section 17(2) of the National Health Act (61 of 2003)
This record book is valid for the duration of the pregnancy and puerperium and includes all patient encounters. The relevant ward/ clinic/ subsection must clearly print (stamp) the name of the section and the date the service was rendered

Level of care	
Antenatal clinic:	**Delivery site:**
Transport when in labour:	

Name of patient or place large patient sticker here

Name..... Surname .....

Address.....

Next to School/Shop.....

MomConnect Yes No

Date registered...../...../.....

Woman's name

Employed Unemployed

ID Number

Religion

Institution file number

Record book number

Original Duplicate

Consent for blood products

Agrees to the use of blood products if needed

Disagrees to the use of blood products

Name of birth companion

Contact number of birth companion

Community health worker name

Contact detail of mandate
Name of person mandated to consent on behalf of woman when appropriate

Contact telephone number of mandate

Should I be unable to consent myself, I mandate the above in terms of the National Health Act to do so on my behalf.

Signed..... Date.....Witness.....

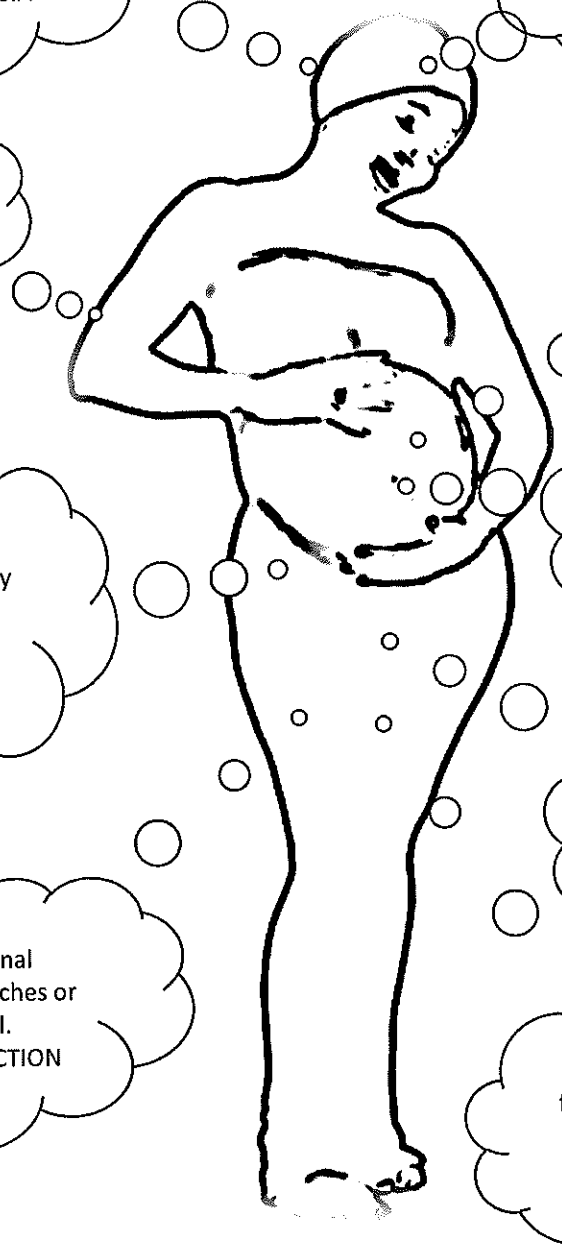
Danger signs in pregnancy

I have severe headache.
My hands feel stiff.
My rings are tight.
My feet are swollen.
PRE-ECLAMPSIA

I am unable to stop worrying. I feel down, depressed and hopeless. I think about hurting myself.
DEPRESSION

I feel tired.
I feel weak.
I have no energy.
ANAEMIA

DECREASING BABY KICKS OR NO KICKS AT ALL



I have pains in my stomach and back but my baby is not due yet.
PREMATURE LABOUR

My water has broken and my baby is not due yet.
PREMATURE RUPTURE OF MEMBRANES

I want to pass urine all the time and it burns.
URINARY TRACT INFECTION

I have a vaginal discharge that itches or smells foul.
VAGINAL INFECTION

I have bleeding from the vagina.
ANTEPARTUM HAEMORRHAGE

Go to your nearest clinic or hospital immediately if you have any of these problems.

SBAR clinical report on maternity situation

Complete in duplicate (use carbon paper)

S

SITUATION

I am calling about (name of woman) _____Ward:_____Hospital number _____

The problem I am calling about is _____

I just made an assessment of the patient:

Vital signs:- BP _____/_____ Pulse _____ resp rate _____ Oxygen saturation _____% Oxygen at ____l/min Temperature _____ C

I am concerned about:

Blood pressure because:

- Systolic pressure greater than 160 mm Hg
- Diastolic pressure more than 100 mm Hg
- Systolic pressure less than 90

Pulse because:

- Pulse rate more than 120
- Pulse rate less than 40
- Pulse rate greater than systolic BP

Respiration rate because:

- Rate less than 10/min
- Rate more than 24/min

Urine output:

- Output less than 100 ml over last 4 hours
- Significant proteinuria (++/+++)

Haemorrhage

- Antepartum
- Postpartum

Fetal well being

- CTG pathology

Early obstetric warning scores:

B

BACKGROUND (tick relevant sections)

☐ **The woman is:-**

Parity [primiparous / multiparous/ grand multiparous] with gestation _____weeks and a [singleton/ multiple] pregnancy

She had _____ previous caesarean sections or episodes of uterine surgery

☐ **The present fetal assessment is :**

Fundal height _____cm Presentation _____ with _____fifths head above brim: Fetal heart rate _____bpm

CTG : Not done / normal/ suspicious/ pathological

☐ **Antenatal risks**

Risks identified on antenatal card _____

☐ **Labour**

Not in labour / spontaneous onset of labour/ induced labour

IUGR / Pre-eclampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage

On oxytocin infusion (_____IU/_____ml fluid given at _____ml/hour)

Most recent vaginal examination done at _____h Dilated _____cm with _____above brim and position _____

Membranes : Intact/ ruptured at _____h with currently clear / meconium stained liquor/ Blood stained liquor

Delivered _____at _____h with 3rd stage complete/ retained placenta

☐ **Post Natal**

Delivery date _____at _____h____ Type of delivery _____ With/ without perineal trauma

Blood loss _____ ml Oxytocin infusion _____IU/ _____ml at _____ml/hour

Fundal height: High / Atonic/ Tender/ Abdominal-/ perineal wound oozing

☐ **Treatment given/ in progress**

Rx _____

A

ASSESSMENT

I think the problem is _____

The problem may be related to: Cardiac/infection/ respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress

I am not sure what the problem is, but the woman is deteriorating and we need to do something

R

RECOMMENDATION

Request

- ☐ Please come and see the woman immediately
- ☐ I think delivery need to be expedited
- ☐ I think the patient need to be transferred
- ☐ I would like advice on management of the patient

Response

_____

Person completing form: (name) _____Rank_____Date_____ Time_____

Person reported to (Name) _____(Rank)_____Inst_____

Extra copy of SBAR if referral is needed during antenatal care

SBAR clinical report on maternity situation

Complete in duplicate (use carbon paper)

S

SITUATION

I am calling about (name of woman) _____Ward:_____Hospital number _____

The problem I am calling about is _____

I just made an assessment of the patient:

Vital signs:- BP _____/_____ Pulse _____ resp rate _____ Oxygen saturation _____% Oxygen at ____l/min Temperature _____ C

I am concerned about:

Blood pressure because:
- Systolic pressure greater than 160 mm Hg
- Diastolic pressure more than 100 mm Hg
- Systolic pressure less than 90

Pulse because:
- Pulse rate more than 120
- Pulse rate less than 40
- Pulse rate greater than systolic BP

Respiration rate because:
- Rate less than 10/min
- Rate more than 24/min

Urine output:
- Output less than 100 ml over last 4 hours
- Significant proteinuria (++/+++)

Haemorrhage
- Antepartum
- Postpartum

Fetal well being
- CTG pathology

Early obstetric warning scores: _____

B

BACKGROUND (tick relevant sections)

☐ **The woman is:-**

Parity [primiparous / multiparous/ grand multiparous] with gestation _____weeks and a [singleton/ multiple] pregnancy

She had _____ previous caesarean sections or episodes of uterine surgery

☐ **The present fetal assessment is :**

Fundal height _____cm Presentation _____with _____fifths head above brim: Fetal heart rate _____bpm

CTG : Not done / normal/ suspicious/ pathological

☐ **Antenatal risks**

Risks identified on antenatal card _____

☐ **Labour**

Not in labour / spontaneous onset of labour/ induced labour

IUGR / Pre-eclampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage

On oxytocin infusion (_____IU/_____ml fluid given at _____ml/hour)

Most recent vaginal examination done at _____h Dilated _____cm with _____above brim and position _____

Membranes : Intact/ ruptured at _____h with currently clear / meconium stained liquor/ Blood stained liquor

Delivered _____at _____h with 3rd stage complete/ retained placenta

☐ **Post Natal**

Delivery date _____at _____h____ Type of delivery _____ With/ without perineal trauma

Blood loss _____ ml Oxytocin infusion _____IU/ _____ml at _____ml/hour

Fundal height: High / Atonic/ Tender/ Abdominal-/ perineal wound oozing

☐ **Treatment given/ in progress**

Rx _____

A

ASSESSMENT

I think the problem is _____

The problem may be related to: Cardiac/infection/ respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress

I am not sure what the problem is, but the woman is deteriorating and we need to do something

R

RECOMMENDATION

Request

- ☐ Please come and see the woman immediately
- ☐ I think delivery need to be expedited
- ☐ I think the patient need to be transferred
- ☐ I would like advice on management of the patient

Response

_____

Person completing form: (name) _____Rank_____Date_____ Time_____

Person reported to (Name) _____(Rank)_____Inst_____

Tear this copy out and keep in the facility folder as a record of referral and advice.

SBAR clinical report on maternity situation

Complete in duplicate (use carbon paper)

S

SITUATION

I am calling about (name of woman) _____Ward:_____Hosp. No _____

The problem I am calling about is _____

I just made an assessment of the patient:

Vital signs:- BP _____/_____ Pulse _____ resp rate _____ Oxygen saturation _____% Oxygen at _____l/min Temperature _____ C

I am concerned about:

Blood pressure because:

- Systolic pressure greater than 160 mm Hg
- Diastolic pressure more than 100 mm Hg
- Systolic pressure less than 90

Pulse because:

- Pulse rate more than 120
- Pulse rate less than 40
- Pulse rate greater than systolic BP

Respiration rate because:

- Rate less than 10/min
- Rate more than 24/min

Urine output:

- Output less than 100 ml over last 4 hours
- Significant proteinuria (++/+++)

Haemorrhage

- Antepartum
- Postpartum

Fetal well being

- CTG pathology

Early obstetric warning scores: _____

B

BACKGROUND (tick relevant sections)

☐ **The woman is:-**

Parity [primiparous / multiparous/ grand multiparous] with gestation _____weeks and a [singleton/ multiple] pregnancy

She had _____ previous caesarean sections or episodes of uterine surgery

☐ **The present fetal assessment is :**

Fundal height _____cm Presentation _____ with _____fifths head above brim: Fetal heart rate _____bpm

CTG : Not done / normal/ suspicious/ pathological

☐ **Antenatal risks**

Risks identified on antenatal card _____

☐ **Labour**

Not in labour / spontaneous onset of labour/ induced labour

IUGR / Pre-eclampsia/ reduced fetal movements/ Diabetes/ Antepartum haemorrhage

On oxytocin infusion (_____IU/_____ml fluid given at _____ml/hour)

Most recent vaginal examination done at _____h Dilated _____cm with _____above brim and position _____

Membranes : Intact/ ruptured at _____h with currently clear / meconium stained liquor/ Blood stained liquor

Delivered _____at _____h with 3rd stage complete/ retained placenta

☐ **Post Natal**

Delivery date _____at _____h____ Type of delivery _____ With/ without perineal trauma

Blood loss _____ ml Oxytocin infusion _____IU/ _____ml at _____ml/hour

Fundal height: High / Atonic/ Tender/ Abdominal-/ perineal wound oozing

☐ **Treatment given/ in progress**

Rx _____

A

ASSESSMENT

I think the problem is _____

The problem may be related to: Cardiac/infection/ respiratory/haemorrhage/PET/HELLP/Embolism/ Pulm edema/Fetal distress

I am not sure what the problem is, but the woman is deteriorating and we need to do something

R

RECOMMENDATION

Request

- ☐ Please come and see the woman immediately
- ☐ I think delivery need to be expedited
- ☐ I think the patient need to be transferred
- ☐ I would like advice on management of the patient

Response

_____

Person completing form: (name) _____Rank_____Date_____ Time_____

Person reported to (Name) _____(Rank)_____Inst_____

This copy remains in case record and accompanies the patient.

Patient Sticker

PMTCT Checklist

This is a checklist ONLY and does not replace official patient records.

HIV TESTING

HIV status unknown or previously negative

☐ Tested when pregnancy was confirmed	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 20 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 26 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 30 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 34 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 36 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 38 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 40 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)

ANTENATAL CARE

Known HIV not on ART / New HIV during pregnancy

☐ Started ART on the day of diagnosis Date: ___/___/___ (integrated antenatal and ART services)

☐ Started AZT and referred for urgent ART Date: ___/___/___ (antenatal and ART services not yet integrated)

Gestation at ART start: _____

Regimen: _____

CD4 at booking: _____ Creatinine _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

Known HIV on ART

Regimen: _____

Last ART visit: Date: ___/___/___ Facility: _____

Site where ART will be accessed during pregnancy: _____

VL: _____ Date: ___/___/___

VL: _____ Date: ___/___/___ Gestation: _____

VL: _____ Date: ___/___/___ Gestation: _____

VL: _____ Date: ___/___/___ Gestation: _____

LABOUR & DELIVERY

VL: _____ Date: ___/___/___ Gestation: _____

DATE TIME

Client on ART

☐ Continue ART Regimen: _____ Time taken: _____

Client not on ART [e.g. *unbooked,on AZT prophylaxis, HIV diagnosis in labour, defaulted prior to delivery (≥1 week)*]

Stat NVP ☐ Yes ☐ No

Stat TDF, 3TC and DTG ☐ Yes ☐ No

Mother's response to diagnosis:	
•Accepted and managing well	☐
•Struggling with diagnosis	☐
Help needed with disclosure issues:	yes/no
Support needed	yes/no
Referred to counsellor	yes/no

Patient Sticker

PMTCT Checklist

This is a checklist ONLY and does not replace official patient records.

HIV TESTING

HIV status unknown or previously negative

☐ Tested when pregnancy was confirmed	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 20 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 26 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 30 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 34 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 36 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 38 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)
☐ Retested at 40 weeks	Date: ___/___/___	☐ Pos	☐ Neg	(if previous negative/unknown)

ANTENATAL CARE

Known HIV not on ART / New HIV during pregnancy

☐ Started ART on the day of diagnosis Date: ___/___/___ (integrated antenatal and ART services)

☐ Started AZT and referred for urgent ART Date: ___/___/___ (antenatal and ART services not yet integrated)

Gestation at ART start: _____

Regimen: _____

CD4 at booking: _____ Creatinine _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

VL: _____ Date: ___/___/___ Gestation: _____ _____

Known HIV on ART

Regimen: _____

Last ART visit: Date: ___/___/___ Facility: _____

Site where ART will be accessed during pregnancy: _____

VL: _____ Date: ___/___/___

VL: _____ Date: ___/___/___ Gestation: _____

VL: _____ Date: ___/___/___ Gestation: _____

VL: _____ Date: ___/___/___ Gestation: _____

LABOUR & DELIVERY

VL: _____ Date: ___/___/___ Gestation: _____

DATE TIME

Client on ART

☐ Continue ART Regimen: _____ Time taken: _____

Client not on ART [e.g. *unbooked,on AZT prophylaxis, HIV diagnosis in labour, defaulted prior to delivery (≥1 week)*]

Stat NVP ☐ Yes ☐ No

Stat TDF, 3TC and DTG ☐ Yes ☐ No

Mother's response to diagnosis:	
•Accepted and managing well	☐
•Struggling with diagnosis	☐
Help needed with disclosure issues:	yes/no
Support needed	yes/no
Referred to counsellor	yes/no

Perforated

MENTAL HEALTH SCREEN

Conduct a mental health screen for all pregnant women.
Refer if needed to appropriate service, such as mental health nurse, social services, NGO, medical officer, counsellor, psychiatrists or other services.

Suggested words to use before screening.

"We would like to know about all the women who come here: how they are doing physically and emotionally. This helps us to understand the best sort of care we can offer. Please may I ask you three questions about how you are emotionally? Please answer 'yes' or 'no' to each question."

In the last 2 weeks, have you on some or most days felt unable to stop worrying or thinking too much?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days had thoughts **and** plans to harm yourself or commit suicide?*	☐ Yes [1] **Refer**	☐ No [0]
TOTAL SCORE	0 or 1 2 >>>>>>>>>>> refer 3 >>>>>>>>>>> refer	
Offered Counselling	☐ Yes	☐ No
Accepted counselling	☐ Yes	☐ No

**the self-harm question will require urgent referral if there are both thoughts AND plans. If there is a history of previous attempt, referral is required even if there are thoughts alone.*

MENTAL HEALTH SCREEN

Conduct a mental health screen for all pregnant women.
Refer if needed to appropriate service, such as mental health nurse, social services, NGO, medical officer, counsellor, psychiatrists or other services.

Suggested words to use before screening.
"We would like to know about all the women who come here: how they are doing physically and emotionally. This helps us to understand the best sort of care we can offer. Please may I ask you three questions about how you are emotionally? Please answer 'yes' or 'no' to each question."

In the last 2 weeks, have you on some or most days felt unable to stop worrying or thinking too much?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days had thoughts **and** plans to harm yourself or commit suicide?*	☐ Yes [1] **Refer**	☐ No [0]
TOTAL SCORE	0 or 1 2 >>>>>>>>>>> refer 3 >>>>>>>>>>> refer	
Offered Counselling	☐ Yes	☐ No
Accepted counselling	☐ Yes	☐ No

**the self-harm question will require urgent referral if there are both thoughts AND plans. If there is a history of previous attempt, referral is required even if there are thoughts alone.*

COMPLETE USING CARBON PAPER. TEAR OUT THIS COPY AND RETAIN IN CLINIC/BANC+ FOLDER

I, _____(healthcare worker) have introduced myself by name to:

Name_____
Folder number_____
Date of birth_____

Age:_____(yrs) G_____ P_____ Misc_____

OBSTETRIC AND NEONATAL HISTORY

*A=Alive; ID= Infant Death, NND=Neonatal Death, IUD=Intra-uterine death

Year	Gestation	Delivery	Weight	Sex	Outcome*	Complications

Descriptions of complications:

MEDICAL AND GENERAL HISTORY

Hypertension | Diabetes | Cardiac | Asthma | TB
Epilepsy | Mental health | HIV | Other

If yes, give detail_____

Family history: Twins | Diabetes | TB | Congenital

Details_____
Medication_____
Operations_____
Allergies_____
TB symptom screen: pos | neg | Use of herbal medicine
Tobacco | Alcohol | Substances | Use of OTC drugs
Psychosocial risk factors_____

CLINIC_____ d d m m y y

EXAMINATION

BP_____/_____mmHg Urine_____
Height_____cm Weight_____kg
MUAC_____cm BMI_____kg/m²
Thyroid_____ Breasts_____
Heart_____
Lungs_____
Abdomen_____
SF Measurement at booking_____cm

VAGINAL EXAMINATION

Examination explained and permission obtained ☐
Vulva and vagina_____
Cervix_____
Uterus_____
Pap smear done Y N Date_____
Result_____

INVESTIGATIONS

Syphilis test Pos Neg Repeat syphilis test Pos Neg
Treatment: 1st_____2nd_____3rd_____
Rhesus Pos Neg Antibodies Yes No
Hb_____g/dl Tetox 1st_____2nd_____3rd_____
Urine MCS: Date_____Result_____
Screening for gestational diabetes_____28w_____
HIV status at booking: Unknown | Pos | On ART Y N
HIV test at booking: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
CD 4_____ ART initiated on DD/MM/YY
Viral load: Date_____Result_____
Viral load: Date_____Result_____
Viral load: Date_____Result_____
Other:_____

GESTATIONAL AGE

LNMP DD/MM/YYYY Certain? Y N
SONAR DD/MM/YYYY
BPD_____ HC_____
AC_____ FL_____
Placenta_____ AFI_____
Average gestation_____CRL_____
Singleton ☐ Multiple pregnancy ☐ Intra-uterine pregnancy ☐
ESTIMATED DATE OF DELIVERY DD/MM/YYYY
Method used to calculate EDD: Sonar | SF | LNMP

MENTAL HEALTH

Mental health screening: Y N Score
Discussed and noted in case record Y
Where referred for mental health?_____

BIRTH COMPANION

Birth companion discussed and noted on MCR Y

COUNSELLING

Topic	Date 1	Date 2
Fetal movements		
Parental preparedness		
Nutrition		
Danger signs		
HIV		
Mental health		
Alcohol		
Tobacco		
Substances		
Domestic violence		
Labour and birth preparedness		
Breast care		
Infant feeding		

FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)

Implant | Inject | Intra-uterine device | Tubal ligation | Oral

All management plans discussed with patient ☐
Educational material given on pregnancy and patient rights ☐
If tubal ligation selected, adequate counselling was given ☐

BOOKING VISIT AND ASSESSMENT OF RISK DONE BY

_____

THIS IS THE ORIGINAL COPY AND STAYS IN MATERNITY CASE RECORD

I, _____(healthcare worker) have introduced myself by name to:

Name_____
Folder number_____
Date of birth_____

Age:_____(yrs) G_____ P_____ Misc_____

CLINIC_____ d d m m y y

OBSTETRIC AND NEONATAL HISTORY

*A=Alive; ID= Infant Death, NND=Neonatal Death, IUD=Intra-uterine death

Year	Gestation	Delivery	Weight	Sex	Outcome*	Complications

Descriptions of complications:

MEDICAL AND GENERAL HISTORY

Hypertension | Diabetes | Cardiac | Asthma | TB
Epilepsy | Mental health | HIV | Other

If yes, give detail_____

Family history: Twins | Diabetes | TB | Congenital

Details_____
Medication_____
Operations_____
Allergies_____
TB symptom screen: pos | neg | Use of herbal medicine
Tobacco | Alcohol | Substances | Use of OTC drugs
Psychosocial risk factors_____

EXAMINATION

BP_____/_____ mmHg Urine_____
Height_____cm Weight_____kg
MUAC_____cm BMI_____kg/m²
Thyroid_____ Breasts_____
Heart_____
Lungs_____
Abdomen_____
SF Measurement at booking_____cm

VAGINAL EXAMINATION

Examination explained and permission obtained ☐
Vulva and vagina_____
Cervix_____
Uterus_____
Pap smear done Y | N Date_____
Result_____

INVESTIGATIONS

Syphilis test Pos | Neg Repeat syphilis test Pos | Neg
Treatment: 1st_____ 2nd_____ 3rd_____
Rhesus Pos | Neg Antibodies Yes | No
Hb_____g/dl Tetox 1st_____ 2nd_____ 3rd_____
Urine MCS: Date_____ Result_____
Screening for gestational diabetes_____ 28w_____
HIV status at booking: Unknown | Pos | On ART Y N
HIV test at booking: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
HIV re-test: DD/MM/YY | Pos | Neg | Declined
CD 4 _____ ART initiated on DD/MM/YY
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Viral load: Date_____ Result_____
Other: _____

GESTATIONAL AGE

LNMP DD/MM/YYYY Certain? Y N
SONAR DD/MM/YYYY
BPD_____ HC_____
AC_____ FL_____
Placenta_____ AFI_____
Average gestation_____ CRL_____
Singleton ☐ Multiple pregnancy ☐ Intra-uterine pregnancy ☐
ESTIMATED DATE OF DELIVERY DD/MM/YYYY
Method used to calculate EDD Sonar | SF | LNMP

MENTAL HEALTH

Mental health screening: Y N Score
Discussed and noted in case record Y
Where referred for mental health?_____

BIRTH COMPANION

Birth companion discussed and noted on MCR Y

COUNSELLING

Topic	Date 1	Date 2
Fetal movements		
Parental preparedness		
Nutrition		
Danger signs		
HIV		
Mental health		
Alcohol		
Tobacco		
Substances		
Domestic violence		
Labour and birth preparedness		
Breast care		
Infant feeding		

FUTURE CONTRACEPTION (PROVIDE DUAL PROTECTION)

Implant | Inject | Intra-uterine device | Tubal ligation | Oral

All management plans discussed with patient ☐
Educational material given on pregnancy and patient rights ☐
If tubal ligation selected, adequate counselling was given ☐

BOOKING VISIT AND ASSESSMENT OF RISK DONE BY

_____

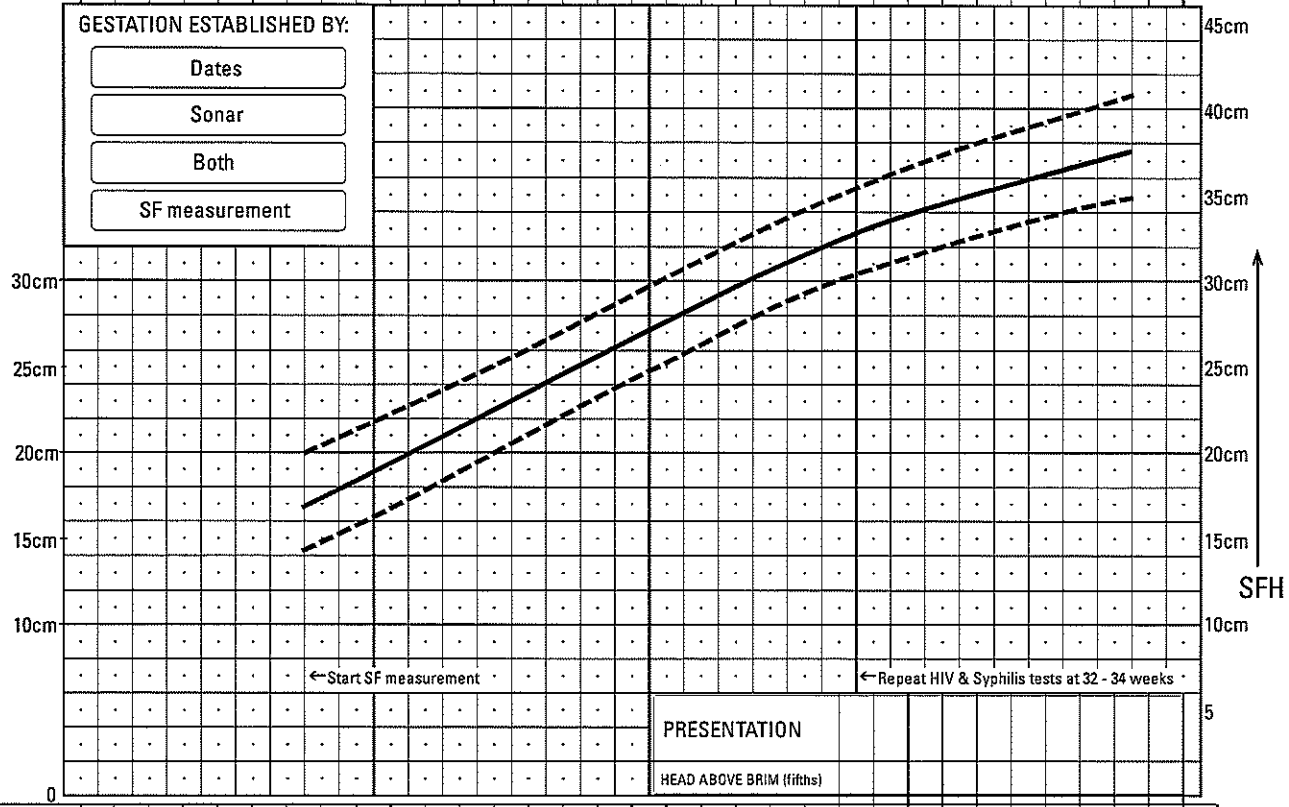
EXAMINED BY: (PRINT)

DATE :

GESTATION	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	< weeks

GESTATION ESTABLISHED BY:

- Dates
- Sonar
- Both
- SF measurement



TB screen																														
GESTATION	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
Blood-pressure																														Syst. / Diast.
Urine P																														P
Urine S																														S
Supplements																														Suppl.

Iron (I)
Folate (F)
Calcium (C)

Fetal movements

Haemoglobin (g/dl)

DOH Antenatal 2020 GSG

Date	PROBLEM LIST
1	
2	
3	
4	
5	
6	
7	

Date	NOTES (essential facts only)

NOTES FOR ANTENATAL VISITS continued

Essential additional facts only (Do not duplicate data from p4 or p5)		Name (print) and signature
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		

NOTES FOR ANTENATAL VISITS continued

Essential additional facts only (Do not duplicate data		Name (print) and signature
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		
I have introduced myself by name to this person ☐ TB screen done ☐		
Date and time		
	Date for next visit:	
I have explained management plans to this person and checked that she understands ☐		

Fetal Movement Chart (use only when indicated)

Date: ⇩	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Example *Week of 8 June*	✓✓✓✓✓✓✓✓✓✓✓✓ ✓ 12	✓✓✓✓✓✓✓✓✓✓ 10	✓✓✓✓✓✓✓✓✓✓✓✓ ✓✓ 12	✓✓✓✓✓✓✓✓✓✓✓✓ ✓✓✓ 14	✓✓✓✓✓✓✓✓✓✓ ✓✓✓ 12	✓✓✓✓✓✓✓✓✓✓ ✓✓ 11	✓✓✓✓✓✓✓✓✓✓ ✓✓✓ 12

Fetal movements should be counted and recorded on the chart over a period of an hour per day after breakfast. The person should preferably rest on her side for this period.

INITIAL ASSESSMENT

DD/MM/YYYY	HH/MM	Name of health care worker:

I have introduced myself by name to this person ☐

Assessment findings	Differential diagnosis

Working diagnosis

Proposed management plan

All procedures have been explained and verbally consented by the person ☐

☐

I have checked with the person regarding her birth companion

If problem/ diagnosis is prior to delivery- continue clinical notes on page 19
If problem/diagnosis is during established labour- continue clinical notes in labour section page 30
If problem/diagnosis is after delivery- continue clinical notes in post natal section page 50

BASIC ULTRASOUND REPORT (attach copies of detailed reports or photos to this page)

DD/MM/YYYY	Performed by:

I have introduced myself by name to this person ☐

Intrauterine	Yes	No	**Number of fetuses**		
Fetal movements	Yes	No	**Heartbeat**	Yes	No
Fetal lie	cephalic	breech	transverse		
Placenta	anterior	posterior	lateral		
	high	low	distance from os	mm	
Liquor	normal	reduced	increased	**Deepest pool**	cm

BIOMETRY- (attach hard copy if available)

Biparietal diameter (BPD)	**mm**	**Weeks:**	**days:**
Head circumference (HC)	**mm**	**Weeks:**	**days:**
Abdominal circumference (AC)	**mm**	**Weeks:**	**days:**
Femur length (FL)	**mm**	**Weeks:**	**days:**
Measurements concordant (8 days or less difference)		**Measurements discordant (more than 8 days difference)**	
Average gestation WEEKS:	**DAYS:**	**Estimated fetal weight (EFW):**	

DD/MM/YYYY	Performed by:

I have introduced myself by name to this person ☐

Intrauterine	Yes	No	**Number of fetuses**		
Fetal movements	Yes	No	**Heartbeat**	Yes	No
Fetal lie	cephalic	breech	transverse		
Placenta	anterior	posterior	lateral		
	high	low	distance from os	mm	
Liquor	normal	reduced	increased	**Deepest pool**	cm

BIOMETRY- (attach hard copy if available)

Biparietal diameter (BPD)	**mm**	**Weeks:**	**days:**
Head circumference (HC)	**mm**	**Weeks:**	**days:**
Abdominal circumference (AC)	**mm**	**Weeks:**	**days:**
Femur length (FL)	**mm**	**Weeks:**	**days:**
Measurements concordant (8 days or less difference)		**Measurements discordant (more than 8 days difference)**	
Average gestation WEEKS:	**DAYS:**	**Estimated Fetal Weight:**	

CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have introduced myself by name to this person ☐
I have checked with this person regarding her birth companion ☐
I have discussed all management plans with this person and checked that she understands ☐

Date and time		Name (print) and signature

CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have introduced myself by name to this person ☐
I have checked with this person regarding her birth companion ☐
I have discussed all management plans with this person and checked that she understands ☐

Date and time		Name (print) and signature

CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have introduced myself by name to this person ☐
I have checked with this person regarding her birth companion ☐
I have discussed all management plans with this person and checked that she understands ☐

Date and time		Name (print) and signature

CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have introduced myself by name to this person ☐
I have checked with this person regarding her birth companion ☐
I have discussed all management plans with this person and checked that she understands ☐

Date and time		Name (print) and signature

CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have introduced myself by name to this person ☐
I have checked with this person regarding her birth companion ☐
I have discussed all management plans with this person and checked that she understands ☐

Date and time		Name (print) and signature

CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have introduced myself by name to this person ☐
I have checked with this person regarding her birth companion ☐
I have discussed all management plans with this person and checked that she understands ☐

Date and time		Name (print) and signature

CLINICAL NOTES: EXAMINATION AND FINDINGS IF NOT IN LABOUR

I have introduced myself by name to this person ☐
I have checked with this person regarding her birth companion ☐
I have discussed all management plans with this person and checked that she understands ☐

Date and time		Name (print) and signature

OBSERVATION CHART when the diagnosis of labour is doubtful

Name:	**Age:**	**G:**	**P:**	**Gestational age:**
Facility:	**Hb:**	**Presentation:**		
Companion:	**Risk factors:**			

	Assessment 1: Date and time				**Assessment 2: Date and time**		
Mother	Blood Pressure				Blood pressure		
	Pulse				Pulse		
	Temperature				Temperature		
	Urine dipstick				Urine dipstick		
	Fetal movement felt	Yes	No		Fetal movement felt	Yes	No
	Emergency signs (bleeding, seizures, etc)	No	Yes		Emergency signs (bleeding, seizures, etc)	No	Yes
	Contractions per 10 minutes				Contractions per 10 minutes		
	<20 sec ▩ 20-40 sec ▥ >40 sec ■				<20 sec ▩ 20-40 sec ▥ >40 sec ■		
	Maternal emotional state				Maternal emotional state		
Fetus	FHR: normal baseline, no decelerations	Yes	No		FHR: normal baseline, no decelerations	Yes	No
PV	Head above brim				Head above brim		
	Dilatation				Dilatation		
	Cervical length				Cervical length		
	Membranes intact	Yes	No		Membranes intact	Yes	No
Checklist	Is the maternal condition reassuring?	Yes	No		Is the maternal condition reassuring?	Yes	No
	Is the fetal condition reassuring?	Yes	No		Is the fetal condition reassuring?	Yes	No
	Plan:				Plan:		
	Initials and signature:				Initials and signature:		

Discharge checklist	Reassuring maternal condition?	Yes	No	**Plan (if not discharged):**
	Reassuring fetal condition?	Yes	No	
	Intact membranes?	Yes	No	
	No cervical changes since admission?	None	Changes	
	Warning signs have been explained?	Yes	No	
	The mother understands the danger signs?	Yes	No	
	Follow-up date:			
	Initials and signature:			

Hourly observation chart for patients on Magnesium Sulphate ($MgSO_4$)

Date	Time	BP	Pulse	Respiratory rate	Reflexes		$MgSO_4$ dose	Urine: vol/h	Urine protein	Signature
					L	R				

EARLY WARNING OBSERVATION CHART FOR ANTENATAL ADMISSIONS

Date																		Date
Time																		Time
RESPIRATORY	>30																	>30
	21-30																	21-30
	11-20																	11-20
	0-10																	0-10
SATURATION	95-100%																	95-100%
	<95%																	<95%
TEMPERATURE	39°C																	39°C
	38°C																	38°C
	37°C																	37°C
	36°C																	36°C
	35°C																	35°C
Hb (plot actual value)	≥ 8 g/dl																	≥ 8 g/dl
	< 8 g/dl																	< 8 g/dl
MATERNAL HEART RATE	140																	140
	130																	130
	120																	120
	110																	110
	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
	40																	40
SYSTOLIC BLOOD PRESSURE	170																	170
	160																	160
	150																	150
	140																	140
	130																	130
	120																	120
	110																	110
	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
DIASTOLIC BLOOD PRESSURE	120																	120
	110																	110
	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
	40																	40
Urine (VOLUME in ml/hour)																		ml/hour
Proteinuria	Clear (-)																	Clear (-)
	+																	+
	++ to +++																	++ to +++
Feat heart rate (bpm)																		Fetal heart rate
Vaginal Bleeding	Spotting																	Spotting
	Clots																	Clots
	Bright red																	Bright red
Neuro response	Alert																	Alert
	Vocal																	Vocal
	Pain																	Pain
	Unresponsive																	Unresponsive
Pain	None-mild																	None-mild
	Severe																	Severe
Looks unwell	No (✓)																	No (✓)
	Yes (✓)																	Yes (✓)
TOTAL YELLOW SCORE																		TOTAL
TOTAL RED SCORE																		TOTAL
DOCTOR CALLED (Y/N)																		
Signature																		

EARLY WARNING OBSERVATION CHART FOR ANTENATAL ADMISSIONS

Date																	Date
Time																	Time
RESPIRATORY	>30																>30
	21-30																21-30
	11-20																11-20
	0-10																0-10
SATURATION	95-100%																95-100%
	<95%																<95%
TEMPERATURE	39°C																39°C
	38°C																38°C
	37°C																37°C
	36°C																36°C
	35°C																35°C
Hb (plot actual value)	≥ 8 g/dl																≥ 8 g/dl
	< 8 g/dl																< 8 g/dl
MATERNAL HEART RATE	140																140
	130																130
	120																120
	110																110
	100																100
	90																90
	80																80
	70																70
	60																60
	50																50
	40																40
SYSTOLIC BLOOD PRESSURE	170																170
	160																160
	150																150
	140																140
	130																130
	120																120
	110																110
	100																100
	90																90
	80																80
	70																70
	60																60
	50																50
DIASTOLIC BLOOD PRESSURE	120																120
	110																110
	100																100
	90																90
	80																80
	70																70
	60																60
	50																50
	40																40
Urine (VOLUME in ml/hour)																	ml/hour
Proteinuria	Clear (-)																Clear (-)
	+																+
	++ to +++																++ to +++
Feat heart rate (bpm)																	Fetal heart rate
Vaginal Bleeding	Spotting																Spotting
	Clots																Clots
	Bright red																Bright red
Neuro response	Alert																Alert
	Vocal																Vocal
	Pain																Pain
	Unresponsive																Unresponsive
Pain	None-mild																None-mild
	Severe																Severe
Looks unwell	No (✓)																No (✓)
	Yes (✓)																Yes (✓)
TOTAL YELLOW SCORE																	TOTAL
TOTAL RED SCORE																	TOTAL
DOCTOR CALLED (Y/N)																	
Signature																	

LABOUR- INITIAL ASSESSMENT (use this chart when the diagnosis of labour is certain)

Date: _____ Time assessed: _____ Time of admission: _____

Age: _____ Gravidity: _____ Parity: _____ Assessed by: _____

I have introduced myself by name to this person ☐ Gestational age: _____ Nutritional status: _____

If referred | From: _____ Time of referral: _____

Reasons for referral: _____

Date and time: Onset of labour _____ ROM: _____ Bleeding: _____

Booked: Yes | No If not booked, reason: _____

Name of clinic: _____ Gest. Age at 1st booking _____ No of visits _____

Gestational age: _____ weeks and _____ days based on: Ultrasound ☐ Booking SF ☐ LNMP ☐

Labour companion is present ☐ OR Offered to call a person she trusts to be with her in labour ☐

Hb: Rhesus: Pos | Neg If Rh neg: antibodies | Syphilis tests:

HIV results: Pos | Neg If HIV neg, retest during labour: Pos | Neg

ART: Yes | No Regimen: _____

Problems at ANC _____

Main complaints

Convulsions	Bleeding	Severe abd pain	Looks very ill	Headache/visual disturbances	Severe difficulty breathing	Fever

GENERAL EXAMINATION

General: Pulse: _____ BP: _____ Temp: _____ Appearance: _____

Chest: _____ CVS: _____

Other systems: _____ MUAC: _____

Urinary analysis: _____

ABDOMINAL EXAMINATION

Lie: Longitudinal | Transverse | Oblique **Scars:** Transverse | Vertical Other: _____

Presentation: Cephalic | Breech SF height _____

Liquor: Normal | Decreased | Increased **EFW:** _____ gram

Level of head palpable above pelvic brim (in fifths) | 5 | 4 | 3 | 2 | 1 | 0 |

Contractions | mild | moderate | strong **Fetal heart rate:** | Normal | Abnormal | Absent |

Type of FHR abnormality: _____

VAGINAL EXAMINATION

Speculum: Liquor _____ Blood _____ Cervix _____

Digital exam: cervix | Thick | Thin | Edematous | Not felt | Application: | Good | Poor |

Dilatation: _____ Length: _____ Position: _____

Presenting part: _____ Position: _____ Moulding PP | 0 | + | ++ | +++ |

Caput: | 0 | + | ++ |

Liquor: Clear Meconium stained liquor | No | Thin | Thick | Blood stained | Offensive |

Pelvic assessment: Adequate | Inadequate | Unsure

RISK FACTORS

Maternal	Fetal	Labour
Check mental health screen at booking ☐		

Summary of diagnosis and management: _____

I have explained any examinations/procedures to be done and obtained verbal consent ☐

Person to be managed at | CLINIC/MOU | District hospital | Specialist hospital | Tertiary hospital |

Name:	Gravidity:	Parity:	Gestation:	Spontaneous l.
Age:	Risk Factors:			Time of ROM:
Pelvis				Duration of labour (on arrival)

Date:

LATENT PHASE

ACTIVE PHASE

Time

Duration in hours

FETAL CONDITION

Fetal heart rate (bpm)

Decelerations (Yes/No) — Y / N

Type* (E/V/L)

Liquor* (I/C/B/M)

PROGRESS OF LABOUR

Application*

Presenting part*

Caput (0 1+ 2+)

Moulding (0 1+ 2+ 3+)

Position e.g. LOA >

Cervical dilitation — X

Cervical length — I

10 9 8 7 6 5 4 3 2 1

Head above pelvis

CONTRACTIONS

CONTRACTIONS PER 10 MINUTES

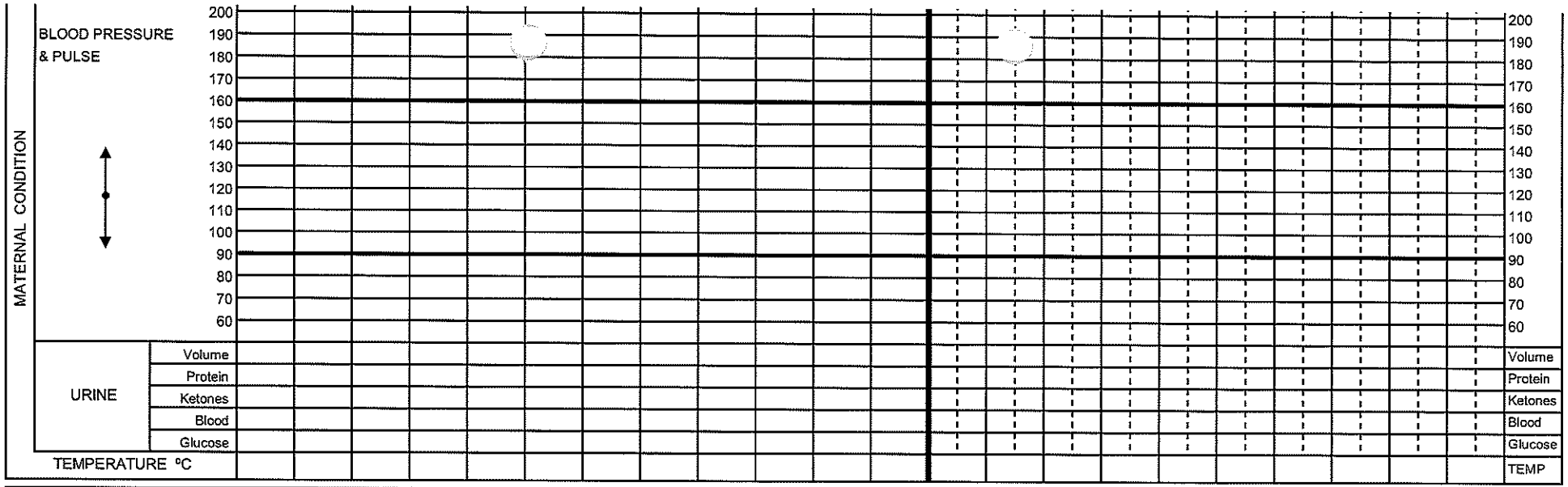
5 4 3 2 1

> 40 sec

> 20 - 40 sec

< 20 sec

OXYTOCIN — Units / Rate



TIME																							
MANAGEMENT/ MEDICATION/ I.V. FLUID																							
PAIN RELIEF																							
SIGNATURE & RANK																							

* Liquor: I = intact, B = blood stained, C = clear, M = meconium stained

* Presenting part: Breech = Br, Face = F, Vertex = Vx, Brow = Bw

* Application: good = G, poor = P

*early = E, late = L, variable = V

ASSESSMENTS DURING LABOUR

ASSESSMENT:	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: ☐										
Progress of labour:	Good ☐	Poor ☐	None ☐	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand ☐										
Name (print)		Signature and designation								

ASSESSMENT:	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: ☐										
Progress of labour:	Good ☐	Poor ☐	None ☐	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand ☐										
Name (print)		Signature and designation								

ASSESSMENT:	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: ☐										
Progress of labour:	Good ☐	Poor ☐	None ☐	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand ☐										
Name (print)		Signature and designation								

ASSESSMENTS DURING LABOUR

ASSESSMENT:	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: ☐										
Progress of labour:	Good ☐	Poor ☐	None ☐	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand ☐										
Name (print)		Signature and designation								

ASSESSMENT:	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: ☐										
Progress of labour:	Good ☐	Poor ☐	None ☐	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand ☐										
Name (print)		Signature and designation								

ASSESSMENT:	Date		Time		DOL		hrs	DORM		hrs
I have introduced myself by name to this person: ☐										
Progress of labour:	Good ☐	Poor ☐	None ☐	Birth companion/Doula present Yes No						
Maternal condition:										
Maternal mental and emotional condition:	What is her current pain management? What support is given?									
Fetal condition:										
Overall assessment and management plan:										
I have explained management plans to this person and her birth companion and ensured that both understand ☐										
Name (print)		Signature and designation								

CARDIOTOCOGRAPHY (CTG) (FIGO 2015) – CTG ONLY INDICATED FOR HIGH RISK PREGNANCIES

DD/MM/YYYY	HH/MM	Indication:	Mat pulse:
Refer to page:	**Normal**	**Suspicious**	**Pathological (any one feature)**
Baseline	110-160 bpm ☐	Lacking at least one characteristic of normality, but no pathological features ☐	<100 bpm ☐ (make sure it is not maternal pulse)
Variability	5-25 bpm ☐		Reduced (<5 bpm) variability >50 minutes ☐
Decelerations	No repetitive* decelerations ☐ (*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)		Repetitive* late decelerations ☐ OR Prolonged (>3min) decelerations during >30 minutes ☐ OR Prolonged (>3min) decelerations during >20 minutes with reduced variability ☐ OR One prolonged deceleration >5 minutes ☐
Interpretation	Fetus with no hypoxia	low probability of hypoxia	Fetus with high probability of hypoxia/acidosis
Contractions	None ☐ Irregular ☐	Regular ☐ Mild ☐	Moderate ☐ Strong ☐ Expulsive ☐
Clinical management:	**No intervention necessary** ☐	**Action to correct reversible causes if identified** ☐ **Alert doctor of findings** ☐	**Immediate action to correct reversible causes** ☐ **If not possible, or no recovery; immediate delivery** ☐ **Call doctor immediately** ☐
I have explained the nature of the findings and planned action to the person and her birth companion ☐			
Evaluation done by:			

DD/MM/YYYY	HH/MM	Indication:	Mat pulse:
Refer to page:	**Normal**	**Suspicious**	**Pathological (any one feature)**
Baseline	110-160 bpm ☐	Lacking at least one characteristic of normality, but no pathological features ☐	<100 bpm ☐ (make sure it is not maternal pulse)
Variability	5-25 bpm ☐		Reduced (<5 bpm) variability >50 minutes ☐
Decelerations	No repetitive* decelerations ☐ (*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)		Repetitive* late decelerations ☐ OR Prolonged (>3min) decelerations during >30 minutes ☐ OR Prolonged (>3min) decelerations during >20 minutes with reduced variability ☐ OR One prolonged deceleration >5 minutes ☐
Interpretation	Fetus with no hypoxia	low probability of hypoxia	Fetus with high probability of hypoxia/acidosis
Contractions	None ☐ Irregular ☐	Regular ☐ Mild ☐	Moderate ☐ Strong ☐ Expulsive ☐
Clinical management:	**No intervention necessary** ☐	**Action to correct reversible causes if identified** ☐ **Alert doctor of findings** ☐	**Immediate action to correct reversible causes** ☐ **If not possible, or no recovery; immediate delivery** ☐ **Call doctor immediately** ☐
I have explained the nature of the findings and planned action to the person and her birth companion ☐			
Evaluation done by:			

DD/MM/YYYY	HH/MM	Indication:	Mat pulse:
Refer to page:	**Normal**	**Suspicious**	**Pathological (any one feature)**
Baseline	110-160 bpm ☐	Lacking at least one characteristic of normality, but no pathological features ☐	<100 bpm ☐ (make sure it is not maternal pulse)
Variability	5-25 bpm ☐		Reduced (<5 bpm) variability >50 minutes ☐
Decelerations	No repetitive* decelerations ☐ (*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)		Repetitive* late decelerations ☐ OR Prolonged (>3min) decelerations during >30 minutes ☐ OR Prolonged (>3min) decelerations during >20 minutes with reduced variability ☐ OR One prolonged deceleration >5 minutes ☐
Interpretation	Fetus with no hypoxia	low probability of hypoxia	Fetus with high probability of hypoxia/acidosis
Contractions	None ☐ Irregular ☐	Regular ☐ Mild ☐	Moderate ☐ Strong ☐ Expulsive ☐
Clinical management:	**No intervention necessary** ☐	**Action to correct reversible causes if identified** ☐ **Alert doctor of findings** ☐	**Immediate action to correct reversible causes** ☐ **If not possible, or no recovery; immediate delivery** ☐ **Call doctor immediately** ☐
I have explained the nature of the findings and planned action to the person and her birth companion ☐			
Evaluation done by:			

DD/MM/YYYY	HH/MM	Indication:	Mat pulse:
Refer to page:	**Normal**	**Suspicious**	**Pathological (any one feature)**
Baseline	110-160 bpm ☐	Lacking at least one characteristic of normality, but no pathological features ☐	<100 bpm ☐ (make sure it is not maternal pulse)
Variability	5-25 bpm ☐		Reduced (<5 bpm) variability >50 minutes ☐
Decelerations	No repetitive* decelerations ☐ (*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)		Repetitive* late decelerations ☐ OR Prolonged (>3min) decelerations during >30 minutes ☐ OR Prolonged (>3min) decelerations during >20 minutes with reduced variability ☐ OR One prolonged deceleration >5 minutes ☐
Interpretation	Fetus with no hypoxia	low probability of hypoxia	Fetus with high probability of hypoxia/acidosis
Contractions	None ☐ Irregular ☐	Regular ☐ Mild ☐	Moderate ☐ Strong ☐ Expulsive ☐
Clinical management:	**No intervention necessary** ☐	**Action to correct reversible causes if identified** ☐ **Alert doctor of findings** ☐	**Immediate action to correct reversible causes** ☐ **If not possible, or no recovery; immediate delivery** ☐ **Call doctor immediately** ☐
I have explained the nature of the findings and planned action to the person and her birth companion ☐			
Evaluation done by:			

DD/MM/YYYY	HH/MM	Indication:	Mat pulse:
Refer to page:	**Normal**	**Suspicious**	**Pathological (any one feature)**
Baseline	110-160 bpm ☐	Lacking at least one characteristic of normality, but no pathological features ☐	<100 bpm ☐ (make sure it is not maternal pulse)
Variability	5-25 bpm ☐		Reduced (<5 bpm) variability >50 minutes ☐
Decelerations	No repetitive* decelerations ☐ (*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)		Repetitive* late decelerations ☐ OR Prolonged (>3min) decelerations during >30 minutes ☐ OR Prolonged (>3min) decelerations during >20 minutes with reduced variability ☐ OR One prolonged deceleration >5 minutes ☐
Interpretation	Fetus with no hypoxia	low probability of hypoxia	Fetus with high probability of hypoxia/acidosis
Contractions	None ☐ Irregular ☐	Regular ☐ Mild ☐	Moderate ☐ Strong ☐ Expulsive ☐
Clinical management:	**No intervention necessary** ☐	**Action to correct reversible causes if identified** ☐ **Alert doctor of findings** ☐	**Immediate action to correct reversible causes** ☐ **If not possible, or no recovery; immediate delivery** ☐ **Call doctor immediately** ☐
I have explained the nature of the findings and planned action to the person and her birth companion ☐			
Evaluation done by:			

DD/MM/YYYY	HH/MM	Indication:	Mat pulse:
Refer to page:	**Normal**	**Suspicious**	**Pathological (any one feature)**
Baseline	110-160 bpm ☐	Lacking at least one characteristic of normality, but no pathological features ☐	<100 bpm ☐ (make sure it is not maternal pulse)
Variability	5-25 bpm ☐		Reduced (<5 bpm) variability >50 minutes ☐
Decelerations	No repetitive* decelerations ☐ (*Decelerations are repetitive in nature when they are associated with more than 50% of uterine contractions)		Repetitive* late decelerations ☐ OR Prolonged (>3min) decelerations during >30 minutes ☐ OR Prolonged (>3min) decelerations during >20 minutes with reduced variability ☐ OR One prolonged deceleration >5 minutes ☐
Interpretation	Fetus with no hypoxia	low probability of hypoxia	Fetus with high probability of hypoxia/acidosis
Contractions	None ☐ Irregular ☐	Regular ☐ Mild ☐	Moderate ☐ Strong ☐ Expulsive ☐
Clinical management:	**No intervention necessary** ☐	**Action to correct reversible causes if identified** ☐ **Alert doctor of findings** ☐	**Immediate action to correct reversible causes** ☐ **If not possible, or no recovery; immediate delivery** ☐ **Call doctor immediately** ☐
I have explained the nature of the findings and planned action to the person and her birth companion ☐			
Evaluation done by:			

ADDITIONAL CLINICAL NOTES DURING LABOUR AND DELIVERY

Date and time	Remarks	Name (print) and signature

ADDITIONAL CLINICAL NOTES DURING LABOUR AND DELIVERY

Date and time	Remarks	Name (print) and signature

ADDITIONAL CLINICAL NOTES DURING LABOUR AND DELIVERY

Date and time	Remarks	Name (print) and signature

ADDITIONAL CLINICAL NOTES DURING LABOUR AND DELIVERY

Date and time	Remarks	Name (print) and signature

SUMMARY OF LABOUR

From full dilatation to delivery

Method of delivery: NVD | Breech | Twins | Caesarean section | Instrumental | Other: _____

Delivered by: _____ Assisted by: _____

Complications: _____

Maternal position during labour: _____

Fetal monitoring: normal ☐ abnormal ☐ if abnormal specify:

SUMMARY OF DURATION OF LABOUR

	Started at:		Duration:		Membranes:	
	Date	Time	Hours	Minutes	AROM	SROM
Latent phase					Time of ROM:	
Active phase (≥5cm)						
Full dilatation					Time of delivery:	
Bearing down					Duration of ROM:	
Third stage						
Total duration of labour:						

PAIN RELIEF

Entonox | Opioid | Local | Pudendal | Epidural | Non-pharmacological pain relief used

Given by: _____ Detail: _____

NEONATAL DETAIL

Resuscitation done: Yes | No Describe: _____

Birth injuries: Yes | No Describe: _____

Neonate	Male	Female	Alive	FSB	MSB	NND	Weight	ID band on?	Cord clamp?
1.							g		
2.							g		

Konakion: Yes | No Eye drops Yes | No Type: _____ Given by: _____

THIRD STAGE- PLACENTA, MEMBRANES AND CORD

Oxytocin 10 units given intramuscularly: Yes | No By _____ At _____

Method of delivery: Active | Spontaneous | Manual Cord around neck? Yes | No

Placenta Normal | Abnormal Complete | Incomplete Membranes Complete | Incomplete

No of vessels in cord: _____ Placental weight: _____ g Retroplacental clot Yes | No Histology Yes | No

Delayed cord clamping done ☐ If delayed cord clamping not done, explain why: _____

Result of cord blood gas (if indicated)

FOURTH STAGE (FIRST TWO HOURS AFTER DELIVERY- COMPLETE OBSERVATIONS ON SEPARATE PAGE)

Time of observation: _____ Observed by: _____

Temp: _____ Resp: _____ Pulse: _____ BP: _____ Urine passed: Yes | No Catheter: Yes | No

Uterus contracted: Yes | No Uterus ruptured: Yes | No Cord/maternal blood taken: Yes | No

Cervical tears Yes | No Details: _____

Perineum: Intact | 1st ° tear | 2nd ° tear | 3rd /4th ° tear | Episiotomy Repaired by: _____

Detail of repair: _____ All swabs/tampons removed from vagina: Yes

Blood loss: Normal ☐ Excessive ☐ If excessive give details of management: _____

Feeding initiated Yes | No Breast feeding initiated if method of choice: Yes | No If no, give reasons: _____

Situation in labour ward at time of delivery:

TRANSFERRED TO WARD BY: **RECEIVED IN WARD BY:** **TIME:**

Condition satisfactory: Mother Yes | No Baby Yes | No

Further management, mother and/or baby _____

Hospital ID Number/sticker

OBSERVATIONS IMMEDIATELY AFTER VAGINAL BIRTH

These observations must be commenced immediately after vaginal birth, and be done every 15 minutes for one hour, or longer if there is ongoing bleeding or any other complications

Date	Time	BP	Pulse	Respiratory rate	Uterine Tone	Vaginal blood loss observed *heavy flow or large blood clots or trickle or normal*	Vaginal blood loss* measured in drape or tray (mL)	Oxytocin infusion rate (if given)	Signature

**NB. Measured cumulatively because drape or tray remains in place*

THE WHO FIRST RESPONSE PPH BUNDLE MUST BE TRIGGERED WHEN:

EITHER

A. Blood loss ≥ 500 mL observed in drape or tray regardless of other observations or vital signs ☐

OR

B. Clinical judgement – heavy vaginal blood loss, large blood clots, constant trickle, OR other clinical signs of excessive blood loss ☐

Was PPH diagnosed NO ☐ | YES ☐.

If yes, **HOW**: Tick A or B or Both in above box **What Time:**_____

What treatment was given as part of first response?

✓*ONLY tick actions which occurred during first response to PPH*

Massage ☐ | Oxytocin ☐ | TXA ☐ | IV Fluids** ☐ | Examination (genital tract) ☐

Misoprostol ☐ | Syntometrine ☐ | Ergometrine ☐ | Second dose TXA ☐

Was treatment Escalated due to refractory PPH ☐

Name: **Date:** **Sign:**

*** Tick 'IV fluids' if at least a total of 200 mL volume of IV fluids have been given as part of an oxytocin and/or TXA infusion OR given alone*

Classification of shock

	Compensated shock (Class I)	Mild shock (Class II)	Moderate shock (Class III)	Severe shock (Class IV)
Blood loss	500-1000 ml (10-15%)	1000-1500 ml (15-25%)	1500-2000 ml (25-35%)	2000-3000 ml (35-45%)
Shock Index*	0.6-0.9	1	1.5	2
Systolic Blood Pressure	Normal	Some changed in Blood pressure	Marked ⇩	Severe ⇩
Pulse	<100/min	<120/min	>120/min	>140/min
Respiratory rate	Normal	Mild increase	Moderate increase	Marked increase
Mental status	Normal	Agitated	Confused	Depressed level of consciousness

***Shock index= heart rate/systolic BP (mmHg) (normal <0.5)**

FORCEPS OR VACCUUM DELIVERY

Indication(s) _____

Date: _____ Time: _____ All healthcare workers have introduced themselves by name ☐

Performed by _____ Assisted by: _____

The procedure was explained and verbal consent obtained from the person ☐

CONDITIONS BEFORE DELIVERY

Fetal Heart | Normal | Abnormal | Rate: bpm | Fetal distress | Yes | No

Type of FH abnormality: _____

Mat. Pulse | | BP | | Foleys catheter: | Yes | No

Level of head palpable above pelvic brim (in fifths) | 5 | 4 | 3 | 2 | 1 | 0 |

PAIN RELIEF

Anaesthetic | General | Spinal | Epidural | Other | Pudendal | Local | Saddle

Problems with pain relief: _____

ASSESSMENT

Cervical dilatation: _____ Application: | Good | Poor

Position _____ Flexion: _____ Moulding PP | 0 | + | ++ | +++

Head above pelvic brim: | 5/5 | 4/5 | 3/5 | 2/5 | 1/5 | Caput: | 0 | + | ++

Liquor: | Clear | Meconium stained liquor | None | Thin | Thick | Blood stained | Offensive

Pelvic assessment: | Adequate | Inadequate | Unsure

Pre-requisites for vacuum extraction met:	Regular contractions ☐	0/5 or 1/5 HAB ☐	Cervix fully dilated ☐	Bladder empty ☐	Cephalic presentation ☐	Fetus not premature ☐
Pre-requisites for forceps delivery met:	Normal contractions ☐	0/5 HAB ☐	Cervix fully dilated ☐	Bladder empty ☐	Cephalic presentation ☐	Sagittal suture in AP diameter ☐

Other findings: _____

Drugs (including dosage): _____

FORCEPS DELIVERY

Instrument type: _____ Application: | Easy | Difficult | Abandoned attempt

Number of pulls: _____ Application-to-delivery time: _____

Comments: _____

VACUUM EXCTRACTION

Cup type: | Silicone ☐ | Metal ☐ | Disposable ☐ | Application: | Easy | Difficult | Abandoned attempt

Number of pulls: _____ Did cup slip? | Yes | No | No of times cup slipped: | |

Site of application: _____ Application-to-delivery time: _____

Comments: _____

OUTCOME (FORCEPS OR VACUUM)

Time procedure commenced: _____ Time completed: _____

Condition of baby at birth: _____ APGAR: _____

Fetal injuries? (describe): _____

Maternal injuries? (describe): _____

In case of abandoned trial of instrumental delivery, state time decision was made to do caesarean section: _____

What was the period of time between decision to do Caesarean section and the actual time of operation? _____

REMARKS AND POST-PROCEDURAL INSTRUCTIONS

_____

_____ Signature

THEATRE NOTES: CAESAREAN SECTION

Indication _____

ROBSON (tick one)

1. Nullipara, singleton cephalic, term, spontaneous labour ☐ 2. Nullipara, singleton cephalic, term, induced/CS before labour ☐
3. Multipara, singleton cephalic, term, spontaneous labour ☐ 4. Multipara, singleton cephalic, term, induced/CS before labour ☐
5. Previous CS, singleton cephalic, term ☐ 6. Nulliparous breech ☐ 7. Multiparous breech ☐
8. Multiple pregnancy ☐ 9. Abnormal lie ☐ 10. All singleton cephalic, ≤ 36 weeks ☐

Date: _____ Time surgery commenced _____ Time surgery completed _____

Surgeon _____ Assistant _____
Anaesthetist _____ Midwife _____
Operative procedure: _____

PRE-OPERATIVE DETAILS

Date of decision: _____ Time of decision: _____ By whom: _____

Mat. Pulse _____ BP _____ Temp _____ Level of the head _____ Foleys catheter Yes / No

Pre-op drugs: Antacid | Metoclopramide | Prophylactic antibiotics | Thromboprophylaxis

Fetal Heart: Present | Absent | Uncertain Fetal distress: Yes / No

☐ Counselled for IUD insertion

☐ Information has been given regarding the procedure and informed consent obtained from the person ☐ Companion allowed to be present

OPERATION PROCEDURE AND FINDINGS

Anaesthetic: General | Spinal | Epidural | Other Maternal position: _____

Problems with anaesthetic: _____

Skin Incision: Transverse | Midline | Other Details: _____

Uterine Incision: Lower segment | Classical | DeLee Other: _____

Uterine Scar: Intact | Dehisced Fetal Presentation _____ Fetal Position _____

Prolonged Incision-Delivery Time: Yes / No Reasons: _____

Difficulty with delivery of baby: Yes / No Describe: _____

Liquor: Increased | Decreased | Clear Meconium stained: No | Thin | Thick | Bloody | Offensive

Placenta: Fundal | Central | Anterior | Posterior | Praevia Retroplacental Clot: Yes / No

Other Placental Abnormalities: _____ ☐ Delayed cord clamping done Time? _____

Uterine Abnormalities: _____

Uterine Tears: (give details) _____

Tubal ligation: Yes / No Type: _____ Histology Yes / No

Closure: _____
Drains: _____
Further description of operation: _____

☐ IUD inserted Type:

Estimated Blood Loss _____ ml

Resuscitation of baby: Yes / No Resuscitated by _____

Details of Neonatal Resuscitation: _____ Baby placed skin to skin ☐

Result of cord blood gas (if indicated):

Advice for next pregnancy: VBAC | Elective repeat CS Other _____

Post-operative Management: _____

_____ Signature

FIRST EXAMINATION OF NEONATE (includes examination of stillborn babies)

Baby allowed to be placed skin to skin ☐ Time _____

General	Well	Sick			Comment*
Appearance	Well nourished	Obese	Wasted	Dysmorphic	
Behaviour	Responsive	Lethargic	Irritable	Jittery	
Cry	Normal	Hoarse	High-pitched	Absent	
Colour	Pink	Blue	Plethoric	Pale	
Skin	Intact	Jaundice	Rash / Purpura	Bruising	
Temperature	36-37°C	Hypothermic	Hyperthemic		
Odour	Normal	Offensive			
Head shape	Normal	Asymmetrical	Caput	Haematoma	
Fontanelles	Normal	Bulging	Large		
Sutures	Mobile	Overriding	Widened	Fused	
Face	Symmetrical	Asymmetrical	Abnormal		
Eyes	Normal	Infected	Small / Large	Slanting	
Ears	Normal	Abnormal	Low position		
Nose	Patent	Blocked			
Mouth	Normal	Smooth philtrum	Cleft lip		
Palate	Intact	Cleft soft	Cleft hard		
Tongue	Normal	Lip-tie, tongue tie	Large	Protruding	
Chin	Normal	Small			
Neck	Normal	Swellings	Webbed		
Apex beat	120-160/min	Tachycardia	Bradycardia		
Chest - nipples	Normal	Accessory			
Chest – clavicles	Intact	Swelling	Crepitus		
Chest movement	Symmetrical	Asymmetrical	Shallow		
Chest indrawing	Absent	Costal	Sternal		
Respiratory rate	40 – 60 pm	Fast	Slow		
Breath sounds	Quiet	Grunting	Noisy		
Arms	Normal	Not moving	Fracture L/R		
Palmar creases	Normal	Single			
Fingers	Normal	Polydactyly	Syndactyly		
Abdomen	Normal	Distended			
Umbilicus	Normal	Moist	Flare	Bleeding	
Hips	Normal	Dislocated	Dislocatable		
Legs	Normal	Not moving			
Toes	Normal	Polydactyly	Syndactyly		
Feet position	Normal	Position Deformity	Clubbed		
Back	Normal	Meningocoele	Dimple / Hair tuft	Scoliosis	
Anus	Patent	Imperforate			
Femoral pulses	Present	Absent			
Genitalia: Male	Testes down	Undescended L/R	Hydrocoele	Inguinal hernia	
Genitalia: Female	Normal	Ambiguous			
Muscle tone	Normal	Hypotonic	Hypertonic		
Moro reflex	Present & equal	Asymmetrical	Weak	Absent	
Grasp reflex	Present	Weak	Absent		
Suck reflex	Present	Weak	Absent		
Urine	Passed	Not passed			
Meconium	Passed	Not passed			

Assessment:	
Examined by:	**Date and time:**
Checked by:	**Date and time:**

*** If any birth defects noted, please complete the birth defects notification form.**

ASSESSMENT OF THE NEWBORN

Infant's name: _____ **Birth time:** _____

Hospital number: _____ **Birth date:** _____

Gender: M F	**Birth weight:** g	**HC:** cm	**Gest age score:** weeks	**Resuscitation: (circle)** None	Oxygen	Mask	Intubation

APGAR Score	0	1	2	1 min	5 min	**Details of resuscitation**
Appearance	Blue or pale	Body pink, limbs blue	Pink all over			
Pulse	Absent	<100/min	>100/min			
Grimacing (reflex)	No response	Grimace	Vigorous cry			
Activity	Limp	Slight flexion	Active, moves			
Respiration	Absent	Slow or irregular	Good crying			
			TOTAL			

Routine care: Skin to skin ☐ Delayed washing ☐

Mode of delivery: NVD C/S Vac Forceps	**Treatment given:**		**Date done:**
Problems with delivery:	Eye care:		
Placenta: weight g	Vitamin K 1mg IMI		

Risk factors to baby:	Examination of baby:	Normal	Abnormal	

Pregnancy:		**Care required:**	**Care received:**	**Date done:**
RPR Positive	No Yes	Examine, Benzathine Pen if mother incompletely treated		
RPR unknown	No Yes	Examine, Benzathine penicillin to baby if no result		
Rhesus negative	No Yes	Check the TSB at 6 hours		
HIV Positive	No Yes	Follow current PMTCT protocol		
HIV Unknown	No Yes	Provide counselling and testing for mother, if positive start mother on ART and manage infant as high risk		
Maternal diabetes	No Yes	Refer to nursery for hourly blood sugars and 24 hours observation		
Labour:				
MSL	No Yes	Assess baby for respiratory distress		
Fetal distress	No Yes	Assess baby for Neonatal Encephalopathy		

Problems during newborn period:	**Preventative care:**
Birth weight <2500g- observe for 24h in postnatal ward for low blood sugar and ability to suckle	Polio: Hepatitis B
1.	BCG:
2.	RTHC filled in:
3.	Birth PCR date: result:

Feeding: If mother is HIV positive:		**Follow up plans:**		
Mother counselled on infant feeding	No Yes	Before 3 days:	Date:	Place:
Counsel on duration of NVP and where applicable AZT	No Yes	At 6 weeks:	Date:	Place:
		For PCR:	Date:	Place:

Feeding on discharge? EBF commenced within one hour Yes No	Reasons for failure of EBF:	
	Discharge weight:	Discharge date:

Identification:				
At birth:	Date:	Midwife (print)	Mother (Print):	Witness:
Postnatal ward:	Date:	Brought by:	Received by:	Mother:
At discharge:	Date:	Midwife (print)	Mother (Print):	Witness

MATERNAL EARLY WARNING OBSERVATION CHART FOR POSTNATAL WARD CARE

Date																		Date
Time																		Time
RESPIRATORY RATE	>30																	>30
	21-30																	21-30
	11-20																	11-20
	0-10																	0-10
SATURATION	95-100%																	95-100%
	<95%																	<95%
TEMPERATURE	39°C																	39°C
	38°C																	38°C
	37°C																	37°C
	36°C																	36°C
	35°C																	35°C
Hb	≥ 8 g/dl																	≥ 8 g/dl
	< 8 g/dl																	< 8 g/dl
MATERNAL HEART RATE	140																	140
	130																	130
	120																	120
	110																	110
	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
	40																	40
SYSTOLIC BLOOD PRESSURE	170																	170
	160																	160
	150																	150
	140																	140
	130																	130
	120																	120
	110																	110
	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
DIASTOLIC BLOOD PRESSURE	120																	120
	110																	110
	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
	40																	40
Urine volume in ml/hour																		Urine volume in ml/hour
Breasts																		Breasts
HEIGHT OF FIUNDUS	24 cm																	24 cm
	22 cm																	22 cm
	20 cm																	20 cm
	18 cm																	18 cm
	16 cm																	16 cm
	14 cm																	14 cm
	12 cm																	12 cm
	10 cm																	10 cm
	8 cm																	8 cm
Perineum																		Perineum
Lochia	Normal																	Normal
	Heavy (H) Fresh (F)																	Heavy (H) Fresh (F)
	Offensive (O)																	Offensive (O)
Neuro response	Alert																	Alert
	Vocal																	Vocal
	Pain																	Pain
	Unresponsive																	Unresponsive
Pain	None-mild																	None-mild
	Severe																	Severe
Looks unwell	No (✓)																	No (✓)
	Yes (✓)																	Yes (✓)
TOTAL YELLOW SCORE																		TOTAL
TOTAL RED SCORE																		TOTAL
DOCTOR CALLED (Y/N)																		
Signature																		

Newborn Early Warning Observation Chart

Name of baby or place large baby sticker here

Date																		
Time																		
Temperature °C	38																	
	37.5																	
	37																	
	36.5																	
	36																	
	35.5																	
	Value																	
Respiratory Rate	80																	
	70																	
	60																	
	50																	
	40																	
	30																	
	Value																	
Grunting																		
Heart Rate	190																	
	180																	
	170																	
	160																	
	150																	
	140																	
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
	60																	
	Value																	
SaO_2	≥95																	
	92-94																	
	<92																	
Neuro	Alert																	
	Irritable																	
	Jittery																	
	Poor feed																	
	Floppy																	
	Seizures																	
Glucose 2.3-2.6																		
Glucose <2.6																		

All observations in green – Continue observations. Routine care.

1 Observation in amber – Inform Sr in charge. Repeat observations in 30 minutes. If glucose 2.3-2.6, give milk feed first. If sats 92-94, try on other hand first.

2 or more observations in amber – Immediately inform Dr for urgent medical review.

1 or more observation in red – Immediately inform Dr for urgent medical review.

PUERPERIUM NOTES

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

PUERPERIUM NOTES

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

PUERPERIUM NOTES

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

PUERPERIUM NOTES

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

PUERPERIUM NOTES

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

PUERPERIUM NOTES

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

I have introduced myself by name to this person ☐			Name (print) and signature
Date and time	Mother	Baby	
I have explained management plans to this person and checked that she understands ☐			

PRE-DISCHARGE CHECKLIST

Assess mother for problems	No	Yes	Recommended action
The mother has a **danger sign**: o heavy bleeding o severe abdominal pain o unexplained pain in chest or legs o visual disturbance or severe headache o breathing difficulty o fever, chills o vomiting	☐	☐	Assess the cause (s) and initiate care or refer. Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.
The mother's **bleeding is heavy** or has increased since birth (e.g., bleeding soaks a pad in less than five minutes).	☐	☐	Start IV fluid and keep mother warm Delay discharge. Treat or refer. Evaluate and treat possible causes of bleeding (e.g., uterine atony retained placenta, or vaginal/cervical tear).
The mother has an **abnormal vital sign**: o high blood pressure (SBP > 140 mmHg or DBP >90 mmHg) o temperature > 37.5°C o heart rate > 100 beats per minute o respiratory rate >20 per minute	☐	☐	Give magnesium sulphate to mother if any of: • SBP ≥160 mmHg or DBP≥110 mmHg; and 2+ proteinuria • SBP ≥140 or DBP ≥90 mmHg, and 2+ proteinuria, and any: severe headache, visual disturbance, epigastric pain Give antihypertensive medication to mother if SBP >160 mmHg or DBP >110mmHg Evaluate the cause of abnormal vital sign(s) and treat or refer. Defer discharge until vital signs have been normal for at least 48 hours and no danger signs remain.
The mother is not able to urinate easily	☐	☐	Defer discharge; continue to monitor and evaluate the cause; treat or refer as needed
Mental state: The mother is agitated or very withdrawn **Support person**: The mother has a partner or support person to be with her at home The mother has a **safe home** to return to	☐ ☐ ☐	☐ ☐ ☐	Defer discharge; continue to monitor and evaluate, refer appropriately (social worker, mental health nurse, psychiatrist etc).
Assess baby for problems	**No**	**Yes**	**Recommended action**
The baby has any of these danger signs: o fast breathing (> 60 breaths/ minute) o severe chest in-drawing o fever (temperature ≥ 37.5°C) o hypothermia (temperature < 35.5°C) o yellow palms (hands) or soles (feet) o convulsions o no movement or movement only on stimulation o feeding poorly or not feeding at all	☐	☐	Assess cause of danger signs and initiate care or refer Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.
The baby is not breastfeeding at least every two to three hours (day and night).	☐	☐	Establish good breastfeeding practices and delay discharge.
The baby has not passed urine and/or stool	☐	☐	Delay discharge and monitor; refer as needed

Obstetric Discharge Summary (complete in duplicate). This copy accompanies the person.

Date and time delivered:

☐ Alive ☐ Stillbirth ☐ Perinatal death

Age: G P

Name.....

Clinic/hospital number.....

Date of birth.....

Use patient label if available

Type of delivery
☐ **Normal vaginal delivery (NVD)**
☐ Caesarean delivery ☐ primary ☐ repeat
☐ Breech delivery
☐ Forceps delivery
☐ Vacuum delivery
☐ Born before arrival (BBA)

HIV
☐ **Negative**
☐ Positive
☐ Declined testing
☐ CD 4: date:
☐ Viral load date:
☐ IPT
☐ Co-trimoxazole
WHO stage: I ☐ II ☐ III ☐ IV ☐
Current ART:

Syphilis status
☐ **Negative**
☐ Positive
Treatment dates:

Rhesus status
☐ **Negative**
☐ Positive
Anti-D given ☐ **Yes** ☐ **No**

Medical or surgical problems during pregnancy or delivery
☐ **None**
☐ Chronic hypertension
☐ Pre-eclampsia
☐ Eclampsia
☐ Diabetes ☐ GDM ☐ Type I ☐ Type II
☐ Other:

Obstetrical problems in pregnancy and delivery
☐ **None**
☐ Antepartum haemorrhage
☐ Postpartum haemorrhage
☐ ROM ☐ preterm ☐ prolonged
☐ Multiple pregnancy
☐ Other:

Intrapartum procedures
☐ **None**
☐ Repair of tears ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
☐ Episiotomy
☐ CD ☐ lower segment transverse
☐ lower segment vertical
☐ Classical

Post-partum procedures
☐ **None**
☐ Tubal ligation
☐ Manual removal of placenta
☐ Cervical tears repaired
☐ Evacuation/curettage
☐ Hysterectomy

Discharge medication
1
2
3
4
5

Family Planning
☐ All methods and options discussed
Method given
☐ Oral contraceptives
☐ Injectable
☐ Intra-uterine device
☐ Implant
☐ Tubal ligation
☐ Vasectomy
Given by:

Additional comments:

ICD 10:

Next Pap smear due on:

☐ Condoms and advice on dual protection provided
☐ Appointment given for sterilisation or follow up at family planning clinic:
Date: Clinic:

Examination on discharge
☐ Pre-discharge checklist completed ☐ looks well ☐ looks ill
Pulse: BP: Temp: HOF:
Hb: Breasts:
Perineum: ☐ intact ☐ clean ☐ septic
Urine output: ☐ good ☐ poor ☐ none

Baby 1 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR
Weight.....g Head.....cm Length .....cm

Baby 2 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR
Weight.....g Head.....cm Length .....cm

ART provided to baby:

Feeding options ☐ Discussed ☐ Initiated successfully
Method of feeding:
Remarks:

Advice on discharge Next pregnancy: BANC ☐ High Risk Clinic ☐
Future mode of delivery ☐ NVD ☐ VBAC ☐ Elective CS
Next viral load due: Next tetanus dose due:
Postnatal visit: Date: at clinic/hospital:
☐ Notification of birth Immunisations:
☐ Mental health matters discussed ☐ Child Support Grant discussed
☐ Postnatal care and breastfeeding support locations discussed
☐ Self-care discussed ☐ Baby care discussed

Name **Rank** **Signature**

Obstetric Discharge Summary (complete in duplicate). This copy remains in case record.

Date and time delivered:

☐ Alive ☐ Stillbirth ☐ Perinatal death

Age: G P

Name.....

Clinic/hospital number.....

Date of birth.....

Use patient label if available

Type of delivery
☐ Normal vaginal delivery (NVD)
☐ Caesarean delivery ☐ primary ☐ repeat
☐ Breech delivery
☐ Forceps delivery
☐ Vacuum delivery
☐ Born before arrival (BBA)

HIV
☐ Negative
☐ Positive
☐ Declined testing
☐ CD 4: date:
☐ Viral Load date:
☐ IPT
☐ Co-trimoxazole
WHO stage: I ☐ II ☐ III ☐ IV ☐
Current ART:

Syphilis status
☐ Negative
☐ Positive
Treatment dates:

Rhesus status
☐ Negative
☐ Positive
Anti-D given **☐ Yes** **☐ No**

Medical or Surgical problems during pregnancy or delivery
☐ None
☐ Chronic hypertension
☐ Pre-eclampsia
☐ Eclampsia
☐ Diabetes ☐ GDM ☐ Type I ☐ Type II
☐ Other:

Obstetrical problems in pregnancy and delivery
☐ None
☐ Antepartum haemorrhage
☐ Postpartum haemorrhage
☐ ROM ☐ preterm ☐ prolonged
☐ Multiple pregnancy
☐ Other:

Intrapartum procedures
☐ None
☐ Repair of tears ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
☐ Episiotomy
☐ CD ☐ lower segment transverse
☐ lower segment vertical
☐ Classical

Post-partum procedures
☐ None
☐ Tubal ligation
☐ Manual removal of placenta
☐ Cervical tears repaired
☐ Evacuation/curettage
☐ Hysterectomy

Discharge medication
1
2
3
4
5

Family Planning
☐ All methods and options discussed
Method given
☐ Oral contraceptives
☐ Injectable
☐ Intra-uterine device
☐ Implant
☐ Tubal ligation
☐ Vasectomy
Given by:

Additional comments:

ICD 10:

Next Pap Smear due on:

☐ Condoms and advice on dual protection provided
☐ Appointment given for sterilisation or follow up at family planning clinic:
Date: Clinic:

Examination on discharge
☐ Pre-discharge checklist completed ☐ looks well ☐ looks ill
Pulse: BP: Temp: HOF:
Hb: Breasts:
Perineum: ☐ intact ☐ clean ☐ septic
Urine output: ☐ good ☐ poor ☐ none

Baby 1 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR
Weight.....g Head.....cm Length .....cm

Baby 2 ☐ Male ☐ Female ☐ BCG ☐ Polio ☐ Birth PCR
Weight.....g Head.....cm Length .....cm

ART provided to baby:

Feeding options ☐ Discussed ☐ Initiated successfully
Method of feeding:
Remarks:

Advice on discharge Next pregnancy: BANC ☐ High Risk Clinic ☐
Future mode of delivery ☐ NVD ☐ VBAC ☐ Elective CS
Next viral load due: Next tetanus dose due:
Postnatal visit: Date: at clinic/hospital:
☐ Notification of birth Immunisations:
☐ Mental health matters discussed ☐ Child Support Grant discussed
☐ Postnatal care and breastfeeding support locations discussed
☐ Self-care discussed ☐ Baby care discussed

Name **Rank** **Signature**

Maternal and Infant PMTCT Discharge Letter

Complete on carbon copy, this page remain in folder

HPRN: _____

Mom Name & Surname: _____

Mom Date of Birth: _____

Dear Colleaaue

Infant Name & Surname: _____ Gender: ☐ Male ☐ Female

Infant HPRN: _____ Infant Date of Birth: _____

Has been discharged from: _____ (facility name) on _____ (date)

Discharging nurse: _____ Date: ____/____/____

Follow-up Date: ____/____/____ Follow-up Site: _____ Sign: _____

Maternal Discharge Status and Postnatal Follow Up

LABORATORY BARCODE

ART

☐ Mother started on ART: ☐ less than 12 weeks prior to delivery ☐ at or after delivery

Viral Load

☐ VL done at delivery

Viral load: _____

☐ Mother on ART since before pregnancy or more than 12 weeks prior to delivery

Mother ART regime: _____

Feeding Method at Discharge (tick appropriate option)

☐ Exclusively breastfeeding ☐ Formula feeding ☐ Heat-treated own milk

Contraception at Discharge

☐ IUCD ☐ Implant ☐ Oral contraception ☐ Injectible hormones ☐ Sterilization

Infant Discharge Status and Postnatal Follow Up

HIV Test (Discharge)

☐ PCR test done Date of PCR test: _____	**LABORATORY BARCODE**	PCR test result received ☐ Positive ☐ Negative ☐ Awaited ☐ Mother informed of test result

Discharge Post Exposure Prophylaxis (PEP)

Low risk (moms VL at delivery < 1000c/ml) ☐ NVP for 6 weeks once daily	**High risk** (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml) ☐ NVP once daily for 12 weeks if mom is **breastfeeding** and if needed until mom's VL <1000c/ml or until 1 week after cessation of all breastfeeding ☐ NVP once daily for 6 weeks if **formula fed** AZT twice daily for 6 ☐ weeks irrespective of feeding choice

Postnatal Follow-up and Baby Wellness Visits

		3-6 days	6 weeks	10 weeks	6 months	18 months	Any other test
Visit Date:		/ /	/ /	/ /	/ /	/ /	/ /
Mother	ART	☐ If using / willing to use ☐ If not, start TEE (TDF, FTC	☐ If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) ☐ If not, start TEE (TDF, FTC, and EFV)				
		☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence
	VL	☐ If VL>50c/ml (manage as per VL non-suppression)	☐ If VL>50c/ml (manage as per VL non-suppression)	☐ If VL>50c/ml (manage as per VL non-suppression)	☐ **VL done @ 6mo** (all HIV+ moms) Continue VL every 6 months until cessation of breastfeeding	☐ **VL done @ 18mo** (if mom is still breast-feeding)	☐ **VL done @ 12/24mo** (if mom is still breast-feeding)
		☐ If VL>1000c/ml (manage infant as high risk)	☐ If VL>1000c/ml (manage infant as high risk)	☐ If VL>1000c/ml (manage infant as high risk)			
Infant	HTS	☐ Birth PCR done ☐ Positive ☐ Negative	☐ Check mom's ART adherence and last VL value	☐ 10 weeks PCR test ☐ Positive ☐ Negative	☐ 6 month PCR test ☐ Positive ☐ Negative	☐ Rapid/Elisa Test ☐ Positive ☐ Negative	☐ HIV test ☐ Positive ☐ Negative
	Prophy-laxis	☐ Check adherence and tolerance to NVP (and AZT)	☐ Start CPT ☐ Stop NVP (low risk) ☐ Stop AZT (high risk)	Stop NVP after 12 weeks if mothers VL < 1000c/ml If child tests positive for HIV stop NVP and initiate ART and do confirmatory PCR			
	Feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula fed	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula fed

Maternal and Infant PMTCT Discharge Letter

Complete on carbon copy, this page should be torn out at discharge and sent back to the clinic for postnatal and baby follow up visits.

HPRN: _____

Mom Name & Surname: _____

Mom Date of Birth: _____

Dear Colleaaue

Infant Name & Surname: _____ Gender: ☐ Male ☐ Female

Infant HPRN: _____ Infant Date of Birth: _____

Has been discharged from: _____ (facility name) on _____ (date)

Discharging nurse: _____ Date: ____/____/____

Follow-up Date: ____/____/____ Follow-up Site: _____ Sign: _____

Maternal Discharge Status and Postnatal Follow Up

LABORATORY BARCODE

ART

☐ Mother started on ART: ☐ less than 12 weeks prior to delivery ☐ at or after delivery

☐ Mother on ART since before pregnancy or more than 12 weeks prior to delivery

Mother ART regime: _____

Viral Load

☐ VL done at delivery

Viral load: _____

Feeding Method at Discharge (tick appropriate option)

☐ Exclusively breastfeeding ☐ Formula feeding ☐ Heat-treated own milk

Contraception at Discharge

☐ IUCD ☐ Implant ☐ Oral contraception ☐ Injectible hormones ☐ Sterilization

Infant Discharge Status and Postnatal Follow Up

HIV Test (Discharge)

☐ PCR test done Date of PCR test: _____	**LABORATORY BARCODE**	PCR test result received ☐ Positive ☐ Negative ☐ Awaited ☐ Mother informed of test result

Discharge Post Exposure Prophylaxis (PEP)

Low risk (moms VL at delivery < 1000c/ml) ☐ NVP for 6 weeks once daily	**High risk** (mom initiated after 28 weeks / has no VL / VL is > 1000c/ml) ☐ NVP once daily for 12 weeks if mom is **breastfeeding** and if needed until mom's VL <1000c/ml or until 1 week after cessation of all breastfeeding ☐ NVP once daily for 6 weeks if **formula fed** ☐ AZT twice daily for 6 weeks irrespective of feeding choice

Postnatal Follow-up and Baby Wellness Visits

		3-6 days	*6 weeks*	*10 weeks*	*6 months*	*18 months*	*Any other test*
Visit Date:		/ /	/ /	/ /	/ /	/ /	/ /
Mother	ART	☐ If using / willing to use r ☐ If not, start TEE (TDF, FTC	☐ If using / willing to use reliable contraception TLD (TDF, 3TC and DTG) ☐ If not, start TEE (TDF, FTC, and EFV)				
		☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence	☐ Check ART adherence
	VL	☐ If VL>50c/ml (manage as per VL non-suppression)	☐ If VL>50c/ml (manage as per VL non-suppression)	☐ If VL>50c/ml (manage as per VL non-suppression)	☐ **VL done @ 6mo** (all HIV+ moms) Continue VL every 6 months until cessation of breastfeeding	☐ **VL done @ 18mo** (if mom is still breast-feeding)	☐ **VL done @ 12/24mo** (if mom is still breast-feeding)
		☐ If VL>1000c/ml (manage infant as high risk)	☐ If VL>1000c/ml (manage infant as high risk)	☐ If VL>1000c/ml (manage infant as high risk)			
Infant	HTS	☐ Birth PCR done ☐ Positive ☐ Negative	☐ Check mom's ART adherence and last VL value	☐ 10 weeks PCR test ☐ Positive ☐ Negative	☐ 6 month PCR test ☐ Positive ☐ Negative	☐ Rapid/Elisa Test ☐ Positive ☐ Negative	☐ HIV test ☐ Positive ☐ Negative
	Prophy-laxis	☐ Check adherence and tolerance to NVP (and AZT)	☐ Start CPT ☐ Stop NVP (low risk) ☐ Stop AZT (high risk)	Stop NVP after 12 weeks if mothers VL < 1000c/ml If child tests positive for HIV stop NVP and initiate ART and do confirmatory PCR			
	Feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula feeding	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula fed	☐ Breastfeeding ☐ Stopped breastfeeding ☐ Formula fed

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Case ID _____

DEPARTMENT OF HEALTH
CONGENITAL DISORDERS (CD) NOTIFICATION

Please mark applicable areas with an X

GENERAL INFORMATION

Province:	District:	Name of Hospital/Facility:	Name of person notifying:	Date:
		Facility Contact No.:	Signature:	/ /

PARTICULARS OF MOTHER

Surname:	Name:	Date of birth:	Age of mother:
		/ /	

Maternal Conditions:

Pre-existing diabetes	Gestational diabetes	Epilepsy	Syphilis	TB	Cardiac Conditions	Hypertension	HIV

Maternal medication (cover the counter):

Gravida & Parity:

PARTICULARS OF PATIENT

Surname:	Name:	Date of birth:	Gender:		
		/ /	Male	Female	Unspecified

Population group:

African	White	Indian	Coloured	Other	Specify:

Pregnancy outcome:			Diagnosed prenatally:						
Live Birth	Still Birth	Termination of Pregnancy	Yes	No	If Yes:	Ultrasound	Chorionic Villus Sampling	Amniocentesis	Cordocentesis

Birth weight:					Gestational age:		BANC 1st visit (weeks):	BANC total visits (number):
<1000g	1000-1499g	1500-1999g	2000-2499g>	≥2500g	<37 weeks	≥37 weeks		

INVESTIGATIONS REQUESTED

Chromosome/cytogenetic	Biochemical/metabolic	DNA/molecular	No investigation necessary	Other diagnostic or screening procedure

Specify:

COUNSELLING GIVEN (BY)

Clinical geneticist	Medical Doctor	Registered Nurse	Genetic counselor	No counseling given	Genetic Training received:	Yes	No

PATIENT STATUS/OUTCOME

Alive:	Inpatient	Outpatient	Discharged	*Unit/Clinic/Ward name*	Dead:	Date of death if deceased: / /

Referral:

Referred to another Hospital?	Yes	No	Referred from Hospital?	Yes	No	If yes, name of that Hospital:

DIAGNOSIS

Skull	Face	Chest	Heart	Abdomen	Gastrointestinal Tract	Genitals	Arms	Legs	Hands	Feet	Skin

Description:

Diagnosis: **ICD 10 code:**

Diagnosed by (If different than person notifying):	Doctor	Registered Nurse	Genetic Training received:	Yes	No

Name: **Contact No.:**

Remove this page and give to patient as information leaflet on discharge after delivery

Some information about Family Planning after your baby is born

Why is it important?

Most couples start having sex again before six weeks after the baby is born. Pregnancy can occur by six weeks (before your periods start again) if you do not exclusively breastfeed; so it is important to make sure that you start using a method before your baby is four weeks old.

Best practice is for the chosen method of family planning to be started before you leave the place where your baby is born.

The most effective methods

Intrauterine contraception (IUD)

- Copper IUDs prevent pregnancy for up to 10 years
- Failure rates are less than one per 1000 women.
- IUDs can be inserted immediately after the afterbirth (placenta) has been delivered.
- IUD use does not interfere with breastfeeding.

Contraceptive implants

- Implants are effective for three years
- Failure rates are around one per 1000 women.
- Implants are not recommended for HIV positive patients on medication (ask your doctor).
- Implants can be inserted immediately after delivery of the baby and before you go home.
- Postpartum implant use does not interfere with breastfeeding.

Permanent contraception

Female sterilisation:

- Failure rates are around two per 1000 women but the method is considered permanent.
- Female sterilisation can be performed within the first week after delivery or at any time after your baby is six weeks old.
- It may be convenient to perform female sterilisation at the time of Caesarean section.

Male sterilisation (vasectomy):

- Failure rates are around one per 1000 men but the method is considered permanent.

Effective methods

Contraceptive injections (failure rate three per 100 women):

- Repeat injections must be given four or more times each year.
- Contraceptive injections can be started immediately after delivery and do not interfere with breastfeeding.

Hormonal contraceptive pills (failure rate nine per 100 women):

- Progestogen-only (POP, mini) pills:
  - Must be taken at the same time every day without a break.
  - They can be started immediately after delivery and do not interfere with breastfeeding.
- Combined oral contraceptive (COC) pills:
  - They can only be started six weeks after your baby is born
  - They should not be used by breastfeeding women until the baby is six months old

Less effective methods

Male or female condoms. These are not so effective in preventing pregnancy, but they must always be used with your other method to prevent HIV and other sexually transmitted infections.

Danger signs after delivery

I have severe headaches.
I have blurry vision.
PRE-ECLAMPSIA

I cry all the time. I have thoughts of hurting myself or my baby.
POST-PARTUM DEPRESSION

I am short of breath.
I breathe very fast.
PULMONARY EDEMA

I have a fever or chills.
My stomach hurts
I have a foul smelling vaginal discharge.
POST-PARTUM SEPSIS

My baby is unusually cold
HYPOTHERMIA

My incision is not healing.
WOUND INFECTION

I have severe pain and swelling in my calf. My calf is red.
DEEP VEIN THROMBOSIS

I have vaginal bleeding that is soaking my pads.
POST-PARTUM HAEMORRHAGE

Hospital ID Number/sticker

OBSERVATIONS IMMEDIATELY AFTER VAGINAL BIRTH

These observations must be commenced immediately after vaginal birth, and be done every 15 minutes for one hour, or longer if there is ongoing bleeding or any other complications

Date	Time	BP	Pulse	Respiratory rate	Uterine Tone	Vaginal blood loss observed *heavy flow or large blood clots or trickle or normal*	Vaginal blood loss* measured in drape or tray (mL)	Oxytocin infusion rate (if given)	Signature

**NB. Measured cumulatively because drape or tray remains in place*

THE WHO FIRST RESPONSE PPH BUNDLE MUST BE TRIGGERED WHEN:

EITHER

A. Blood loss ≥ 500 mL observed in drape or tray regardless of other observations or vital signs ☐

OR

B. Clinical judgement – heavy vaginal blood loss, large blood clots, constant trickle, OR other clinical signs of excessive blood loss ☐

Was PPH diagnosed NO ☐ | YES ☐.

If yes, **HOW:** Tick A or B or Both in above box **What Time:**_____

What treatment was given as part of first response?

✓*ONLY tick actions which occurred during first response to PPH*

Massage ☐ | Oxytocin ☐ | TXA ☐ | IV Fluids** ☐ | Examination (genital tract) ☐

Misoprostol ☐ | Syntometrine ☐ | Ergometrine ☐ | Second dose TXA ☐

Was treatment Escalated due to refractory PPH ☐

Name: **Date:** **Sign:**

*** Tick 'IV fluids' if at least a total of 200 mL volume of IV fluids have been given as part of an oxytocin and/or TXA infusion OR given alone*

Classification of shock

	Compensated shock (Class I)	Mild shock (Class II)	Moderate shock (Class III)	Severe shock (Class IV)
Blood loss	500-1000 ml (10-15%)	1000-1500 ml (15-25%)	1500-2000 ml (25-35%)	2000-3000 ml (35-45%)
Shock Index*	0.6-0.9	1	1.5	2
Systolic Blood Pressure	Normal	Some changed in Blood pressure	Marked ⇩	Severe ⇩
Pulse	<100/min	<120/min	>120/min	>140/min
Respiratory rate	Normal	Mild increase	Moderate increase	Marked increase
Mental status	Normal	Agitated	Confused	Depressed level of consciousness

***Shock index= heart rate/systolic BP (mmHg) (normal <0.5)**